Journal of Applied Arts and Health | Volume 1 Number 1
© 2010 Intellect Ltd Article. English language. doi: 10.1386/jaah.1.1.7/1

ROBERT J. LANDY
New York University

Drama as a means of preventing post-traumatic stress following trauma within a community[1]

ABSTRACT

Drama persists as a natural form of healing and has existed as a ritual healing process for thousands of years. Developmentally, children naturally use dramatic play to master difficult moments in their lives. Historically and cross-culturally, individuals and communities have sought out the performative qualities of shamans to contact the spirit world and apply its healing medicines to various forms of personal and communal ills. When confronted by unexpected trauma, people can also turn to an applied form of drama to contain their fears and forestall debilitating symptoms of post-traumatic stress. This paper discusses an applied use of drama, that of drama therapy, in preventing the onslaught of symptoms following the terrorist attack on the World Trade Towers in New York City on September 11, 2001. The author discusses one drama therapy approach called 'Standing Tall', which transformed the roles and stories created by 9-year-old children who witnessed the attacks into a theatrical performance. Through the dramatic process and the subsequent performance, the children were able to begin to make sense

KEYWORDS

drama
drama therapy
role
trauma
post-traumatic stress

1. A version of this paper was originally presented as a key note address by the author at *Inspiring Transformations: Arts and Health Conference* at The University of Northampton in September 2007.

of the events they observed and share their roles and stories with their community, leading to a mutual sense of support and hope.

An examination of any random twenty years in world history would likely yield reference to numerous natural and human-made disasters – great disturbances in the earth and sky and seas, war, crime and abuse. Living in the United States over the last twenty years, I became painfully aware of a number of acts of terror, including: the bombing of the Murrah Federal Building in Oklahoma City; two attacks on the World Trade Center in New York City (the second on 9/1l); several massacres of students in schools and colleges in Colorado and Virginia; and a devastating hurricane that brought the great city of New Orleans to near ruins. As a witness to global disasters, I have been very aware of the devastation of the tsunami in Indonesia and the wars in the Balkans, in Afghanistan and Iraq, in Rwanda, Somalia and Sudan, in Lebanon, the Palestinian Territories and Israel, among many other places. The drama of disasters is played out on a broad stage, large enough to overwhelm its unsuspecting audiences. It is especially devastating when it is spontaneous, appearing out of the blue. Of the hundreds of stories I heard about 9/11, so many of them begin with a description of the ordinariness of that beautiful, clear, unseasonably mild morning. As I remember, in New York City on September 11, 2001, there was not a cloud in the sky.

If disaster is an unexpected and terrifying drama, it might be ameliorated by another form of drama that is more within human control, that is equally exciting, but without the real life traumatic consequences. Because the human mind has never been able to prevent certain disasters, it has mercifully discovered means of preventing or assuaging the human suffering associated with catastrophe. We can easily think of various forms of spiritual and psychological healing as well as systems of communication, medicine and disaster relief, as means of preventing further injury and damage in the wake of a catastrophic event. However, the subject of this paper concerns a non-technological, non-medical and, in some ways, non-verbal method of preventing debilitating symptoms of post-traumatic stress following a disaster; this method, that of drama, has been around for many thousands of years. Dramatic forms go by many names: ritual, shamanism, play, psychodrama, drama therapy, applied theatre, theatre performance. All these forms have one thing in common – they exist at a safe distance in time and space and feeling from real-life events. That distance is marked by a representation of the actual events. That is, in dramatic action, an actual event is re-played in the mind and/or body, so that the player and/or observer of the play can discern a safe way to see it more clearly and to cope with its consequences, thereby discovering a certain degree of mastery and balance.

When a child is abused by a parent, the child will often re-visit the incident in play. As an example, Jane is a 10-year-old girl, living alone

with an unstable and highly stressed mother who is incapable of providing a secure attachment for her daughter. Jane has refused time and again to obey her mother's demands. On one day, feeling particularly out of control, her mother slaps her in the face and tells her that she is bad. Trying to be brave and stand up to the abuse, Jane doesn't cry, but reacts stoically and walks away. When alone, Jane grabs her most favourite doll and scolds it for being defiant. Getting no response, Jane hits it hard and throws it to the floor, calling it bad names. In playing the role of the abusive mother, Jane feels empowered. But then, she experiences a great sadness, aware of the pain she has inflicted on the doll. She then holds the doll to her and asks for forgiveness, explaining that she has had a hard life and feels powerless. By empathizing with the pain of the daughter, as well as with the pain of the mother, Jane works through play to reach a small degree of mastery of her domestic dilemma, all on an unconscious level. Certainly, not all children who are abused by a parent reach this level of mastery all by themselves through their play. But the natural play of children provides a model for the kind of healing that occurs through drama following a harsh rend in the natural fabric of everyday life.

