**Jones, P. (2015) Trauma and dramatherapy: dreams, play and the social construction of culture*, South African Theatre Journal*, 28:1, 4-16, DOI: 10.1080/10137548.2015.1011897**

**Abstract**

The article explores the ways in which the therapeutic potentials of drama can connect to individuals and groups who have experienced 'trauma'. Three questions are used to structure the enquiry: 'Are dreams and Dramatherapy related to trauma, and if so how?', 'Can we see trauma as socially constructed ?' and 'Can play help to resolve people's experiences of trauma?' The relationship between dreams and dramatherapy is, firstly, discussed as a way of illuminating some of the processes which can occur in work involving those who have experienced trauma. This is followed by a review of the relationships between the concept that trauma is socially constructed and dramatherapy. The third section explores how play features in dramatherapy's engagement with clients who have experienced trauma.

## Introduction

This article asks questions about our developing understanding of the ways in which the therapeutic potential of drama can connect to individuals and groups who have experienced what some describe as 'trauma'. The literature reveals a variety of dialogues between these areas in an African context. These range from Barnes's analysis of theatre's capacity to engage symbolically with social conflict (1997) to Cole's analysis of the Truth and Reconciliation Commission as performance (2010), or Uwayezu's work related to the

Rwandan genocide and assertions that, though performance, 'when emotions are being expressed, it will eventually reduce the pain' (Doornebal 2010). The focus of this article concerns a specific aspect of these potentials: those of dramatherapy (Jennings, 1990; Jones, 2007).

One way to approach trauma is via its story, or its different stories: the ways its meanings have emerged and what this can reveal about how 'trauma' is currently engaged with in its lived contexts. A meaning often *broadly* given to trauma, develops from its medical origins relating to 'the surgical "wound" (Greek: trauma)' Fischer-Homberger (1999: 260): as a way of referring to emotional shock following a stressful event or to an experience that is deeply distressing. However, there are varied meanings and contexts that cast different perspectives on trauma and the lives it connects to. For example, the field of medicine tells us about the presence of trauma connected to recent, specific societal contexts of serious physical injury. The 2011 review by Solagberu of 'Trauma Practice' in Nigeria within this medical domain, talks about a *specific* national meaning and context of trauma as, 'trauma from road traffic injuries and violence (gunshot, assault) constituted up to 90% of trauma incidences' there. In Edwards' (2005a, 2005b) recent review of trauma in a South African context, its meanings are varied. These include the effects of events such as those in Solagberu's review – such as motor vehicle accidents, but extend to emotional and psychological impact. These develop trauma as being connected to targeted political violence (including raids and assaults on the part of members of the military, detention and torture) and to criminal and domestic violence. Authors such as Gilligan (2009) have shown how responses to physical trauma are also varied and connected to social and cultural contexts. Edwards adds that trauma's developing story as a term within psychiatry and clinical psychology has involved the emergence over the past quarter of a century in an

acknowledgement that such events often result in the development of what has been called post traumatic stress disorder or PTSD (2005b). Broderick and Traverso describe this complexity and development of the term from its original 'psychological denotation' of 'a psychological injury produced by the experience of an external event that damages the individual's sense of self and which continues to produce belated negative effects that manifest themselves in the form of involuntary symptoms' to a broader 'socio-cultural realm' (2011: 4). They argue for the need to understand trauma more effectively by making visible these complex meanings and cultural understandings within any treatment.

Within these introductory examples we can see that trauma does not have one meaning: its story is that of a term constructed by different contexts and as something with meanings that are still changing. This article will explore the ways 'trauma' interacts with us as societies, as communities, as individuals and how this understanding connects to its relationship to drama as therapy. I will address three questions as part of this exploration of trauma, the arts and therapy, followed by a linked examination of a case study of a child who has experienced trauma:

'Are dreams and Dramatherapy related to trauma, and if so how?'

Can we see trauma as socially constructed?

Can play help to resolve experiences of trauma?

**How are dreams, trauma and dramatherapy related?**

One of the consistent strands within literature about trauma and in research related to therapeutic work with those seen as experiencing trauma, concerns its relationship to dream. What can be described as dream and what is currently, within some societies, named as trauma have been connected in many ways and in different cultures.

