

Doing Less Is Doing More: Living Statues as a Medium in Drama Therapy

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Abstract

This article presents the living statues method as a prime medium in expressive art therapy and particularly in drama therapy. It describes the method, its specific characteristics and their meaning, and shows how a public performance can be a space for a creative, art-based, therapeutic process. Two vignettes from practice illustrate how the living statues method can be applied to work with teenagers with behavioral problems and the elderly. It also highlights the relationships between this nonverbal, creative, “body–mind–spirit” performance-oriented method and humanistic psychology.

Keywords

drama therapy, street theater, living statues, performance, role, distancing

Introduction

The living statues method presented in this article emerged from a combination of my love for creation, performance, and being outdoors and in nature with my ongoing attempts to associate them in my work with clients in therapy.

This article describes the method and highlights ways it can be incorporated and used in therapy. It also aims to inspire therapists to use their

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creativity in their work with clients. Doing so will not only expand and enrich the therapeutic process but can also inspire clients and connect them with their own creativity and desires.

I am a strong believer in the creative process and in art as therapy approach. I am aware that readers may come from different backgrounds and trainings. I thus start by presenting drama therapy and the concept of using performance in therapy. I then describe the living statue method including its background, principles, and practice. This is followed by two vignettes from practice that show how the method can support the therapeutic process in teenagers with behavioral problems and in the elderly. The conclusion highlights the complexities of this performance-oriented method, including a few words of caution, and ways these can be worked out.

Drama Therapy: A Theater-Based Form of Therapy

Drama therapy is a form of art therapy based on the principles of play, ritual, and theater (Jennings, 1992, 1998; Johnson, 2009; Landy, 2009; Pendzik, 1988; Sajnani & Johnson, 2014). It was formulated simultaneously in England and the United States in the 1970s and has continued to develop worldwide (Jennings, 1998; Johnson, 2009). Its goal is to enable people to connect to their creativity and imagination, which are important coping and healing mechanisms (Berger & Lahad, 2013). As a method that emerged from theater and ritual, drama therapy combines all the arts: drama, music, voice, movement, visual art, and storytelling. The process can be based on one art medium, for example, role play, sand box, painting, sculpture, or storytelling, or can combine and alternate between various creative media (Berger, 2015a; Jennings, 1998, 1992). One of the central principles of drama therapy is the idea that the work takes place within an imaginary space, which Lahad called *fantastic reality*. He considered it a realm “where time and space are suspended and where the impossible is made possible” (Lahad, 2002). Pendzik expanded on this term and called it *dramatic reality*. She argued that “It is an *as if* made real, an island of imagination that becomes apparent in the midst of actual life. Dramatic reality involves a departure from ordinary life into a world that is both actual and hypothetical” (Pendzik, 2006, p. 272). This perspective is associated with the “distancing” principle. In other words, clients do not need to tell their story concretely through words, but rather can describe it symbolically through the arts (Berger, 2015a; Jennings, 1998, 1992; Landy, 1983, 1986) within the dramatic space in the form of painting, sculpture, movement, song, or drama. The use of metaphors and images enables clients to tell their

stories indirectly by transference to another character or art medium. This is considered a way to bypass cognitive defenses and helps clients feel safe and less exposed, since the story does not need to be concrete and is “not about them.” The emphasis in drama therapy on the elicitation and development of creativity, the body–mind process, and the power of the here-and-now is also related to concepts in basic humanistic psychology. Drama therapy empowers the idea of choice, self-expression, self-fulfillment, and spiritual development, which are also key concepts in humanistic psychology (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988; Maslow, 1999; Seligman & Csikszentmihalyi, 2000).

Performance in Drama Therapy

The notion of integrating performance into drama therapy as well as using performance as a central axis in the therapeutic process is not new. It is anchored in the theater—the original source of drama therapy. Many drama therapists have written about the healing and therapeutic aspects of performance and developed models based on this idea. Some draw on autobiographical theater, by relating to and using the life story of the client as the basis of a play. Others, which are usually defined as therapeutic theater, mostly use existing plays as a basis and/or text for performance. Examples of the first approach include “Self-Revelatory Performance” (Emunah, 2015), “Therapeutic Performance” (Sajnani, 2013), “Autobiographical Performance” (e.g., Zehavi, 2012), “Stage and Soul” (Doron-Harri, 2014), and Therapeutic or Autobiographical Therapeutic Theater (e.g., Pendzik, 2013). Examples of the second can be found in Bergman (2009), Cox (1992), Bailey (1993, 2009), Johnson (1980), Jones (1996), Snow (2009), Mitchell (1992), Sajnani (2013), and Snow, D’Amico, and Tanguay (2003). These models use basic drama therapy concepts such as role and distancing (Landy, 1983, 1986, 2009), EPR and ritual (Jennings, 1992, 1998) while relating to the stage as a “sacred” healing space (Pendzik, 1994). They discuss the therapeutic potential of “being on stage” although they cast the process and performance in different ways.