Beyond the personal therapeutic benefits of dramatic play, dramatic forms of healing also benefit societies and cultures. These forms are based in ancient shamanic healing practices still extant in various aboriginal cultures throughout North and South America, Africa, Asia and Australia. In shamanic healing, the agency that modulates disaster is located within the spiritual world. In order to affect events in the natural world and keep people safe from harm, the shaman symbolically journeys to the spirit world to retrieve the necessary medicines. According to Mircea Eliade, the shaman serves many functions: 'he is believed to cure, like all doctors, and to perform miracles of the fakir type, like all magicians [...] But beyond this, he is a psychopomp, and he may also be a priest, mystic, and poet' (2004: 4). For our purposes, the shaman, as mediator between the natural and supernatural worlds, is a dramatic figure trained in the arts of song and dance, storytelling, slight of hand and trance. Through these performative channels, the shaman receives medicines and messages from the spirit world to bring to imbalanced human beings – assuring the latter their ills will be favourably resolved. Many in the contemporary field of creative arts therapy compare their healing arts to that of shamanic practices (see, for example, Glaser 2004; Lewis 1993; McNiff 1988), as arts therapists traverse the dual realities of everyday life and the life of the imagination, and use embodied, expressive and metaphorical forms to heal the wounds of individuals and communities.

There is sufficient evidence to suggest that the art form of theatre derived from early shamanic and ritual practices, such as the performance of ancient Greek Eleusinian mysteries and of the dithyramb, a song cycle in praise of the god, Dionysus (see Brockett 1991). The ancient priests engaged in their early dramatic rituals on the part of a community that recognized its limited ability to control the mysteries of

the universe – the outcomes of war and uncontrolled nature, the inevitability of sickness and death, the vagaries of extreme behaviour and mental anguish. By performing their rituals, they attempted to master or at least forestall that which is beyond human mastery. Although no longer shaman and priest, the theatrical actor retains some of their spiritual and healing qualities. Like shamans, actors often experience an altered state of consciousness as they inhabit and bring forth the life of archetypal roles for the benefit of their audiences, and like priests, they, too, create a sacred space for others to engage in a shared moment of joy, contemplation and, at times, transformation.

And yet actors are not trained as dramatic healers. Within the domain of applied forms of drama and theatre, those who do practice a therapeutic form are drama therapists. The practice and theory of drama therapy, like that of theatre, evolved from ancient ritual and shamanic practices (see Emunah 1994; Landy 2008). However, the contemporary practice of drama therapy claims its roots in western forms of psychoanalysis (see Landy 2008), psychodrama (Moreno [1946] 1994), and educational drama (see Jones 2007; Landy 1994). Drama therapy incorporates elements of ritual and theatre, shamanism and dramatic play in the service of healing the wounds of psyche and society. Its preventive power lies in treating people who have experienced trauma, helping them to discover the internal and relational strength necessary to prevent the onset of symptoms of post-traumatic stress. Such symptoms include: persistent flashbacks, dissociated thoughts, avoidance and phobic reactions, emotional numbing, hyper-vigilance and hyper-arousal, among many others (see van der Kolk 1994).

Drama therapists consciously apply play and drama to help individuals and communities discover some form of mastery and balance. Like the shaman, the drama therapist makes use of expressive actions, working through story and role as the basic means of restoration. Although the metaphor of the spiritual journey is not apt for many drama therapists, the metaphor of the hero's journey is. Like the shaman, the drama therapist is a guide on this journey toward awareness and transformation: a kind of Virgil guiding Dante into the wonders and dangers of the inferno, or Athena guiding Odysseus across the magnificently terrifying waters of the wine dark sea toward home. In Eliade's (2004) terms, the guide is a psychopomp, a mythical figure like Hermes, who shepherds the souls of the dead into the underworld.

