

THE EMBODIED CLIENT/ LEAD: AN INVESTIGATION OF THE
SOMATIC EXPERIENCE IN THERAPEUTIC ENACTMENT

by

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ABSTRACT

Therapeutic enactment is an action oriented therapy that has its roots in psychodrama. In therapeutic enactment, as in psychodrama, the embodied experience is pivotal to healing and transformation. Both psychodrama and therapeutic enactment employ movement and engage the client in an interpersonal, experiential and action oriented process that emphasize the embodied experience. Personal integration is facilitated by assisting the client to move from thinking, reasoning and talking to embodied experiences such as action, doing and awareness of bodily sensations. Despite the importance assigned to embodiment in the theoretical and conceptual frameworks of psychodrama and therapeutic enactment, there is a striking absence of research examining the client's experience of his/her body in the therapeutic contexts of psychodrama and therapeutic enactment. This study explored the question: What is the somatic experience of the client/ lead in therapeutic enactment? Employing a phenomenological research approach, this study investigated the embodied experiences of three participants as leads within therapeutic enactment. Essential themes that emerged from the interviews about the somatic experiences of the lead in therapeutic enactment included sensorimotor responses (tension, the quality of one's breathing, the quality of one's pace, gazing, voice, and shifting the weight in one's body posture), the act of seeing and being seen, preparatory movements of defence, congruency and dissonance, processes of containment and self-regulation, the touch, position, presence and proximity of the facilitator, and memory as rooted in the body. The findings in this study along with the current theory in neuroscience research and sensorimotor therapy suggest that the bodily experience of the client in therapeutic enactment is jointly connected to and inseparable from the cognitive and affective experiences of the client and that the language of the body needs to be understood and engaged, not peripherally, but alongside cognition and affect within therapy.

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GLOSSARY

Auxiliary Ego: An auxiliary ego stands beside or behind the lead to voice thoughts the lead may be having but is having difficulty verbalizing.

Encounter: The process by which individuals meet each other within an enactment. This process occurs on a deep and meaningful level.

Lead: The client/ lead is the person whose experience is being enacted in therapeutic enactment. The lead discloses his/her personal experience to the group, chooses the group members who will take on significant roles in the enactment, directs scenes and controls the pace of the enactment. He/she is the person upon whom the enactment focuses.

Stem Sentences: A verbal technique that a facilitator or therapist may use to assist the lead. Stem sentences are incomplete sentences that are presented to the lead to complete. Stem sentences can assist the lead in gaining insight about an experience, can assist the lead in staying present, or can help the lead transition through an experience.

Therapeutic Enactment: A group based therapy that engages the client in an action oriented process. A life experience of emotional significance to the client is enacted with the aim of therapeutic gain or trauma repair.

Therapist or Facilitator: The therapist acts as a facilitator in therapeutic enactment. There are usually two facilitators in therapeutic enactment. They establish the scenario that will be enacted with the lead ahead of time, establish group cohesiveness, direct the enactment, and follow up with the lead after the enactment.

Witnesses or Group Members: Group members are participants that are present as part of the group and who gather together to support the enactment. Group members may take on roles in the enactment. Group members also witness the enactment and are referred to as “witnesses.”

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CHAPTER ONE: INTRODUCTION

The goal of the proposed research study is to describe the somatic experience of clients within the context of therapeutic enactment. Therapeutic enactment is a psychotherapeutic method developed by Dr. Marv Westwood and Dr. Patricia Wilensky. It is an action oriented therapy that has its roots in psychodrama.

Psychodrama was developed by Jacob Moreno (1959) in the 1920s. It is a method of psychotherapy in which clients use dramatization, role plays, and dramatic self-presentation within the therapeutic process. The enacted scenes within psychodrama are often spontaneous or improvised through a number of techniques such as role reversal, doubling, mirroring, concretizing and soliloquy (Blatner, 2000). Moreno and Blatner report that spontaneity is a key element in the process of change and transformation through psychodrama. By contrast, the scenes within therapeutic enactment are planned and scripted, with spontaneity being the end result of the therapeutic process rather than the foremost aspect of transformative learning (Westwood & Keats, 2003). It is the careful planning and scripting of scenes within therapeutic enactment that creates parameters of trust and safety for the clients. The goal of therapeutic enactment is to provide a group based therapy that “engages the client in interpersonal and action oriented processes” and “offers clients and therapists a holistic solution to the complex concerns that single system therapies cannot address” (Westwood & Keats, 2003, p. 123). By engaging the client in an interpersonal and action oriented process, both psychodrama and therapeutic enactment accentuate the embodied experience within therapy through the use of movement and an emphasis on the experiential (see Appendix A for an description of Therapeutic Enactment).

In this study, I use the terms embodiment and somatic (commonly defined as pertaining to the body) interchangeably to signify the subjective experience of being (Crossely, 1995).

Embodiment, as described in the phenomenology of Merleau-Ponty is the manifestation of human “being-in-the-world” (Shaw, 2004). This school of thought, the lived-body paradigm, asserts that as human beings, we “only understand our lived world with the apparatus with which we are provided to sense it, namely our bodies” (Shaw, 2004). To speak of the body is to speak of our subjective interactions with our phenomenological worlds, interactions through which we perceive and create meaning.

In light of this phenomenological conception of embodiment, the somatic in therapeutic enactment and psychodrama is viewed as encompassing behaviour, affect, and cognition as well as physiological responses. Action therapies such as therapeutic enactment and psychodrama employ active experiencing by engaging cognition, affect, and behaviour simultaneously, an experience that is more “vivid and multidimensional” (Blatner, 2000, p. 101) and that can assist the client in altering habitual patterns of thinking, feeling, and behaving (Wiener, 2002, p. xiii.).

Blatner (2000) in “Foundations of Psychodrama” lists a number of benefits of “action, interaction, and the richness of nonverbal communications” (p. 101) within psychodrama. Action assists clients whose “capacity for verbalization is limited by temperament, education or culture” (p. 101). Physical expressiveness such as movement, gestures and touch can clarify and reveal the strength of underlying feeling: “Adding a gesture, a movement, pounding a table, pointing a finger, getting up and going face to face, looking directly in the other person’s eyes – such actions correspondingly anchor that assertion or affirmation even more powerfully” (pp.101-102). Psychodrama focuses attention on a client’s behaviour so that its meaning can be better comprehended. This is accomplished by exaggerating a client’s behaviour, by amplifying it or bringing attention to the behaviour through dramatic techniques such as role reversal, role-plays, soliloquies or doubling. Blatner adds, “in spite of efforts at muting their feelings using ‘body armoring’ defenses, people will express their thoughts and feelings in how they stand, move,

position themselves, gesture, and other modes of nonverbal communications” (p.101).

Psychodramatic concepts hold that the connection to the body through enactment, through physical movement and through attention to sensations arising from the body help release armored defenses so that affect is readily accessed by the client.

A number of theorists have identified the body as a site for unexpressed feelings and the resulting armoured defenses (Janov, 1970; Lowen, 1976; Reich, 1972;). Other theorists have explored the body as a site where traumatic experience is stored and/or repressed (Van der Kolk, 1996; Hegeman & Wohl, 2000; Moursund & Erskine, 2003; Ogden, Minton & Pain, 2006). Hirakata (2002) in her research with survivors of trauma describes the manner by which therapeutic enactment links the verbal and non-verbal experiences of the client so that therapeutic healing can occur. Enactment assists the lead to “mindfully track the physical movements associated with the autonomic fight and flight responses that had been left interrupted at the time of the original trauma” (p.113). Through physical movement, the lead is able to fully embody the feelings and sensations of transformation, and through this, reparation is facilitated.

In therapeutic enactment, as in psychodrama, the embodied experience is pivotal to healing and transformation. Theories from group counselling, self-psychology, object relations, schema and script, and gestalt therapy all inform the process of transformation through enactment (Westwood & Keats, 2003).

Script theory posits that we make sense of our phenomenological world through an internal system of categories and procedures called schemas (Moursund & Erskine, 2003). Schemas can be as simple as repetitive everyday actions such as doing the dishes, eating, cleaning, brushing one’s teeth or they can be a “complex blend of definitions and emotions and memories” such as “the idea of father or the meaning and implications of whispering” (p. 19). Such schemas are deposited as knowledge in the form of mental scripts. Scripts are well-

rehearsed patterns of beliefs, feelings and behaviours that form our phenomenological experiences and expectations of our experiences. They are a series of out of awareness gestalts, “indivisibly whole experiential patterns, involving cognitions, affect, behaviours, and physiological responses, cycling through time in an alternation of need and satisfaction that is as smooth and natural as the inhaling and exhaling of a sleeping baby” (Moursand & Erskine, 2003, p. 39).

Moursand and Erskine (2003) add that scripts are circular in function; that is, not only does our external environment influence our internal schemas, our internal schemas create scripts and expectations that form our individual experiences. Psychological maladjustment occurs when scripts become rigid or when scripts repress unpleasant experiences and/or trauma. Scripts are maintained at an “out of awareness” level because of the familiarity and comfort they provide and because there is no other foreseeable way of reacting.

In therapeutic enactment, a client has the opportunity to re-enact embedded scripts and create alternate ways of reacting. Enactment opens up the possibility of “restructuring obstructive schemes and rewriting injurious nuclear scripts” (Westwood & Keats, 2003, p. 127). Personal integration is facilitated by assisting the client to move from thinking, reasoning and talking to embodied experiences such as action, doing and “present-centred awareness of bodily sensations, energy levels, hesitations, and tone of voice” (Westwood & Keats, 2003, p. 127). By re-enacting a previous event, new gestalts are permitted to emerge which the client embodies in a context of group trust and safety.

Despite the importance assigned to embodiment in the theoretical and conceptual frameworks of psychodrama and therapeutic enactment, there is a striking absence of research studies examining the client’s experience of his/her body in the therapeutic contexts of psychodrama and therapeutic enactment. Most of the research studies undertaken on embodiment within counselling have been on body language and non-verbal behaviour in the context of talk

therapy (Davis, 1990; Hill, Siegelman, Gronsky, Sturniolo, Fretz, 1981; Rossberg-Gempton, 1993; Shaw, 2004; Tepper & Hasse, 1978).

The existing research on body language within talk therapy has favoured approaching the issue behaviourally with an attempt to understand body language through observing and identifying particular actions and charting their frequency. The reader is led to the impression that if one could quantify and encode the entire lexicon of body language, one would arrive at an optimal and effective mechanical means of predicting the client's mental states and steering therapy accordingly. Little attention is given to the experience of the client and his/her body or the meaning that the client makes of his/her physical experience within therapy. The meaning of these kinds of affective and bodily experiences is particularly important within psychodrama and therapeutic enactment precisely because it is the embodied processes integrative of cognition, behaviour, affect and physiological sensations that has been identified as the site for therapeutic change in action therapies (Blatner, 2000; Brooks, 1998; Moreno, 1959; Westwood & Keats., 2003; Wiener, 2002).

This study will explore the question: What is the somatic experience of the client/ lead in therapeutic enactment? As mentioned, the somatic experience of the client within directed enactments is particularly important because it is the embodied process which is vital in enactment. If the body is the tool by which we act, move and feel within action therapies, then practitioners of psychodrama and therapeutic enactment would benefit from a deeper understanding of the somatic processes involved in directed enactment. Practitioners within psychodrama, therapeutic enactment, dramatherapy and other action-oriented therapies may also benefit from a greater comprehension of how they can more effectively integrate and facilitate the somatic experience of the client into the therapeutic process. Within the context of talk therapy, practitioners may benefit from the realization that the clients are more than simply "talking heads." By providing a greater understanding of the embodied processes involved in

therapeutic enactment, I hope that my research study will add to the growth of the research literature on therapeutic enactment.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This literature review encompassed three areas: (1) research on body language and nonverbal communication in talk therapy, (2) research pertaining to therapeutic enactment, and (3) studies on the effectiveness of psychodrama. Studies on body language and nonverbal communication in talk therapy had relevance to this study in that the body within a therapeutic context is the subject of investigation. Literature on therapeutic enactment was reviewed because it revealed information about the change processes in therapeutic enactment via the body. While I was not able to find studies that directly examined the body in psychodrama, research on the effectiveness of psychodrama was included here for two reasons. First, it pointed to the complexity of research in this field. Second, although findings demonstrating the effectiveness of psychodrama have been mixed, a number of psychodramatic techniques employing nonverbal techniques or embodied processes were shown to be effective.

Body Language in Talk Therapy

Most of the research studies undertaken regarding body language and nonverbal behaviour within counselling have been conducted in the context of talk therapy. In the following section, I will review and discuss the following studies regarding nonverbal behaviour in psychotherapy: Tepper and Hasse (1978); Hill, Siegelman, Gronsky, Sturniolo, and Fretz (1981); Davis (1990); and Shaw (2004).

Verbal and nonverbal communication of facilitative conditions (Tepper & Hasse, 1978).

Tepper and Hasse evaluated the relative contribution of verbal and nonverbal cues in the communication of empathy, respect, and genuineness. Non-verbal behaviours demonstrated in previous studies to have measurable impact on the counselling process included "eye contact, trunk lean, distance, body orientation, movement, facial expression, vocal intonation gestures and selected features of the spatial environment" (p. 211). For this study, Tepper and Hasse used

a videotaped stimulus consisting of “32 role-played interactions between an actor counsellor and an actor client” (p. 212). The role-plays were carefully scripted to isolate and demonstrate all combinations of two levels each of trunk lean, eye contact, vocal intonation and verbal message (p. 212). Thirty judges rated the interactions according to a 5-point scale. The judges were given brief descriptions of empathy, positive regard, and genuineness. The findings in this study “clearly substantiate that complex combination of verbal and nonverbal cues play an important role in the determination of perceived levels of empathy, respect and genuineness” (p. 219) and that “nonverbal cues play a dominant role in the determination of message significance” (p. 219). Most notably, Tepper and Hasse concluded that “the cues manipulated in this study clearly operate as a system and depend heavily on the relative balance between the cues in terms of the message which is ultimately perceived” (p. 219). The interactions “support the conceptualization of the communication process as a multichanneled process” (p. 219). In light of this, Tepper and Hasse suggested that any future research which continues to focus on manipulating one cue in a “factorially complex transaction can only serve to cloud our understanding of the communication process in counselling” (p. 219).

The study by Tepper and Hasse (1978) was relevant to the present study on embodiment within therapeutic enactment in that it pointed to nonverbal communication as a delicate balance of a complex, multifactored process that needs to be studied as a system in context to other factors.

Nonverbal communication and counselling outcome (Hill et al., 1981). Hill et al. examined the relationship of nonverbal communication of both client and counsellor with counselling outcome. They conducted experiments in three areas of counselling effectiveness: nonverbal abilities, nonverbal behaviours, and congruence between verbal and nonverbal communication. Nonverbal abilities referred to one’s skills at interpreting and communicating nonverbal messages. Nonverbal behaviours referred to behaviours such as voice-tone, facial

expressions and body movements. Congruence was defined as the “consistency of emotions expressed in verbal and non-verbal channels of communication” (204). This study differed from previous studies in that it examined the relationship of nonverbal communication of both client and counsellor in a naturalistic setting. Previously, most studies on nonverbal behaviour in social studies and counselling psychology had used an analogue method with videotaped vignettes or still photographs (p. 207) and had employed actors as counsellor and client. The results of this study by Hill et al. indicated that both nonverbal abilities and frequency of occurrence of specific nonverbal behaviours did not have any impact on counselling effectiveness. As a result, Hill et al. concluded that:

the effects of nonverbal communication cannot be examined in isolation to determine their influence on counselling. When we studied nonverbal abilities and frequency of nonverbal movements alone, we found minimal impact on counseling outcome. When we looked at the congruence between verbal and nonverbal behaviours, we found more promising results...nonverbal communication seems to be a very subtle phenomenon and based on the present results, one must look at other aspects, such as how nonverbal behavior interacts with other variables, (e.g. verbal content, timing in counseling, and the interaction between counselor and clients behavior). (p. 211)

It is important to note that both of these studies (e.g., Tepper & Hasse, 1978; Hill et al.) concluded that nonverbal communication and behaviour operate as a system and need to be investigated in relation to other variables. Tepper and Hasse conceptualize this system as a multichannelled process and suggest that its further analysis provides a direction for future research. These studies point to the significance of non-verbal behaviour in a therapeutic context to be viewed systematically through a multichannelled process.

Nonverbal behavior and client state changes during psychotherapy (Davis & Hadiks, 1990). This study by Davis and Hadiks used a multivariable coding of continuous behaviour to

investigate whether the gesticulations and positions of clients during psychotherapy reflected clinically significant cognitive and emotional processes and whether these gesticulations and positions anticipate verbal expression of their cognitive and affective processes. Davis and Hadiks investigated one client over ten sessions by videotape. These sessions were selected randomly from among 62 sessions that had been held over a one and a half year long period. The client was a woman in her mid-twenties who had sought therapy for anxiety attacks. Each of the ten sessions comprised 42 minutes divided into six 7-minute segments. The segments were rated using the Davis Nonverbal States Scale (DNSS; Davis, 1986) by raters who were Certified Movement Analysts from the Laban /Bartenieff Institute of Movement Studies. The raters were additionally trained to use the DNSS. Position variables were recorded by one group of raters and gesticulation variables were recorded separately by another group of raters.

Davis and Hadiks (1990) used the Experiencing Scales (EXP; Klein et al., 1970) to rate verbal variables. The EXP measures seven levels of client involvement in psychotherapy ranging from superficial communication to involved and active discourse where the client seeks clarification and understanding.

The interrater reliability for the DNSS in this study was fair to good and the percentage agreements were high. Davis and Hadiks (1990) maintain that for this “unique and relatively complex analysis of qualitative aspects of nonverbal behavior....when one considers the subtlety of these judgements, the angle of the cameras, and the less than optimal clarity of the tapes” (p. 348), the interrater reliabilities are notable. In the opinion of Davis and Hadiks, this study demonstrates that in contrast to simply “counting the frequency or duration of gestures and positions” (p. 348), the DNSS coding presents clinically useful information that focuses on the “presence or absence of specific *qualitative* features – in particular, combinations that give the gesticulations character and intensity” (p. 349).

The data in this study demonstrated “significant correlations between the Experiencing Scale and two of the position variables....that as the client shifted from superficial discussion to actively exploring her internal reactions, her bodily positions became increasingly more accessible, open, and oriented toward the therapist” (Davis & Hadiks, 1990, p. 347). Davis and Hadiks point out that position analysis in past studies has been predominately qualitative in nature and that the present study, based on a “coding of discrete, unique positions with categories that then are scaled according to degree of “accessibility” has both qualitative and quantitative components” (p. 347) and is a “replicable coding method for positions and gestures that is theoretically applicable to any patient or therapist” (347).

The study did not find that changes in positions anticipated changes in verbal involvement, although the changes in position were related to changes in verbal involvement. Additionally, the study did not yield a significant correlation between the EXP and the client’s gestures. Davis and Hadiks (1990) attribute this to the fact that the EXP stresses cognitive dimensions and that “although the hypothesis needs to be tested more rigorously, there are indications in the present study that the clients’ nonverbal behavior indicated emotional involvement in the psychotherapy process in ways that were not detectable by the Experiencing Scale” (p. 348).

Most notably, Davis and Hadiks (1990) state, the results indicated that “position shifts and gesticulation patterns as coded here are independent and related to different intrapsychic phenomenon” (p. 349). The authors suggest that “DNSS coding of positions may be tapping into fluctuations in ‘cognitive set’ and attitude toward what is transpiring at the moment” (p. 349) and that “changes in gesticulation quality and intensity...may reflect subtle fluctuations in affect and arousal level” (p. 349).

The study by Davis and Hadiks (1990) pertains to the present research study on embodiment in that it supports the claim that physical positions and gesticulations are related to

intrapsychic phenomenon. Additionally, the study by Davis and Hadiks (1990) and the studies by Tepper and Hasse (1978) and Hill et al. (1981) summarized above demonstrate the need to view nonverbal behaviour as a multichannelled process. The studies suggest the need to view the body and our actions/reactions through a process that does not isolate behaviour from affect, cognition, and physiological sensations. As such, these studies have relevancy to the investigation of somatic experience.

The embodied psychotherapist: an exploration of the therapists' somatic phenomena within the therapeutic encounter (Shaw 2004). This study by Shaw investigated the therapist's experience of his/her body using a grounded theory approach. The goal of Shaw's study was to gain a deeper awareness of the therapeutic encounter. Shaw conducted fourteen in-depth interviews. Additionally, he facilitated five discussion groups with therapists. Three were held before the interviews to generate themes and categories on the subject matter, and two discussion groups were held after the interviews to scrutinize the preliminary analysis of the data. In total, ninety psychotherapists participated in this study.

Shaw's (2004) study is pertinent to the present study on the somatic experience of the client/ lead in a couple of ways. First, Shaw situated his study in a sociocultural context. He introduced the study with a summary of how the body has become "marginalized and somehow ignored" (p. 271). Concurring with Boadella (1997), he alleged that the body has been symbolically banned from psychotherapy for the last sixty years with the expulsion of Wilhelm Reich. Second, to define the experience of the body, Shaw sourced the phenomenological lived-body paradigm of Merleau-Ponty and conceptualized the therapist's body as a subject of perception. Although Shaw's study focused on the experience the therapist had of his/her body, it is one of the few existing studies on the body in talk therapy that situated the body as a site of dynamic therapeutic activity and at the centre of psychological being. In so doing, Shaw steered away from previous studies on nonverbal behaviour in psychotherapy such as those by Tepper

and Hasse (1978) and Hill et al. (1981) described earlier in this chapter that situated the body simply as an “imbiber of external stimuli to which it responds in an automatic manner” (Shaw, p. 274).

Shaw (2004) concluded the study by emphasizing the need for psychotherapy to view embodied phenomena through a wider lens such as that of the lived-body paradigm (p. 285). Although Shaw used a grounded theory approach and focused his investigation on the psychotherapist’s embodied experience, this study is similar to the present study in that Shaw referenced phenomenological philosophy and recognized embodiment as a subjective experience inseparable from our environment.

Therapeutic Enactment

Within therapeutic enactment, research has explored areas such as early traumatic memories of childhood sexual abuse, the meaning of change and the change process in therapeutic enactment, significant change with audience members, catharsis, trauma repair, and the use of mask within therapeutic enactment (e.g., Baum, 1994; Brooks, 1998; Buell, 1995; Cave, 2003; Gilbert 1992; Hirakata, 2002; Keats, 2000; Martens, 1991; Morley, 2000). The following reviews those studies that have relevancy to behaviour, affect and cognition as it relates to the somatic experience in therapeutic enactment.

Trauma Repair through Therapeutic Enactment: A Protagonist’s Perspective (Morley, 2000). Morley used a multiple case study and interviewed two co-researchers in depth about their experience of trauma repair through therapeutic enactment. Morley asked the question: What is the lived experience of the trauma repair process through therapeutic enactment? He chose a case study approach to best attain holistic and meaningful characteristics of real live events. Morley additionally desired to study the phenomenon of trauma repair within the contextual conditions of therapeutic enactment. The open-ended interviews were analyzed using a case existential-phenomenological analysis. Morley investigated the change process as

experienced before, during and after the session. His interview questions focused on what the co-researchers were thinking and feeling during their process and what they were physically experiencing. The findings were generalized according to the theories of psychodrama and trauma as indicated in analytic generalization by Yin (1994). Findings found twenty-seven themes grouped into three categories: precipitating conditions, enactments stage, and post enactment.

In one of the findings, Morley (2000) noted that both participants experienced significant dissociation prior to a critical point in the enactment. The memories they did experience were largely tactile and physical. The author identified physical memories as a common theme for recall. For example, the participants could primarily remember somatic experiences such as sitting down, there being smoke in the room, or the action one was engaged in such as pinning someone down on the ground. Notably, one participant remembered the physical presence of the facilitators through touch or breathing and both participants experienced an acute awareness of the director's voice and its particular sound as he/she was guiding them back to the present. Morley links the somatic experience of being drawn back to reality through the sound of the director's voice to the interaction of past and present realities and the rewriting of scripts in the repair process.

Throughout the interviews, bodily experiences were key elements in the enactments. For example, Morley (2000) noted that the enactment was experienced as so real that the leads lost control in various capacities. One participant lost control of his body to the point that all he could utter was the director's name. The other participant noted that she screamed and felt like she was unable to breathe. Likewise, post-enactment themes identified by Morley are expressed through bodily experiences. One participant felt "lighter, more open" (p. 52). The other stated that "...my body is different, the way I eat is different, the way I sleep is different..." (p. 53).

Morley's study was relevant to this study because his questions focused not only on what participants were thinking and feeling but also on what they were physically experiencing. Embodied experiences being essential elements in the various themes that emerged from the findings as well as being key factors in the enactment and recall of the enactment, suggested the need for a deeper investigation of the somatic experiences and processes involved.

In the discussion of the findings, Morley (2000) used the model by Tomkins (1981) in explaining the role of affect in self-learning and change. Affect, according to this model, is expressed through breathing and voice. Based on this model, Morley suggested that therapeutic enactment rescripts the affective as well as physical and spiritual associations of the trauma. Relevancy to the present study was the noted importance of embodied experience in both expression and rescripting of traumatic behaviour.

One last experience that was relevant to the present study was the lack of desire from both participants to watch the videotapes of their enactments. In Morley's (2000) study, one participant felt it would distort her memory of the enactment; the other felt that it would not be helpful to watch the video. This raised questions about the criteria for participants that I enlisted for my study. I indicated the ability and willingness to watch a videotaped session of one's own enactment as a criteria for selection. I addressed this by asking if participants were ready and willing to view their videotape, by providing a referral list of support services for participants, and by seeking ongoing consent throughout the interview and throughout the watching of the videotape. The three participants that volunteered for this study were not reluctant to watch their videotapes and in fact found the experience helpful. However, the videotapes were viewed two and half years after their enactments occurred and not immediately after the enactment as was the case in Morley's study, a time difference that may have accounted for variation in willingness to watch the videotape of one's enactment.