This article presents a new concept that involves using a living statue as the main medium and form in therapy. It can be integrated into the therapeutic process or be its central axis. This form consists of the spontaneous and improvised creation of images and postures presented nonverbally in a street performance setting. The living statues medium has specific characteristics that help clients encounter issues that can be further explored within this form or by other therapeutic methods.

Based on the experience of the author, who developed it, this article highlights the basic components of living statues and their meaning in the therapeutic context. By applying examples and vignettes from practice, this article presents ways that the method can be used in therapy with groups and individuals as well how to incorporate it into a broader framework that includes other methods. It also discusses the associations between the living statue and concepts in humanistic psychology such as creativity, spirituality, spontaneity, and choice.

The Living Statue: A Form of Street Theater

The term *living statue* refers to a street artist who poses like a statue or mannequin, usually with realistic statue-like makeup. It is a form of street theater, which can also be seen as busking, especially in tourist attractions. The artist, dressed up and made up like a statue, creates the illusion of complete stillness by standing still, without a flicker or a twitch, sometimes for hours, in an everyday, public, dynamic, urban environment (Lavender, 2013; https://en.wikipedia.org/wiki/Living_statue).

The classical live statue imitates Roman or Greek sculptures, dressed and made up totally in white. However, many living statue artists choose other characters and costumes from historical figures such as Napoleon or Marilyn Monroe; fantasy and legendary figures such as fairies, witches, dragons, superheroes, kings, and queens; or figures that relate to political and social situations and statements, such as the homeless, beggars, wounded soldiers, and so on. The artistic materials used and the skills to design them depend solely on the artist's imagination and a living statue can take on virtually any realistic or fantastic form or character.

Usually the living statue performer will choose a strategic spot, preferably one with a high level of foot traffic, in an area that will easily provide an audience. In most cases, the performance takes place on a small podium that defines and symbolizes the "performance space" to both the performer and the public. At other times, living statue artists choose to perform without this symbolic definition of space and without any representation of the theater's "fourth wall" by standing on the sidewalk on the same level as the people passing by. Frequently, passersby do not realize the performer is a real person, which often sparks surprise when the "statue" makes a small gesture (such as a wink or nod). When busking, the performer aims to create instants of interaction with the public that result in a tip (Lavender, 2013).

Lavender documented leading living statue artists, who note that this form of theater is not easy. Most report that standing still without any discernible movement for a prolonged period is difficult since it requires

corporeal discipline, sufficient tension to hold the pose, and sufficient relaxation not to become overtired or suffer from muscular cramps. This mastery of the body also involves a disciplining of the self, which is subjected to rigorous deprivation (of movement and relaxation) that devotes the body entirely to the performance. Practices such as yoga, the Alexander Method, and mime can help artists develop the skills needed (Lavender, 2013). Although the living statues medium is still a relatively new artistic form that only began in the mid-20th century, it can already be seen in many cities, festivals, and events around the world. The most famous place to see living statues is La Rambla in Barcelona.

Background and Basic Assumptions

My first encounter with living statues was as a drama therapy student in 1999, when I took part a workshop and research group led by Nira Kaplansky at Tel Hai College. The workshop included five short living statue performances in a nearby shopping center followed by a discussion that related to personal experiences as living statues. Although I had experience in performance, with a background as a dancer and improviser, I realized that my experience in these sessions was unique. I had a higher level of awareness, as well as a heightened ability to witness and observe feelings and sensations within myself during the activity. It was as though I was being and witnessing at the same time, and shifting between these being and doing states simultaneously. I recognized this state of mind from meditation but was less familiar with these states in “doing” and active states. Later, while completing my PhD, I developed the Nature Therapy method, which involves doing therapy outside the therapy room, in open environments (Berger, 2017; Berger & Lahad, 2013; Berger & McLeod, 2006; Berger & Tiry, 2012). These experiences showed me that a new dynamic is introduced when a therapeutic session takes place in the “real world,” when in everyday reality, people pass by and unexpected events “enter” and affect the process. My belief in the therapeutic potential of performance prompted me to integrate different kinds of performance into work with various clients and groups, mainly children and the elderly. I became aware of the tension between the therapeutic process and the way clients used the performance (and the audience) for their development and needs, as well as the contribution of the esthetic experience.