Although based primarily in an art form, drama therapy is also informed by recent advances in neuroscience that suggest that the brain itself is a dramatic entity (see Demasio 1994, 1999) as it translates external reality into representational internal images, and by classical literary metaphors such as Shakespeare's notion of drama as a mirror held up to nature.

The dramatic nature of the brain is buttressed by the recent discovery of mirror neurons. Mirror neurons are structures that link perception and action, as they fire in a common fashion when one acts and when one observes another performing a similar action. Researchers,

such as Gallese (2003, 2005), hypothesize a neurological relationship between acting and the more distanced witnessing of an action: between the emotional experience of self and that of the other. The discovery of mirror neurons helps to explain how catharsis, a moment of weeping when identifying with the tragedy of a protagonist, connects one person's feelings to those of another. And it provides the beginning of an explanation of how playing the role of another, as in the earlier example of the abused child at play, can help to transform a painful experience.

There is further neuroscientific evidence in the research of van der Kolk (1994, 2002) and others that trauma causes a disruption of the natural homeostasis of the brain. In trauma, the left brain, responsible for verbalizing feelings, is de-activated, and the right brain, responsible for decoding danger and assuring survival, is hyper-activated, causing the individual to behave in an irrational manner. Further, when traumatized at an early age, the development of the right hemisphere of the brain is disrupted, limiting one's ability to engage in nurturing and non-abusive relationships. Van der Kolk (1994, 2002) notes that the hyper-arousal and disassociated behaviour common to trauma is stored in the body and that the most optimal forms of therapy require a non-verbal channel that activates the body. Van der Kolk, championing drama as an effective therapy, has embarked on several research projects with children and adolescents through drama and theatre where traumatic episodes in their lives are replayed, revised and transformed. This work serves as a model for others who use drama therapy as a means to prevent the development of persistent symptoms of post-traumatic stress. It is significant in that it is developed by a psychiatrist whose research has revealed critical aspects of the etiology of post-traumatic stress and who has come to the conclusion that an embodied dramatic approach is crucial in treating post-traumatic stress. As we shall see, I used a somewhat similar model for treating a group of children at risk of developing symptoms of post-traumatic stress. Although this model is not based in empirical research, it is theoretically grounded and provides anecdotal evidence in support of the findings of van der Kolk.

The drama therapy model that I used was called 'Standing Tall' and is featured in a film of the same name (see Stern 2004). The model is based upon role theory and its practical extension, the role method of drama therapy (Landy 1993, 1994, 2008), which I developed over a period of twenty years. Briefly, role theory conceives of intrapersonal and interpersonal relationships in terms of prototypical role types, similar to Jung's ([1921] 1971) notion of archetypes as collective images of universal human experience. These role types exist as polarities, such as victim and villain, which attempt to seek balance even as they clash with one another. The figure of the balancer is known as the guide. Optimal states of being are ones where individuals and groups are able to discover ways to live among their personal and cultural contradictions, accepting the paradoxes created by the polarities of being. In drama therapy, the therapist serves as guide; he/she

helps people move toward integration and facilitates the development of an inner guide figure. Through this approach to drama therapy, the stories one tells and performs extend from the roles one takes on. The process is viewed metaphorically as a hero's journey into and through obstacles, toward a destination that is often unknown.

'Standing Tall' was a four-month process intended to help children who witnessed a potentially traumatizing event, the attack on the World Trade Towers by terrorists on September 11. This drama therapy approach was viewed as a preventive measure, rather than as a direct treatment. Our assumption was that some of the children, given their backgrounds and mental status, might be affected, but that all, at the very least, lived through a catastrophe and had a need to make some sense of that moment in a safe, contained way.

'Standing Tall' was funded by the *New York Times* Foundation School Arts Rescue Initiative and implemented through City Lights, a youth theatre organization located in New York City. I developed the project in collaboration with City Lights and worked with a teaching artist, who also doubled as the director, and an assistant who at the time was a graduate student in drama therapy. The purpose of the School Arts Rescue Initiative was to help children in New York City public schools most affected by the events of 9/11 feel a greater sense of wellbeing through exposure to an experience in the arts. As conceived, our project concerned the creation of fifteen classroom theatre workshops intended to create a fictional community called 'Standing Tall', not unlike New York City on September 11, 2001. We aimed to facilitate the creation and exploration of fictional roles and stories by the children, to devise an original play based on the children's stories and roles, and to present the play to an audience of peers, teachers, parents and community members. The children involved, all nine and ten year olds, witnessed the attacks on the World Trade Center through their classroom window.