Dream is seen within traditions as varied as psychoanalysis, psychotherapy and some spiritual and ritual practices in ways that dialogue with contemporary notions of trauma and the arts as healing (Barrineau 1992, Pesant and Zadra 2004, Jones 2007). The definitions of dream vary, depending upon such contexts: from medical definitions which frame it as a series of thoughts and images occurring during REM sleep (Merriam-Webster 2014) to 'wishes suppressed during the day' (Freud 1900, 590) . Within traditions developed by some of the first peoples of North America, for example, for Hurons or Iroquoi, the first business of the day for the whole community involves sharing and tending to important dreams. These create connection between past and future, negotiating with spirits, hunting, wellbeing and ill health or disturbing incidents (Brill 2000, Moss 2009). Dreams as featured in the Jewish Bible describe past experiences which are deemed to be communications from their God (Bulkeley 2001). Within Islam, tradition has it that 'the first revelation of the Qur'an was given to Muhammad by the angel Gabriel in a dream' (Hermansen 2001: 74). The first suggestion Muhammed makes is to tell the dream, its images and actions, to someone else: 'a dream rests on the feathers of a bird and will not take effect unless it is related to someone' (Bulkeley 2002: 10). Though vastly different in context, there is a commonality between such texts and practices. Dreams, then, can be used to express things that are not easily expressed directly. They creating interaction between different states: the world of sleep and wakefulness; the unconscious and conscious; the individually held and the communal; the numinous and the everyday (Bulkeley 2001, Moffit et al. 1996, Morton 1991).

Pesant and Zadra review the long tradition of psychoanalysis and the benefits of dream interpretation, as deriving from a form of this 'traffic'. This develops from Freud's (1953) positing that dream interpretation can assist within analysis from the 'distinction between the manifest…content' which 'refers to the actual dream as experienced and reported' and the 'latent content' which 'refers to the true meaning of the dream' (2004: 492). The interaction between analysis and client use processes such as free association and interpretation to enable this traffic to occur and enable access to 'the unconscious conflicts and desires' (2004: 492). They argue that this can assist in the process of helping clients 'gain insights about themselves, increase their involvement in therapy' and 'facilitate access to issues that are central to the clients' lives' (2004: 508). One of the ways that psychoanalysis sees dreams is that they reflect and mirror trauma, providing access to the unconscious (Greenberg et al. 1992, Robbins 2004). Analysts such as Segal have made explicit connections between dream, the unconscious and artistic activity:

> the artist is extremely perceptive - you know, a painter who looks at a landscape or a novelist, or a poet who describes something. He is also very close to psychic reality and in a way the more psychic reality there is in the work the more and the deeper it hits us. The artist must also have an extremely realistic perception of the tools of his trade and of his materials. So it seems to me that the artist is one who can, as it were, have a dream -let us say an unconscious phantasy - and can give it symbolic expression. After all the artist's work is making symbols. That's why it is so directly in contact with the unconscious (Segal 1999: 7)

A dream of someone who has experienced trauma is seen as something that *reflects* and *tells* about the trauma (Pesant and Zadra 2004, Segal 1999). In the act of dreaming, the individual is seen to repeat and re-articulate the trauma in ways that are overt and covert, expressed and

suppressed within images that may not be a realistic direct depiction of an event or experience, but which still reflect the trauma through metaphors and symbols (Hartman 1995, Hobson 2002). Some argue that dreams themselves have a function that is therapeutic or analogous to therapy in relation to trauma (Pesant and Zadra 2004). One recent study (Helminnen and Punamäki 2008), for example, examined the impact of military trauma on images and feelings in the dreams of children living in the Gaza, Palestine. Participants were 345 Palestinian children and adolescents (aged 5—16 years) belonging to high trauma (Gaza) and non-trauma (Galilee) groups. The combination of images and the encounter with emotional qualities of dreams are discussed as possible indicators of children processing their traumatic experiences. The authors argue that the intensity of the 'emotional images' within the children's dreaming had a function of protecting the children's mental health from the negative impact of the trauma they had experienced.