Enacting change: a therapeutic enactment group-based program for traumatized soldiers

Cave (2003). Cave examined the changes of six male peacekeeping and combat veterans who participated in a group-based program with therapeutic enactment as a primary treatment modality for trauma reactions. The study was a mixed method approach intended to investigate the effect of a group-based therapeutic enactment program on veterans who have experienced trauma. The author employed narrative research analysis for interviews with individual participants and descriptive statistics were used to analyze the findings of changes as indicated by the Trauma Symptom Inventory, the Beck Depression Inventory II, and the Self-Esteem Rating Scale. In this research study, both the quantitative and qualitative components were not generalizable due to the small number of participants and lack of randomization. The findings found that participants initially presented symptoms consistent with survivors of trauma. Symptoms that improved after the group intervention included a general decrease in trauma symptoms, relief from depression, an increase in agency, emotional expressiveness, improved relationships and better communication.

Cave (2003) noted that findings from his study differed from those of Morley (2000) with respect to clients' experience of physical symptoms. While Morley (2000) reported a strong focus from participants on their memory and physical experience during the enactment, the participants in Cave's study reported a stronger emphasis on their emotional reactions and less on their physical reactions. Cave suggested that future studies might examine this difference by investigating whether it is the director, participants, or researchers that influence the different foci. It was not clear from Cave's descriptions just how much focus was given to asking participants about their physical experiences, whereas in Morley's study, it appeared to be a core focus and a central question. I also note another important difference between the study by Morley and that of Cave. Cave's participants experienced therapeutic enactment as part of a ten week group in which topics were covered other than those specific to enactment. Residency for

certain parts of the program was also a key element. The participants in Morley's study experienced therapeutic enactment not within an ongoing group but as a weekend workshop. I would hypothesize that these differences in approaches to therapeutic enactment might have been a factor in the greater focus on relationships and affect in client responses.

Into the Fire: Using Therapeutic Enactment to Address Early Traumatic Memories of Childhood Sexual Abuse (Hirakata, 2002). Hirakata used therapeutic enactment as bridge between the verbal and non-verbal experiences of survivors of sexual abuse. She pointed out that many survivors of sexual abuse are challenged to recount their experiences verbally because of the nature of traumatic memory. Traumatic memory is difficult and often too disturbing to describe in words. In this study, Hirakata asked the question: What is the lived experience of using therapeutic enactment to address early traumatic memories of childhood sexual abuse? She approached this question through an ethnographic research design proposing that therapeutic enactment and childhood sexual abuse be viewed and investigated as kinds of cultures.

Hirakata (2002) attempted to gain first hand experience of these cultures by interviewing women through a diversity of means: verbal interviews, personal journals, dreams, art pieces, videotapes of the enactment, interviews with witnesses as well as her own personal research journal. The ethnographic methodology employed was essential to this study to give "voice to unspoken culture" and to "communicate experiences that are shrouded in secrecy" (Hirakata, p. 25). Dominant themes that emerged from the data were analyzed according to current theories of trauma and sexual abuse. Findings included four dominant themes: re-connection, voice, empowerment and corrective re-experiencing.

Hirakata's (2002) analysis of the findings indicated that therapeutic enactment provides the body with an opportunity to speak what has hitherto been unspeakable: "Without words, the lead is able to give voice to some of the deepest parts of his or her experience" (p. 112). She identified physical action and movement as instrumental in assisting participants to reconnect

oneself to one's body. This study supported therapeutic enactment as an important tool to fully engage the mind and body in the healing of trauma. Hirakata stated that physical movement in enactment assisted the lead to track physical movements associated with original trauma and to interrupt the fight and flight response so that the feelings and sensations of transformation were fully experienced and reparation was facilitated (p. 113).

While Hirakata's (2002) study focused on therapeutic enactment with survivors of childhood sexual abuse, the understanding of embodied experience in the reparation of early trauma and how this occurs was fundamental to her findings and is of significance to the present study on somatic experience. The study by Hirakata and the study by Morley (2000) both attested to the vital significance of the body and embodied experience in storing, revealing, releasing and healing traumatic experiences through enactment.

Change processes in psychodrama (Baum 1994). Baum investigated the meaning of the experience of significant change for participants. By interviewing a number of participants, Baum hoped to gain a diversity of perspectives on the change process within psychodrama. Following a psychodrama workshop, participants were invited for an interview. She interviewed six participants who ranged in age from 34 -41. Four were male, two were female and they were all graduate students. Participants for the research study did not have to be the protagonist (the lead) in the enactment. However, to qualify for the study, participants had to have experienced the psychodrama as significant. In Baum's study, four of the participants interviewed were protagonists and two were group participants (observers). The participants were interviewed for one to five hours. The interviews were transcribed and analyzed with an existential-phenomenological approach, an approach that Baum felt best encapsulated the complexity of the experience for participants. The transcripts were read and examined for common themes or patterns about the change process. The common themes were then synthesized into a description of the experience. The participants had an opportunity to verify the themes. The author integrated

their edits into the findings from which she derived the final “essential structures.” The essential structures aimed to represent the core of the experience for the participants.

The research findings described eleven themes from participant statements and thirty-one themes from the protagonists. The themes were divided into participant observer statements and protagonist statements and organized according to the period before the psychodrama, the warm-up, the encounter, the integration, and the period after the psychodrama. Baum (1994) described each theme statement narratively. The themes in Baum’s study that touched on a description of the body and how the body was affected in the participant descriptions include emotional intensity, tension, and anxiety in planning the enactment, feelings of being emotionally drained and exhausted at the end of the enactment, hearing the voice of and feeling the presence of the director when in the enactment, feelings of being in control and relinquishing control to the director, physical movement that facilitated emotional expression, feelings of trance, physical discomfort during the enactment and a physical shift after the enactment, moving from narrating the experience to living it, and behaving differently after the enactment.

Baum (1994) derived a total of 42 common themes from her interviews. Although in the preceeding paragraph I have identified those themes in Baum’s research that described an embodied aspect to the experience, this is not to say that the participants that Baum interviewed did not have an embodied experience with the rest of the themes derived. In fact, because in this research study I defined embodiment according to Merleau-Ponty’s description as a subjective experience of being in the world, it is difficult to separate the embodied experience from any of the common themes that Baum derived from her study. For example, although Baum’s focus for her research was to explore the change process in psychodrama, how can change occur without integration in the body? What distinguishes enactment from talk therapies, whether psychodrama or therapeutic enactment, is the embodied experience of movement, action, and integration.

None of the questions that Baum (1994) asked as orienting questions for her interviews inquired directly about the embodied experience of the participants. Such an investigation, I believe, might have yielded responses that spoke directly to the embodied experience and would have painted a fuller canvas of the change process. Nevertheless, for the purposes of this study, the themes identified above that touched on an embodied experience are substantially significant. Most notably are the themes of trance, physical and behaviour changes after the enactment, and moving from narrating the experience to living it, which are at the core of why enactment is therapeutic and at the core of what differentiates therapeutic enactment from talk therapy, that is, one doesn't talk about enactment for it to be effective, one embodies it.

In the implications for further research, Baum (1994) recognized the need for research that examines the physical change that occurs in the reliving of the experience in enactment as well as in the aftermath of the psychodrama. The present study on the embodied experience of the lead in therapeutic enactment will expand on Baum's research through a detailed investigation of the body of the lead/client in enactment.

The effectiveness of psychodrama

There are numerous studies on a variety of aspects of psychodrama that indicate positive therapeutic factors and outcomes for clients (e.g., Granvold & Ollerenshaw, 1977; Hudgins & Kiesler, 1987; Kellerman, 1982; Kipper, 1979, 1988; 2003; Kipper & Giladi, 1978; Martin & Stepath, 1993; Rawlinson, 2000; Remer & Betts, 1998; Stallone, 1993; Staven, 1985; Taylor, 1983; Yablonsky, 1976). Research on psychodrama has investigated psychodramatic techniques such as doubling, role plays, role reversal, and behaviour simulation as well as the role and effects of being the protagonist and the audience. Studies have examined the efficacy of psychodrama in addressing psychosocial problems such as self-image, trauma, psychogenic pain, interpersonal skills, anxiety, and body image and its differential effectiveness across a range of populations such as children, teenagers, adults, seniors, hospitalized patients, and inmates.

While clients, practitioners and researchers of psychodrama and therapeutic enactment report benefits (Kipper, 1978, 2003; Kellerman, 1982; Kwang, 2003; Westwood & Keats, 2003), researchers simultaneously point to the paucity of empirical studies. To date, the majority of research on the therapeutic effects of psychodrama have been ethnographical approaches, case studies and anecdotal descriptions (Kwang 2003; Kipper 2003). Moreover, research studies in psychodrama are often based on methodologically weak experimental designs (Kipper 2003).

In his meta-analysis of existing empirical studies, Kipper (2003) sought to determine whether psychodramatic techniques are effective through identifying and analysing the empirical studies conducted on psychodrama over a span of 34 years. His findings were mixed. The basic psychodrama techniques of role reversal and doubling showed large positive effect sizes. In contrast, the effect sizes obtained for the techniques of role-play were negligible, a finding Kipper attributes to insufficient data. Commenting on these findings, Kipper suggested that individual psychodramatic techniques may play important roles by themselves; clinical implications for practise being that individual techniques can be adapted to group therapy or modalities other than those of psychodrama. Relevancy of Kipper's study to the present study is that individual techniques such as doubling, role-reversal, and role-play are embodied techniques that employ the body via action and which are implemented in psychodrama to facilitate attitude change, create psychological distancing, generate warmth, trust, empathy as well as to access underlying emotions.

Summary of Literature Review

The literature revealed a paucity of studies pertaining to the topic of the somatic experience within directed enactments for therapeutic purposes. This was surprising particularly since embodiment is critical to psychodrama. In fact, embodiment through various dramatic techniques is what distinguishes psychodrama and therapeutic enactment from other therapeutic modalities. Kipper (2003) suggested that reasons for the lack of empirical research on

psychodrama is the emphasis on psychodrama as a practise, the diversity of approaches in facilitating psychodrama, and the lack of a theoretical model and structure for psychodrama.

Research studies focusing on nonverbal behaviour and nonverbal communication in talk therapy abound. However, as previously noted, these studies isolate behaviour from its context. It is promising that some studies on body language in talk therapy are pointing toward the study of nonverbal behaviour as a multichannelled process as suggested by Hill et al. (1981) and as demonstrated by Davis and Hadiks (1990) and Shaw (2004).

Although research on directed enactments by Cave (2003), Morley (2000), Hirakata (2002), and Baum (1994) did not have the embodied experience as a focal point, the descriptions of embodiment in their findings have added to an understanding of the complexity of this phenomenon and have raised further questions and pointed to suggested areas of future research into the embodied experience in enactment.

Research in therapeutic enactment is still at a nascent stage, thus the necessary inclusion of unpublished theses on therapeutic enactment in the literature review. Nevertheless, I believe that it is precisely the scarcity of existing research that emphasizes the need for this study on somatic experience of the lead/client in therapeutic enactment.

CHAPTER THREE: METHOD

Introduction

The goal of the proposed research study is to describe the somatic experience of the client/ lead within the context of therapeutic enactment investigating the question: What is the somatic experience of the lead in therapeutic enactment? In studying the body in the context of therapeutic enactment, I am interested in the interpretation and meaning that the client brings to his/her embodied experience. It is my belief that embodied experience encompasses more than solely the observable behaviour in the moment. I am of the view that embodied experience is the interaction of behaviour, thought and affect. Toward this end, I draw on the phenomenological work of Merleau- Ponty who viewed embodiment as our intentional physical presence in the world that exists and experiences the world without separation of mind and body. Additionally, I will employ a phenomenological approach to data analysis based on the writings of Van Manen (1997). In the following, I will briefly summarize the phenomenological philosophy that informs this study; outline how a phenomenological perspective will be applied; state my personal assumptions; and discuss the selection of participants, procedures, data analysis, delimitations and ethical issues.

Embodiment According to Merleau-Ponty

Cartesian philosophy holds the perspective that understanding and meaning-making occurs in individual minds by observing the world and by being separate from the world. Phenomenologist Merleau-Ponty rejected the Cartesian dualistic assumption that human perception and understanding occur in the mind as an inner representation of an outer world. Instead, he argued that perception occurs in the world and consists of a meaningful configuration of sensations centred in the body and simultaneously in the environment. Individual and social phenomena are to be found in the embodied relation human beings have

with their world. The body is not an object to be seen but a sentient body whose relation to the environment is understood in terms of meaning. Humans are both sentient and sensible. We see and can be seen, we hear and can be heard. Because we are sentient (we see, we hear, we touch) we experience the world meaningfully (Crossley, 1995). It is through the body that we know, understand, become aware and act.

Meaning, as Merleau-Ponty describes, occurs in the relation between what is seen and the body of the seer, an interaction he terms intersubjectivity. Our natural subjectivity results from being a living physical presence in the world that needs to move and adjust in relation to the world (Sugarman, 1998, p. 37). In the lived-body paradigm, the body is the basis for human subjectivity, a subjectivity that is publicly available. Our thoughts, feelings, and intentions don't belong to an inner realm but assume an embodied visible form such as in speech and cultural actions. We act with intention because of our practical involvements in the world. Crossley (1995) gives the example of a football player who is surveying a field. He will not see bodies and grass when looking at a field but openings and opportunities. We perceive the world by virtue of our existence in it and as physical agents, we create meaning through our action (Sugarman, p. 35).

In his writings on the theories of Merleau-Ponty, Crossley (1995) demonstrates how action is critical to understanding and learning. He gives the example of driving a car or applying a mathematical formula as an embodied and meaningful action. In this view, behaviour is understood as meaningful behaviour. We learn things in the world through action and reaction, a repetition that is non-systemic and non-mechanical (Crossley, 1995). Action is inseparable from its environment so that "to analyze the way in which a body moves and the techniques which it draws upon is to analyze the way in which its environment is made both functional and meaningful for it" (Crossley, p.56). Rather than refer to the body as separate from mind and environment, Merleau-Ponty coined the term "embodiment". Embodiment is the active body, our

intentional physical presence in the world that exists and experiences the world without separation of mind and body. The picture of the world that Merleau-Ponty paints is one in which human beings are active intentional agents who determine aspects of their environment and create meaning through their embodied interaction with the world (Sugarman, 1998).

In this study, I have interpreted meaning through the interplay between the lead's behaviour as he/she viewed it from the videotape and through his/her description of their behaviours and experience of these behaviours in interviews. The theoretical perspectives of Merleau-Ponty's embodied agency guided my interpretation of participants' lived experiences.

Personal Assumptions

I approached this study not as an objective observer, removed and detached from the phenomenon I was seeking to understand, but as a subjective, living, breathing person whose interactions with participants in my attempts to understand the meaning they make of their experience cannot be separated from the experience of interaction and interpretation. In this respect, my own experiences of my body, my relationship to my body, my relationship to action and psychotherapeutic healing are personal assumptions and understandings that I carry with me. I was motivated to undertake this research because of the intimate relationship I have had with movement, embodiment, and healing. Personally, I have engaged in talk therapy as a client at various intervals in my life. While I cannot say that talk therapy failed me, my own personal healing required that I sought a therapy in which expression through movement was emphasized. Rather than sitting down and talking, I needed to act, to move and to feel the sensations that were nestled in parts of my body and that I had shut down for a long time. I found this expression through theatre and acting.

Although I never sought out drama and acting as a means of therapeutic healing, the nature of contemporary acting requires being fully present in one's body. Contemporary acting requires authenticity and truth in oneself as well as the ability to engage one's body in the free

flow and access to feelings. To be fully present, I had to connect emotionally with my body. In theatre, all is revealed through the body and I was challenged to respond to the experiences my body was revealing, experiences that I had held back unknowingly. Eventually, I also immersed myself in the study of physical theatre, an approach to theatre based on the body and movement. Connecting with my body meant developing spontaneity and intuition, becoming a freer and more open human being who can be flexible with roles and with society. It meant that I no longer was numb to the feelings and sensations my body naturally felt.

Acting gave me the ability to make whole the disconnected parts of myself. It was only later in life that I discovered the domain of psychodrama and dramatherapy, therapeutic counselling approaches that were centred around embodied experience. My background training in physical theatre specifically inspired my interest in the study of the body within psychodrama and therapeutic enactment. I approached this study with these understandings and connections to drama, to theatre and therapy.

Participants

The participants were recruited from a Therapeutic Enactment Director Training that was held in January 2005. All the enactments held during this training were videotaped. All group members present signed a "Permission to View Videotape" consent form (Appendix E). An emailed poster and message informed group members of this study (Appendix B). Group members from the Director Training who were interested in participating in this study were directed to call a confidential line and leave a message. I then called potential participants back and had a mini-interview with each one to make sure they met the criteria above and qualified for this study (Appendix C). I also explained to them that they will be asked to sign a release form and discussed any concerns they had about confidentiality or about the interview (Appendix F).

I recruited three adult participants for this study. The three participants who volunteered to be interviewed for this study ranged in age from 36 to 46. Two were males and one was female. The two males were Caucasian and the female was of Asian descent. Criteria for participant selection was that 1) the participant must have participated in the Therapeutic Enactment Director Training in January 2005 2) he/she must have been the lead in an enactment; 3) there existed a videotape of the enactment and permission from the members of the enactment to have taped the sessions; 4) that the participant was willing and ready to view the tape and discuss the enactment; 5) that he/she was available for a three hour interview.

Procedure

Following recruitment and selection of participants, I arranged a three hour interview with each of the participants. The interview was held in a comfortable and confidential room at UBC. I arranged for a playback monitor and DVD/VCR player for this purpose. Interview questions followed a phenomenological interview format in that my questions were centred around the experience of the participant in regards to embodiment. However, because questions about one's embodied experience in therapeutic enactment could appear abstract, a number of questions were prepared to stimulate discussion if necessary (Appendix D). In actuality, these additional questions were not needed. Participants were asked to read and sign a release form and time was made to discuss any concerns they had about confidentiality or about the interview (Appendix F). Ongoing consent was sought by asking the participant if he/she wished to proceed with the interview. This was asked before we began the interview, intermittently throughout the interview, and especially before viewing more difficult scenes. The interview was audiotaped and transcribed for analysis. The participant answered a series of preliminary questions before the viewing of the videotape. I viewed the tape alongside the participants. The participant was asked to pause the tape at points where he/she felt something significant was occurring. When the participant paused the videotape, he/she was asked to speak about the experience in the

videotape. Guiding questions were, "What were you experiencing in your body? What were you thinking? What were you feeling? What were you doing" (Appendix D). I contacted the participants once I had read the transcribed interviews and identified common themes. This gave the participants an opportunity to verify the emerging themes for accuracy. Additionally, it gave me an opportunity obtain any clarification required from the transcribed interviews.

Data Analysis

According to Van Manen (1997) a phenomenological method of data analysis entails the following: (a) choosing a phenomenon of interest, one which commits us to the world, and one which engages us in "deep questioning" (p. 31); (b) investigating the lived fullness of the experience in all its modalities (p. 32); (c) identifying essential themes; (d) using language and thoughtfulness in the form of writing and rewriting to capture the description of the phenomenon "as it shows itself from itself" (Van Manen quoting Heidegger, p. 33); (e) maintaining a strong relation to the fundamental question without distraction of superficialities; (f) balancing the parts being investigated with the whole of the text and with current forms of knowledge.

The question asked in this study was, "What is the somatic experience of the lead in therapeutic enactment?" In reading over the central themes gathered from the narratives, further questions that guided me were, "How does this statement reveal significance about the nature of the embodied experience?" or "What does this tell me about the embodied experience? (Giorgi, 1975, p. 88).

In his description of essential themes, Van Manen (1997) departs from the concept of essentialism as it has come to be understood in traditional phenomenological data analysis. A conventional phenomenological method to data analysis conceptualizes essential themes as universal truths across cultural and historical boundaries. Van Manen speaks of essence as an open and fluid concept without definite boundaries. He contrasts this interpretation with categorical essentialism which reduces "social phenomenon to immutable categories and social

groups to fixed types” (p. xvi). An essential theme, according to Van Manen, is that which renders the phenomenon “what it is, without which it would not longer be what it is” (p. xv), yet which simultaneously does not render the phenomenon to a fixed type. In this study, I interpreted meaning, identified themes from the narratives, and derived and organized the essential structures according to Van Manen’s interpretation of essence, an essence that is reflective of a point in time rather than fixed across culture and history through a universal truth.

Ethical Issues

A first ethical issue arose with the viewing of a videotaped enactment in which other members were present. While I had permission to view the tape from the person who was the lead in the enactment, I also needed written permission from other participants who may have appeared on the tape. I addressed this by seeking signed consent and permission to view the videotapes from all group members who were present at the Director’s Training before viewing any tapes.

Other ethical considerations were the potential surfacing of unpleasant emotions upon viewing the tape and ensuring that the participant had adequate support if this arose. I addressed this by asking the participant about his/her readiness to view the tape and by asking what support he/she needed if unpleasant feelings arose. All participants were provided with a list of referral sources of counselling centres, crisis lines, and therapists.

One final ethical issue was a concern for dual relationships. Because therapeutic enactment is a modality that was recently developed at UBC by Dr. Marv Westwood and Dr. Patricia Wilensky, many therapeutic enactment sessions have been held at UBC. The majority of participants in these enactments have been students in counselling psychology interested in understanding the relationship between drama and counselling. Additionally, I was a group member in the Director’s Training, the training from which participants were recruited for this study. Because I was a student in Counselling Psychology within the Education Department at

UBC and was also a group member in the Director Training, I needed to be mindful of avoiding dual relationships such as interviewing fellow student colleagues.

Delimitations

As mentioned, because therapeutic enactment is a modality that was recently developed at UBC, therapeutic enactment has not had widespread use as a therapeutic model with a diversity of psychosocial populations outside of the university. This context limited the diversity of participants who volunteered for this study. The volunteers for this study were all doctoral students in Counseling Psychology at UBC. They had all had previous experience with, and training in, therapeutic enactment and thus were knowledgeable and familiar with the language of enactment. Their experiences and the ability to identify and articulate their experiences in the appropriate psychological terminology differ from one who might have no scholarly knowledge of therapeutic enactment.

Another delimitation is that my criteria for selection excluded those who may have had a profound somatic experience within a therapeutic enactment session and have significant recall of their experiences, but did not videotape their sessions or were not a part of the Director Training held in 2005.

A final delimitation was the scope of this study. This study encompassed an investigation of the embodied experience of the lead within therapeutic enactment from the beginning of the enactment right through to the end of the final encounter. I did not interview the leads about their embodied experience during the group closure and feedback at the end. The inclusion of the group closure and feedback was not included due to time restraints and because during this time, the lead was sitting, listening and receiving feedback while the active participants during the closure were the group members who predominately appeared in the videotape, a situation that translated into limited data.

Criteria for trustworthiness

The common themes derived from the analysis of the transcripts were handed back to participants so that they affirm or dispute the accuracy of the meanings derived. Additionally, I kept journal notes with my reflections during the entire process from the onset of recruitment through the interviews and through the analysis. I also had the findings read by an independent reader.

CHAPTER FOUR: FINDINGS

Introduction to Findings

In reading the transcribed interviews, I identified fifteen common themes and developed descriptions for each theme. The themes are listed first in this chapter followed by a description of each theme. I conclude with a summary of the themes synthesized into essential structures.

The embodied experience is multifaceted. Some of the quotes from the transcribed interviews will represent more than one common theme. The experience of the body is not a linear experience. Thus some the examples used in one section may be referred to again in proceeding sections.

In describing each of the common themes, I occasionally have included large segments of the transcribed interviews. I felt it was necessary to include these quotes to accurately represent the process of meaning making and to represent faithfully each of the descriptions.

When investigating the body, I found that meaning making happened not only in the conversation, but also in the mutual investigation of the subject matter. In the interviews, the co-researcher and I were both watching the videotaped enactment and I was investigating the subject matter alongside the co-researcher. It is sometimes easier for another person to describe or observe one's body or actions. For example, occasionally I would notice something about the co-researcher's body, tone of voice, gait, hand movement or facial expression that they had not detected. When it was brought to the co-researcher's attention and he/she had a chance to reflect on the experience, its significance became clear. Thus, the co-researcher was not the only one pausing the videotape when something significant occurred. My observations, comments, and the dialogue that ensued were part of the process of meaning making and this is reflected in the dialogue included in examples.

Additionally, describing the experience of one's body is best described by the person whose body it is. In attempting to describe the common themes and capture the embodied

experience of the co-researchers, I was wary of straying too far from the essence of their description by creating a description of the description.

Themes

1. Embodied experiences of anxiety undulated throughout the enactment.
2. Breathing and walking reflected the emotional and cognitive experience of the leads.
3. The lead's gaze was reflective of their cognitive and emotional experience.
4. The leads were aware of and impacted by the facilitator's touch, position, presence, and proximity.
5. The lead's body was a vehicle for emotional containment.
6. Hearing the voice of the lead trainer was a grounding experience.
7. There was a feeling of emotional exposure in the body.
8. Seeing and being seen were embodied experiences.
9. Memory was rooted in the body.
10. Weight in the body reflected the lead's experience of the enactment.
11. The lead's body relaxes when someone familiar enters the circle.
12. There was a need to strike back with the body.
13. The lead experienced integration or dissonance evident in the body.
14. The lead's body communicated even when he/she could not verbally communicate.
15. The lead's body is transformed at the end of the final encounter.

Description of Themes

Embodied experiences of anxiety undulated throughout the enactment. Common sites in the body where anxiety and tension were expressed was in the stomach, jaw, hands, legs, and shoulders. This anxiety and tension surfaced and receded throughout the enactment depending on what was being experienced. These feelings were reflected in each of the participants' bodies throughout their enactments in ways that were unique to each individual.

Within her enactment, L experienced anxiety through tension in her neck and shoulders. At the very beginning, her shoulders were slightly hunched and I brought this to L's attention:

L: Definitely....Not knowing what's going to happen—Not knowing how other people are going to feel or think about what happened—although probably more the not knowing what's going to happen in the next few hours is where the tension comes in.

For L, anxiety also manifested itself in her stomach, "...like just kind of that fluttery thing," in her hands, "...I know my hands were needing to move....It would just be nervous energy and just not knowing how to get rid of it," and in her legs, "Walking helps with my legs but there is nothing that helps with my hands so I don't quite know what to do with them."