The film, directed by Peggy Stern (2004), documented the full process, which is told from the point of view of the classroom teacher. The film captures the essential goal of the process – to explore and question the ways that drama can help children learn how to transform a frightening, chaotic experience into one of hope and clarity. At the heart of this process is the notion that drama has the potential for helping children, as well as the teacher, to express the inexpressible in a safe way, through metaphor, and in so doing, to feel more balanced and in control.

In that the work was informed by role theory, all involved were challenged to explore the contradictions within a single role, such as villain, and those between discrepant roles, such as hero and villain. In that role theory is also about working in metaphor and distancing clients from their everyday roles and realities, I intended to safely distance the children from their direct experience of the events of 9/11 and move them into a fictional community named 'Standing Tall': one where they could imagine figures similar to the real ones, coping with a disaster. The fictional community had figures that represented

archetypal heroes, villains and victims. The facilitators took the children through an intensive but also playful process where they could make fun of the villains. The film portrays one example as the children imagine the pregnant parents of Osama bin Laden discussing their hopes and plans for their new baby boy.

This experience allowed the children to look at other sides of the roles of hero, victim and villain and humanize the figures. For example, after exploring certain obvious heroes like firefighters and police, the children chose Mom as hero, because she tells her son to express his feelings and not hide them. The villain, Osama, is made fun of and then humanized — he had a mother and father who had hopes and dreams for their son. 'He wasn't born bad,' says one girl. And, adds another, ironically, 'Perhaps he fell on his head when he was small.'

Once the children's roles and stories were explored and many polarities and complexities discovered, I wrote a play based upon their creations. The play was performed by the children to the faculty and students in the school, as well as to the parents and friends of the children living in the community. Moving into performance gave the children a chance to dramatically tell their stories to an audience that needed what they did: a sense of clarity and a ritual through which to share a common disturbing historical moment. After the play was performed, at the end of the school year, all involved — children, peers, teachers, parents, community members — engaged in a reflective and emotional discussion. For some adults, that was their first opportunity to openly express their own thoughts and feelings regarding 9/11. For many parents, this was their first opportunity to acknowledge their children's depth of feeling and courage to speak out and to create a beautiful memorial through their drama. As so many voices of children and adults were expressed and witnessed following the performance, the community bonded and asserted its common need for connection, support and hope. In the interaction of parents and children, adults and young people, 'Standing Tall' offered a model of how drama, storymaking and performance can enable an intergenerational community to transform a tragic event into one of hope and connection.

I'd like to now address ways that educators, therapists, administrators, social workers, arts professionals, and parents can think about this model of preventive drama therapy and even in small ways apply it to their interactions with children. The following are some of the specific objectives I had in mind for 'Standing Tall':

- To understand the human need to tell stories as a means of making sense of difficult, potentially traumatising experience.
- To understand the therapeutic value of role-playing, storytelling and story dramatisation.
- To understand the concept of aesthetic distance in transforming potential trauma in real life into safely contained forms of enactment.
- To learn how to transform stories and roles into script form ready for performance.

- To explore the value of metaphor in role-playing, storytelling, scriptwriting and performance.
- To extract a sense of meaning from the events of September 11, 2001, or any disaster, for children and adults.

For those who are familiar with and skilled in implementing such creative and therapeutic objectives, the 'Standing Tall' model can be replicated with modifications based upon particular circumstances. This experience does not need to be a response to a catastrophe on the scale of 9/11, but rather can be a way to process any significant and/or troubling moment – an earthquake or senseless crime, a tragic accident or family disturbance, a clash of races or cultures or ideologies within a community.

For those less trained in implementing such a model, there is a fundamental philosophy at work that can guide similar work with children. The main idea is that children process reality through a variety of creative and playful means, some of which are more powerful than traditional cognitive and verbal approaches to learning. This creative learning recapitulates the child's natural inclination to make sense of the world through play. If expressive, playful approaches, such as role-playing, story-making and performance, can be incorporated in education, healthcare, therapy and even parenting, the adult has a powerful way into the mind and emotional life of the child. Many adults who work with children will be able to make use of the kind of approaches exemplified in 'Standing Tall'. They do not have to be playwrights or directors. Rather, they have to have an ability to listen carefully to children's stories and the imaginative ways they tell them in role. And they need to embrace the idea of play as a means of making meaning and the significance of a community ritual to share collective stories. Finally, in keeping with a main principle of role theory, they need to guide children into a place of integration, where villains and victims and heroes can co-exist not only as characters in stories, but as aspects of all human beings, where each stereotype can be humanized.