However, dreaming and the dream can repeat and deepen the trauma, in that its images and emotional process can take the individual *back* to the trauma and the traumatized self. The dream does not offer, automatically, a route away or a way of assimilation, but can repeat and reflect the trauma without any change (Hartmann, 1995). Therapy, through creating opportunities to talk about the dream and its images, within a therapeutic relationship, provides opportunities to express, explore and resolve the trauma by client and therapist interacting with its dream images. Within this therapeutic 'tradition', the dream becomes part of relationships and processes allied to positive change or transformation of the experience of trauma. A client's dream, for example, can provide an opportunity to help change occur when it is recounted in the therapy. There is becomes contextualized by the space and expressive language provided by therapy and by the therapeutic relationship. It has been argued that dream can provide a route to the trauma in a language that can richly express and provide

eloquence and which opens up the stuck, circular traumatizing of repetition (Robbins, 2004). Indirect expression through metaphor and symbol can provide access that is allowed by the client whereby direct representation would be overwhelming (Pesant and Zadra 2004).

Can we make a useful connection between this understanding of trauma, the 'emotional encounter' of dreams and the enacted images within drama as therapy? What can the arts therapies, in their creation of objects, embodiment and image making, enactment and improvisation connect with these ideas about dream, trauma and emotional reworking in dreams?

One of the earliest definitions of dramatherapy, from 1917, is by Austin, who frames it as an interdisciplinary innovation: 'drama-therapy…the art or science of healing by means or through the instrumentality of the drama/ or by means or through the instrumentality of dramatic presentation' ( ix-x) . Following on from such first published forms of the term, the emergence of dramatherapy as a profession has taken place since the 1930s in a number of countries (Casson 1997, Jones 2007, Jones 2013). This development has had a common route: of 'training programmes, the creation of professions governed by national associations along with state recognition and registration in some countries' (Jones 2007: 57). The Netherlands, United States (US), United Kingdom (UK), Ireland and Canada established the first postgraduate programmes, alongside levels of state registration, with more recent developments in Greece, India, Israel, Norway and South Africa (2007: 57). Dramatherapy's recognition in the UK has seen it formally acknowledged as a state registered profession , with its title legally protected by the Health and Care Professions Council (HCPC), alongside other 'health and care professionals' such as occupational therapists and practitioner psychologists (HCPC 2012). The UK HCPC 'Standards of Proficiency – Arts Therapists'

document describes dramatherapy as 'a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, and the performance arts have a central position within the therapeutic relationship' (HCPC 2003: 9–10).

The expression, the process of communication and dialogue, along with access to the therapeutic space, relationship and arts processes are allied to *awake dreaming*. Something that has been held in, the trauma of the client, moves into the domain of the shared and the dramatherapeutic space (Jennings 1990). It changes from a process allied to a dream of expression and repetition to a dream of communication and thence to a dream that enables the trauma to be communicated and actively engaged with in images and enacted improvisations. These can be brought into contact with processes that can enable relationship with another, or others, and to the therapist. In dramatherapy the dream can not just be the road to *expression and communication* but to *change*: the enactments give a language of encounter and of potential help within the therapeutic relationship. The concluding case example within this keynote will illustrate how this occurs.

**Is trauma socially constructed?**

This question invites a conversation between the arts therapies and the notion that trauma is socially constructed. How events are experienced, imaged and responded to are, in part, constructed by us. The way trauma is experienced is, in part, constructed by us in communities and societies and these are different – trauma is constructed by the different ways in which people and groups, cultural narratives and forces within a society make meaning of them and respond to them. Authors such as Mvimbi (2007) and Roberts have argued that when individuals from cultures not exposed to Western medical labeling are

interviewed about their experiences of, and responses to, traumatizing events, they do not typically provide an account of post traumatic stress disorder symptoms, for example. This is because there is considerable cultural variation in the 'idioms of distress' that govern the expression of emotional states, depending on the overall context of cultural conditioning (Herbert and Sageman 2004). For example, Ndlovu's research argues that in talking about traumatic events, rural Zulus focus on explanations in terms of a disruption between the natural and supernatural domains of life (Ndlovu 2004). The kinds of symptoms reported to researchers or health professionals may also be influenced by suggestion, for example that the concept of PTSD amounts to the medicalisation of normal human responses to suffering (Summerfield 2001). This can have the effect of directing attention away from the societal conditions such as poverty and abuse of power that give rise to psychological trauma and put the emphasis on solutions that target individuals such as medication and counselling.