In the enactment, L later remembered that the facilitator had asked her to go outside and find a rock to bring with her in the enactment. The rock had a symbolic meaning in that L referred to it as her "spirit rock." However, during times of anxiety it also served the purposes of grounding her by touching and feeling the rock with her hands:

I knew there was something really symbolic about that rock and I know I still have it and it's called my 'spirit rock' but it must mean a lot more than I am realizing because there is something about holding it—I remember holding it and feeling like it was a very smooth rock and feeling its weight and its solidness and that helped a lot—maybe it gave something for my hands to do.

J experienced anxiety in his stomach, shoulders, and legs. He expressed a sensation of weakness in his body:

Usually when I'm that vulnerable I get nervous and I start to feel kind of weak in my body at the same time....I just remember walking around there and starting to get tense in my shoulders and in my stomach. Those are two key areas. And then my legs get shaky, they get kind of weak.

For J, as with L, the use of his hands were indicative of his cognitive and emotional state. In this example, the person playing O, J's spouse, has been brought into the circle and is next to J. J keeps his gaze ahead of him and clenches his hands in a way that he describes as protective:

I just remember being tense. Even though I was talking a few minutes ago about relaxing into it, that's true.... I think putting my fingers in my hands together like that is almost a protective function which would have a soothing function to it as well, a self-contained self-soothing function.

For K, anxiety demonstrated itself through tension in the jaw, through his hands and through trying to appear calmer, "So I knew that sitting there, I'm not sure if I had a pit in my stomach, but looking at myself I know that I was trying to appear calmer on the outside." A few moments later in the enactment, K added:

My jaw will get very tight. Also, my hands in my pockets the way they are, it makes me feel more comfortable carrying them in my pockets as opposed to out because I can't move around or fidget with them.... They are just there and I don't move my arms.

Breathing and walking reflected the emotional and cognitive experience of the participants. Throughout the enactment, breathing would be rapid or shallow depending on whether the participant was experiencing tension, fear, anxiety, or dissociating. Similarly, a participant's pace would become rapid or slow down in the face of tension, fear, anxiety. At other times, pace was an indicator of confidence. While the participants were randomly aware of their breathing patterns, they all were aware of the variation in their pace.

For K breath and pace were used consciously to calm himself down:

It was intentionally slow, I was not moving very quickly so I walked it really slowly. I was trying to remember how I was breathing at that moment because when I was feeling

the tension in my jaw and my hands inside my pocket trying to calm myself, I was trying to be aware of my breath, and right now I just can't remember. I know that when I was walking, I was trying to think, ok keep breathing, keep breathing. I knew that if I could help regulate myself I guess I could keep moving forward, with breathing....When I run, I run with my breath. I pace myself based on how I'm breathing. So when I walk, I do the same thing.

When the leads were approaching difficult parts of their enactment, breathing became rapid or appeared very still:

... shallow breath....I think at this point I am aware we will be moving to a more difficult part so I'm sort of bracing myself, wanting to relax but not wanting to relax because I know if I relax too much it will be more difficult in the next part.

Additionally for K, walking was a coping method to keep the enactment moving forward and for staying in the enactment:

She asked me to stop so we did so I was following her direction but I didn't want to stop. I don't know if I would have started crying then but I'm watching it right now, I don't think so but I wanted to keep moving so I could keep going forward. I think if I stopped it would have stalled something. I'm not sure it would have stalled the thoughts or if I would have broken down. That would have stalled what was going on at that moment. The story would have stalled.

Many times throughout the enactment participants were aware of what they needed: to move on, to confront, to stop and look, to move away or to get closer, or to widen the circle. These needs were being communicated non-verbally. For example, walking was one way participants had under their control and that they could manipulate to express these needs. In the

following example, K is speaking about how his uncle died. K's faster pace and tight upper torso were signalling that there was an unease with what he was saying verbally. Although he was telling the facilitators the story of his uncle, he was not connected to the story. His need to stop, look at his uncle and speak to him directly was being expressed non-verbally:

I: Your body seems very still. You are walking at a faster pace than you were earlier but the upper torso seems -----

K. Tight.

I: Yeah.

K. Because I'm disconnected from it (the story of how his uncle died). I'm aware of the story getting out and disconnected from the emotional impact of what happened to him and how that relates to me. So I don't know if they (the facilitators) cued me or if I said it myself, why he's there but I wanted him to understand what I went through with the rest of the enactment. So in that sense it would have been helpful to talk to him directly or to see him and talk about him directly just telling his whole story.

L described her pace at the beginning of the enactment and how she felt confined within a smaller circle. Later in the enactment, when L meets her child double, L is walking at a fast pace. She described how she widens her gait to avoid this sense of confinement:

Yeah. And I remember—you know how you walk outside the circle and then you kind of get more in? It felt like it was going—like the circle we were walking in was getting smaller—I remember that—and almost wanting to slow it down or spread it out again.

A few moments later, L is taking wider steps:

Yeah, yeah, exactly. I was noticing that too.... I don't remember—maybe just feeling supported and more confident—I guess confident would be the right word I guess, I'm

not sure.... Yeah. Yeah. And I think with P (child double) 'cause like when we made that last curve for me it was important—because I didn't want to keep going in little circles I wanted it to be bigger for some reason and with P, I can maneuver that way whereas with S and V (facilitators) I felt they were directing me in a smaller, smaller, smaller circle.

Widening the circle through her pace and gait assuaged L's anxiety. Additionally, L used pace and gait to shift directions in the space and manage her fear. In the next segment, L's abusers are now on the scene. As was preplanned in the enactment, they were wearing coneheads. However, it was not planned that L would see them at this point. L starts walking rapidly to other areas of the room, almost leaving the facilitators behind her:

L: I remember that piece. On this side was—I don't know who was there— P — somebody—three of them with the cone heads and I guess all that paper rattling was them—I'm guessing—putting the cone heads on—And so when I rounded the corner I remember seeing the three of them or four of them or however many there were and I remember stopping and going the other way and feeling really scared and like my breathing stopped—like that lumping at the back of my throat but my breathing stopping—and just as soon as I saw them not wanting to go that way—and going the other way.

I: All of a sudden you were almost leaving the facilitators behind. You were going off to the other area.

L: Hmmm. I couldn't go in that direction and it's because those three or four were there. That was the first time I saw them with the cone heads on I think.... (referring to another area of the room) I couldn't go there either, because as soon as I round that corner I'd see them again so I had to stop somewhere else.

Watching L's enactment, there was a real sense of space in her movements, a need to widen the space and to be able to walk to those wider sense of spaces. When I brought this to L's attention, she responded.

L: Yeah, 'cause that's my escape. I don't like being confined and when it starts to get to a little circle it feels suffocating and my breathing starts to get more rapid—I know that—and when there's more room for me to walk and it's me directing that walk outside, I can—it feels almost like a way out.

I: And at this point there is really no other space to go so your kind of –

L. Side-tracked, yeah.

As with K and L, J too used his gait to assuage unpleasant feelings. At the beginning of the enactment, J's gait was quite fast. J requested that he and the facilitators slow down so that he can feel more relaxed:

J: Yeah. Like I felt, it's funny how this comes back, but I do remember thinking either I'm walking way too fast or they're moving me along too fast. Whatever it was, I need to slow this down because I was starting to feel pressured. I felt hurried which it was so often how I feel anyway and I thought this is not a place I want this to happen. I want this to be more fluid and more relaxed. And so it was good for me to say it, "We need to slow down." I do remember in watching this now, I do remember feeling once we did that, I did feel more relaxed. Feeling ok, I can take control of this a little bit which is good.

J's increased confidence as the enactment goes on is reflected in a stronger gait and body language. In the next excerpt, J has expressed to the group how the person he was going to confront had behaved manipulatively. This resulted in a shift in his body language and J appeared more relaxed, relieved, and more confident. He attributed this increased confidence both to being able to

express the story of what this person did and to the act of walking and being in the enactment.

He began to take ownership of the enactment within his body.

I: You seem relieved, especially when you think of what she's done and you are then able to express it and say, "These are the things she is saying."

J: I feel very relieved.... Yeah, the more we walk around and the more we kind of get into it, I do feel affirmed and I could kind of see where this is going to go and I do see my body engaging with that direction. It's kind of like a mind/body/emotion experience all together. That we're going to go somewhere with this and I'm believing more and more that I can do it.... That I doubted and minimized for a long long time.

In walking around and in feeling affirmed by the group, J began to embody the enactment, to believe in it, and to own it. As the enactment went on and J was experiencing a range of emotions, walking became tiring and symbolic of his emotional fatigue and of wanting to move on in the enactment:

J: I remember walking around and thinking I just want to sit down. I was getting tired. I do remember thinking at that time too, "Ok, we've walked around the circle long enough."
(Both laugh...) And I was physically feeling that you know I'd gone from uptight and really tense and warm and overwhelmed in a sense. And physically, I was starting to feel fatigued and I think I remember thinking I want to go on now, it's time to move on in the enactment.

The leads' gaze was reflective of their cognitive and emotional experience. The leads' gaze was down and a couple of feet ahead of them in the lead up to the enactment. Two of the leads, K and J, were aware of their gaze being directed downward, L was unaware of this until it was brought to her attention during the interview. L had assumed that everyone else in her

enactment had their heads down as well. K and J were both aware of where their gaze was at the beginning of the enactment. For K, looking down helped him avoid eye contact with the group and helped him stay focused on his enactment:

K: I was also avoiding eye contact with people. So I made sure when I walked around occasionally I glanced up but mostly I was avoiding eye contact. Because if I'd had eye contact with people, I would be pulled out of what I was trying to say and I didn't want to be distracted. I was trying to be very focused on what I was doing.

Even when the the facilitators were asking K questions, he was still very focused. His gaze was focused and his head was down:

K: It's an avoidance technique. I knew if I looked around the group, I'd look in their eyes, that would pull me out. I was avoiding looking in their eyes.

During the enactment , when K diverted his gaze to look up, it was purposeful and helped to reassure K. In the next excerpt, K has called into the circle, the women of his family that passed away. While earlier, he needed to walk and keep his gaze down to remain in the experience, here he took a moment to look at his family members, an experience that relaxed and reassured him:

K: It was helpful to see them because for me there's a point of stopping to see that and sort of directing who is going to be sitting around doing what and to stop to do that would be uncomfortable. As the four of them were all set up there that was very helpful because that was one group of women who I'd hoped to be there so they were all sort of connected to me. So the four of them were sort of complete together as a unit and so for me that point would be a very helpful time to stop and look at them. So that was very helpful at that point.

I: Mmmh. And it looks like if you can just see your body there, you look much more relaxed. Your shoulders are back –

K: Parts of them (the women) are coming out as I am able to see them and remember them and as I am able to share their story, their alive with the people there. It was very reassuring.

While K was keeping his gaze down to maintain focus, J kept his gaze down at the beginning of the enactment because he felt exposed. J's neck and shoulders were tense, almost to the point where it appeared he was unable to turn his neck and shoulders because of the tension, and his gaze was down in front of him:

J: I was. I didn't know where to look. I didn't really want to look at anybody. I felt really exposed.

I: Yes, because you are revealing very personal parts of yourself to the whole group and it's at the beginning of the enactment. I did notice your gait seemed a little bit faster.

J: It was.

I: And also your speech started to speed up at this point as well.

J. I hear that. (both laugh)

As the enactment continued, J experiences his downward gaze along with his clenched hands as an aspect of control or self-containment. When O, the person playing his spouse, approaches him, he does not divert his gaze:

J: Yes, I noticed that (referring to his downward gaze), and my hands are always kind of clenched, both of them. To me, when I look at, it feels like it's about control. Control over, I don't know, being self-contained or in control.

I: In control over what you are talking about at the moment?

J: What I'm talking about and ok what do I do with O in the circle now. I just remember being tense. Even though I was talking a few minutes ago about relaxing into it, that's true. One of the first times J diverts his downward gaze to look up is when the head trainer, A, caught J's attention by moving into the circle in front of J. This was the first time that J took his gaze away from three feet ahead of him to look up at someone. There was a shift in his body. His body retreated and he backed up a few steps:

J: Yeah, I remember when A jumped in like that. I thought I don't know where he came from or what he's really doing and it did make me back up a bit. I was thinking I'm not sure where he's going to go with this. I felt like I was kind of in a groove in a way and all of a sudden it got, I don't know if it got interrupted but he definitely appeared.

I: He seems to me like he's confronting you.

J: Yeah, and I would back up from that initially until I kind of got a feel for you know what's happened here, what's this all about.... Theoretically, the thing about walking around in a circle and me looking kind of straight ahead or at the floor, there's nobody else to look at because everybody's to my side. He got right in my face and for me that's good. I don't know if he just intuitively or instinctively gets that or, I don't think he would that necessarily to everybody but that works for me. So it's gone from the floor, you know, to a self-contained thing to a person directly in front of me. That person who I know believes in me. That brings me down in a good way. Even in my body, it's just like ok, this is going to work.

The leads were aware of and impacted by the facilitator's touch, position, presence and proximity. The leads were keenly aware of whether the facilitators were touching them, how they were touching them, and whether the facilitators were not touching them at all. The

facilitator's touch impacted the leads in various ways. Touch was seen as supportive, and at other times as intrusive. At crucial moments in the enactment, touch was sometimes the one thing that helped the leads move through the process. One of the leads was aware of the quality of touch, whether it was offered with intention and ease or with discomfort. Additionally, the leads were aware of and impacted by the position and the body language of the facilitators.

In her enactment, L was sensitive to touch and had let it be known to the facilitators that she would prefer not to be touched during the enactment. Touch, the proximity and the body language of the facilitators, all impacted her both positively and negatively. In this example, the proximity of the facilitators and the height of one of the facilitators made L feel simultaneously supported and suffocated:

I: And in terms of—I think it is V and S (the facilitators)—they are both beside you—and very close beside you—and am wondering how that—what was your experience of that?

L: On one level it was good because it felt like I had pillars of strength beside me but there were times and I'll probably find it as we go but it just felt really suffocating.... Well, although I felt safe with V but he is taller than I am so it felt like he was leaning over me and my ability to move further out to the circle was kind of blocked because S was there—not in a bad way. So it felt suffocating at points and at other points it felt really good to have strong people beside me so as we go I'll probably be able to point which is which.

At another point in the enactment, L described how the proximity of and the act of “whispering” by the facilitator affected her adversely. Her body language appeared closed and her head was moving forward away from the facilitator:

Now that bothered me a lot. I remember V whispering behind me and it just bothered me a lot—I mean it wasn't his fault or anything like that, I just remember—like you could

feel someone breathing behind you and then someone's voice and it was a whispering voice because he was supposed to whisper but it was just—yeah.

Watching another segment, L remembered pulling away from the facilitator's touch and although this wasn't clearly visible on the tape, the feeling of pulling away for L was very strong. She was pulling away on the inside:

L. See—people are touching me (laughs) and it bothers me and I remember almost pulling away—yeah.

I: Right now when V was touching you.

L. Yeah. Mmmh.

I: And I think you also—you made it clear at the beginning that you wanted some boundaries around touch.

L. Yeah.

I: 'Cause I actually didn't see that—you pulling away—but you remember that?

I: Yeah, I remember. You're right, I didn't pull away enough for it to be visible, I guess—

L. But that feeling for you was very strong.

P. Mmmh.

During the encounter, the head trainer stepped in to support L with his body and this action impacted L positively:

L. I remember this. A must have picked up on something because he is pushing against me and I'm pushing against him and that was so helpful because I remember feeling containment and it would have probably been helpful if B was on the other side—not squishing me—but that's where I needed that pillar of two people beside me. Because I remember feeling A.

I: Yes, there's a very—like just—right there—a very comforting shoulder there.

L: And I remember he wasn't pushing me over but it was enough support I guess or contact and I was pushing back too and it was just a meeting.

I: Yeah, and you can see it in the image. It's very much a meeting and a presence.

L: And it helped with containment, it helped let me know that he was there or someone was there—yeah, so that was good.

At a significant point in L's enactment, after the encounter, when L was moving one of the people who was playing her abuser into a closet, she suddenly found herself alone without the presence of the facilitators. As L is leading the abuser back, the person playing the abuser tugs back. She looks around for the facilitators but they are not close by, a situation which created fear in her:

L: I remember that and that was scary. He, so I was leading him across and I don't know, like for me he was pulling me back. And I think that's what he was doing to almost make me feel, I'm not sure what, but. So I was walking and pulling him and he was tugging me back, almost not wanting to go and not willing to go in that. I remember feeling really scared because, OK, he's getting power again. He can just pull me back to right where I was....So I don't know whether that was helpful or not helpful, but I remember moving through that and I was taking him back into the closet.

I: Right. What did you do when you sensed him----

L: I stopped and there were a couple of times where I stopped. And I think if he resisted even more, it was almost like a tug, you know how you would pull a little child back....It was like that. And I think if he had done that even more so, it would have reeled me back to there. It would have been a whole other enactment I think. And it was somehow, and at

that point I remember looking around and no one was around me. Like A was busy, V was talking to S, and everyone else was kinda turned away. So I felt alone again, and something was about to happen but that I didn't know how to ask for help. I remember that....I think in everyone else's mind and in my mind too, like the enactment was over. But in his mind, maybe there was another piece that he thought was supposed to happen. I'm not sure....I pulled and I stopped. I remember the breathing stopped too for me. And I remember wanting to say something. I don't even know what I would have wanted to say, but something to the rest of them (the facilitators) saying help or something like that but I remember not being able to. And then I guess eventually I just kept walking.

L contrasted this experience of being left alone by the facilitators to the experience of having the facilitator close by as she led her abusers out of the scene:

The other two times when I took, I can't remember who the other two were, I & U, I guess, into the closet, S (the facilitator) followed me. She kept a good enough distance like she wasn't hovering over me which was nice. She stood back but she walked right with me to the closet, and that I remember was helpful. Because someone was there. Just out of the corner of my eye, I could see, someone was there. In the last one, no one was there.

At the beginning of J's enactment, he experienced touch from facilitators as supportive and as "enabling." In the following excerpt, one of the facilitators had his hand around J:

J: Uhh, very comforting. It felt warm. I remember Z's hand on my back with F (Z and F are facilitators). I do distinctly actually remember that, his hand on my back and that she is holding my upper arm and I remember feeling very supported by them. But in my body, it felt good.

I: Earlier you said you kind of feel a little bit weak and it almost looks as though they are helping to hold you up. I'm wondering if that resonates with you?

J: It does resonate with me. I literally I don't think they were holding me up but my body felt supported by their presence and by their touch which to me was enabling in a good way. It enabled me to be there and to be more present.

As with L, K experienced touch from the facilitators in diverse ways. Because one of the facilitators was more comfortable with touch and the other was not, touch impacted K both negatively and positively. K was aware of this difference in comfort with touch between the facilitators and how this affected him. In this excerpt, the facilitator has just reached over to hold K. He contrasts this supportive touch with the distance he feels with the other facilitator:

I was continually aware of him touching me and it felt very comfortable. I was aware of, I think there were two of them (facilitators) and he was continually touching me throughout the time and she would never touch me at all, and I was really aware of the distance. At the beginning when we were all sitting in a group, she was further away from me and I was always aware of that distance and I felt uncomfortable with that distance. I am very comfortable with him putting his arm on my back. It felt reassuring, it felt very familiar and very uh, I don't know I felt very comforted by it. I can't find another way of describing it. It kind of relaxed me a little bit and better able to do this stuff.... (tape plays for a brief second and K continues) I think how he is holding me is for me, was important. Instead of having around my waist, because he's taller than me, so it felt different having his hand around my shoulder like that as opposed to around my waist. If it was the other way, I'm not sure it would be the same kind of experience. His arms were across my

shoulders and I felt very comforted by that. How he was touching me was important as well.

With a supportive touch from one of the facilitators, K sunk into his body in a more relaxed state than during the introduction.

Absolutely. That partly had to do with him putting his hand around me. Partly because of the culture he comes from where men touch each other and I feel very comfortable with that so that was very reassuring for me, that he had no discomfort, no apparent discomfort at all with touching me and that was very important for me. Because of the distance between her and I, I know that if she had touched me, it would have been very uncomfortable, a sort of anticipated discomfort is she had touched me but she did not. I was just aware of that gap, that distance, it was almost palpable, the felt sense of distance.

I asked K if he would have wanted more touch from the other facilitator:

K. Yes and no. I would have wanted to if she was able to do it unapologetically. If she was able to do it and knowing that she was touching me for me. And not have any of her stuff interfere but I think some of her stuff was interfering with what was going on.

I: And you could sense that?

K. Yes.

In the following excerpt, when the female facilitator who was originally distant touched K in a supportive motion, K distinguished this touch between touch with intention and touch that seems vague:

Looking back I don't remember her touching me, obviously she did. And as I am seeing his hand on my shoulder with intent there. I was aware of the weight of his hand on my

shoulder and that was reassuring. I have no connection at all to her touch on my back. As I'm looking at it she is sort of vaguely touching my jacket but not really with intent so I have a hard time connecting with that experience and find it difficult to (inaudible). It seems vague and a bit forced.

On a few occasions, one of the facilitators acknowledged when K was revealing a vulnerable experience and responded by tightening up his grip around K or massaging into K's shoulder:

K: Having him with his hand on my shoulder like that, I remember feeling as I'm watching, I remember feeling him rubbing against my shoulder like that, and he had me right up against the body when he was holding me and that was very helpful....because it was with intent. It was with no discomfort at all. So it was reassuring and it was very comforting.

When K was facing his ex-partner, D, the person who had killed himself, the head trainer, A, approached K and placed his hand on K's belly:

...he's putting his arm around my belly and with intent holding my belly—earlier on when I was crying and B (assistant head trainer) was putting her hand on my belly and it was sort of a gentle soothing but A put his hand on my belly with intent and then I held it there firmly and that helps—it helped open me up.

During this scene, K is taken to the ground by the head trainer, A. K experienced internal conflict over being taken to the ground:

At this point—I had talked to A about this afterwards—when he said 'Face the horror'—that really cued for me and I know that after he said that I stopped and I know I was taking some deep breaths and then I was crying again. At this point this is where A and I had our difference and I said to him afterwards I said 'That was not as helpful'—He

has the belief that everybody (inaudible) up to him—there is a gender difference in how men should cry over how women should cry—that men should be taken to the ground and women should be held up and I completely disagree with that. And that idea is that women have been taken down too many times so they need to be held up by someone so they're not shamed and humiliated as they are taken to the ground—if they lose themselves in crying—and men, he says, need to be taken to the ground because of the experiences men have had in the world and I disagree.... I think it—this is going to sound very strong for me—I think it is a heterosexist view of saying women should be held up and men should be taken down. It disregards individual life experiences and places gender as the more important feature and I strongly disagree with that....

As the tape played, K described how his discomfort in this position inhibited a deeper release. Rather than taking care of himself and releasing into the experience, he was worried about placing too much weight on the person behind him and is taking care of the other person:

So in this moment I was stuck because I was taken to the ground and he was moving around like that I got stuck again and had to get reconnected to it. For me in this position I feel uncomfortable because I don't want to lay on the person behind me because I know my back gets sore—it's uncomfortable and awkward—if someone is laying on top of me like that—I'll do it if it is important to but I know I'm too distracted by the person behind me trying not to put too much weight on that person.

When the scene was being dismantled, K was left standing alone momentarily and has a similar experience that L had toward the end of her enactment when she was left alone:

K. I always find it really distracting when all the scenes are being set up and taken down and I stand there by myself—I don't like standing by myself.

I: Yeah, it seems like a moment where you absolutely still needed to be supported—and I'm so used to seeing you with facilitators standing around—and then suddenly you are left alone.

K: Yeah, yeah. I was aware of that.

I: There we go. (one of the facilitators comes to stand beside K and put his arm around K)

The leads' body was a vehicle for emotional containment. Containment manifested itself through the body in a number of ways: the gaze of the participants, when they chose to divert their gaze or look at someone or the group, how and where they moved in the enactment, the speed or quality of the gait with which they walked around the circle, how they used their hands, how they received information, and when they directed the enactment. In describing these movements, participants attributed their experience to a need for control or to a need for containment.

L experienced confusion and uncertainty when questions were too open and not directed enough at the beginning of the enactment and described the need for more directed questions as a need for containment:

L: Because I remember being really confused because I wasn't sure what they were looking for or what they were wanting to know and what kind of information they needed. So I remember being confused....I thought they were just telling me to talk about why I was there but maybe I just needed it to be a bit more structured in terms of asking more not pointed questions but direct questions—because it was so open and I almost needed that containment piece and that added to the anxiety.

For L, directing the enactment at intervals throughout the journey, helped her be in control. In this next segment, L was speaking to her child double and was affected emotionally by this. She

spoke with her in a low voice. This was followed by L directing one of the set ups for the scene.

At this point, L's body shifted to a stronger stance and her voice became stronger:

L: I don't remember it specifically to this but I remember parts of it—and parts of the segments that we've seen so far. When I'm in control of the enactment—like setting things up or directing what happens next, that's when my voice gets stronger or I can stand differently or feel more confident and take up space and it's probably what V or B or S say or what they ask of me that brings me to that place. Well I think for me that was important—just to have moments of that—being in control.

I: And there's a huge shift in your voice when that happens.

L: Yeah, and in my stance and just—yeah.

And later, L described how she used her hands to help control the events in the enactment and how this assisted her to feel empowered:

L: You know what? And this isn't just now realizing it—that time when I took P and I grabbed her and I locked arms with her it was me using my hands and there was a control in my hands rather than just them playing around—and the same with V when I moved him in front—and the same as when I took H by the hand and moved him—like there is a sense of power that happens and if my arms are directing something to happen, which is helpful.

The sense of power L described in her arms, embodied the rest of her body. She took on a confident stance and even her facial features changed as well to a look of confidence.

In this next excerpt, L spontaneously changed the original plan of the encounter so that she could regain the control that she did not have as a child. She made the sudden decision to

open the door for her abusers, rather than the abusers coming out into the circle on their own as was in the original plan:

L: Um, I think it was about control again... Yeah, they were supposed to come on their own or whatever it was—it was my idea to go open the door for them.

I: And by opening the door that would—

L: Give me control as to when they came rather than them just coming out and surprising me—yeah, it's all about control on some level.... And kind of taking back what I didn't have then because then I don't think I had a lot of control of when they popped up or when they didn't or where I went or where I wasn't but here I was directing it felt—in some places of the enactment—and that was helpful.