At the conclusion of the play, 'Standing Tall', one child took on the role of Mayor Guiliani, who held a memorial service at the historic St. Paul's Church that stood in the shadow of the twin towers. Mayor Guiliani's dialogue was taken verbatim from his actual memorial speech. Included in the text is a song written by Anna and several classmates. The children performed the song. The following is the text that concludes the play:

NILES (AS MAYOR GUILIANI): We are a city that has withstood the worst attack of any city in the history of America and people are standing up as tall, as strong and as straight as this church. We are in a very holy place, hallowed in very special ways, by the presence of George Washington and all of our brave heroes that gave their lives. We should think about how we can find the most creative minds possible who love and honor America and can express that in artistic ways. And we should

think about a memorial that just draws millions of people here. We have to be able to create something here that allows people to build on it and grow from it – a soaring beautiful memorial.

VICTORIA: We are the artists. We are the builders. We are the children, the hope, the reason this city must be rebuilt.

LEE: And so we went to work.

JESSE: We made art and installed it on our classroom windows.

CATIE: It was the first thing we saw when we looked out at the empty space in the skyline where the tall, shining towers used to stand.

DYLAN: We put art in the windows so we'd see things that would make us feel better. We wrote songs about the New York that we knew and loved.

ALEX: This is Anna's song.

> Look out! There's Harlem blues,
> Watch out, those 42nd Street tunes,
> Change lights at the bust of the horn,
> You've gotta be grateful that New York's
> Where you're born.
>
> Yankees, get a hat and a tee,
> Bronx for the zoo and Natural History.
> You've gotta get to Chinatown
> And Little Italy.
>
> CHORUS:
> City lights,
> Ba dooba dooba dadoo.
> City lights,
> Ba dooba, dooba dadoo.
> City lights,
> Ba dooba dooba dadoo.
> City lights.
>
> Central Park, the best in the spring,
> Statue of Liberty, take a ride to Fort Greene.
> Want toys? The biggest of course
> Are found at FAO Schwarz.
>
> CHORUS.
> Macy's, Thanksgiving parade,
> Taxi cabs, buses and trains,
> Shopping, as easy as one step out the door,
> A dizzying mix of department stores.
>
> The Empire, big buildings that shine,
> Cafes, nice places to dine,

Street lamps, evenings so bright,
Isn't it nice those city lights.
CHORUS.

CHRISTA: And so the children began to rebuild, one story at a time, not with bricks and mortar, but with words and images, until the city of darkness was once again a city of light and hope.

GARRETH: We are the artists.

ROBERT: Our city is a place called New York, New York where buildings stand tall.

ANNA R.: Our city is a place where we stand tall. This play is our memorial.

As lights fade to black, two light sculptures are created with flashlights (torches), representing the two phantom towers. As all the children turn on their flashlights, they begin to hum softly. The humming increases as a bridge is created between the two towers of light. The humming dims as the flashlights fade to black.[2]

2. The full text of the play is published as part of the Study Guide accompanying the film. The Study Guide can be downloaded from the website, http://fanlight.com/catalog/films/393_st.php. Also in the study guide is a series of questions that can serve to generate dialogue among teachers and students, educators and their peers, parents and children anyone interested in continuing to explore some of the issues raised in the film.

I end with several questions that arose for those of us involved in the Standing Tall project. It is my hope that readers of this paper will engage with the film and with these and related questions that remain in their minds:

- In working creatively with such a trauma as 9/11 in a classroom, should the leaders inform the children that their work will be about the trauma? When is the best time to do so?
- Does drawing a picture of, or dramatically re-enacting, a traumatic event re-stimulate the trauma or help a child release some feelings associated with the trauma? Or does it have some other effect?
- When the media portrays a political figure, such as Osama bin Laden, as a treacherous villain, are children able to see other sides of him? How?
- How does media coverage and public discussion post-9/11 shape the children's feelings and opinions?
- In dealing with the effects upon their children of a potential trauma such as 9/11, what is the role of the parents? What is the role of the classroom teacher? What is the role of the school administration?
- When learning through drama, should children be encouraged or permitted to enact stereotypical, even frivolous role-plays, e.g. portraying Osama bin Laden as a boy playing with a machine-gun? Or viewing Osama's parents as buffoons?
- Do you agree with Rachel that the children's making fun of Osama bin Laden and, by implication, Muslims, was 'uncomfortable'? How is this kind of stereotypical behaviour useful or harmful to the

process for the children and adults involved in the workshops and in the audience?