The traumas addressed within processes such as South Africa's Truth and Reconciliation Commission are not only the traumas of death or injury or the emotional effects within individuals (Kaminer et al. 2001). The traumas lie in the ways in which societies or cultures place or situate such events for those involved. They are also the way in which a service provision, such as therapy, perceives such events and the ensuing process of responding and 'healing'. The ways in which people who have been affected by the event are responded to afterwards are connected to choices made by individuals, communities and societies. We construct the ways we respond to people who have been through something that we say is traumatizing. This response can be helpful or beneficial to those experiencing the trauma, however, literature reveals that the response can deepen the trauma or even create the trauma. So, for example, how a child is treated, what we do as a family, what we do as a community, how we respond through provision and services 'make' the trauma and its

effect. As Swartz and Levett suggest: 'the costs of generations of oppression of children cannot be offset by the intervention of mental health workers' (1989: 747). Summerfield (2001) discusses research conducted by psychologist researchers into those involved in Sierra Leone's civil war which found that the majority of respondents had post traumatic stress disorder (this study is summarized by Edwards 2005a). Summerfield critiques this finding, arguing that whatever these respondents were experiencing was the consequences of being in a catastrophic social and political situation accompanied by such contextual factors and the constructions of what it is to be a child, woman or being from a minoritised and oppressed ethnic group. Summerfield argues that such experiences cannot appropriately be primarily thought of as a medical illness for which some form of treatment would be solely appropriate.

The literature argues that such cultural and societal dynamics can also result in silencing (Van der Linde 2007). Seen in this way, trauma can be seen to be constructed from other dynamics. Trauma can be racialised or seen as gendered. The impact of this can lead to a failure to do justice to the many contexts in which individuals are exposed to 'cumulative trauma' (Kleber et al. 1995). The following offers an example to show how trauma can be constructed in terms of gender and how this connect both to silencing and a need for spaces, relationships and processes to redress that silencing, and how the arts and therapy are powerful deconstructers and reconstructers of trauma.

Violence is in most societies is performed by men. In relation to trauma, areas such as rape and so-called domestic violence, are perpetrated by them (Ramadimetja et al. 2012). The term 'violence against women' encompasses a multitude of abuses directed at women and girls over their life span. The UN Declaration on the Elimination of Violence against Women defines violence against women as: '….any act of gender-based violence that results in, or is

likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'(http://jech.bmj.com/content/59/10/818.full., This statement defines violence as acts that cause, or have the potential to cause, harm and trauma, and by introducing the term "gender based" violence emphasises that it is rooted in inequality between women and men. (http://jech.bmj.com/content/59/10/818.full ). In patriarchal societies what can and cannot be talked about, what can be expressed, is affected by cultural traditions. Some argue that these are framed and created to service male needs and discourses and to silence women (Ramadimetja et al. 2012).

> In 2005 Buyisiwe reported that she was gang raped by eight men, first in and around her friend's house and then at a second location near some shacks and a railway station. After reporting the crime to the police the first six of the eight suspects were arrested and seventh was arrested later. Buyisiwe's cross-examination in court was described as atrocious. The court environment was hostile to her, in fact there was no regard for what she went through, the gang rape . . . having to re-tell her story again and again. She also had to re-live the experience by remembering who of the eight raped her first and who came second, third, fourth, fifth, sixth, seventh and the last times. These are the details required by the court to prove that she was in fact raped. (Mvimbi 2007: 5)

This 'response' is clearly not something designed to work in the interests of the woman and could be seen to re-traumatise, in part by repetition of the story. If a woman is subjected to violence by a male then the dynamics of expression and response are connected to the trauma as constructed by the society within which it occurs . A part of this is often connected

to taboo and silencing: the ways in which areas of experience are allowed sympathetic expression and recognition and others are not. In this way, aspects of sexual behavior or violence become 'silenced' by powerful groups within society and by traditions that reflect power imbalances. Kaminer et al. have critiqued traditional approaches to trauma in relation to the Truth and Reconciliation Commission: 'classic PTSD criteria may not adequately capture the full range of post-traumatic reactions' and for the need to develop 'culturally sensitive instruments and a broader conceptualisation of post-traumatic reactions' (2001: 376). The cultural construction of trauma means that some kinds of trauma can be 'seen' and others are silenced or made invisible within society. In this way, some people and some kinds of trauma are able to be worked with, others reflect societal prejudice or discrimination by silencing and keeping the individual as the 'possessor' of their trauma rather than allowing sharing and the potential for positive action or healing. This can be linked to difficulties in finding adequate ways to express what has happened in a culture that silences or suppresses expression. As Everett and Gallop argue this can result in a struggle to 'find words': people who 'have experienced trauma…will verify that they struggle to find words "large" enough and "deep" enough to describe what happened' (2001: 15).