In many cases, this matrix appeared unbalanced. Often, the clients did not have any background in theater, dance, or other performance arts, and since the number of sessions was limited, the artistic level was limited as well. Because the context and aim was therapy (and not performance), and the

groups were not actors, but more important given that I was in the role of therapist and not the artistic director or choreographer, it was clear that the focus of the work should be the therapeutic process and not the artistic product or the impact on the crowd. Nevertheless, this tension between process and product was always there, with a preference for the former. In terms of expressive art therapy concepts, I realized that I needed to find a simple form of theater that did not need many rehearsals or complex technical skills, which at the same time would maintain a satisfactory artistic level. I was looking for what McNiff (1992) and Levine and Levine (2005) called a “low skills high sensibility” form of performance. Given the fixed form and strict rules of the living statue, together with its high level of esthetics that aims for beauty and expressiveness, I felt I had found a form of performance whose implementation on a good enough esthetic level was easily achievable. At the same time, it contained some of the therapeutic elements of “being on stage” that could empower clients and support their process.

Since then and for the past 10 years, I have been incorporating living statue and other forms of street theater into my drama therapy work with individuals and groups. In some cases, I use it alongside other drama therapy and nature therapy intervention methods, and in others as the main axis and framework for process. Over the years, a kind of structure and procedure have emerged. While exploring this form with drama therapy and art therapy students who have studied and experienced it, specific qualities of this artistic form have crystallized. These elements are presented in the next section.

The Living Statue: Basic Characteristics and Their Meaning in Practice

This section discusses the three basic characteristics of the living statue technique. The description is based on my experience and observations as a therapist, and on qualitative research conducted with MA drama therapy students at Tel Hai College who studied this method during their training from 2014 to 2016. Due to space limitations and the practical orientation of this article, the protocol and the results, including the voices of participants will not be presented here. This section is followed by two clinical vignettes that illustrate the implementation of this method with troubled teenagers and with the elderly.

Freedom of Choice Within Fixed Limitations and Boundaries

To create the illusion of a statue, the performance is governed by a few specific rules. The first is that the performers must stand on a small podium

during the entire show and not step off it. They need to keep still in different and sometimes strange and uncomfortable postures, and move slowly between them. Finally, they need to keep their mouth closed and remain silent during the entire performance. Irrespective of the crowd's reactions, the performer must operate under these rules and restrictions. However, they have total artistic freedom to change characters, positions, and energy throughout the whole performance. They are free and encouraged to make these choices within the limitations and boundaries set down.

The White Costume and Makeup, and the Concept of Stillness, Being Within Doing

The typical living statue, like a classic Roman figure, is all white. This color has archetypal associations of holiness, death, and birth, which together with the stillness of the performer can create these illusions and identifications not only in the audience but also in the performer. In addition, the slow movement of the statue and stillness between positions generates a situation of moving between “being and doing” states. This creates a mode similar to meditation in movement (e.g., as in Tai Chi) that permits an expansion of awareness and presence. Another important aspect of the white makeup is the way it functions as a mask. It helps the person enter the dramatic reality and make the transition to a “not me” state via the concept of distancing when taking on a dramatic role. The transition into this state helps individuals leave patterns and self-judgment behind while allowing themselves to behave, be, and move in new ways, as well as expand on their experiences, creative expression, and state of awareness. Because the mask is not rigid as is typically the case, but rather flexible and dynamic, it allows the performer to change its shape, thus encouraging individuals to make transitions between characters and roles, and develop flexibility and spontaneity.

Spontaneous Performance in an Open, Public Space

As in most kinds of street theater, the performance is improvised in the here-and-now, within a public space, in real life and concrete reality that neither the performer nor the therapist owns or controls. In most cases, the people who pass by do not come to see a show and are not prepared for it. These surroundings are radically different from those of the therapy room and are also unlike the indoor studio or theater. The performer needs to be ready to face this dynamic environment, including the unexpected behavior of the crowd. There is no stage or curtain to mark the fourth wall, or a dramatic space that creates boundaries between the performer and public. The live statues and the

small podium on which the performance takes place create an imaginary-dramatic reality within concrete reality. This encounter between the two realities instigates a paradox, a special situation that is controlled and designed by the performer; that is, the client, which is highly unique, empowering, and goes beyond the verbal.