In key moments there was a part of L that stepped forward and directed the situation and her movements were purposeful, “And those have been really helpful and I think in those moments that's when my voice is stronger or I feel more in my body—confident and that nervous energy isn't there as much.”

Directing gave the participants an opportunity for management of personal containment. When participants were directing, their bodies shifted, took on a confidence and a sense of power. In the following excerpt, J chose his double to join the circle and is speaking with his double. His voice has lowered. At this point, he described his embodied experience as a feeling of weakness and a sense of “collapse.”

J: Yeah, I feel vulnerable. It does come out of my voice when I feel vulnerable. And it does lower like that, it's kind of like, “I mean business.” (both laugh) I do know that I feel and I do know that I more than likely there feel, starting to feel kind of weak. Not weak in a kind of a “I can't do it” way but just drained maybe a bit more. Because I am being more

transparent with what I need....And I know in my body that that's when I start to feel vulnerable because I feel weak and fragile for some reason.

I: When you feel fragile, can you think of where in your body that manifests itself?

J: Well for sure in two places. One would just be my chest torso area and legs and shoulders, I just feel, again the word collapse comes to my mind.

A few moments later, J described himself and the shifts in his body as he was directing the set up of the scene for his encounter which took place in his office. He saw himself as "controlling," but in actuality, his body has shifted from earlier when he felt a sense of collapse to someone who is very much in charge, in control, confident and at ease with power:

J: Yeah. I feel like a controller. I am a controller. I can see it. And I feel like it comes out of my body too. It's actually a significant piece because I did get kind of, 'Ok, that has to go here, and that has to go there.' The body movements are like that, and I know it's true and I see it living colour and I know it's true anyway. And sometimes I can laugh at myself and my friends laugh at me. They tell me I'm uptight and I need to chill out but they laugh at the same time which I do too. But at the same time it's a bit humiliating to see it.

J was engrossed in the scene and his body appeared like he was not in the enactment room but in his office:

J: Yeah. I felt that way. At this point, I'm in it. This thing is gonna go down, we're going to do this. It's my office. This is the way it needs to be in order for it to make sense to me and I do become controlling a bit in my behaviour and also in my movements. You know, if it was two inches that way, I'd put it two inches over that way to make it work. (Tape plays and conversation continues a few seconds later).... This is not projecting

onto it as a result of looking at it today, but I know myself well enough to know that in the moment as that was happening, that in my body, I am in my office...I'm envisioning when I say the books are here, the window's here, the desk is here, it has to be this way, that in my mind which is part of my body, I'm in my office....I'm strong visually and can cognitively put myself in it.

There is a difference between being in control and being controlling. Being in control denotes a sense of empowerment and active agency. It is a fluid process that can shift. While being controlling tends to be a more rigid experience that is more about disempowerment and lack of agency. Although J described himself in the experience above as controlling, there was a sense of immersion in the experience and a sense of empowerment in his actions that was akin to being in control, a phenomenon that is important to the experience of the lead in enactment.

While control was a central theme for J in the above example, K was concerned with the act of personal and emotional containment, a theme that was present for K from the start of his enactment. He knew that in the enactment he would have to face the image of his former lover killing himself, and from the start he described himself as being "on the verge of breaking down throughout this whole time." In this excerpt, K's body movements were very heavy, his shoulders were sloven, and his jaw was quivering. K was trying to keep his emotions contained so that he could move through the enactment to the more difficult parts:

It was a somber time. I was about to watch seven my family members who were friends who were killed or died or killed themselves. I was aware, again my jaw, I was trying to keep it moving because at anytime I could feel quivering and I know I could have broken into sobs at anytime. So I was trying to keep it moving. I was trying to keep it going. And in my movements, I felt there was a heaviness in my body. Mostly I was aware of

my jaw was quivering, and it wasn't like a tightness like clenching jaw, it was quivering....I was working at containment. I didn't want it to drag on forever and ever and ever and ever because I knew I just could break down many times and just cry because I had not been able to be at the funeral of the people of who were present, of who were going to be there. So there's various things I was working at containing because I knew it would come out eventually but it needed to come out throughout.

In the following excerpt, K used walking to assist in containing his emotions. K differentiates between suppressing his feelings and his need to temporarily contain his feelings so that he could remain present in the enactment. Additionally, he deliberately avoided directing which he viewed as bringing him into the cognitive and distracting him from being present emotionally:

As we were walking they stopped and they started asking sort of how things were being arranged in front of me. And so as they've stopped me and were talking about it, I could have easily gotten into sort of directing and saying this goes there and this goes there and whatever. So I could have easily jumped into the cognitive and lost all the emotional part. I didn't want that to happen because I was working hard at containing but not stuffing. So I figured if I stopped and started directing, it would take me awhile to get back into that. So I just kept walking, I just kept moving and they followed which was very helpful.

The tape played for a few seconds and K stopped walking in the enactment at the request of the facilitator:

She asked me to stop so we did so I was following her direction but I didn't want to stop. I don't know if I would have started crying then but I'm watching it right now, I don't think so but I wanted to keep moving so I could keep going forward. I think if I stopped it would have stalled something. I'm not sure it would have stalled the thoughts or if I

would have broken down.... That would have stalled what was going on at that moment.

The story would have stalled.

Continuing on with the story and walking so that the story could continue was important to K.

Emotional containment was significant to K because as he describes above, he was immersed in the enactment and its painful emotional impact from the very start, that is, from the introduction. Walking was one way that assisted K in containing his feelings. At other times in the enactment, a hand gesture helped with containment:

When I touched my forehead, it was to stop myself from stopping myself. I knew if I discontinued to scratch my forehead, was because I couldn't have stopped without crying there and that would have slowed the whole process down. So that was a technique to sort of ground myself I guess.... I'd say it was more almost like hiding, you know when people laugh and they cover their mouth. It was more like that. It was a scratch of my forehead but it was to cover my eyes.

And later in the enactment, K repeated the gesture which he describes as a gesture of avoidance:

So that was a touch again of avoidance, a touch on my forehead of containment. Because as B came up to coach them or give them a clue, I knew they weren't really paying attention to me, they were paying attention to her. So that, I had to stop and hold myself.

K experienced an inner tension with containment. On the one hand, there were times where he could have completely emoted and released and on the other hand, these moments were tempered by the fact that he was preparing himself for what was to come next. For example, in the subsequent excerpt, K described his need to hold back:

I'm laughing because I'm saying something absolutely ridiculous. I'm saying that I want to look at him but I don't, because if I do, I will then go back. I'll just start crying. I was

aware of holding back and not holding back and sort of back and forth. (Tape plays and K continues a few seconds later) I was constantly aware of what was coming. I was constantly aware of the next scene that was going to come up and that was going to be very difficult to watch. That's probably why I was holding back on it because I find it painful. It just aches to cry. That's part of what I was holding back on. I wanted to minimize the ache.

In this next segment, K is sobbing and surrounded by group members. He had mixed feelings about fully releasing his feelings and struggled with containment. He knew that he needed to retain enough strength to move on to the more challenging scene:

K: So he (the facilitator) had his arm around me. I think for me what would have been helpful at this moment, because he's taller than I am, and he makes very good body contact. I could have just put my face into his chest and just sobbed, and had he just put his arms around me, that would have been very helpful I think. I could have just curled up into his chest and sobbed. I feel torn with that. It would have been very supportive, very helpful. I could have cried easily that way, but at the same time, I didn't want to stop there. I wanted to keep going....I knew what was coming next was harder and I wanted to make sure I could get through it.

Additionally, K used his gaze and the direction of his body to help him contain certain parts of the enactment. When the person playing D, K's ex-lover, appeared on the scene, K turned his body and avoided looking at D because he was not ready to have a connection with him yet:

K. I sort of turned my back to him, uhhh to D. I didn't look at him, as I turned around I was looking down, didn't look at him. When we're talking there was just a, some kind of avoidance. Just not wanting to have that connection of seeing him quite yet.

I: Because you will be seeing him.

K. Mmmh.

I: I get the impression that as you are walking around the scene, you are very aware of where D is.

K. Absolutely. And avoiding him. (both laugh)

Sometimes the proximity or touch of the facilitator assisted the lead with containment. As described earlier in the section on the theme of the facilitator's touch, position, presence and proximity (see page 46), when the head trainer, A, was leaning into L, and offering a supportive shoulder, L summed up this experience as helping her with "containment, it helped let me know that he was there or someone was there—yeah, so that was good." In a similar manner for J, in the section on anxiety as an embodied experience, when J spoke about his downward gaze and clenched hands, he referred to the experience as "almost a protective function... a self-contained soothing function" (see p.35). In the section on breathing and walking as reflective of cognitive and emotional experiences, K used his gait and breath to self-regulate, ie, assist with containment, "I knew if I could help regulate myself I guess I could keep moving forward, with breathing."

Hearing the voice of the head trainer was a grounding experience. Because L, K and J's enactments occurred at a director's training for therapeutic enactment, the enactments were directed by facilitators-in-training. The head trainer and the assistant head trainer would weave in and out of the enactment and direct certain segments at times of need. L, K, and J were acquainted with the head trainer through their graduate work. The participants all expressed familiarity and feelings of trust with the head trainer. During the enactment, the sound of A's voice was a calming experience for each of the co-researchers and helped bring them back to the present. For example, in L's enactment, when she went to open the door to let out her abusers,

the head trainer stepped forward to support L. L's body language was on alert for the abusers who are now present on the scene and she experienced fear. A realized this and stepped in. L has a clear memory of just the sound of A's voice as grounding:

L: I don't remember what's happening there but I remember talking to A and being glad he stepped in because up until then I don't even—he wasn't a part of the enactment really, he was just on the side, but I remember at that point that was the only time he really stepped in and feeling really comforted by that—'cause his voice is really grounding for me—but I don't remember what I was thinking—I was feeling scared I know that.

During K's enactment, when he is facing his ex-lover at the point where his ex-lover has killed himself, K has no recall of his body, but does remember A's voice and touch:

K: As I sit here right now I have no memory of it at all. I have no memory from my neck down, of my body at all. It's gone. I have no memory of it at all. I remember talking to him. And I remember a comment of ours—one of the sentences A said at this point was 'whenever a close friend kills himself or someone close by kills themselves it is common to do a copycat.' So A probed that one and that wasn't an issue at all for me. So it wasn't a concern. That was the only thing I remember and I was able to express to him that I was pissed off—I was angry with him for doing this and a sense of betrayal I felt—I was able to express that to him and then the pity I felt for him for killing himself—for taking the cowardly route out.

I: It seems like you are being held up.

K: Yeah. And A is right behind me. I don't know if his hands are on my belly or on my back—I don't know. I know they are on my shoulders too and I know one is on my lower back as well. But I don't know if one is on the front.

Similarly, J was able to relax with A. During J's enactment, when A stepped in front of J, J diverted his gaze from the floor to look up. As described earlier (p.43), J's focus and self-containment was interrupted. A challenged J and J's body shifted almost as if he had taken a deep breath. His shoulders were more relaxed and his hands fell to his side. In his body, J had accepted A's challenge:

I think that when A, I think A is essentially saying, "So what?" Like, "Let it fly" or "What are you afraid of?" kind of thing. A's impact on my life is, part of it anyway, is permission to be, to be congruent. I think he's sort of nicely challenging me, you know it's ok if the shit hits the fan. Let's all go with it. Like we're not afraid.

When I was watching the video with J, it certainly appeared that this is exactly what was happening in his body, "permission to be congruent." There was a release in his body. He had embodied what A had said to him:

I know that in my body when I'm with A, that I can relax with what I'm really all about. With what I'm thinking or what I'm doing. He's not going to be shocked and offended. He's open to whatever even if it's about he and I. I trust that and I think that actually him stepping in at that point to move it along was actually a good thing. Otherwise I might have walked around tons more doing what, I don't know. (both laugh) So I think he sensed that ok it's time to kind of give birth here and I concurred.

There was a feeling exposure in the body. This feeling of exposure was associated with vulnerability and surfaced at intervals throughout each enactment. It manifested itself in the body through the shifts in volume and quality of the voice, a sense of weakness in the body, shaking, and gestures that hid the body.

L expressed vulnerability as she described to the group the imaginary place she would go to as a child to escape the abuse:

What I do remember though when I was describing that imaginary place I remember like a trembling in my voice as I was talking about it and it was lined to a sadness that I even had to go there to begin with. So I remember when I was describing to S and V that place—I remember that happening.

And later on, when L realizes that she does not have describe the details of the abuse, there is a sense of relief. She has trouble breathing and her voice speeds up at the thought of having to express the details of the abuse:

I remember at one point in the enactment just wanting to get this over with—so maybe that's the speeding up. I remember when S mentioned—I don't know if she said we don't need to know all the details or we are not going to go into all the details of what happened—there was a sense of relief and I think that allowed for that shift of 'Okay, I can breathe now'—because at some point they were asking me what happened and I wasn't sure how much I was supposed to talk about and at the same time not really wanting to talk about it—so when S said that wasn't the purpose of the enactment it kind of just—there was a relief and it allowed me to breathe again—so that shift—I remember that—and then—yeah.

In revealing the details of his enactment to the group, J too expressed feelings of vulnerability and exposure. This manifested in J's body through a shaky voice, and a sense of weakness in his body:

J: You can hear now in my voice that it becomes a bit shaky when I'm saying, "It's sad, it's kind of lame. She knows what's going on." I can hear in my voice there and I know

that I know that that happens to me when I'm feeling exposed or feel kind of raw internally and emotionally. I feel like it weakens my body, it zaps my energy....I'm feeling nervous. I'm feeling anxious. I'm feeling like this is good, like this is really close to home. To me it was very poignant, becoming increasingly poignant and then I was feeling myself becoming increasingly weakened, you know watching it, being embarrassed maybe.

K felt exposed when he was sobbing and was surrounded by group members in various roles. His hand around his face expressed this feeling of vulnerability:

At this moment, I sort of felt exposed. When I started crying before, I sort of covered my face and I felt really exposed and (pause) unsupported but I don't know how I could have been supported. I felt really vulnerable standing there kind of being held by them all, sort of surrounded by them all and all I could is hide behind my face, put my hand around my head. It was so awkward just standing there. I felt like I was on the hot seat, which I was in a way, and there was no escape.

When K is asked by the facilitator to describe how his ex-lover died, he experienced feelings of vulnerability and shame. His experienced a tightness in his throat, tears in his eyes, and to ease his feelings, he stood away from the group:

K: She asks—I said it was a hard—and the whole story is he took pills, drank and put a bag over his head and sat at his computer watching a slideshow of all his friends—a computer slideshow of images of all his friends—and so I said 'It's hard to say that' and I am aware of—I said 'ashamed' of saying that—sort of almost embarrassed to say that he killed himself and then she said 'It's hard because?' and just because of how he died and of what he did and how he did it and as I was hearing myself I could feel back in my

throat a tightening up and I had tears in my eyes. And in this way I'm crying because I'm away from the group, which is a little more comfortable.

Seeing and being seen were embodied experiences. The act of seeing a personal life experience concretized and brought to life, is core to psychodrama and to directed enactments. For all three co-researchers, seeing was a difficult but reparative embodied experience. Being seen was equally a reparative experience.

In this excerpt, L has been asked by the facilitators to locate a sacred place in the room where she is safe from the abuse and to locate the darker place where the abuse took place. When stepping back and "seeing" the sacred place, she is able to take it in. She realizes how lonely she is in that sacred place and she experiences a sadness manifested by a lump and a tremoring in her throat:

L: And I looked at that one (the sacred place) and I said 'that one doesn't feel good and there's a lump in my throat and there's tightness' or something....(tape plays and L resumes speaking) I remember when I was describing that sacred place realizing how alone I can be in that place and then that's where that leads to the tremoring in my throat....I don't think I realized that before. Like until it was set up that way—just how lonely that place is because there is nobody there and that's the way it was set up 'cause that's what I needed. But everybody else is in that middle ground.

Later L sets up an initial scene in her enactment. In this scene her brother is sick. Part of the enactment was supposed to have her brother realize what he did by being sick, that is, that his being sick eventually led to L being abused. L wanted her brother to see what happened to her. However, once the scene is set up and the person playing L's brother is in place, L experiences a deep realization. By externalizing the scene through enactment, the experience is made concrete and L was able to step back, integrate the scene within her, and come to a place of acceptance:

L: I remember this—seeing him because he was supposed to be playing my younger brother—seeing him lie there made me realize that it just wasn't his fault and I remember feeling—I don't know the right word for it—uncomfortable maybe—I don't know—but just I'm feeling really grounded at that moment of knowing this was here and that was then—and almost—not forgiving because there was nothing to forgive—but I remember up until that point there was a lot of anger towards my younger brother because I blamed him for being sick and causing everything that happened but then in that moment seeing him lie there made me realize that it had nothing to do with him and it wasn't his fault and since then C and I's relationship has really shifted—like in a good way.

I: And was he—did that shift entail you talking about this experience with him?

L: No. It was a shift within me that almost—acceptance—that's the word. That it wasn't his fault either—like it wasn't his fault that he was sick.

I: So something in visually seeing that reinforced sort of that acceptance in you.

I: Yeah. Because I don't think I had it before or I know I didn't. There was a lot of anger and hate towards C. But until that moment—yeah it was just acceptance that it wasn't his fault either.

The tape played for a few moments and we continued to watch this scene. In the enactment, L then decided to go in to remove her brother from the scene. Her body shifted to that of someone who is empowered, strong and determined:

I: So right there you are saying 'I don't want you to see—

L: Oh, because part of what the enactment was supposed to do was have C realize what—it sounds horrible when I say it now—but have him realize what he did by being sick so I wanted him to see what happened to me....And then in that moment I realized it

wasn't his fault, it had nothing to do with him, so I moved him out of the circle because he didn't need to see it anymore—does that make sense?

L embodied a very determined demeanor where it appeared that no one would have stopped her from taking C's hand and moving him over:

L: Protect him from it. Yeah, because it wasn't his—had nothing to do with him at all—and that was a huge realization for me.... (referring to moving C away) In some ways that was like a mini enactment. In some ways it was a mini enactment.

As with L, the act of concretizing a scene and 'seeing' it was reparative for K. In the following segments, K describes how his ex-lover killed himself. He was reluctant to look at the scene because he knows how painful it was going to be. The first scene K 'sees' is one with his ex-lover and a scarf around his head and neck to symbolize the suicide. However, with direction from the head trainer, K was asked to see the suicide as it really happened. He experienced a range of emotions from avoidance through anger and finally to resolution and simultaneously a range of embodied experiences such as physically placing himself behind his ex-lover, tightness and quivering in his jaw, tightness in his chest, and his heart pounding. K is standing behind D, his ex-partner. D is in his death chair. The facilitator is holding K close:

I'm right behind him—yeah....I'm really aware of avoiding looking at him. I'm really aware of not looking in that direction—almost blocking him....Part of it is I don't want to see them setting him up. I don't want to see them moving him around and setting the scene up like that as part of it. I'd rather see it done already as opposed to see the process of having it done. I think the—I anticipate it to be too difficult—that's not quite right—I believe it would be very painful to watch them set it up....So I know as I am

walking around my body is really tight as I'm walking around right now. I really appreciate that I am being held very close like that.

At this point, K saw the first scene with his ex-lover and the scarf over his head. Now he realized that he will be seeing a more realistic scene of D with a bag over his head. K felt panicked:

I remember he did this. All I could think of was 'don't you fucking dare'—it's all I could think of. It's all I thought. I couldn't believe he was going to do that... we talked about it and I said I don't want to do that because—and the reason why I didn't want to do that is because I was so afraid of seeing what he could have looked like with a bag over his head. So afraid of seeing that. So when A went over to get the bag I went—I was panicked—absolutely panicked.

K continued describing how he experienced 'seeing the unspeakable' and how it impacted him:

K: Back to the beginning again where I had tightness in my jaw and sort of quivering a bit. I remember I could sort of feel my heart pounding and a sort of real tightness in my chest. That part of is the hardest part of the whole thing, of him putting a bag over his head. ... Now A is going to make me see it.... and in hindsight, I think it was a helpful thing to see. It really opened things up for me. (inaudible) Now to tell people that he put the bag over his head was more difficult than anything else.

I: To actually bring life to the words.

K. Yeah, exactly. It paints a vivid picture.

At the end of the enactment, K and D hug and K had an opportunity to say goodbye, to have closure and to let D go, "I found that it was really important to watch him leave and not sort of turn away and look away. I thought it was important to watch him walk away and close the door."

Within K's enactment "being seen" was equally as important as seeing. In this next excerpt, K expressed his struggle with the need to be seen and simultaneously the desire to hide. In this next example, K is avoiding eye contact with the facilitators beside him and he is looking at the group of family members he had called into the circle, his aunts and uncle that had passed away:

K. Because for me, that's a personal thing very difficult to do, is to be seen. But that was really important to be with them like that and to stand there and sort of cry open like that is not, I'm a very private person in that way, so it was very awkward, very uncomfortable to do that.

I: So when you say you want to be seen-----

K. That's where the feeling of being torn comes from. It's because on one hand it's awkward to say you need to see what happened to me and at the same time I'm going to hide in the corner and cry away. That's where I feel a bit torn.... I can explain what that means, how that is of being seen is, uhh, because I'm private about things that happen, people don't know sort of my history (inaudible).... I always think as far as witnessing goes, I get to unpack my stuff, and people get to say, 'Oh yeah, it hasn't been unpacked and we're going to help him unpack and watch him unpack it.' So, it's sort of sharing my pain I guess with the community. That's what the seeing is about for me.

At the end of the interview during our discussion, K added:

K: I think the most—to me the most significant thing was being able to cry in front of a group 'cause that's something I just don't do.... That was the first time I allowed myself to be that expressive in a group setting.

The enactments for both K and L dealt with repairing and healing past traumas and loss. By having these past experiences enacted and concretizing them, they were able to see them, take them in, and change the experiences toward reparation. J's enactment did not deal with trauma. In his enactment, J was confronting someone who had manipulated him and to whom J had not had a chance to confront. J experienced the act of "seeing" in two ways. Firstly, by watching his double confront X, J saw how manipulative the person was. This brings up feelings of sadness and exposure for him:

I told H (J's double) that I would be, I did say that I was shaking there. Because it was becoming real. We've been talking about in the past, how everyone will be in the enactment. Now it's going to be real. And I'm going to see it and hear it and I was getting nervous to hear that.... Well for sure I'd be feeling it in my stomach and for sure I'd be feeling it in my shoulders. I'm kind of tense. I could tell I'm tensed up and that's usually what I do is I tense up in my shoulders and I feel the fear in my stomach. (tape plays and J resumes talking a few moments later) You can hear now in my voice that it becomes a bit shaky when I'm saying, "It's sad, it's kind of lame. She knows what's going on."

Secondly, when J watched the video played back for this interview, he realized how powerful he had been in the confrontation. In the enactment, he had indeed confronted this person and done so very powerfully, reclaiming his voice in the process. After the enactment, and over time, he had diminished how strong the confrontation had been in the enactment. For example, in a preamble to the enactment during the interview, J spoke about taking a "low key approach." H, J's double, confronted X in the encounter first, followed by J. J described this experience:

...H is more dramatic than what I am and I remember A kind of encouraging me to be more dramatic but I felt like it wouldn't be me to be that dramatic. So I remember taking

more of a low key approach and than thinking that A is disappointed because it wasn't that dramatic.

As J watched the videotape of the enactment, he realized how powerful he actually was in the confrontation:

J: I just feel really engaged by what's happening and kind of reliving it and I just feel hot.

I: And are you reliving it in a positive way in that sense that you are getting to say what you needed to say to her?

J: Yeah and it's the injustice of the situation that I'm really aware of right now that is all coming back. I haven't thought about it for quite awhile.

As J was watching his confrontation with X, he was engaged and reliving the experience.

Watching the videotape, I could see and hear the empowerment in J's body:

J: It actually is pretty strong.

I: It's actually really strong.

J: I had forgotten that. For some reason I thought, "Oh, I wimped out." But I didn't.

I: Not at all.

J: I suspect what I was feeling there is what I'm feeling right now, like this is real and I'm engaged by it. And when I get engaged in conflict like that with tension, I do get hot, my ears get really hot for whatever reason. And I feel hot, and I'm quite convinced, like you could legitimately say at that time that that was my body experience, that heat was emanating. (tape plays a moment and J resumes conversation) It's kind of dismissing it right. I'm done.

I: Done with her?

J: Yeah.

I: Which is where you want it to be?

J: Mmmh. And that feels good. And physically feels good. I'm quite sure that, like I could hear in my voice, I know myself well enough to know that when I listen to that, I'm feeling this is right, this feels physically good, I'm releasing this pent up stuff.

And later in the discussion at the end of the interview, J reflected further on how he had minimized his confrontation in the enactment, and how after watching the tape, how he can now 'see' how powerful he really was. He describes this process of 'seeing' himself through the videotape as very helpful:

J: I really minimized my enactment even in that week. Because it wasn't a real drama kind of thing... And you know, I look back at it now and think, I shouldn't have done that because it wasn't a no brainer....you know the thing about what I had thought in my mind was A wanted me to be more drama. I didn't hear him say anything like that at all so then I'm thinking, where did that come from. I think it came from my inside my own head around or oh A wants this to be more sort of and then I assumed expectation that I was feeling under pressure maybe.... Well, the only thing that I'm left with right now is that I feel it's been such a good experience to see the tape, and to see the change. And to have somebody to talk it through with. I know this is in the context of research but this type of research often has a therapeutic component.... Now I'm kind of thinking that this was really a healthy thing to do. You know just to see the change over time and to look back and to see what was and to look at today and to see what is. Very very helpful and encouraging.

Memory was rooted in the body. K, J, and L's enactments all took place two years ago and so the aspect of memory was a factor in the interviews. The co-researchers had not seen the

videotape of their enactment but could remember significant aspects of the enactment. Many of these memories were embodied memories in that it was the feel or touch of something, or action that was significant to them and that unfolded the memory. For example, when J noticed how fast his gait was on the videotape (p. 39), he remarked, "it's funny how this comes back, but I do remember thinking either I'm walking way too fast or they're moving me along too fast."