The literature argues that the arts can facilitate voice and representation in particular ways. Meyer, for example, arguing that 'processes like role play, embodiment and body mapping' in the dramatherapy space 'helped the group find a voice' (2010: 131). She connects macro forces within society to the micro level of the specific dramatherapy group asking 'What does it mean when a nation cannot speak and is traumatized?' and 'Is it helpful to provide a space' that enables expression and the discovery of voice through arts processes 'that is in conflict with the social context' of silencing? (2010: 131). Her conclusion is that enactment within therapy can provide 'a safe space in which to explore real-life with safety and distance' (2010:

150). As the case example at the end of this keynote will illustrate, the use of drama within therapy can help the client find a space to redress the silencing at work in larger community, to find a language outside the constrictions of verbal language and within a relationship that supports and creates witness to the experiences of trauma.

**Can play help to resolve people's experiences of trauma?**

Some (Jennings 2011, Jones 2007) have argued that there are, innate within us, processes which can help with what some societies currently call trauma. These have been connected with children's experiences of the process of play. Trauma, whether individual, community or national can be entrenched, stuck, untouchable, or uncommunicated, as I have argued. Can play help to resolve trauma by creating communication, by resolving it being 'stuck'? The analysis of the following case example offers a response to this question.

A group of schoolchildren witnessed an accident. A man working on scaffolding next to the playground fell 20 feet and was killed (Jones 2007: 155-6). Their teachers recorded the play of the children aged between three and six, for a number of weeks after the incident. They found that for months afterwards the children's play reflected the traumatic incident. Children played falling and jumping, referring to falling on their heads, asking questions such as' Where's the body? We have to go to hospital and take the body', giving instructions such as 'Fall like that man'/ In their play they used details such as bleeding eyes, nose and mouth, wearing hard hats and hospital wards. A variety of dangerous situations concerning falling and death were created: for example a cat was shot dead and fell out of a tree, a group of boys played out an incident repeatedly for many weeks in which one of them fell dead was taken to

hospital and was examined by stethoscopes. Such images and actions gradually diminished over the weeks, being less and less reflected in the play.

My analysis of this incident (2007, pp. 155–156) argued that play is a natural way for the children to accommodate the experience, to deal with the stress and shock, to assimilate the death they had witnessed, and to express and share their fears and knowledge. Through embodiment and through images in action they were able to engage with trauma in ways that verbal exchange would not have allowed. Play and dramatic role play gave the children room to share knowledge and fears, and so develop an embodied understanding. It allowed the children to work though their fantasies and create a group response. A part of trauma can be that we can't assimilate what has happened: it could be for the children in the example that the experience of trauma is beyond their cognitive development, or capacity to express in words. It could be that within the culture they are within there is little or no cultural space or relationships to help address the child's experiences of trauma or to communicate about it . Play as a language and process, in the example above, can be seen as a natural way in which the children find images, processes and relationships to explore and assimilate what has happened. Playing makes the traumatic event accessible: it can be represented directly or through metaphors. The children know that the play event is not a real falling and killing in, but that it is a safe way of reproducing and creating connection whilst allowing enough distance to permit a painful experience. The children create their own spaces, languages and relationships.

**Case Example**

The following case example is included to illustrate the connections discussed in the previous sections concerning dreaming, the social construction of trauma and the role of play in relation to dramatherapy in work with clients who are living with trauma. The case example is from research which sought to combine the capacity of vignettes to generate rich insights into therapeutic practice, with the use of the internet to enable an enquiry with a geographically dispersed population of participants. The approach developed the value to research of a vignette being accompanied by further internet-based research tools (Jones 2013). The research developed what Breuer (2000) called 'conversational interviews' into an ongoing internet based mode to research the therapists' thoughts and rationales regarding their interventions and responses in their work with children. Its combination of vignette and internet based 'research conversation' enable both kinds of narrative to be brought to the act of researching practitioner insights and experiences. Through an arts therapy professional association (BADth) registered clinicians were offered the opportunity to be involved in the research, and twenty five therapists were engaged. Therapists had to be full members of BADth. Each therapist had to submit material from the setting confirming ethical clearance and that they complied with Codes set by the Health Professions Council (HPC) Standards of Conduct, Performance and Ethics, Duties of Registrant (2003) http://www.hpc-uk.org and by a University's Faculty Research Ethics Committee. The generation of data involved three elements. The first required the therapist to provide a vignette from their practice: a written description of a piece of clinical practice chosen by them to exemplify the ways they analysed their therapeutic work. The second was a 'research conversation' using aMSN messenger and email. aMSN messenger was chosen as a mode of communication involving live, typed conversation, enabling immediate communication whilst keeping a record of that conversation for both parties. The analysis of vignettes of their own work made by the therapists was used as a way of eliciting their evaluation of how they saw therapeutic change