Vignettes From Practice

This section presents two ways in which the living statue can be used with various clients in groups and individual therapy. The first vignette describes a yearlong therapeutic intervention with a group of teenagers with behavioral problems. It illustrates one way to use the method as a central axis and framework. It highlights a directed facilitation style using artistic forms as interventions that support specific therapeutic goals. The second describes part of a lengthier intervention with the elderly, where the living statues medium was used as a platform to raise and express personal issues. It shows how it can be integrated with other intervention methods, as part of a wider process. Both these examples relate to work I have facilitated as a therapist in the north of Israel during my work as a therapist.

Vignette 1: An Encounter Between a Police Officer, a Thief, and a Prostitute: The Living Statue as a Central Framework With a Group of Youth at Risk

This example describes a yearlong process that took place with a group of three 11- to 12-year-old boys with extreme behavioral issues, in a school in a small town in Israel. The aim was to develop self-containment abilities (as opposed to impulsive and violent behavior), to connect with personal strengths, and to improve communication skills and self-confidence. In addition to helping these teens process and accept their harsh circumstances, the intention was to help them find meaning and hope.

At the beginning of the process, the boys did not cooperate with me as a therapist and did not like the idea of therapy in general. They said it was for “retarded children” and they did not need it. After a few encounters in which I gained their basic trust by playing football (and not initiating any personal or deep conversations), and as their curiosity was aroused when they heard about other therapeutic work I did in a school that incorporated performance, they asked me if they could also perform. They said that although they tended to skip drama classes in school, they thought it could be fun. I was happy to engage with their increasing motivation and told them about living statues. I thought that this approach, because it is “low skill-sensitivity,” and has strict

limitations and clear rules could provide a good platform to work with them. I thought they would connect to the physical-dramatic and playful orientation of this performance-based model, which would empower them and support the therapeutic goals.

To increase their motivation, I suggested we could perhaps form a living statues group that could perform in school. Since they liked the idea, I also told them that this project would be demanding and challenging and that if they wanted to go on with it they would have to commit to the process and in particular to come to all the encounters and on time. After this basic contract was agreed on, we started to work. Our weekly sessions included different drama and movement games and exercises that developed their theatrical as well as communication skills, and trust within the group. We used exercises that allowed the expression of anger and aggression, others to control it and/or to channel it into an artistic activity. We also started to do short improvisations based on images and short stories they brought up. This allowed them to share their stories and personal issues in a symbolic and playful manner while taking their first steps in performance within the group.

After 3 months of work, I showed them a video of living statues and suggested we start working toward performance. They were enthusiastic and concerned at the same time, saying that they were not good enough. We decided that our first performance would take place in the drama therapy room for a few friends they would invite. Our sessions were designed like rehearsals where I guided activities that continued work done earlier and developed self-containment and self-relaxation abilities. We practiced yoga breathing exercises and slow movements based on Chi-Kong. The idea of stillness was introduced in the form of “freeze,” as elements from mime and physical theater. The concept of unison was presented as staging a scene and a collective statue together, thus forming a dialogue via the art form. It was nice to see how the task-oriented process and practice with these methods improved the boys’ abilities to contain themselves, reduce aggressive behavior, and improve their communication with each other and with me.

After a month of training, they were ready for their first performance in front of the friends they had invited. All the equipment needed for the living statue performance was brought in and a general rehearsal was held within our group, with me as the audience. It was the first time they had actually dressed up as statues and performed. Excitement was high as we waited for the first “real” performance the following week. In the end, the performance was excellent. All the work we had done paid off. The boys were empowered and happy.

In response to the positive feedback from their friends, we decided to accept an invitation to perform in the boys’ classroom during a lesson. As the

level of excitement as well as fears was high, and as it was important for the performance to be successful, the performance time was restricted to only 10 minutes. To use the group for support and to increase the impact of the performance, we arranged the stage in a semicircle that would allow the performers to see each other, interact easily and form a unison or hold postures together. This performance also went well and received very positive feedback. After the performance, the boys shared their happiness about the event and their satisfaction with their ability to stay on the podium, to keep still and not to laugh or talk during the performance.