Watching herself walk at a faster pace, L remembered the feeling of confinement she was experiencing and her need to widen the circle (pp. 37, 38). She remembered the sound of the paper rattling that represented her abusers (p. 38), or her hands shaking with nervous energy (p. 34). J remembered A, the head trainer, jumping in front of him, or his ears getting hot during the confrontation, or the weakness in his body. K remembered the very comfortable touch that the facilitator provided, the distance of the facilitator, or being taken to the ground in his expression of grief.

Upon watching the video, however, there were aspects about the enactment that the co-researchers had forgotten but that came back to them when watching the video. Many times, what was not remembered or what was remembered differently were very key aspects of the enactment. For example, upon seeing his ex-lover having killed himself, K remembered himself speaking louder and sobbing for a longer time than what he saw on the videotape:

In my mind's eye I'm speaking louder—in my mind's eye I'm speaking quite loud—in my mind's eye the times when I was crying earlier on were much longer. I have a different recollection of the length of time—it just seemed like a lot longer then it was....It felt longer. It felt like just more time of it....It's strange to watch it now and see that it is a shorter time.

I asked K if there were there things in the enactment that he had remembered as happening that didn't really happen in addition to the his voice being louder and the length of time being longer:

Well, the timeline of the whole thing was different. I also don't remember happening—I did not remember the scarf being around his head. I only remember the bag around his head so to see the scarf I remember now that it was there but in my mind's eye between then and now I didn't remember that it was even there.

K also had no recollection of the role reversal with the person playing his ex-lover. The facilitator had directed D and K to reverse roles. The purpose of the role reversal was for K to gain further insight into what D might have been feeling and so that K could find closure. In the role reversal, K spoke about how he was not present in his body:

K: I look so stiff watching—my whole body looks so stiff and my face looks quite drawn. I look like a stone....I wasn't expecting it to happen and I sit here and I have no recollection of doing that at all until now. (tape plays and K resumes conversation a few seconds later)....I can remember—from watching and hearing it—I can remember the feelings now of doing it and the words are rather humorous—I'll say those words—the impact is—the resonance and the impact is heavy. It helps as I'm hearing myself say it—helps close things up.

In the next excerpt, I asked K about the lack of memory of the role reversal and am wondering how something so pivotal to the reparative process of his enactment could be forgotten. We have a discussion as to the possibility of whether his body could have embodied the experience without him having a cognitive memory:

K: I have no recollection at all of that. I remember talking to him and I remember what I said to him but I have no recollection at all of talking from him....I just look like I'm not even there—perhaps now I know—but—yeah....I know that when I'm seeing it right now I don't remember it but as I hear myself I know that what I'm aware of is the sense

of desperation and I do have this image of just climbing up a muddy riverbank and having no finger holds and just sliding down and not having any kind of support. That's what I imagine I would be feeling as well as experiencing or what I experienced (inaudible)...

I: ...I wonder if your body took it in anyway even though you don't have a cognitive memory of it because, you know, when you think back to the whole enactment—like earlier you said that it was helpful or it was a release in terms of that. And was that correct, actually, did the enactment help you move on?

K: Absolutely. Yeah. I mean I wasn't stuck with it before but I knew there was grief that I had not been able to sort of integrate. So it was—if this was grief I was able to integrate better now than I was before and in terms of remembering what I did here in interacting with him, I remember giving him shit for killing himself—I remember very clearly doing that—I remember very clearly telling him that he broke my heart when he killed himself and I don't remember at all being him saying 'Cause the pain is so great.'

In fact, M, the head trainer, was now behind K acting as his auxiliary ego. K, playing D, in the role reversal, was experiencing emotional pain and was unable to articulate what he was experiencing in his body. As noted above, K stated about himself that he "looks like a stone." K was unable to speak and A, acting as an auxiliary ego, provided the words for K:

K: So I am aware of A behind me—I don't know if I'm looking at Y (the facilitator) or not when I was talking—I don't know if I was looking him in the eye or not. The words aren't sufficient enough. It's just pain and it is just a lot of pain.

I: And it's your pain as K—

K: To understand what D went through—what D is going through because I know D had some significant challenges and some problems that caused him distress and to know that

that kind of pain would cause him to kill himself—and to noticeably see it and hear it is one thing and another thing is that “as I was dying I wanted to reach out, I wanted to have connection.” And that was really important to hear ‘cause it felt like an arm wrapping around me and holding me—to hear him say that was reassuring because when D killed himself I felt unsupported. I mean he was gone, there was no good-byes. And to be able to hear A—whether it’s true or not—to hear those words of ‘when I killed myself I wanted to call out’ and ‘I was in terror when I was dying,’ to hear him announce those words, it just feels so reassuring; it feels so comforting as if someone is holding me.

K completed the role-reversal and K and D hugged in a full body embrace. K did remember the hug, the holding and the letting go of D:

K: With his hand on the back of the head like that—I was holding him as well—sort of at his nape—and his arm went on my back and I just enjoyed being hugged like that—and I don’t enjoy being hugged on my waste—it just felt reassuring, it feels comfortable and it’s—unapologetic I guess. It is a full-on hug and just—you know—to have that physical connection again. I know that he’s not D and done that connection as if he was is—again the words are—inadequate words to describe it. It feels complete. I feel fulfilled to be able to hug him and imagine that he was D hugging me again for the very last time to say good-bye to him.

L also did not recall some parts of her enactment but when watching the tape realized how significant these forgotten experiences were. For example, as mentioned earlier in the section anxiety and embodiment (p.34), L was carrying a rock around with her in her enactment. Although she had the rock at home that she referred to as her “spirit rock” she had forgotten about it and the role it played in the enactment. Holding the rock, touching and feeling it, helped

ground her but it also became a symbol to help her find the strength to deal with emotionally difficult parts of the enactment. For example, when her child double, P, was going into the space occupied by her abusers, L had a lot of difficulty letting her child double enter that space.

L: I remember that moment because they asked me what I was going to do with P and I remember saying or starting to say that I am going to lead her to them—or have them take her, whatever—and I remember having a really hard time saying those words ‘cause it was almost like sacrificing her on some level. So I remember stumbling over the words or having a hard time like the words were almost stuck in my throat.

I: Yeah, and I think you’re not even looking at her.

L: Yeah, ‘cause there’s just—and maybe that would have been helpful—or I don’t know what would have been helpful but it’s almost like sacrificing someone to someone so they get abused because I couldn’t even look at her because I knew what I was going to have her do.

Earlier on in the enactment, L had given the rock to her child double to hold. At this point, L’s child double passed the rock back to L, an act which enabled L to then look at her child double and to lead her.

Another significant aspect of L’s enactment was the breaking of the knife that was held by her abusers. Toward the end of the enactment, when L has done away with her abusers, she breaks the plastic knife. L had no recall of the event until watching the video, but noted that this was an important happening in the enactment:

L: I remember doing that, and it was helpful that no one, ‘cause I struggled, it was plastic I think, but I struggled a bit to break it. And I remember struggling a bit to break it, and I remember thinking, like I hope nobody takes it from me and breaks it for me. Because

that's what could have happened. And I remember when it did break, it was just really helpful. I remember feeling that in my body, that power, and that strength in my hands.

I: Well that looks like you're breaking it into a few pieces there (both laugh).

As discussed earlier, J remembered one significant part of his enactment that he believed had occurred but hadn't occurred at all. One of the memories that had stayed with him about his enactment is that A, the head trainer, had wanted J to be more dramatic in his confrontation. J felt he had fallen short of that. In addition, he tended to minimize his enactment and referred to it as not a "real drama." In actuality, the conversation with A, the head trainer, never occurred in the enactment. Additionally, J's enactment was incredibly powerful and a very "real drama," something he realized through watching the enactment on videotape.

Weight in the body reflected the lead's experience of the enactment. At times, the co-researcher's body appeared heavier and cumbersome and at other times, the body shifted to a lightness. For example, at the start of K's enactment, K's body was heavy and his hand movements are slow as he described a "sombre time" where he was about to watch "seven family members and friends who were killed or died or killed themselves." When K spoke about his aunts or describes his family without "a heavy emotional impact to the story" his body became lighter. Later in the enactment, when K called into the circle, the person who would play D, his body reverted back to this heaviness. When L's child double appeared on the scene, L smiled and her body became open with her head up and shoulders back instead of down, because the person playing her child double was someone familiar to L. When A, the head trainer, challenged J in the enactment and J accepted this challenge, J's body went from being rigid and tense to his shoulders being relaxed, arms to the side, and he was able to take in deep breaths.

The lead's body relaxes when someone familiar is in the circle. For each of the leads, there was a noticeable shift in their body when someone familiar entered the circle. The lead's

body would shift from tension, sadness, heaviness or shakiness to an open body language with head up and shoulders back and a relaxed stance. Their body language reflected the feelings of trust and confidence they had in the presence of someone familiar. For example, in L's enactment, when P, her child double comes into the circle for the first time, L smiles and gives a sigh of relief. Until then, L was experiencing tension and uncertainty:

L: She was playing the little part of me—yeah—and there was another enactment that we had been at or had done or something a long time ago and there was something about like the sister connection so I felt less alone for sure—Oh, and I think because I know P—and V and S—that was the first time I had met both of them.... So I was alone up there, it felt.

I: Well, because your body language is just completely changed.

L: Different, isn't it.

I: You are much more open—like your head is back up, your shoulders are back up and you look more confident all of a sudden.

L: Relaxed. And I think it was because someone up there that I knew was there.

I: And it's interesting because you're hugging her and it almost looks like you're holding her up—you know what I mean?

L: Yeah, that's true.

In the excerpt above, L later reflects on the manner in which she was holding/ hugging her child double and realized that holding her child double was a way for L to contain the nervousness she was experiencing in her hands and arms (p. 53).

J's body shifted and relaxed when he brought the person playing his friend and colleague into the circle:

I know in my body, I am far more relaxed right now. My hands are down. My one hand is kind of partly in my pocket....I kind of got through the O (J's spouse) discussion and bringing my colleague Q into it who is still my colleague. She's a very good friend and we think a lot alike. We're different but we have a lot of very similar values, thoughts and stuff. Actually, if she had been there, I would have asked for her to participate and I would have really enjoyed her participation. So I could just tell from looking at it and I remember feeling at the time more relaxed overall.

K, like J and L, welcomed familiar faces into the circle. As described in the section on the gaze of the participants (p. 40), K's body language was open and his shoulders relaxed as he spoke about the four women in his family who had entered the circle. He stated, "Parts of them are coming out as I am able to see them and remember them... their alive with the people there."

There was a need to strike back with the body. Each of the leads had a moment in their enactment when they wanted to strike back, where they could have hit or hurt the person emotionally with whom they were angry. When J begins to realize how truly manipulative the person he's confronting was, he stated, "And in my mind is, "I want to strike back. I want to, could verbally hurt her and that's where I kind of store the anger..." When K faced D's suicide, he had mixed emotions from hurt, sadness and empathy to wanting to emotionally hurt him:

K: And this way—as I was looking at him I was saying this—I'm aware of wanting to hurt him—emotionally hurt him—not physically hurt him but emotionally hurt him—I'm wanting him to suffer as I felt like he made me suffer. So I know when I said some of those things they were genuine feelings that were going for me and I wanted him to feel the pain that I was feeling.

I: Because by killing himself he didn't get to—well—

K: He copped out.

I. He copped out.

K: Yeah.

I: And he didn't feel pain that he was leaving behind him.

K: Yeah.

When L was shaking her hands, and she identified this as nervous energy, I asked her if she could locate in her body the nervousness and tension she was experiencing. She responded:

There's two different things. So one's like a tightness in almost like my core—so my chest, my throat—my breathing is minimal—I remember that—but my arms—like my limbs—my arms and my legs they feel like—it's almost like they want to hit somebody or—not run—but hit someone or kick someone—to fight, I guess. But there's no outlet for it so that's the nervous energy and it just needs to go away.

In our discussion during the watching of the videotape, L realized that this need to hit or kick someone is linked to her need to push her abuser's away:

...and just thinking about it now I think it's pushing the people who abuse me away which I wasn't able to do when I was little. So that energy was kind of trapped in me and there was no outlet so I was doing a lot of this or a lot of this [motions movement here]...

The lead experienced integration or dissonance evident in the body. Throughout each of the co-researchers' enactments, there were times where the lead was fed a stem sentence from the facilitators. Stem sentences is a technique that is used to bring language to the feelings that the lead may be experiencing but is having trouble expressing. Stem sentences can also be used to keep the lead moving through the enactment. At other times, a facilitator might act as an auxiliary ego for the lead to stand beside or behind the lead and voice thoughts that the lead may be having but cannot express. And still at other times, a facilitator may stop to ask the lead what

he or she is feeling in his/her body. These techniques varied in their effectiveness. The leads' bodies were incredibly expressive of whether the lead had grasped the words he/she was uttering. In watching the videos, and observing the leads' bodies at this time, I refer to this process of embodied integration as "inhaling the experience." At times, the lead's body had inhaled the experience, but the lead struggled to comprehend cognitively what his/her body had taken in. At other times, the lead repeated or expressed words but his/her body had not assimilated the words. And then there were times when the words fed to the leads, the stem sentences offered or the questions about what they were feeling in their body, touched home with the leads. In these situations, the lead's body, feelings, and cognition were congruent and they had embodied and assimilated the experience.

At the beginning of her enactment, L spoke about keeping her feet on the floor as an expression of keeping herself grounded and present. In this excerpt, the facilitator fed L the line, "Your feet are on the floor" but L was not able to integrate this and the facilitator didn't catch the dissonance:

L: I remember S saying that a couple of times during the enactment and I would say 'Yeah, my feet are on the floor' but they weren't—I just said that I remember—so I don't know where they were. So it was a sensation—not the floating or anything like that—but just not feeling completely grounded.

I: Though if S would say 'Your feet are on the floor' you would say 'Yes, my feet are on the floor' but it wasn't sort of an embodied experience.

L: Yeah, it was just something I said.

At a peak point in the enactment, L opened the door for her abusers and they were now in the circle. L went to the closet, let the abusers out and then came back, touched her chin, her head tilts down and her body language was turned a little, so her side-vision was to the abusers. L's

voice was low and timid and she had a nervous nod. She was keeping one eye on the abusers, and her body was on alert, but the facilitators did not pick this up. Instead, one of the facilitators proceeded to act as an auxiliary ego and fed L sentences, but she could not embody the words:

L: I remembered that because I needed to have one eye on them because I didn't want my back to them because then I wouldn't know what they were doing so I remember needing to keep visual contact with them even if it was just a little bit. I remember being purposeful about that.... You know I remember at that point just seeing S's mouth move and words but nothing was happening—like I remember just agreeing and repeating

At this point, I asked L what would have helped her embody the words she was repeating. She described her need to keep an eye on the abusers. However, the facilitators were blocking her view of them. In essence, the facilitators weren't picking up on what L's body was communicating. L further described how stopping and regrouping would have helped her embody the words that were being fed to her:

L: I think it kind of goes back to what you said earlier—my body was saying a lot but I don't know if it was being picked up because the nodding, I think, was taken as 'Yes, I agree I was strong when I opened the door' but I wasn't even hearing any of that. I was just nodding—I don't know why. So if someone recognized—maybe not my nodding or recognizing that this was a hard moment—something like that—kind of like when A stepped in—because he must have recognized something to step in—and stopped everything—like let's just take a minute to stop and breathe and ground or whatever it may be—I think that would have been helpful—just to stop everything and regroup almost. And I remember—I don't know if it is about to come or already happened—A stood in front of me—maybe that was what V was doing—trying to block my view of

them—and I remember looking over whoever's shoulder it was making sure I did see them because that was important for me, but I think what they wanted me to do was not see because that would have helped me but I needed to keep one eye on them.... So—not that it wasn't helpful but it was interfering with my ability to pay attention to what they were saying because I was concentrating on something else—kind of like what you said—I was vigilant to them and not just able to pick up what they were saying at all.

I: And had they stopped and you had a chance to regroup, then maybe you would have been able to express what you needed—

L: Exactly.... Because they weren't even asking what I needed and I think at that point if they had asked 'what do you need right now' I would have said nothing as I was in that mode of just repeating but I needed it to pause—almost like pushing the pause button like you are doing now—that would have been helpful I think.

In this next excerpt, L does have an opportunity to step back and regroup, and as a result is able to take in the stem sentences fed to her by the facilitator, embody the experience, and act on what she needs. The rock that she had been carrying with her assisted L in regrouping and being present:

L: Every enactment should have a rock because I remember that helping me—it got me through a lot of things and my voice shifts when I talk about the rock.

I: Yeah, there's definitely a shift in bringing you back to the present.

L: Yeah.

Researcher: And right now you decided to put the rock back—

L: With P....I remember A's voice again because I guess he would be telling me or someone what to say and I remember feeling sad but in control. Yeah. Maybe as we play I'll remember a bit more but I remember this part quite a bit.

I: Yeah, 'cause it is interesting. You stepped back to regroup and ground yourself and then you are able to go back in—you made the decision to go back in and talk to P.

L: Yeah. And I think that was helpful—like the stepping back every now and again—regrouping and then going back in—almost like the pause button that you push—yeah.

When L was talking to P, her child double, the facilitator fed L stem sentences and she was able to embody them. L's tone of voice was still, saturated, and had shifted from a vulnerable voice to a stronger voice. There was a strength emanating from her voice even though the hurt was present. She appeared to be taking the lead on what was being said:

L: Yeah, a few segments back when we paused (the videotape) I remember them giving me those segments and then me just repeating the segment. Here I was actually thinking and filling in the blanks based on what I needed or wanted to say. So, I remember being a lot more present in this piece.... I don't know what's allowing me to be more present here. Maybe it was the stepping back or maybe it was at some point me having more control or taking control—I'm not sure.

At the beginning of his enactment, K had difficulty responding to the stem sentences. Answering the stem sentences was something he experienced as taking him out of the emotional realm and into the cognitive. As noted in previous sections (pp.56-59), K was trying to stay out of the cognitive and remain in the emotional experience of the enactment. In this excerpt, he described what the stem sentences were like for him:

K. Sometimes when they are using the sentence stems I feel stumped because I don't have an answer. So I think he said, "If you get through this or if you do this you will be able to _____." I had no idea, no clue. So I was really trying to wrack my brains, kind of losing myself out of the experience, kind of wrapping my brain over what would I be able to do and I couldn't necessarily do anything. I just had to get it out. So some of those sentence stems are uncomfortable or awkward because I can't answer the question.

I: Are you not having enough time to be able to answer?

K. No, it's not a matter of the time. I want to answer the question and I always feel inadequate if I can't answer the question. So it's my personal pet peeve. I feel I must answered the question. So I have to stop myself and think of the answer and I lose my experience.

I: Right. And your experience right now is preparing yourself to enter the enactment.

K. Because I'm on the verge of breaking down throughout this whole time which I don't want to do. Throughout this whole time, I'm on the verge of breaking down so tears are very close to the surface. And I'm trying to keep those at bay so things can move forward and at the same time not stomp them down because they need to come out. So answering the cognitive question, "What can I do" distracts me from that so that the emotional stuff kind of pushes away a little bit.

In this next excerpt, K asked his uncle to join the circle and K is looking at his uncle. The facilitator, as an auxiliary ego, fed him sentences but K simply repeated a sentence. He described how he was not "connected" to the words:

I: There was a moment here where A said something about "I'm not embarrassed anymore" and asked you to repeat it.

K: Sometimes that's helpful and sometimes that's unhelpful when he says that or when people say that (pause) That's when I feel, sometimes I feel I have an awkwardness that I feel I need to please the people who are facilitating to make sure that they can keep on going and carry through with it. So when A said it, part of it is true and part of it is not true and I agree with A because I want it to go on.

I: Yeah because when you said it it seemed that you were just repeating it and it seemed like there was no _____

K: No connection to it... Yeah. For me in this moment it was a cognitive statement when I was aware of a lot of emotion inside.

When K was taken to the ground by the facilitator, and he was watching D who had just killed himself, K was fed sentences to help move him through this experience. Here the sentences resonated with K and he was able to embody the words he expressed:

K: So when he said about love—love you—it kind of opened—'cause that's really what it turned out to be—is that I actually loved this man and when he killed himself it was just devastating—my partner—I'd like to see in a different way—and (inaudible). So when A said—when he used the cue to say 'I love you'—that was a very important experience to me to say the words and to say that I felt so betrayed by him taking his own life. And that was a very important experience as well.... I think these times I am so confused in my head—so confused inside myself—of what to say. Like now. If I did not have the stems at this point I would be floundering around trying to figure out what to say 'cause there was so much confusion going on inside.

I: And so this sentence stems are helpful in terms of—

K: Just keeping me talking and trying to pull out. It's like a swirl of thoughts and feelings and if I wasn't—if someone didn't reach in and grab one out, I wouldn't know where to start. So in this way it is very helpful to have—it is like he reaches in and pulls one out and says 'does this fit?' And if it does, I would say so but as it was I make whatever does fit, fit.

The stem sentences helped keep K focused and keep him present.

At the end of K's enactment, the facilitator asked K to switch roles with D. K had no recollection of this part of the enactment as noted previously (p.74). There are a group of people around K, his family members and friends who have past away, and K, as D, is experiencing a lot of pain. The head trainer was behind K as an auxiliary ego and was feeding him sentences. One of the sentences resonated with K and he was able to integrate the experience:

K: Well I'm not aware of the group around me at all. I'm only aware of hearing A behind me....I don't know if I'm looking at U (the facilitator) or not when I was talking—I don't know if I was looking him in the eye or not. The words aren't sufficient enough. It's just pain and it is just a lot of pain.

I: And it's your pain as K—

K: To understand what D went through—what D is going through because I know D had some significant challenges and some problems that caused him distress and to know that that kind of pain would cause him to kill himself—and to noticeably see it and hear it is one thing and another thing is that "as I was dying I wanted to reach out, I wanted to have connection." And that was really important to hear 'cause it felt like an arm wrapping around me and holding me—to hear him say that was reassuring because when D killed himself I felt unsupported. I mean he was gone, there was no good-byes. And to be able

to hear A—whether it's true or not—to hear those words of 'when I killed myself I wanted to call out' and 'I was in terror when I was dying,' to hear him announce those words, it just feels so reassuring; it feels so comforting as if someone is holding me.

The lead's body communicated even when he/she could not verbally communicate. There were moments with each of the three leads when their bodies were expressing something about the enactment but it was not responded to by the facilitators. In these instances, it is the lead's body that is communicating to the facilitator. By not responding to these non-verbal communications, there were missed opportunities for deeper insight. For example, in the following segment, L discovers something about how her hands were communicating in her enactment. From the start of the enactment, L expressed tension through her hands. The rock that she had brought with her had helped ground this tension. Here she was shaking her hands and noted this shaking as nervous energy and tension:

L: And at this point I'm just wondering—what would have helped you at this point, helped ease the tension?

I: Oh, okay. Well the walking helps but you know what would have helped I think—this is not me being aware of it then, right?

I: Yeah.

L: If they noticed and brought attention to what was going on with my arms in particular because my legs I think were easier to hide because I was walking but the same energy was in my legs—but if they had stopped and brought attention to it and asked me or asked me to ask my arms what they needed and I think they what they would have said was if V or someone stood opposite me and he put his hands up and I was able to push him away—and just thinking about it now I think it's pushing the people who abuse me

away which I wasn't able to do when I was little. So that energy was kind of trapped in me and there was no outlet so I was doing a lot of this or a lot of this [motions movement here]—so if they stopped me and brought awareness to my hands and asked what my hands needed or my arms needed, I think I would have gotten to the place where I would have said 'Okay, what I need is V to' And provide some resistance and I could have pushed—just hit or done something like that—I think that would have been really helpful.

I: It's almost as if you were communicating something to the facilitators with your body—just the message wasn't getting across.

L: Yeah. And I wasn't even aware.

At another point in the enactment when L was to hand over her child double to her abusers, she kept her eyes focused on her abusers through the corner of her eyes. L went to the closet, let them out and then came back and sort of touched her chin. Her head tilted down and her body language was turned a little, not completely away from the abusers, so her side-vision was to them. The head trainer picked up on this non-verbal communication and responded to it:

L: I remembered that because I needed to have one eye on them because I didn't want my back to them because then I wouldn't know what they were doing so I remember needing to keep visual contact with them even if it was just a little bit. I remember being purposeful about that.... A was helpful when he does things like that—like kind of bringing awareness to what I am doing. So he said 'I'm aware you are looking at them'—or something like that—that's helpful because it kind of brings me back into my body. And on another level—I don't know if I was thinking it then—probably not—but on another level it kind of makes me feel less alone and it kind of goes back to what you said

earlier—like your body says a lot of things that you verbally can't and when he recognizes what my body is doing, that just helps so much because he is picking up on a level of communication that I guess most don't—or I'm not able to verbally say—so that's really helpful.

In the description above, L is communicating something with her body and when A picks up on it, he is responding:

L: He's hearing me—yeah....Because I know my body and my mouth can say very different things because my mouth will speak from intellect and say everything is okay when my body is trembling and if somebody can pick up on that or pick up that I'm looking at them or whatever it is he just said, that's really helpful.

In this next segment, K's family members who have passed away are now in the circle. K had mixed emotions about seeing them, and these mixed emotions were reflected in the tension in his face, and in the pauses in his sentences. The facial tension and sentence pauses were communicating to the facilitators his mixed emotions and his feelings of "being torn."

K. I was aware of mixed emotions there too. I was happy to have them all there but it wasn't all clean and pretty so I'm aware of feeling a bit torn there. There was no need to tell everything because there's no space and time to tell all those stories. There was some good things and some bad things about each of them. I was aware of holding back....Holding back in the sense of wanting to move forward and I didn't want to explain all the ins and outs and the nuances because I figured that stuff would be lost and confused in the whole story....I was very aware of the good things I was saying out loud and some of the unhelpful things. The two people who were directing were trying to be very supportive and saying how wonderful it is to have them (K's family members)

because it was wonderful to have them and there were some bad things too.... and I was aware of inside myself feeling torn.

I: Your body is relaxed but there is something in your facial expression.

K. Tension.

I: Tension. Also just in your voice kind has a hesitation, sort of a sentence and then a pause as you are speaking about them.

K. And the hesitation and the pause is the, "Well should I say this or shouldn't I do this?" Sort of sensoring myself and trying to figure out how much should I say and how much should I not say.