with children. The live aMSN messenger analysis was followed by a period when the conversation text was emailed between researcher and participant. Each could add to, comment on or further question the vignette and the aMSN messenger conversation. Participants were, thirdly, asked to note their reflections on the research process in a separate document. The research was undertaken within university ethical procedures and consent was gained for the publication of data. Client names and details have been altered to ensure anonymity.

Therapist Dooman was interviewed about her dramatherapy with a child, Abui, in a UK primary school. This ten year old boy had fled from Sierra Leone and lived in a refugee camp for two years. He had witnessed violence and the murder of a family member. Dooman notes:

> There was difficulty accepting and integrating difference both for Abui and the class. Abui was being bullied by his peers for being different. The students in the class were ethnically and socio-economically mixed, but had no new African children recently come into their class. For these students 'status' in the group was important and Abui could not compete. What also annoyed the students was that the new boy wanted so much to be like them…Even though the teacher had spoken to the class, there was no empathy for Abui….When his mother saw me on her own she could express her anxieties for her son, but when they saw me together there were obvious difficulties in sharing the same space. I was struck by her continual attempts to push him away. She said 'he's so ugly, he's the ugly one, looks like his uncle'.

The work took place over a number of weeks. Abui begins by taking objects from a wider selection in the dramatherapy room such as a carved wooden statue. Therapist and client play with the object and Abui starts to relate memories of his village as they play. In one of the first sessions Abui takes up a carved giraffe and starts to tell the therapist about an old man carving wood in his camp. Dooman analyses this: 'he told me how he and the old man had made a horse to sit on. As his empathic witness I responded with pleasure and amazement that he could create something so beautiful, when life there was so hard'.

After more weeks of play and improvisation, Abu begins to create using object play and improvisation experiences from his life in the refugee camp. The therapist account in her vignette notes:

> The next session Abui wanted to make a mask. He cut out a large head, stuck on wild hair and called it 'evil'. He talked quite a lot this session decorating the mask, then trying it on himself, as if freed from the fear that this evil could harm him now. Abui spoke of a man with powers to do harm to people in the villages, the man people feared most back home….This was the man who shot his brother in front of the whole family.

Abui goes on to express and explore the experiences and hidden feelings, enacting and exploring images, parts of his story. At one point he decides to create an improvisation based on the 'Three Little Pigs' story. Dooman relates how 'he asked me to read the story. He became quite excited, and so I asked if he would like to play it with me….We decided which materials we could use for each house'. Abui alters the traditional story in the improvisation, with the pigs having weapons and he creates a role of the 'Big Bad Pig' which he plays.

Dooman recounts how ‘we role reversed’ the wolf and the big bad pig and ‘we both embodied the houses exploding, making loud sounds and large movements on the floor together’.

Abui asks the dramatherapist to write down his words and decides to share parts of his story dramatically with his class:

> The children energetically shared in the building of a refugee camp with tables and blankets. There was anticipation of play and make believe. The children were excited. Abui had chosen two boys to support his role as ‘brothers’ in the drama. Everyone wore badges ‘Brother’, ‘Sister’, Auntie’, ‘Mothers’ etc. the teacher’s role as a Red Cross worker gave the group a place of safety, externalized through her ‘white coat’ and ‘medical kit’.

The impact of the process is described as connected to the ways in which drama process and witnessing relate to trauma:

> ‘We gathered together at the end of the group …I asked the group to make a statement of what they heard without posing any questions to Abui, but what they felt able to tell him from themselves. The witnessing of Abui’s story was honest. The children were expressing their own deep emotions of sadness and shock of what Abui had to endure and their awe that Abui could survive and be living a life with them’.

Dooman notes that, ‘the bullying stopped and Abui was included by his classmates in the playground. Dramatherapy had served its purpose for Abui’.