- When a student says that he understands the 'true value of comedy', what does he mean? What is the true value of comedy when working with children who have witnessed a tragedy?
- Will the drama therapy experience have a lasting effect on the children and the teacher months or years later?
- When a student says that without the drama class she would have been 'dead in my mind', what does she mean?
- Were you surprised by the depth of the children's understanding or expression of feeling about the events of 9/11? How did watching them express their thoughts and feelings affect your views of 9/11 or similar catastrophes?

REFERENCES

Brockett, O. (1991), *History of the theatre*, Boston: Allyn and Bacon.

Demasio, A. (1994), *Descartes' error: Emotion, reason and the human brain,* New York: Putnam.

Demasio, A. (1999), *The feeling of what happens: Body and emotion in the making of consciousness*, New York: Harcourt Brace & Co.

Eliade, M. (2004), *Shamanism: Archaic techniques of ecstasy*, Princeton: Princeton University Press.

Emunah, R. (1994), *Acting for real – Drama therapy process, technique, and performance*, New York: Brunner/Mazel.

Gallese, V. (2003), 'The roots of empathy: The shared manifold hypothesis and the neural basis of intersubjectivity', *Psychopathology*, 36:4, pp. 171–180.

Gallese, V. (2005), '"Being like me": Self-other identity, mirror neurons and empathy', in S. Hurley and N. Chater (eds), *Perspectives on imitation: From cognitive neuroscience to social science*, Boston: MIT Press.

Glaser, B. (2004), 'Ancient traditions within a new drama therapy method: Shamanism and developmental transformations', *The Arts in Psychotherapy*, 31, pp. 77–88.

Jones, P. (2007), *Drama as therapy. Theory, practice and research*, London: Routledge.

Jung, C. ([1921] 1971), *Psychological types: Collected works,* 6, Princeton: Princeton University Press.

Landy, R. (1993), *Persona and performance – The meaning of role in drama, therapy and everyday life,* New York: Guilford.

Landy, R. (1994), *Drama therapy – Concepts, theories and practices*, Springfield, IL: Charles C. Thomas.

Landy, R. (2008), *The couch and the stage: Integrating words and action in psychotherapy*, Lanham, MD: Jason Aronson.

Lewis, P. (1993), *Creative transformation: The healing power of the arts,* Wilmette, IL: Chiron Publications.

McNiff, S. (1988), 'The shaman within', *The Arts in Psychotherapy*, 15, pp. 285–291.

Moreno, J. L. ([1946] 1994), *Psychodrama,* 1, Beacon, New York: Beacon House.

Stern, P. (2004) (producer/director), *Standing Tall*, 24 minute video, Boston: Fanlight Productions.

Van der Kolk, B. (1994), 'The body keeps the score: Memory and the emerging psychobiology of post traumatic stress', *Harvard Review of Psychiatry,* 1, pp. 253–265.

Van der Kolk, B. (2002), 'Post-traumatic therapy in the age of neuroscience', *Psychoanalytic Dialogues*, 12:3, pp. 381–392.

SUGGESTED CITATION

Landy, R. J. (2010), 'Drama as a means of preventing post-traumatic stress following trauma within a community', *Journal of Applied Arts and Health* 1: 1, pp. 7–18, doi: 10.1386/jaah.1.1.7/1

CONTRIBUTOR DETAILS

Robert J. Landy, Ph.D., RDT/BCT, LCAT is Professor of Educational Theatre and Applied Psychology and Director of the Drama Therapy Program at New York University. A prolific researcher and writer, Landy has published numerous books, articles and plays in the fields of Drama, Musical Theatre, Drama Therapy and related topics.

Contact: New York University, Drama Therapy Program, 35 West 4 Street, room 777, New York, New York 1012, USA.
E-mail: rjl1@nyu.edu