When J is watching his double confront X, the facilitators and the double are all trying to convince J that this is the right thing to do and that he needs to confront her. His body begins to retreat, communicating to the facilitators his discomfort:

J: I do remember thinking I don't like being talked into stuff just because everyone else thinks it's a good idea, or it works for them. I do remember thinking this has to be my own. More than likely in my body, I am starting to back up a little bit. Physically sitting back and assessing what am I going to do or not do. But it comes out, I would literally push back.

I: Like we saw you do earlier, a little bit of a retreat.

J: Yeah.

I: What would of helped at this point?

J: I think that if somebody said to me and maybe they do, I can't remember, but if somebody had said, "Was this right?" or "Would it work?" or "Does this make sense?"

I: Checking in with you.

J: Yeah. Yeah.

The lead's body is transformed at the end of the last encounter. All three of the leads reported experiencing personal changes after the enactment. For example, K's enactment enabled him to put closure on the loss of a lover. K's relationship with her brother improved after the enactment, a change which she relates to the enactment, and J felt that much of the rigidity that he had carried in his body over the years, became more relaxed and his body felt lighter after the enactment. All the leads entered the enactment with experiences of tension and anxiety manifesting in their bodies. As the enactment continued, they experienced a gamut of emotions from tension, anger, frustration, numbness, sadness, loss, to warmth, release and relaxation intermittently throughout the enactment, feelings that were communicated through their bodies. At the end of the enactment, each of the leads had significant shifts in their bodies and feelings, feelings such as calmness, relief, exhaustion, lightness, saturation, and liberation were predominant. These feelings were visible in how their bodies shifted.

In the subsequent excerpt, K described the shifts in his body at the end of his enactment after the final role reversal. K hugged D goodbye one last time in the videotape. After the hugs, K appeared grounded and settled with a strength and openness emanating from him. In our dialogue, I comment further on the shifts I see visibly in his body in the videotape:

And my whole body relaxed at that point when I just took a sigh and relaxed and then it was done. It was over....And now at this point I didn't need the arm around my shoulders as much as I'm just viewing that right now. My awareness right now is I don't think I need the arm around my shoulder to support me as much right now—but we'll see. (A few moments later in the videotape, K hugs D as one last good-bye)....And I appreciated that they all—initially they all had their hands on my belly—but I appreciated that they were there and then not just leaving, just letting D and I be

there.... With his hand on the back of the head like that—I was holding him as well—sort of at his nape—and his arm went on my back and I just enjoyed being hugged like that—and I don't enjoy being hugged on my waste—it just felt reassuring, it feels comfortable and it's—unapologetic I guess. It is a full-on hug and just—you know—to have that physical connection again. I know that he's not D and felt that connection as if he was is—again the words are—inadequate words to describe it. It feels complete. I feel fulfilled to be able to hug him and imagine that he was D hugging me again for the very last time to say good-bye to him.

After the embrace, K looked like a different person then when he began the enactment. Here, he was much more relaxed, there was a lot of release in his face, his jaw was less tense, and even his hands in his pockets appeared more relaxed than at the beginning:

J experienced a sense of exhaustion at the end of his enactment, an exhaustion that he describes as both disabling and liberating. In this excerpt, J has confronted X. He is concluding his enactment by telling the group a story about his dad which is linked to the experience of having reclaimed his voice in this enactment. The quality of J's voice changed. It was richer, more textured, and deeper. There were more pauses in his sentences and he is speaking at a slower more relaxed pace than he had been the whole enactment. He described his experience as metaphorically plunging into the collapse without defences:

J: Yeah. Released is a good word. At ease would be another way to describe that. Softer more open. (Tape plays and J tells a story about his dad)....I'm giving the whole enactment a context and while it is a bit of a diversion it really isn't. To me it really made a lot of sense. I remember that now, me tagging that little piece at the end. And feeling ok with the vulnerability and in my body just feeling really drained at that point. I would say

that there are different degrees of being drained in your body. It was draining first of all just to do the enactment, to do the walkaround and it was draining to go through the motions and the words and to see H do it and then I entered into it. But this took the drain to a different level. A different physical, the word collapse, that's what comes up for me. That's kind of more core collapse.

I: So you're in the collapse?

J: Yes, it's a disabling, it feels disabling or crippling and I think what was good in that even though I felt crippled in that interaction I had had with my dad over that issue. I remember when I was telling that story feeling crippled to a degree but also feeling drained in a good way that I was telling, that I was telling it, and nobody there was going to criticize or attack it. So there was a liberation that came along with that, physically too, that ok I could plunge into this, but I'm not going to drown in it, physically, even physically. That I could get up and walk out of that chair. And I do remember getting up and hugging and all of that and to me it was kind of plunging into where I needed to go ultimately as a context or as a core issue. But then bring it out into affirmation and care.

In her enactment, L felt like she had completed the enactment after she broke the knife that her abusers were holding and once she had put the abusers back in the closet (p.77). However, she was directed by the head trainer to talk to her child double, to bring her back and to reverse roles with her child double. L had no recall of the role reversal. During the watching of the videotape, I asked L if she saw the importance of the role reversal or if she still felt the enactment could have ended after she had broken the knife. She described feelings of saturation:

I see the importance of it but I think what was happening, not that it wasn't necessary, but I think what was happening was I, up until then it was a really emotional tiring piece

and I think I was done emotionally, not I was done in terms of the enactment being over. I was done, like I couldn't do anymore. I couldn't process anymore. So when we were doing whatever we were doing at the end, I think a lot of it was just me going through the motions because I couldn't take anything else in. So it was important to do but it might have been, it's almost like that would have been another enactment where I started fresh and I was able to start over again. I think I was just saturated at that point.

In the discussion before watching the videotape, I asked L what bodily changes she noticed in the weeks after the enactment. She replied:

'Cause I remember feeling like a tightness in my stomach and then a release of a lot of tears, like a lot of sadness that was deeper—like not just the surface tears but it was touching into something deeper. Some shaking, which isn't necessarily a bad thing. So a lot of release I guess or I guess that's how I would describe it.

Following the viewing the tape, she added:

P. I can't think of anything although I know at the very end of the enactment, nearing the end, feeling, uhhh, a weight being lifted, lighter, definitely more present, just more in my body and more adult in my body. I remember that looking back.

I: Did that feeling stay with you over time?

P. It kind of came and went. Like there were moments where I would feel that and that confident and then there were moments after where I'd sink into that deep sadness which I don't think necessarily is a bad thing but it was kind of, and then eventually it would just kind of even out.

I: And now watching the video again, those feelings, the adult you and the feeling of lightness, did that come back?

P. It did at some points. Probably not to the same degree it was then. It did at some points.

Essential Structures

In deriving essential structures, Van Manen (1997) is concerned with “discovering aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is” (p. xv). Van Manen asks the question, “Is this phenomenon still the same if we imaginatively change or delete this theme from the phenomenon?” (p. 107). Applying this question to the fifteen common themes, my investigation identified the following essential structures about the embodied experiences of the leads: (1) the body was reflective of the cognitive and emotional experience of the lead and the lead’s body was in constant non-verbal communication; (2) the non-verbal touch, position, presence, and proximity of the facilitator impacted the lead; (3) seeing and being seen were embodied experiences; (4) memory was rooted in the body; (5) the lead experienced integration or dissonance evident in the body. In the following paragraphs, I will synthesize the common themes that were presented in this chapter through a description of these five essential structures.

The lead’s body was in constant non-verbal communication. The lead’s body throughout the enactment was reflective of his/her cognitive and emotional experience and this experience of embodied expression was communicated non-verbally throughout the enactment. Avenues of non-verbal communication included 1) experiences of tension in the body 2) the quality of breath and pace 3) the lead’s gaze 4) weight in the body 5) voice and auditory senses 6) experiences of emotional containment and self-regulation, and 7) experiences of bodily transformation at the end of the last encounter.

Non-verbal communication occurred in the expression of tension. Common sites in the body where anxiety and tension were expressed were the stomach, jaw, hands, legs, and shoulders. Anxiety and tension surfaced and receded throughout the enactment depending on

what was being experienced. Additionally, these feelings were reflected in each of the participants' bodies throughout the enactment in ways that were unique to each individual. For example, L experienced anxiety through tension in her stomach, neck, shoulders and hands. J experienced a sense of weakness in his body. K experienced tension in his jaw and hands.

Breath and pace was a second avenue of non-verbal communication for each of the leads. Throughout the enactment, breathing would be rapid or shallow depending on the affective experience of the lead. Similarly, a participant's pace would slow down or become rapid in the face of tension, fear, or anxiety. At other times, pace and stride were indicators of confidence. Participants appeared to be aware of what action they needed to take in the enactment: to move on, confront, stop and look, move away, approach, or widen the circle. Walking was one action participants had under their control, an action they could manipulate to meet these needs.

Third, non-verbal communication was expressed through the lead's gaze. Within their enactments, the leads' gaze was down and a couple of feet ahead of them. This was especially evident when they were walking around the circle disclosing their story. How the leads experienced the act of gazing was individually influenced. For K, looking down helped him avoid eye contact with the group and helped him stay focused on his enactment. He diverted his gaze intentionally at intervals throughout the enactment. At the start of the enactment, J, on the other hand, kept his gaze down because he experienced feelings of exposure.

Fourth, non-verbal communication occurred through the body's weight and how the weight shifted in the body. At times, the leads' bodies appeared heavier and cumbersome and rigid, and at other times, the body shifted to a lightness, openness and with fuller breaths. For each of the leads, there was a noticeable shift in their body when someone familiar entered the circle. The lead's body would shift from tension, sadness, heaviness or shakiness to an open

body language with head up and shoulders back and a relaxed stance. Their body language reflected the feelings of trust and confidence they had in the presence of someone familiar.

A fifth way that non-verbal communication occurred was through the leads' auditory senses. The participants all expressed familiarity and feelings of trust with the head trainer, A. During times of heightened arousal, the sound of A's voice was a calming and grounding experience for each of the leads and helped bring them back to the here and now.

The sixth avenue of non-verbal communication for the leads was through the experience of containment. During situations of intense affect, the leads had a need for emotional containment and engaged in self-regulation. Containment and self-regulation manifested itself through the body in a number of ways: the gaze of the participants, when they chose to divert their gaze or look at someone or the group, how and where they moved in the enactment, the speed or quality of the gait with which they walked around the circle, how they used their hands, how they received information, and through the act of directing a scene. For example, L was unsure of the parameters of what she was going to be asked to reveal, parameters that would have provided a sense of containment. This manifested in her body through a downward gaze, a heavier stance and posture, rapid breath and unsteady stride. K, anticipating the scene he would need to face later in the enactment (i.e., the scene of his ex-partner committing suicide), worked hard at containing his feelings throughout the beginning of the first part of the enactment. He was aware that he would need all his strength for this encounter and used his breath, pace, gaze, touch and direction of his body to assist with self-regulation.

Lastly, the lead's body communicated experiences of transformation. The leads entered the enactment with experiences of tension and anxiety manifesting in their bodies. As the final encounter concluded, they experienced a gamut of emotions, feelings that were communicated through changes in their bodies such as an open body language, spine erect, more eye contact

with the group, a release of tension in the jaw, neck, shoulders, stomach, warmer facial expressions. Each of the leads had significant shifts in their bodies and feelings. Feelings such as calmness, relief, exhaustion, lightness, saturation, and liberation were predominant and visible in how their bodies moved.

Non-verbal communication was not consistently recognized by the facilitators. There were moments with each of the three leads when their bodies were manifesting explicitly their feelings or thoughts about the enactment but these overt expressions were not recognized or responded to by the facilitators. By not responding to these non-verbal communications, the facilitators did not engage in a dialogue with the body, which in turn, resulted in missed opportunities for deeper insight. For example, when L discovered that the underlying action beneath the tension in her hands was communicating her need to push her abusers away. However, the shaking of her hands was not explored by the facilitators. Additionally, there were key moments when the facilitators did pick up on the non-verbal body language of the leads and the ensuing dialogue assisted the leads in recognizing and integrating their emotional and cognitive experiences.

The non-verbal touch, position, presence, and proximity of the facilitator impacted the lead. The leads were sensitive to and aware of whether the facilitators were touching them; the quality of the touch, such as whether it was offered with intention and ease or with discomfort; and whether the facilitators were touching them at all. Touch was seen on some occasions as supportive, and at other times, as intrusive. At crucial moments in the enactment, touch was sometimes the one action that helped the leads move through the process. For example, K could distinguish authentic touch from inauthentic touch. L had clear boundaries around touch and when these boundaries were not respected, her body retreated. J experienced the facilitator's touch as enabling. On many occasions a facilitator's arm around a shoulder or proximity at one's

side became pillars of support for the leads as they moved through the enactment. The facilitator's hand on the K's belly brought warmth and comfort and created fertile ground to breathe deeply and release what was held back in the body.

Additionally, the leads were aware of and impacted by the position and the body language of the facilitators. For example, when the scenes were challenging, the proximity, touch or presence of the facilitators was paramount. Two leads being left alone by the facilitators when a scene was dismantled, were immediately impacted by the distance, a distance that brought on feelings of abandonment and fear in the body. When L was taking her abusers out of the circle, the facilitator stood back at a distance while at the same time walking beside the lead, an experience that reassured L as she moved forward because she could see the facilitator from the corner of her eye.

Seeing and being seen were embodied experiences. The act of seeing a personal life experience concretized and brought to life is core to psychodrama and to directed enactments. For all three co-researchers, seeing was a difficult but reparative embodied experience. For example, the act of seeing a scene concretized brought feelings of resolution to K when he saw his ex-lover commit suicide. For K, closure came when he did not turn away his gaze and instead actively watched his ex-partner depart and exit the room. L watched a scene with her sibling and by concretizing the scene, saw how sick, powerless and faultless her brother had actually been.

When "seeing", the lead was engaged in the scene and reliving the scene in his/her body. J watched his double enact the scene of confrontation, and J's body heated up as he embodied the experience. L watched her child double taken into the proximity of her abusers and was filled with fear and hesitation. The leads saw their personal experiences of the unspeakable made real, its truth revealed, witnessed, and brought home in the body.

Being seen was equally a reparative experience. The leads experienced feelings of recognition and validation when they were "seen" by group members who were in roles and by

group members who were present as witnesses. In exposing one's personal experiences of pain, the lead's body was held, validated and affirmed by the group. This affirmation assuaged and released feelings of exposure and shame that were once tangled in the body.

The lead experienced integration or dissonance evident in the body. The facilitators used a number of techniques to assist the leads, such as stem sentences, auxiliary ego, or checking in with what the lead was sensing in his/her body. These techniques varied in their effectiveness. The leads' bodies clearly expressed whether the lead had integrated the words he/she was uttering. At times, the lead's body demonstrated that he/she had somatically understood the experience, but the lead struggled to cognitively comprehend what his/her body had taken in. The lead's body appeared relaxed, the breath was full, and his/her gaze was present, but the lead struggled to cognitively understand what the body had already understood. At other times, the lead repeated or expressed words but his/her body had not assimilated the words. The lead's gaze looked elsewhere in the room, or there was tension, stillness, or an absence in the body that demonstrated an incongruency between the words being spoken, and the inability of his/her body to integrate the experience. Sometimes, the lead's body appeared confused and to have lost a sense of focus. At these times, the lead hung on to the words of the auxiliary ego to move through a painful experience, to remain in the here and now, or to make sense of the situation. Still, in certain situations, the stem sentences, auxiliary ego or facilitator's questions touched home with the leads and the lead's body, affect, and cognition demonstrated congruency. In these situations, there was a deep release emanating from the lead's body and the lead's body clearly communicated that he/she had integrated the experience.

Memory was rooted in the body. K, J, and L's enactments all took place over two years ago and so retrospective memory was a factor in the interviews. The leads had not seen the videotape of their enactment but with the body as a focal point, the leads remembered key events with accuracy, as if it occurred yesterday. These memories were embodied memories in that it

was the feel, touch, smell, sight of something, or action that was significant to them and that unfolded the memory.

There were aspects about the enactment that the leads had forgotten but that resurfaced when watching the video. Many times, what was not remembered or what was remembered differently than what actually occurred were also significant aspects of the enactment. For example, two of the leads, K and L, whose enactments dealt with trauma, had trouble recalling the role-reversals after the encounter. Yet, when watching the videotape, these role-reversals were pivotal. J minimized the potency of his confrontation, and the watching of the videotape helped him recall how powerful the confrontation had actually been.

For J, K, and L, memory in the body not only referred to the recall of past experiences but also referred to their subjective experience of time. For example, moments of catharsis or situations of fear seemed lengthier or amplified in the lead's memories. Symbolically, memory in the body appeared to have movement. It shifted and torqued like a rivulet. The enactments for K, L and J permitted these shifts from the body to emerge. For example, K's enactment enabled him to fully express his grief, to put closure on the loss of a lover. K's relationship with her brother improved after the enactment, and the rigidity that J had carried in his body over the years had lightened.

CHAPTER FIVE: DISCUSSION

Introduction

In the following pages, I explore each of the fifteen common themes that were derived in the previous chapter, and discuss current theories that might inform the themes. While most of the themes are discussed individually, four of the themes were similar in nature and were therefore grouped together in discussing the relevant theory.

In discussing how the current theoretical research relates to the somatic experience of the leads within this study, I drew predominately on the following theories: theories about the development and practise of therapeutic enactment by Westwood and Wilensky (2005), the theory of psychodrama as discussed by Moreno (1959) and Blatner (2000), neuroscience research as it relates to trauma and the body (Van der Kolk, Mcfarlane, & Weisaeth, 1996; Soloman & Siegel, 2003), and the theory of sensorimotor therapy (Ogden, Minton & Pain, 2006). The theory of sensorimotor therapy in “Trauma and the Body” by Ogden et al. (2006) prevails within the following discussion. These authors have compiled the latest theories in neuroscience, attachment theory, and body therapy along with psychotherapy in developing sensorimotor therapy, a therapeutic approach to trauma that is centred in movement and the body and that is especially applicable to the findings in this study.

Themes and Theoretical Discussions

1. Embodied experiences of anxiety undulated throughout the enactment. 2. Breathing and walking reflected the emotional and cognitive experience of the leads. 3. The lead's gaze was reflective of their cognitive and emotional experience. 4. Weight in the body reflected the lead's experience of the enactment. Tension, the quality of one's breathing, the quality of one's pace, gazing, and shifting the weight in one's body posture are sensorimotor responses to emotional

and cognitive states. In the foreword to "Trauma and the Body" (2006) , Bessel A. van der Kolk draws on neuroscience research to explain the intricate relationship between emotions, cognitions and sensorimotor responses. Neuroscience research demonstrates how humans organize responses to sensory stimuli:

In order to make its way in the world an actively moving creature must be able to predict what is to come and find its way where it needs to go. Prediction occurs by the formation of a sensorimotor image, based on hearing, vision, or touch, which contextualizes the external world and compares it with the existing internal map. "The ... comparison of the internal and external worlds results in a movement" (Rodolfo Llinas). (Van der Kolk as cited in Ogden, Minton & Pain, 2006, p. xviii)

Van der Kolk adds that "people experience the combinations of sensations and an urge for physical activation as an emotion" (Ogden et al., 2006, p. xviii).

Additionally, Van der Kolk states that particular emotional states activate action tendencies (Bull, Panksepp, & Damasio, 1999, as cited by Van der Kolk in Ogden et al., 2006, p. xix). An action tendency is defined as a "programmed sequence of actions" (p. xix). This is not to say that our responses to experience are solely programmed and automated. Van der Kolk points out that what makes human beings distinct is human agency, our ability to choose, to interpret and make meaning out of our experiences and respond accordingly. Nevertheless, the processes of physical activation (sensorimotor responses), affect, and cognition are intricately connected.

For J, K and L, the sensorimotor responses of tension, the quality of their breathing, the quality of their gait, that act of gazing, and shifting their weight in their body posture were reflective of and allied to their emotional and cognitive experiences of the enactment. For example, breathing would be rapid or shallow depending on the affective experience of the lead. Similarly, a participant's pace would slow down or become rapid in the face of tension, fear, or

anxiety. At other times, pace and stride were indicators of confidence. When the leads encountered sombre experiences, weight shifted in the body and the body appeared heavy and sloven. These sensorimotor responses demonstrated the relationship between emotions, cognitions and the body. The findings support the current literature on the interconnectedness of affect, cognition and sensorimotor responses.

5. The leads were aware of and were impacted by the facilitator's touch, position, presence, and proximity. Directed enactment differs from talk therapy in a multitude of ways. One of the distinguishing features of directed enactments is that it is an action therapy. The therapist/ facilitator in directed enactments moves alongside and in proximity to the client and, when appropriate, uses supportive touch. As leads in the enactment, J, K, and L, were all keenly aware of the facilitator's touch, position, presence, and proximity.

Deldon Anne Mcneely (1987), a Jungian psychoanalyst and body therapist explores touch in the context of body therapy and depth psychology. She historically situates Western's society's distance from the body and subsequently from touch during therapy in Cartesian dualism:

Although a mind-body dualism was implicit in the thought of Plato (427-327 B.C.), it was Descartes (1596-1650) who originated a radical split between "thinking substance" (res cogitans) and "extended substance" (res extensa). This split affected the way subsequent generations viewed the human being. The compatibility of Cartesian dualism with the Judeo-Christian world-view assured its survival. Seventeenth-century Rationalists, represented by Descartes, upheld the primacy of reason over bodily experience, and their prominence led to the philosophical Age of Reason, the so-called Enlightenment. (p. 12)

Theories of psychology within Western culture were developed with this backdrop, a cultural context that alienated the body and upheld the primacy of reason, so that today, Mcneely states,

“our culture struggles to find balance in this issue, so we as individuals struggle to know how to manage our bodies and the embodied complexes of our patients” (p. 60).

Mcneely (1987) describes a number of motives for the use of touch within a therapeutic context: exploring and amplification, mirroring, and dearmouring. Exploring and amplification occur through “enactment, positioning, assisting the patient in moving or feeling a body part and encouragement to pay attention to some bodily state” (p. 67). Mirroring is the process of joining in a bodily connection with the client such as “pulling or pushing against, dancing with or screaming with” (p. 68). Dearmouring is a process rooted in the theoretical orientation of Wilhelm Reich (1972). In dearmouring, the therapist uses light touch to deep massage to “move against the patient’s somatic defense system” (p. 68). Other motives for touch that Mcneely expands on is to provide contact such as a touch on the shoulder or pat on the back, affection such as hugging and stroking to demonstrate tenderness, and containment such as supporting the client who is crying or grieving by physically holding him/her to provide support (p. 74).

In describing the benefits of touch within a therapeutic context, Ogden et al., (2006) state that:

Physical touch activates nerve endings on the surface of the skin, thereby increasing sensation intensity, making touch particularly useful in restoring or increasing awareness of body sensation. If the client tends to lose connection with the body or had little awareness of the body sensation, having him or her touch a particular area (e.g., neck, shoulder, stomach) can restore body awareness. (p. 200)

In the practise of sensorimotor therapy, Ogden et al. use touch “to build new somatic resources or support awareness of existing resources” (p. 202), “to facilitate the learning of new actions and postural patterns” (p. 202), as an entry point to explore the root of an action tendency when a client reacts to physical contact, and to “help the client become aware of how she or he might use touch outside of the session” (p. 203). Because the physical and psychological needs of the client

are changing from moment to moment, Ogden et al. emphasize the need to adapt touch “to the client’s process and boundary needs: more pressure or less, on the side of the shoulder or the back of the shoulder, experimenting with decreasing the touch or increasing it to determine how much is ‘enough’ ” (p. 204).

Westwood and Wilensky (2005) identify touch as a major resource for the client in directed enactments and emphasize the importance of touch for growth and connection with the client and within the group. They caution about demonstrating boundaries so as not to violate privacy but underscore that “many people who have been traumatized literally feel ‘out of touch.’ Coming back in touch and restoring the ability to feel is part of the reparation that occurs through enactments” (p. 44). The authors additionally comment on the proximity of the therapist to the lead as a means of support:

Sometimes the therapist will quietly stand close to the lead and wait, perhaps with a hand on their shoulder, before proceeding to evoke verbalizations. The lead will probably only hear a few words from the therapist but will feel movement and touch... gently guiding them, and facilitating both the experience and expression of the blocked emotion... Leads feel supported by the reassuring sound of the therapist’s voice, of not being hurried or felt to be a burden, of being able to slow down and reflect, and by non-verbals such as a light touch or walking shoulder to shoulder in close proximity. (p. 47)

J, L, and K, were all aware of and impacted by the facilitator’s touch and proximity. The results of this research support the current theories on the use of touch, position, presence, and proximity within action therapies.

6. The lead’s body was a vehicle for emotional containment. Emotional containment and self-regulation were manifested through the bodies of each of the leads in the enactments. Early childhood development theories of attachment shed light on the experience of containment and self-regulation and how it is linked to the body. Containment and self-regulation are terms

associated with the development of secure attachment in infants. Containment is described as “the primary caregiver’s provision of a psychological environment that fosters the infants’ self-regulating capacities” (Ogden et al., 2006, p. 44). Self-regulation is one’s ability to modulate arousal. In early childhood development, the caregiver’s attunement with the child is primary in the development of self-regulation:

The social engagement system is initially built upon a series of face-to-face, body-to-body interactions with an attachment figure who regulates the child’s autonomic and emotional arousal; it is further developed through attuned interactions with a primary caregiver who responds with motor and sensory contact to the infant’s signals long before communication with words is possible. This interactive, dyadic regulation facilitates the development of the part of the brain responsible for the self-regulation of arousal: the orbital prefrontal cortex. (Ogden et al., 2006, p. 42)

Understanding the process of dyadic regulation in the facilitation of secure attachment is helpful to therapists because therapists provide a “similar relational context in which dysregulated clients can develop adaptive regulatory capacities” (Ogden et al., 2006, p. 43). In fact, Westwood and Wilensky (2005) establish the safety needed for reparation within therapeutic enactments by installing the therapists as “good enough” parents (p.153) who contain the lead and provide a holding environment (Winnicott, 1965) to facilitate the interactive dyadic regulation described above.