**Discussion of the Case Example**

Abui's experience illustrates how the arts therapies are similar to the 'awake dreaming' I referred to at the start of the keynote. Abui had not been able to express what has happened to him. As discussed earlier, just as dreaming enables the expression of trauma through metaphors and symbols, the objects and improvisations of drama enable Abui to find a language to safely express what has occurred to him. Just as dream allows images and expressions that are not possible in the waking world, so dramatherapy creates a space and image form for Abui to test and touch areas that he cannot engage with outside the therapy space. As they are enacted, rather than described, the dramatherapy allows the potency of live emotional encounter with the images. There are, however, important contrasts within these parallels between dreaming and dramatherapy. One is that whereas in dream the individual cannot make choices about what is dreamt, in the dramatherapy space the client can actively explore their own images and expressions. The client can have agency in making decision about what emerges. Abui explores, dream-like associations as he takes up objects and free associates with them, changes stories such as the 'Three Pigs' as he improvises, develops nightmarish masks and then sees what happens with them in enactment. However, he can make decisions – can be empowered to interact with them, find meaning in them and communicate with them. The dramatherapy space combines the potency of dreamlike images and free association with the empowerment of the client being able to decide how to interact with the material, to take action and change the expressions and emerging events.

In addition, Abui is not alone as he would be in a dream. His dreaming is accompanied by the dramatherapist . In this way, the internal trauma of the client moves into the domain of the shared and the dramatherapeutic relationship. The dream-like images and actions are

accompanied by the therapist witnessing, offering her thoughts and suggestions, engaging in embodied work together. In the case example it's possible to see how, for example, the dream-like alteration of the Three Little Pigs enables an expression and exploration of feelings, of experiences such as anger, of violence and of homelessness. This playful engagement seems to act in a way that is similar to that of the children who witnessed the death of the falling man discussed earlier. The play seems to enable Abui to explore different perspectives to share them with the therapist through improvisation and embodiment and to move from silence to eloquence which the drama language and relationships enable. This seems to enable him to assimilate the experience and to wish to share it: to move from silence to communication and action which seems to resolve issues relating to his distress and the situation where he was being 'othered' by bulling from his peers.

Abui's experiences can be seen as socially constructed due to his situation as a child and as a refugee from a minority ethnic group. The dramatherapy space and relationship offers a space to redress and change this. As Dooman comments in her aMSN analysis:

> Abui had not been able to share is memories with his mother as the trauma of their separation had made communicating…difficult and uncomfortable for both of them. Dramatherapy could provide emotional "distancing", enabling dramatic projection to create a vital relationship between inner emotional states and external forms and presences…I would argue that the therapist was the first witness to his hidden story, but then only acted as a 'mariner' to help transport him to his real audience – those he would ask to become witnesses and in so becoming take part themselves in the role play at a very deep level' and for Abui to 'reaffirm the value of his existence.

The ways in which the children in his class did not allow him to express what had happened to him reflect his being bullied for being 'different'. His mother's reticence to communicate with him as a child in case this added to his trauma. As a child his experiences of trauma are constructed by the family dynamics and cultural attitudes concerning what can and can't be talked about by children. The dramatherapy creates space, language and relationships to assist him in finding voice when general forces in society were silencing him: 'issues concerning power and position to do with social exclusion are seen as part of the dynamics played out…within dramatherapy sessions. In this way part of the therapy comes to include an engagement with the macro forces at work within society such as prejudice or social exclusion as experienced in the micro-work within the therapy group' (Jones, 2010, 28).

**Conclusion**

This article has elucidated how drawing parallels with dreaming can offer insights into how trauma can be engaged with in dramatherapy. Just as dreams and dream images can be worked with in therapy to help express and engage with trauma , so dramatherapy can be understood as a kind of awake, accompanied dreaming. Dramatherapist and client can create and improvise with material that enables the client to express and explore trauma in ways that would not be possible outside the enacted space and relationship. The keynote has argued that playing and playfulness is a key part of the ways in which dramatherapy can offer help. It has examined how clients such as Abui can rework their experience of trauma through enactment by allowing sharing, active engagement and assimilation. The keynote has also suggested that it is useful for trauma to be seen as socially constructed: that this enables the therapist to look at the ways in which processes such as silencing can be understood and addressed within the empowering space and relationships which dramatherapy can offer.

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