Within sensorimotor therapy, the therapist acts as a psychobiological regulator (similar to the good-enough mother) and assists the client to develop resources for self-regulation and containment, resources that are centred in the body:

Psychological capacities and beliefs are inextricably linked with the structure and movement of the body. Arms that hang limply by the side might reflect an inability to set boundaries or behave assertively; a gait that is always fast and purposeful might reflect

attempts at self-regulation via “staying on the go,” living a fast-paced life with no opportunities for reminders of the trauma to surface. (Ogden et al., 2006, p. 207)

Ogden et al. (2006) maintain that not only are psychological capacities and beliefs linked to the movement of the body, but that within sensorimotor therapy the experience of the body precedes cognition and affect. In developing somatic resources, meaning-making follows from the experience of the body:

Cognitive reflections are stimulated by the experience of the action itself. Through the act of pushing, clients realize that they have the right to defend themselves; through the act of reaching out, they understand that they can ask for help....Literally thousands of somatic resources exist, from basic physiological functions (e.g., digestion) to sensory capacities (e.g. the ability to see, hear, smell, and taste) to self-regulatory abilities (e.g., the ability to ground and center oneself). (Ogden et al., 2006, p. 208)

For Ogden et al. (2006), developing somatic resources toward stabilization includes creating safety through “pacing, boundary maintenance, and safe, conscious, mindful, and gradual reconnection with the body” (p. 210), acknowledging existing resources in the body, by “finding the physical correlates to feelings of competence and positive affect” (p. 211), having the client mindfully oscillate between calm areas of the body and painful areas of the body, and mirroring missing somatic resources.

Self-regulation and containment are processes by which people function in daily social interactions. As demonstrated in attachment theory, the capacity to self-regulate is a component of mental health. In contexts with intense emotions such as within therapeutic enactments, the need for self-regulation and containment is heightened. Because therapeutic enactment is an action-based therapy, the leads were able to use their bodies as somatic resources toward self-regulation. For L, J and K, physical movements such as pace, gait, gaze, positioning, as well as breath and posture were resources for self-regulation and containment. The current theories on

containment and self-regulation as applied to the body support the experiences of the leads within this study.

7. Hearing the voice of the lead trainer was a grounding experience. When the lead is overwhelmed with the feelings he/she is experiencing within therapeutic enactment or when the lead is in a heightened state of arousal, the therapist's voice, as the good-enough parent (Winnicott, 1965; Westwood & Wilensky, 2005; Ogden et al., 2006) becomes a grounding and anchoring resource for the lead and provides containment. The ability of the therapist's voice to ground the lead is rooted in attachment theory: "containment is communicated by the mothers's holding and physical soothing of the infant's body with her touch and voice..." (Ogden et al., 2006, p. 44). Westwood and Wilensky (2005) emphasize the need for the leads to trust therapists and perceive therapists as the "kind of leaders who will bear the weight of the container, leaving them (the leads) free to take the necessary space and to complete their process without interruption" (p. 81). Ogden et al., quoting Siegel (1999), refer to this process by the therapist and the client as "alignment – the empathic matching of one's own state to that of another" (p.44) communicated through "voice tone and volume, touch, expression, pace, gestures" (p. 44) so that through sensorimotor and emotional alignment the client experiences a sense of calm.

Within their enactments, L, J, and K each had moments when they were overwhelmed with the feeling being experienced or when they were in heightened states of arousal. At these moments, L, J, and K all identified the voice of the head trainer as an anchoring resource. The results of this study are confirmatory findings for the theories about attachment and the use of voice as a grounding experience toward emotional alignment.

8. There was a feeling of emotional exposure in the body. One of the embodied experiences of the leads was that they were moving in front of a group and disclosing personal and sensitive experiences about their lives. In moving and speaking before the group, the lead's inner most self was exposed to the group and the leads experienced feelings of vulnerability.

Feelings of vulnerability were manifested in the leads' bodies through a sense of exposure, through a downward gaze, hunched shoulders, or by an arm across the chest or face. The exposed body heated up or retreated or turned away.

Westwood and Wilensky (2005) speak about feelings of shame that may arise as the lead walks around the circle disclosing his/her story. Much emphasis is placed on building group dynamics, group safety and installing resources for the lead at the beginning of the enactment so that disclosure occurs in a trustful environment. Westwood and Wilensky (2005) assert that within therapeutic enactments, shame and honour are inextricably linked:

When individuals believe that their inner self has been seen by the group, whether it is a family or a society, and been judged as not-good-enough, then they feel dishonoured. ... It is for precisely this reason that allowing the group to see the "lived tragedy" is a major risk and a test of the safety of the group.... The contents of the both the enactment and the debriefs appear to have an "honour" thread. The lead is both surprised and relieved to see that the group does honour them in spite of what happened. Risking exposure in the group, and being honoured for it, is an antidote for shame. (p. 102)

The authors add that "shame and grief when they arise in groups can create what Livingston (1991) calls 'the mystic nurturing power of a vulnerable moment' " (p. 26). When J, K and L experienced feelings of shame, exposure or vulnerability, the group members were able to honour them and their feelings. The embodied experiences of K, J and L in regards to feelings of exposure in the body confirm the current theory on experiencing shame and vulnerability within therapeutic enactment. The group's ability to witness and honour the experience of J, K and L during moments of exposure and vulnerability supports the current theory of the healing power of the group as witnesses within therapeutic enactment.

9. Seeing and being seen were embodied experiences. The act of being seen within therapeutic enactment is twofold. First, the group in an enactment gathers to witness the lead's

experience. This witnessing has an affirming and healing component. When the lead's reality is accepted by the witnesses, and they are able to vocalize this acceptance to the lead and affirm what they have witnessed, the lead can then accept him/herself (Westwood & Wilensky, 2005). The group is a resource for the lead "by mirroring and reinforcing the new, positive self-script for the lead" (p. 45). The authors add:

Witnesses do no censor, sabotage, criticize, make light of, or scapegoat. Their job is to be present, to hold the space, and often, in this work, to witness unfixable suffering. From an object relations point of view, witnesses become "good objects" for the lead. This has to do with the lead being truly seen by people who have value and, while outside the self, are experienced as part of the self. Witnesses therefore act as a social validation of acceptance and change. (p. 102)

Westwood and Wilensky contextualize the roles of the witnesses, stating that frequently the lead is too involved in the enactment to be aware of the moments when a new script is being installed. Witnesses are able to affirm and validate the experience of reparation and change with the lead.

Second, the lead is also seen by the characters in his/her enactment, that is, the roles that members of the group play. There is an important distinction here. The lead is not being seen by the person playing the role, but by the role/ character. It was just as important for K to have his "family members" see him as it was to have the group witness his experience. J had his "spouse" witness the confrontation. L wanted her "little brother" to see what happened. In all of these situations, the lead was not being seen by a member of the group, but by the role that the member represents.

Role theory is essential to understanding the dynamic of what occurs when a lead is seen by another member in role. Some of the features that distinguish dramas and roles are: the nature of roles as interactive representations of inner roles, concretization, transcendence of time, dialogue and action, and diverse levels of exposure.

In expanding on the concept of role, Blatner (2000) states that drama is interactive and interpersonal as well being an “interactive drama among the living mental representations of inner roles, the memories of imagined responses of parents, lovers, ‘them’ (the imagined audience or judging ‘others’), the ‘inner child’, etc.” (p. 155).

Dramas are created to be seen and have the ability to make the abstract, concrete. Concretizing an experience through drama means exposing the emotional truth of it (Westwood & Wilensky, p. 120). Blatner (2000) highlights that, “roles are socio-behavioral Gestalts, whole complexes of image and action, that may be entertained in the mind more readily than most abstract concepts, especially psychological diagnoses or dynamic formulations” (p. 156).

Another feature is that roles can transcend time so that characters and situations from one’s past, present or future may be “considered, rehearsed, explored in imagination and action....remembered more vividly...repaired or done over” (Blatner, 2000, p.157). Additionally, dramas and roles occur in the form of a dialogue and action as opposed to narration, avoiding intellectualization and evoking a sense of immediacy, vividness, and directness (Blatner, 2000, p.156).

Finally, Blatner (2000) speaks of roles as having several levels of disclosure. There is superficial disclosure such as information about oneself one would reveal to the general public, more intimate disclosures with friends or a therapist, to deeper levels of thoughts at the pre-conscious level such as those thoughts that surface but that one tends to push aside, and those at an unconscious level such as “feelings and ideas that cannot be admitted to oneself” (p. 167). Therapeutic enactments function at the intimate and deeper levels of disclosure.

One can apply these concepts of role theory to understand what the leads experience when they are “seeing” or “being seen” in an enactment. Thus when K, for example, is seeing people playing his family members, his family members are real to him. They are made concrete, permitting K to resonate with these roles and all that those roles represent to him

psychologically at deeper levels. Inversely, when K was being seen by his family members, his family members were seeing a part of him, an inner role, that he may not have revealed to them before or that may have been revealed previously but that had never been affirmed. By seeing K, his family members (in role) were validating and affirming a role within K, perhaps the inner role of the vulnerable or wounded child or the grieving adult. Similarly, when J, K and L, at various points in their enactments, were seeing or witnessing scenes, it was not simply the act of concretizing an experience through enactment that was reparative but the interplay between concretization and the impact of the role association on deeper levels of the psyche.

The somatic experience of seeing and being seen within therapeutic enactment supports the theoretical research on the therapeutic effect of concretization within action therapies and on the therapeutic effect of roles within directed enactments.

10. Memory was rooted in the body. In their work with survivors of trauma, Ogden et al. (2006) distinguish between two types of memory, declarative memory that is explicitly held in a “conscious, narrative verbal format” (p.236) and implicit memory, which is non-verbal.

Explicit memory is our recall of past experiences that is verbally accessible, that supports autobiographical memories, and that is an active, constructive process (p. 236). Implicit memory are the non-verbal aspects of experiences that one recalls such as visual images, sounds, smells, intense emotions, sensations, physical actions. For survivors of trauma, implicit memories are usually not integrated with verbally accessible and explicit memory and “contain information that has been obtained from more extensive, lower level perceptual processing of the traumatic scene (e.g. visuospatial information that has received little conscious processing) and of the person’s bodily (e.g. autonomic, motor) response to it” (Brewin as cited by Ogden et al., p. 236). Implicit memory is comprised of procedural (somatic action tendencies), perceptual (sensations) and emotional memory (p. 237).

The sensorimotor therapist is not interested in the narrative but in the non-verbal components of the experience. The goal of sensorimotor therapy is to integrate the somatic memory so that unassimilated fragments are “explored, metabolized, completed and integrated” (Ogden et al., 2006, p. 238). They accomplish this by disrupting procedural memory (somatic action tendencies) through observation and bringing attention to the non-verbal, by helping the client identify peritraumatic resources, and assisting the client to complete the sensorimotor processing.

Peritraumatic resources are “pleasurable body elements” (Ogden et al., 2006, p. 244) or elements that “heighten feelings of mastery” (p. 244) that occurred during a traumatic incident. The authors express that “no matter how sudden or unexpected the traumatic event was, peritraumatic resources were utilized by the client and subsequently can be brought to awareness in therapy” (p. 244). Completing sensorimotor processing focuses on uncovering latent acts of triumph and bringing these to completion. Acts of triumph are the mobilized defense mechanisms responses that were truncated during the traumatic incident. Citing Van der Kolk, Ogden et al. state that “performing the actions that would have overcome one’s sense of helplessness at the time of the experience that became traumatic and expressing the sensations associated with the memory of trauma effectively help people overcome their traumas’ (p. 248).

J, L, and K experienced both explicit and implicit memory of their enactments. They were able to narrate their experience of their enactment which occurred two years before the interviews. However, their narration of the experience was guided by embodied memories in that it was the sound, sight, smell, touch of something, or action that was significant to them and that unfolded the experience. Their recall of experiences support the contemporary theories about explicit and implicit memory.

11. The lead’s body relaxes when someone familiar enters the circle. Having someone familiar present in the lead’s enactment was a resource for the lead. The resource assisted the

client in feeling calm and relaxed and these sensations manifested themselves non-verbally in the body. Tension was alleviated, the lead's posture shifted to a more erect, open body language, shoulders eased, the weight in the body was lighter, his/her facial features expressed delight and/or relaxation. Westwood and Wilensky (2005) emphasize the importance of resources to establish safety and trust within therapeutic enactments. Leads are asked to think of "personally meaningful positives associated with well-being" (p. 42). Resources can include objects such as pictures or writings, animals, a description of places they have experienced as safe, as well as people such as ancestors or key members from the lead's family whom they select from the group, or child or adult doubles (p.42). In the authors' experience with therapeutic enactments, a lead may also choose to bring "a real person to the enactment such as a therapist, friend, or partner" (p. 43) as a resource. Resources are essential in providing support to the lead and to assist the lead in feeling calm and centred, a positive experience that the lead can take away with them to increase " 'affect tolerance' (Linehan, 1993), which is one's ability to choose how to respond to incoming messages as opposed to feeling constantly acted upon" (p. 43). Westwood and Wilensky maintain that "leads have to be able to exercise self-control, self-regulation, and self-soothing behaviours. Resources may be one or more the lead's own repertoire of self-regulating behaviours..." (p. 43).

Within their enactments, L, J and K each had moments when their bodies immediately relaxed when someone familiar entered the circle. The familiar person became a resource for L, J, and K and assisted them to feel calm and centred and supported. The embodied experience of having someone familiar participate in an enactment supports the theories on the use of resources within action therapies.

12. There was a need to strike back with the body. Earlier on (pp.115-116), I explained how Ogden et al. (2006) work within a sensorimotor approach to integrate somatic memory so that unassimilated fragments of an experience are assimilated. One of the ways this is

accomplished is by assisting the client to complete the sensorimotor processing. As mentioned, completing sensorimotor processing focuses on uncovering latent acts of triumph and bringing these to completion (p.116)). Acts of triumph are the mobilized defense mechanisms responses that were truncated during the traumatic incident and that when completed foster a sense of triumph in the client. Ogden et al. explain the process as follows:

When clients remember the trauma, immobilizing defenses of freeze or submission/collapse are usually aroused. The somatic indicators of these defenses are noted by the therapist, who is also looking for indicators of orienting and mobilizing defensive responses that were not fully executed or were unsuccessful during the original trauma. These are often first seen in a barely perceptible movement, such as the client's hand just starting to make a fist, or the client's report of a precursor to movement, such as tightening in the jaw or arms. These are the involuntary and anticipatory movement adjustments that occur before a voluntary movement, such as hitting, and they are dependent upon the planned or voluntary movement for the form they take (Bouisset, 1991). (p. 250)

The therapist works with the client to track these "small preparatory movements that might indicate that a more overt motor action is available" (p. 250). The therapist then assists the client in bringing these preparatory defensive movements to completion.

In exploring the enactments of K, J and L from an embodied lens, each had moments in their enactments when they wanted to strike back, where they could have hit or hurt the person emotionally with whom they were angry such as when L was shaking her hands and upon further investigation, uncovered that what lied beneath the movement was her need to push her abusers away. All these feelings were centred in the body. The findings of this study support the theory in sensorimotor processing which focuses on uncovering latent acts of triumph and bringing them to completion.

13. The lead experienced integration or dissonance evident in the body. Ogden et al.

(2006) speak of integration as requiring a synthesis in levels of information processing:

“thoughts, emotions, internal images, body sensations, and movements” (p. 183). How we make sense of our environment is a process of being aware of internal experiences as they relate to external sensory information as well as our ability to differentiate and link these components into a meaningful whole (p. 183). The authors maintain that “if our interpretations and understandings are relatively accurate” (p. 183), both integration and adaptive action is facilitated. In contrast to the process of integration, dissonance can be defined as discord or incongruity between external sensory information any one of the different levels of information processing: thoughts, emotions, internal images, body sensations or movements. The following pages discuss these processes in further detail and shed light on the leads’ experiences of integration and dissonance in the body during their enactments.

Previously in this chapter (p. 105), I briefly touched on neuroscience research to explain the intricate relationship between emotions, cognitions and the body. Neuroscience research demonstrates how humans organize responses to sensory stimuli, a process which involves the limbic system interpreting the emotional significance of incoming sensori stimuli, and which primarily concerns movement through the body. This process involves cognitive, emotional and sensorimotor processing simultaneously. Cognitive processing is the:

capacity for conceptualizing, reasoning, meaning making, problem solving, and decision making. It encompasses the ability to observe and abstract from experience; weigh a range of possibilities for actions, plan for the accomplishment of goals, and evaluate the outcome of actions. (Ogden et al., 2006, p. 8)

Cognitive processing can supercede sensorimotor or emotional responses and is therefore referred to as top-down processing. For example, one can ignore hunger or feelings of exhaustion to persevere at a task. Nevertheless, cognitive processing is intrinsically linked to our bodies:

Bodily feelings, or “somatic markers,” influence cognitive decision making, logic, speed, and context of thought (Damasio, 1994, 1999, p. 41). The background body sensations that arise during cognitive processing form a biasing substratum that influences the function in of the individual in all decision-making processes and self-experiences. The “very structure of reason itself comes from the details of our embodiment. The same neural and cognitive mechanisms that allow us to perceive and move around also create our conceptual systems and modes of reason” (Internet Encyclopedia of Philosophy, 2005)...Ratey (2002) speculated that motor neurons may even drive our sense of self-awareness. Thus, how we think and what we think are literally shaped by our body and vice versa. (Ogden et al., 2006, p. 10)

The authors distinguish cognitive processing, a top-down process, from sensorimotor and emotional processing which they term bottom-up systems. Emotional processing refers to the “capacity to experience, describe, express, and integrate affective states” (Ogden et al., 2006, p. 12 referencing Brewin, Dalgleish, & Joseph, 1996). Sensorimotor processing refers to “experiencing, articulating, and integrating physical / sensory perception, body sensation, physiological arousal, and motor functioning” (p. 13).

According to Ogden et al. (2006), emotional states have two features, internal inwardly directed and private sensations experienced as subjective bodily sensations and external visible features reflected in our outward presentation (p. 12). Emotional processing is inseparable from the body and from sensorimotor processing, “butterflies in the stomach tell us we are excited, a heavy feeling in the chest speaks of grief, tension in the jaw informs us we are angry, an all-over tingling feeling indicates fear” (p. 12). Moreover, emotional states activate action tendencies, defined as programmed sequences of actions (p. 12). Van der Kolk describes the connection between emotional states and action tendencies as follows:

When people process incoming perceptions, they interpret the new information by comparing it with prior experience. On the basis of this comparison the organism predicts the outcome of various possible actions, and organizes a physical response to the incoming stimulus. As Damasio said, "Physical actions are creating the context for mental actions; bottom-up processes are affecting upper level processes." (Ogden et al., 2006, p. xix)

How people process and interpret new incoming information by comparing it with prior experience, is akin to the process of assimilation and accomodation. Van der Kolk, Mcfarlane, and Weisaeth (1996) state:

Ordinarily, emotions are deactivated when one's conceptions of the world have been brought into line with what is actually happening (Horowitz, 1986). This is done through assimilation (i.e., changing one's concepts of the world to include the new experience) or through accomodation (i.e. taking action that brings the situation back in line with expectations). (p. 427)

As noted earlier in this chapter (p. 105), our agentic ability to be flexible and choose how we will respond to our environment is what distinguishes human beings. We are not simply products of our past experiences and of action tendencies, we have human agency. Nevertheless, Van der Kolk points out that in situations of intense affect, these processes of assimilation, accomodation, and information processing can be disrupted and human beings tend to respond with automatic behaviour executing:

whatever action tendency is associated with any particular emotion: confrontation and inhibition with anger; physical paralysis with fear, physical collapse in response to helplessness; an inexorable impulse to move toward sources of joy, such as running toward people we love, followed by an urge to embrace them, and so on. (Ogden et al., 2006, p. xx)

In each of their enactments, L, K, and J had moments where they easily integrated their experiences and this was visible in a synthesis of what they said (cognitive processing), how they felt (affective processing) and in their body language (sensorimotor responses). When their words, body language, and/or emotions were incongruent, dissonance occurred. The findings on integration and dissonance in this study support the current theoretical research on integrating cognitive, emotional, and sensorimotor processes within the body.

14. The lead's body communicated even when he/she could not verbally communicate.

Alexander Lowen (1975), a psychotherapist and student of Wilhelm Reich (1972) stated “the language of the body doesn’t lie, but it speaks in a tongue that can be understood only by another body” (p. 102). Many of the contemporary approaches to body therapy and body language owe much to the ideas of Wilhelm Reich and Alexander Lowen. Reich was a student of Freud who broke away from Freud to develop a psychotherapeutic approach that centred foremostly on the body. Reich’s work focused on character armour defined as “chronic physiological rigidities corresponding to emotional barriers against feeling excitement” (Mcneely, 1987, p. 36). He worked with defensive musculature through observation of breathing patterns and direct body contact. Alexander Lowen eventually departed from Reich to develop Bioenergetics, a psychotherapeutic approach determined “according to the diagnostic information given by the patient’s body and psychic functioning” using “exercise, stress points and verbal emotional release techniques” (Mcneely, 1987, p. 51).

In his book, “The Voice of the Body,” Lowen (2005) examined communication through the body. In speaking about empathy, Lowen (2005) stated:

We are sensitive to the rhythmic movements in other people’s bodies if our own bodies are alive and responsive, that is, if our own rhythmic activity is free and undisturbed. The alive body vibrates like a tuning fork. It has the capacity, therefore, to resonate in harmony with other bodies. (p. 71)

Although Lowen was speaking of empathy here, I believe the same can be said of how the body communicates; that is, bodies resonate in harmony with other bodies, that there is a dialogue between bodies that occurs. However, we are accustomed within North American society to avoid looking at another's body. Watching another person's body in most casual contexts and within a therapeutic context would most often be interpreted as invasive or as objectifying. Additionally, few people are in tune or "in harmony" with their own bodies such that, the body's dialogue with oneself or with others is often not heard nor recognized. The focus becomes one of verbal communication with an absence of the body such that dialogue occurs not with one's body to another but with one's mind to another. By contrast, Lowen (2005) viewed the body and mind as one:

Another self-evident truth is that personality is expressed through the body as much as through the mind. An individual cannot be divided into a mind and a body. Yet our studies of personality have concentrated on the mind to the relative neglect of the body. (p.91)

Bioenergetics rests on this principle, the inseparability of body and mind, that "a change in personality is conditioned upon a change in the functions of the body" (p. 91).

The ability to understand the communication of the body and its vast nuances is often underestimated. In the clinical practice of sensorimotor therapy, the body is explored and understood in regards to three components: inner-body sensation, five-sense perception, and movement (Ogden et al., 2006, p. 15).

The first component, inner-body sensations, refers to:

the myriad of physical feelings that are continually created by movement of all sorts within the body. When a change occurs in the body , such as a hormonal shift or a muscular spasm, this change may be felt as an inner-body sensation. The contraction of the intestines, circulation of fluids, biochemical changes, the movements of breathing or

the movement of muscles, ligaments, or bones all cause inner-body sensations. (Ogden et al., 2006, p. 15)

These inner-body sensations form an ongoing background that contribute to our “internal states of well-being or distress” (p. 15). Ogden et al. maintain that although most inner-body sensations do not reach awareness, those that do, contribute to our sense of self and are influenced by affect and cognition (p. 16).

The second component in exploring and understanding the body in communication is five-sense perception. This refers to our five senses and the sensory nerves of our five senses which receive and transmit information from the environment (Ogden et al., 2006, p. 17). Receiving and transmitting information from the environment has two components, “the physical act of sensing and the individual’s perception of the sensory input (p. 17). Our perception is based on the “comparison of sensory input with internal frames of reference” (p. 18) so that our beliefs and emotional reactions to previous similar sensory stimuli condition our relationship with current stimuli” (p. 18), a process discussed earlier in this chapter on p. 121.

The third component in the theoretical underpinnings of understanding the body in communication is movement. Movement occurs in many different forms and ranges from “voluntary to involuntary, conscious to unconscious” (Ogden et al., 2006, p. 18) and includes:

The rise and fall of respiration, internal movements of organs, pulsation of blood, and pumping of hormones, as well as the small, sometimes imperceptible, vibratory movements such as trembling or twitching. Motor skills range from gross motor movements involving large muscle groups, such as crawling, walking, and running, to fine motor movement of smaller, more refined actions, such as picking up objects with our hands or wiggling our toes. Movement also includes nonverbal interpersonal communications, such as facial expressions, changes in posture or the tilt of the head, or gestures of the hands and arms. (Ogden et al., 2005, p. 19)

Odgen et al. (2005) believe that “function precedes structure: The same movement made over and over again ultimately molds the body” (p. 19 quoting Todd, 1959)) and “contribute to the maintenance of cognitive and emotional tendencies” (p. 19). The authors give the following example:

We often notice the posture of the startle response in traumatized clients: shoulders up, breath held, head pulled down and forward into the shoulder girdle, similar to a “deer in the headlights.” The action of the startle response disturbs the aligned balance between head and shoulders and is usually temporary, but if this normal response to a sudden novel stimulus becomes chronic, the physical organization itself may predispose the individual to experience emotions of fear and distrust and thoughts of impending danger on a chronic basis. (p. 19)

Sensorimotor therapy recognizes the three components of how the body communicates, through inner-body sensations, five sense perception, and movement, and works with a client on all levels of information processing (cognition, affect and the sensorimotor) toward a positive therapeutic effect.

Within the enactments for L, J and K, their bodies were in constant communication and utilized all of the embodied processes described above. However, hearing the language of the body required a recognition of these processes, and as cited earlier, an ability by the therapist/facilitators to speak “in a tongue that can be understood only by another body” (Lowen, 1975, p. 102).

This study found that the leads’ bodies were in constant communication throughout the enactments. The theory of sensorimotor therapy as well as the early theories of Alexander Lowen (1975) on bioenergetics support this finding.

15. The lead’s body is transformed at the end of the final encounter. The transformation of the lead’s body at the end of an enactment can be attributed to a number of factors, the safety

and affirmation of the group process, the lead's personal sense of agency and control over the enactment, the act of concretization through action, catharsis, as well as the concept of spontaneity.

Westwood and Wilensky (2005) claim that one of the main differences between psychodrama and therapeutic enactment is "that personal spontaneity becomes the end result of a highly successful process for the client and the group, rather than the preferred state of the client during the enactment" (p. 2). Blatner (2000) describes spontaneity as "a genuine freedom, an element of choice, the ability to respond in different possible ways" (p. 81) as well as a "readiness to create, the state of mind involved which often involves a more energized bodily state and interpersonal or group involvements" (p. 81). Spontaneity involves an "inclination towards questioning, challenging, re-thinking, re-evaluating, taking a fresh look – it is a shift in attitude" (p. 83) with "elements of courage, liveliness, engagement, and stretching of the mind" (p. 84). Blatner contrasts spontaneity with rigidity and people's conditioning to the "cultural conserve" (p. 82); that is, "when people become actively attached to conserved modes, social and psychological, when they live according to fixations and habits, they act as if they are programmed like a machine – a condition called "robopathy" (p. 82). This condition of living according to fixations and habits, Blatner points out, is linked to neurotic and personality disorders (p. 82).

Moreno (1953) stated that "spontaneity operates in the present, now and here; it propels an individual towards an adequate response to a new situation or a new response to an old situation" (Blatner quoting Moreno, 2000, p. 83). At the end of their enactments, L, K and J each found within their bodies a "new response to an old situation." The embodied experience of transformation in this study supports the current theories on spontaneity as an end result of enactment.

Summary

Although many training programs within counselling acknowledge the significant role of body language, the primary focus is usually on verbal interaction with the body being a secondary process. Ogden, Pain, Minton and Fisher (2005) highlight this situation:

Psychotherapists who have been trained in models of psychodynamic, psychoanalytic, or cognitive therapeutic approaches are skilled at listening to the language and affect of the client. They track the clients' associations, fantasies, and signs of psychic conflict, distress, and defenses. They register the various narrative threads clients bring, bearing in mind how and where the childhood story repeats itself in the present. They are skilled in creating the therapeutic alliance, working within a therapeutic frame, and recognizing transference and countertransference nuances and enactments. They monitor physical symptoms, using psychopharmacological interventions when indicated. And they invariably take note of the physical presentation of their clients, such as the mannerisms, subtle changes in weight or choice of clothing, the slumped posture of a depressed client, or agitated movement of an anxious client. Yet, while the vast majority of therapists are trained to notice the appearance and even the movements of the client's body, we suggest that a thoughtful engagement with the clients embodied experience is largely peripheral to traditional therapeutic formulation, treatment plan, and interventions. The body, for a host of reasons, has been left out of the "talking cure." (p.19)

Although Ogden et al. are referring to talk therapy in the above quote, I believe their words can be applied to action therapies. While practitioners of action therapies are more conscious of the somatic because action therapies are movement based, the findings of this study indicated that a closer engagement with the body in therapeutic enactment can also yield "greater depth and efficacy" (Ogden et al., 2005, p. 19).

As presented in this study, the somatic experiences of the lead in therapeutic enactment included sensorimotor responses such as tension, the quality of one's breathing, the quality of one's pace, gazing, voice, and shifting the weight in one's body posture, the act of seeing and being seen, preparatory movements of defence, congruency and dissonance, processes of containment and self-regulation, as well as the touch, position, presence and proximity of the facilitator. These findings, along with the current theory in neuroscience research and sensorimotor therapy, suggest that the bodily experience of the client in therapeutic enactment is jointly connected to and inseparable from the cognitive and affective experiences of the client and that the language of the body needs to be understood and responded to, not peripherally, but alongside cognition and affect.

Earlier in this chapter (p. 122), I quoted Alexander Lowen claim that "the language of the body doesn't lie, but it speaks in a tongue that can be understood only by another body" (1975, p. 102). The findings of this study demonstrated the importance of this other language, the language of the somatic in therapeutic healing within action therapies. The findings demonstrated the complexity of these non-verbal processes and present the need for practitioners to have specific training in recognizing and understanding this "other tongue" of the body, the need for practitioners to assist clients in learning the vocabulary of bodily sensations, the need for practitioners to know how to "implement physical actions that promote empowerment and success" (Ogden et al., 2005, p. 21), as well as the need for practitioners to have specific training in how to track, work with, and respond to the body's messages so that integration and healing can occur.

Implications

There are a number of recommendations for practitioners working with the somatic within action therapies that were either suggested by the co-researchers during the interviews or that came to prominence in the findings and in the discussion of the common themes and current

theories. These included the need for the practitioner to facilitate stops and pauses during times of intense affect for the client, the need to recognize preparatory movements and help bring them to completion, the need to recognize the complexities of touch and the impact of the facilitator's presence, proximity and own body language on the client, awareness of the acts of seeing and being seen and their impact on the lead, awareness of the somatic experiences of congruency and incongruency, awareness of the process of containment and how it manifests non-verbally within action therapies, awareness of the body as being in constant dialogue.

During times of heightened arousal, the leads are often overwhelmed with the sensations in their bodies and their affective states. At these times, it appears that proceeding with the enactment or engaging in cognitive processing is not helpful. It's important for the facilitator to "pause" the enactment, drop the narrative, and engage with the lead through sensorimotor processing. This could entail asking the lead what he/she is feeling in his/her body, bringing the facilitator's observation of the somatic to the lead's attention so as to initiate an awareness of the body such as, "Your chest appears still and your shoulders are dropped. You don't seem to be breathing deeply." Focus on the somatic assists in grounding the lead and enables the lead to integrate an experience before proceeding.

In the descriptions of the theoretical underpinnings of the common themes derived from the data, Ogden et al. (2006) discussed the process of preparatory movements within a client's body and the need to bring these movements to completion. Preparatory movements are one way that the body completes a defensive and embodied response that was interrupted during times of trauma. Within action therapies, this embodied process is vital to working with survivors of trauma.

There is a need for facilitators of action therapies to recognize the complexities of touch and the impact of the facilitator's presence, proximity and own body language on the client. A facilitator needs to be aware of their own comfort with touch, the client's comfort levels and

boundaries with touch as well as the various qualities of touch available. The facilitator's awareness of the importance of touch and the types of touch available to support the client within action therapies is helpful. Additionally, during the enactment, the facilitator needs to be aware of her/his presence and her/his own body language and how this can affect the client. Within action therapies where clients are moving, it is especially imperative to be aware of the various levels of proximity to a client and its impact on the client. As described earlier on page 109, the therapist within therapeutic enactments is in a "dyadic attachment relationship" with the client. This dyadic attachment relationship establishes the safety needed for reparation within therapeutic enactments by installing the therapists as "good enough" parents who contain the lead and provide a holding environment.

Concretization, the process of moving experiences from one's mental abstraction to the concrete through enactment, along with role theory, are foundational to the theory behind both therapeutic enactment and psychodrama. The non-verbal acts of seeing and being seen are key to these processes. An awareness of these processes and their subtleties in how they manifest non-verbally in the lead would be valuable to facilitators of therapeutic enactment.

It would be advantageous for the facilitator of therapeutic enactment to be aware of the process of containment and its various non-verbal manifestations within action therapies. The client communicates his/her needs for containment through breathing, the quality of the one's stride, one's gaze, hand and arm movements, posture, how and where they moved in the enactment, and through directing the enactment. As discussed earlier on page 110, within sensorimotor therapy, the therapist acts as a psychobiological regulator to assist the client to develop resources for self-regulation and containment, resources that are centred in the body. The findings in this study demonstrate the need for the facilitator within action therapies to also act as a psychobiological regulator. This process entails understanding how meaning-making follows from the experience of the body. Rather than interacting verbally to assist the lead to

cognitively process an experience, a facilitator may engage the client in movement to assist with containment or to integrate an experience (pp. 110, 118, 119).¹

The facilitator within therapeutic enactments needs to be conscious of how the client is experiencing congruency or dissonance throughout the enactment and needs to be knowledgeable about how to assist the client with somatic processing toward congruency and integration. This requires tracking the body, being attuned to the mixed messages of the body, assisting the client in being aware of the sensations within his/her body, bringing preparatory movements to completion as necessary, and “implementing physical actions that promote empowerment and success” (Ogden et al., 2005, p. 21).

It would be beneficial for practitioners within psychotherapy and therapeutic enactments to recognize that the body is in constant dialogue and that this dialogue is integral to the integration of cognitive and affective states. This dialogue, as Lowen (1975) expressed, communicates in a different “tongue” so that to comprehend the expressions of the body, one needs to learn this other language and most importantly, how to work with this other language toward therapeutic gain. It’s not enough to engage in talk therapy with a peripheral acknowledgement of body language. Within action therapies, the necessity for a dialogue with the body is even more pronounced.

¹Within theatre, deriving meaning-making from the exploration of movement in the body is a common process. Frequently, a director will notice an actor’s movement and engage the actor in physical explorations of the movement such as asking the actor to make the movement bigger or smaller or repeating the movement with the aim of exploring what sensations, understanding, impulses or insights emerge. Other forms of theatre centralizes the body and sources dramatic scenes as well as movement from the body such as the work of plastiques in Grotowski’s theatre. In my observation, therapeutic enactment focuses more on the psychological basis of enactment and less on its dramatic elements, concepts and associations. I believe that theatrical techniques have much to offer in a therapeutic context and that facilitators of therapeutic enactment without any background in drama and/or physical theatre, might benefit from training in certain dramatic techniques.

Limitations

There were a number of limitations during this study. They included the educational background of the co-researchers, the facilitators for the enactments being in training, the ungeneralizability of case studies, the amount of time lapsed between the enactments and the interviews, and an unfamiliarity with the vocabulary of body sensations.

One of the limitations was that all three of the co-researchers for this study were graduate students. Being graduate students within Counseling Psychology, they were already familiar with therapeutic enactments and were also familiar with the language and practices of therapeutic interventions. Thus they were able to articulate their experiences in a language based on their knowledge, expertise and familiarity with the process. While their knowledge and familiarity was on the one hand helpful in the dialogue about their experiences, co-researchers without this background may have given different responses to the interviews possibly resulting in different findings.

The context where the enactments for each of the co-researcher's took place was a director's training in therapeutic enactment. The facilitators for each of the enactments that were investigated in this study were in training. How attuned the facilitators were to the non-verbal body language of the leads may have been influenced by the fact that they were in training and lacked experience as facilitators for therapeutic enactment. On the one hand this was helpful because as an investigator watching the videotapes I could often very clearly see where the facilitators fell short of addressing the body experience of the lead. On the other hand, I'm uncertain as to how a more experienced facilitator would have responded to a lead's body language and whether this may have yielded deeper insights about the somatic experience.

This study was a triplicate case study. It was an in-depth investigation of the experiences of three leads within therapeutic enactment. While the in-depth investigation yielded nuances

about the experiences of the leads that a larger sample would overlook, the findings in this study with only three participants, is not necessarily generalizeable to the experience of other leads.

The interviews for this study took place 2.5 years after the enactments occurred. While there were benefits to the time lapse in that the co-researchers had enough emotional distance from the enactment and had developed enough curiosity to want to review the tapes, I cannot say whether or how a study at 3, 6, 12, or 24 month intervals would yield different findings.

A final limitation was my own unfamiliarity with the language that describes the sensations of the body. Ogden et al. (2006) speak of the need to teach clients the vocabulary of body sensations such as “clammy, electric, tight, numb, tingly, vibrating” (p.219) and “the tingling, the sensations of pins and needles, the twitchings, the burning sensations...their feelings of torsion or relaxation, of enlargement or diminution of the limbs” (Sollier 1897 as cited in Ogden et al., p. 219). I believe that a greater familiarity of the vocabulary of body sensations for myself and for the co-researchers prior to interviewing would have been a helpful addition to our dialogue.

Future Research

The somatic experience of the lead within therapeutic enactment is complex, multifaceted and inextricably linked to cognitive and affective processing. While this research study focused on therapeutic enactment, future research may examine the somatic experience of the leads in psychodrama or within various forms of dramatherapy to ascertain similarities and differences. There is a need for research studies with a larger participant sample including studies with culturally diverse and economically diverse participants represented in the sample. How cultural background, economic status, education and gender factor into the embodied experience of the client within enactments was beyond the scope of this study. Future studies with a larger sample would benefit from examining these factors. Finally, this research study was conducted 2.5 years after the enactments occurred. Future research studies may take into account

shorter time intervals between enactments and interviews if relying on videotapes. Other studies might employ an on-site approach to observing the lead's body during an enactment.

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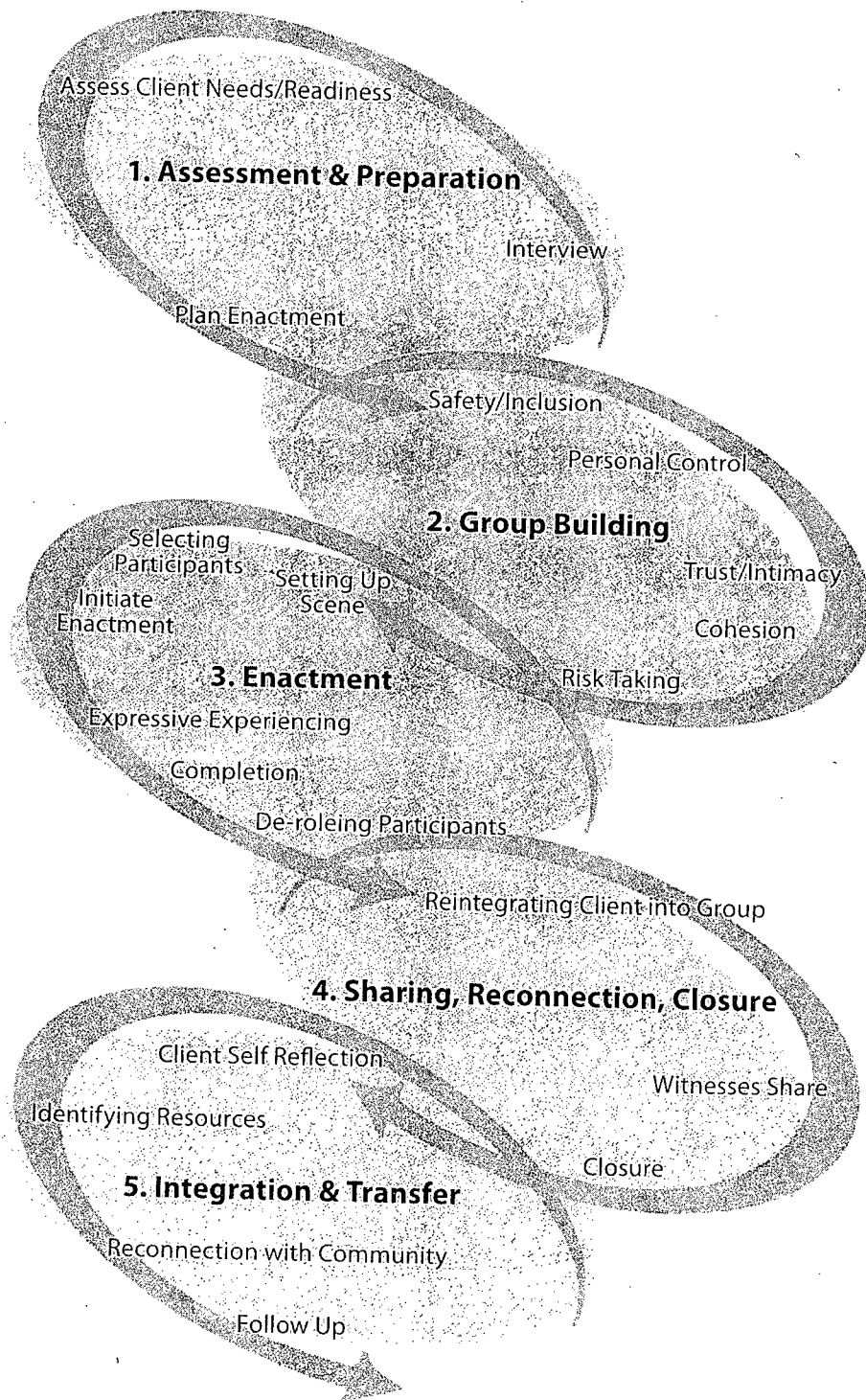
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Appendix A

Five Phases of Therapeutic Enactment



Westwood, M., & Willensky, P. (2005). Therapeutic enactment: restoring vitality through trauma repair in groups. Vancouver: Group Action Press.

Appendix B

Seeking Participants For a Study in Therapeutic Enactment

The goal of the proposed graduate research study is to describe the embodied experience of clients within the context of therapeutic enactment.

The principal investigator for this study is Dr. Marv Westwood, 604-822-6457, Professor in Counselling Psychology at the University of British Columbia.

If you participated in the Director's Training for therapeutic enactment held in January 2005, and were the lead in an enactment during the training, we are interested in hearing about your experience.

**Time Commitment: 3 hour interview
with follow up contact at a later date of 30-60 minutes.**

**To participate in the study or for
further information, please contact
Enzula P. Tavormina at 604-xxx-xxxx**

Appendix C

Questions for Mini-Interview Conducted by Telephone

1. Introductions

2. How did you hear about this study?

3. Description of the study:

This research study investigates the somatic experience of the client/lead in therapeutic enactment. It will consist of a three hour audiotaped interview in which I will ask you open-ended questions and a follow up at a later date. The questions are meant to elicit your views, opinions and descriptions of your embodied experience in therapeutic enactment. Once I have read over the transcribed interviews, I will be contacting you to present the themes that have emerged and to seek your feedback for accuracy.

4. Questions for participant selection:

a) Were you the lead in an enactment during the director's training in January 2005?

Yes _____ No _____

b) Do you have a videotape of the enactment?

Yes _____ No _____

c) Have you watched the videotape of your enactment (whether you have the tape or not)?

d) Sometimes viewing the tape for the first time can be a difficult experience. Are you willing and ready to view the tape and to discuss the enactment while viewing the tape?

Yes _____ No _____

e) Would you be available for a three hour interview?

Yes _____ No _____

5. Inform participant that I will provide a list of support services at the interview in case of need.

6. Review issues of confidentiality and inform the participant that he/she will be asked to sign a release form for our audiotaped interview. Check to make sure she/he understands, is comfortable with this procedure, and ask if she/he has any other questions.

7. Write down his/her contact info and set up an appointment.

Name: _____

Contact Info: (tel) _____ (email) _____

Best time to contact you: _____

Appointment: _____

Appendix D

Interview Script

I'm interested in hearing about your embodied experiences during your enactment. I understand that you have probably discussed your enactment through group or individual debriefings. However, I'm interested in hearing specifically about the embodied experience that you had as the lead in therapeutic enactment. For example, embodied experiences may encompass movement or action along with feelings and thoughts. Embodiment may also include your tone of voice, facial expressions, pace, gait, posture and gestures as well as any other experiences that you identify as pertaining to embodiment.

In this interview, we will watch the videotape of your enactment and I will ask you a series of questions before, during and after the interview. During the watching of the videotape, I will ask you to stop the tape whenever you see a significant experience. During these pauses, I will ask you a series of questions.

Before the interview:

Before we start the interview, I want to repeat that this interview is completely voluntary and you are free to stop the interview and withdraw participation at anytime. Would you like to proceed?

I'd like to start the interview questions at the very beginning. I understand that we have not viewed the videotape as yet, so please answer the questions as best as possible from what you remember of your experience:

- a) What brought you to want to undertake an enactment?
- b) What types of embodied experiences did you notice about yourself at the beginning of the enactment, during the enactment and after the enactment?
- c) What bodily changes did you notice in the weeks after the enactment, changes which you self-identify as related to the enactment?
- d) What aspects relating to your bodily experience did others notice in the weeks after the enactment that were brought to your attention and that you self-identify as relating to the enactment?

During the viewing of the videotape:

Before we begin the viewing of your videotape, I want to repeat that this interview is completely voluntary and you are free to stop the interview and withdraw participation at anytime. Would you like to proceed?

Below are a list of questions that can assist you as you view your tape. Please pause the tape whenever you see a significant experience occurring. During these pauses, please note any bodily experiences you may have noticed. At this time, I will ask you the following questions:

- What were you experiencing in the videotape?
- What were you physically doing?
- What were you feeling within your body?
- Were any significant movements or actions significant to you? If so, why?

- Were any gestures or facial expressions significant to you? If so, why?
- Were there any changes in your tone of voice that were significant to you? If so, why?
- What is your experience now seeing this segment of the tape?

After viewing the videotape:

- a) Having seen and discussed the videotape, can you describe the types of significant embodied experiences that you noticed about yourself at the beginning of the enactment, during the enactment and after the enactment?
- b) At the beginning of the interview, I asked you what bodily changes you noticed in the weeks after the enactment, changes which you self-identify as related to the enactment. After watching the videotape, would you like to add or change this response?
- c) At the beginning of the interview, I asked you what aspects relating to your bodily experience did others notice in the weeks after the enactment that were brought to your attention and that you self-identify as relating to the enactment. After watching the videotape, would you like to add or change this response?
- d) Would you like to add anything else that we have not discussed in the interview?

Possible Facilitating Questions:

- 1) Can you identify key moments for yourself during the enactment? During these key moments, what were you physically doing? What were you feeling within your body and what were you experiencing?
- 2) During the group debriefing, what were you physically doing? What were you feeling within your body and what were you experiencing?
- 3) Were any significant movements or actions significant to you? If so, please explain.
- 4) Were any gestures or facial expressions significant to you? If so, please explain.
- 5) Were there any changes in your tone of voice that were significant to you? If so, please explain.
- 6) Catharsis has been identified as a key element of enactment. Can you describe a moment of catharsis during your enactment? What were you physically doing? What were you feeling? What were you experiencing? What bodily changes did you notice after this moment?

Appendix E

Informed Consent Form for Group Members
Title: The Embodied Client/ Lead: An Investigation of the Somatic Experience in Therapeutic Enactment

Researcher:
Enzula P. Tavormina
Tel: 604-xxx-xxxx

Research Supervisor: Dr. Marv Westwood
Dept. of Educational and Counseling
Psychology and Special Education
2125 Main Mall, Vancouver, BC, V6T 1Z4
Tel: 604-822-6457

This research is being conducted as one of the requirements for Enzula P. Tavormina to complete a Masters of Arts degree in Counseling Psychology. The purpose of this study is to investigate the embodied experience of the lead in therapeutic enactment. The researcher will be interviewing three participants who were leads in an enactment during the Therapeutic Enactment Director Training Workshop that was held from Jan. 8-12, 2005.

You are being contacted because you were one of the participants who took part in the Therapeutic Enactment Director Training. The enactments that were held during this Director Training were videotaped. As a participant in the Director's Training, you may have appeared in the videotape of one of the participants who will be interviewed for this study. By signing this form you give your consent to use the videotapes for purposes of this study.

Details of the Study and How the Videotape will be Used:

To participate in this research, the participant (lead) must have a videotape of his/her enactment. The participant will be interviewed by the researcher about his/her experiences before, during, and after his/her therapeutic enactment. The focus of the interview will be on the embodied or somatic experiences during therapeutic enactment. The participant will be asked to

view his/her videotape along with the researcher, pause the tape at intervals, and answer a series of questions during the viewing. The interview will be approximately two to three hours and will be audio recorded. The audiotaped interview and responses will be analyzed according to significant themes and patterns that may appear. Strict confidentiality will be maintained by the use of pseudonyms. There will be a follow up interview of approximately one hour, where the participant will be asked to validate the data and analysis, and will be given an opportunity to clarify and/or offer any further information. The follow up interview will also provide the researcher with an opportunity to clarify any information.

Confidentiality & Consent

All tapes and documents relating to this study will be kept in a locked filing cabinet to which only the researcher will have access. The researcher will keep all tapes and documents for a period of five years. After this period, all data will be destroyed. **Your consent to use the videotapes for purposes of this study is completely voluntary. You have the right to refuse.** The researcher, and the research supervisor, will be available to answer any questions concerning this study. If however, you have any concerns regarding your rights or treatment, you may contact the Research Subject Information Line at the University of British Columbia at 604-822-8598.

By signing below, you acknowledge you have read and understood this consent form, and that you have been provided a copy of this consent form.

Participant's Name: _____ Signature: _____

Date: _____

Appendix F

Informed Consent Form for the Lead
Title: The Embodied Client/ Lead: An Investigation of the Somatic Experience in Therapeutic Enactment

Researcher:
Enzula P. Tavormina
Tel: 604-xxx-xxxx

Research Supervisor: Dr. Marv Westwood
Dept. of Educational and Counseling
Psychology and Special Education
2125 Main Mall, Vancouver, BC, V6T 1Z4
Tel: 604-822-6457

This research is being conducted as one of the requirements for Enzula P. Tavormina to complete a Masters of Arts degree in Counseling Psychology. The purpose of this study is to investigate the embodied experience of the lead in therapeutic enactment. You are being asked to participate in this study because of your own experience as a lead within therapeutic enactment. To participate in this research, you must have had your enactment videotaped. If you choose to participate, you will view your videotape with the researcher, pause the tape at intervals, and answer a series of questions during the viewing. You will be interviewed by the researcher about your experiences before, during, and after your therapeutic enactment. The focus of the interview will be on your embodied or somatic experiences during therapeutic enactment. The interview will be approximately three hours and will be audio recorded. The audiotaped interview and responses will be analyzed according to significant themes and patterns that may appear. Strict confidentiality will be maintained by the use of pseudonyms. Further questions may arise and with your permission, may require additional telephone contact. At a follow up interview approximately an hour, you will be asked to validate the data and analysis, and will be given an opportunity to clarify and/or offer any further information. The follow up interview will also provide the researcher with an opportunity to clarify any information. page 1 of 2

All tapes and documents relating to this study will be kept in a locked filing cabinet to which only the researcher will have access. The researcher will keep all tapes and documents for a period of five years. After this period, all data will be destroyed.

Your participation in this study is completely voluntary. You have the right to refuse to answer any questions and/or to refuse to provide any information. You also have the right to withdraw from this study at anytime.

The researcher, and the research supervisor, will be available to answer any questions concerning this study. If however, you have any concerns regarding your rights or treatment as a participant, you may contact the Research Subject Information Line of the Office of Research Services at the University of British Columbia at 604-822-8598.

In the case that the viewing of your videotape or the discussion about your enactment brings up any feelings of discomfort and you require assistance, a list of support resources will be provided to you. A copy of this consent form and a support resource list has been given to you for your own records. By signing below, you acknowledge you have read and understood this consent form, and that you have been provided a copy of this consent form as well as the support resource list.

Participant's Name: _____

Signature: _____

Date: _____