The next performance, a month later, was planned to take place outside the staffroom during one of the breaks. This space made greater demands on the boys because it had a higher level of uncertainty, in that they would encounter more pupils of different ages. In the sessions to prepare for this performance, important personal issues were shared, including problems related to self-esteem, fear of violence, and feelings of shame and meaninglessness in life. Parallel to these discussions, we conducted rehearsals for the performance to strengthen qualities of self-containment and self-relaxation and to improve communication and coordination. The performance was set for 10 minutes and as it proceeded well I allowed them to add 5 more minutes. Although there were a few cases where pupils in the crowd teased the performers by calling them names and even trying to touch them, they kept the performance going, working within the limitations of the living statue, and finding freedom to make their unique choices within it. They created and improvised different postures and characters while keeping still and silent between positions and scenes. The structure of the group performance created by holding the space together appeared not only to improve the artistic level of the performance but also allowed them to hold and develop metaphors, shapes, and ideas and increase their presence, and gave the boys confidence that helped them cope with the interruptions and manage their aggression and impulses.

This performance empowered the boys enormously. They felt their self-containment, self-esteem, and presence had developed and grown. They earned appreciation and respect from the community, both students and teachers, in a way that changed their social status within the school. Next, I asked them if they would like to continue performing with different statue designs, not the typical "white statue" form but rather ones of their choosing. They chose three figures from their lives: a police officer, a thief, and a prostitute. After a month of preparation, which included work with art materials designing a simple set and costumes, they presented a 15-minute living statue performance in the school playground with the three characters they had chosen. From the sharing and processing during and after the performance, it became apparent that these boys had been given a chance to express their

shadows and elements from their lives that they were ashamed of in a legitimate manner using the concept of distancing, and the dramatic reality and stage as a safe space to present them. This process helped them share their fears and confusion, while enabling them to accept some aspects of themselves. The community's great appreciation empowered them and gave them meaning, hope, and a sense of purpose. This process was extended the following year when this group was chosen to represent the school at several school events and even in one that took place out of town.

This example shows how the living statue can be used as a central axis in a yearlong therapeutic group process. Based on the concept of "art as therapy" (Berger, 2014, 2015a), it reveals the relationship between artistic form and psychological content and how shaping the former can help shape and transform the latter. This example also highlights the meaning and implications of two basic characteristics of the living statue and its contribution: freedom within limitations and spontaneous performance in an open public space. It also underscores the empowering orientation of the facilitation, the idea of choice and self-actualization, as well as the development of creativity and sense-making.

Vignette 2: "Ageless": The Living Statue as an Additional Medium in Therapy With an Open, Nondirective Facilitation Style in a Group of Elderly Women

This vignette presents ways to integrate the living statue method into a longer therapeutic process while using an open, nondirective facilitation style. It took place with a group of 12 women aged 70 to 85 years whom I facilitated with a cofacilitator, also a drama therapist (Ruthy Tanhelzon) for 4 years, in the Galil Vitrines Israel center for the elderly. Using various methods from drama therapy and methods that integrate performance such as Playback Theater, Puppet Theater, and Autobiographical Theater, we connected the participants to their creative strengths and helped them cope with different issues related to aging. The performances were incorporated to help these elderly individuals communicate their stories to the community, as well as gain a sense of visibility, productivity, and meaning (Berger, 2015b). Three weeks before the Purim holiday (a Jewish holiday during which children wear costumes that commemorates the saving of the Jewish people that took place in an ancient Persian Empire), I suggested the group should give a living statue performance in the town shopping center. Their response was enthusiastic, so we started preparing for the event. During the rehearsals, which took place with no makeup and no costumes, we focused on working together as a group including leader and follower activities, and holding

unison, which was not easy due to group dynamics issues. The open and improvised manner of the work, where the participants need to create and invent their own metaphors, postures, and characters, was difficult for some women because they felt they needed more guidance and direction. I gave them clear images and metaphors to work with to form collective statues.

As the performance date approached, anxiety mounted, especially because it was scheduled to take place in a public, open, and uncontrollable environment and because of their fears of failure. Five women invited family, grandchildren, and friends to be the audience and two women who did not want to perform participated as caretakers and helpers. In the first phase in the rehearsal room, during and after putting on the white makeup, some of them talked about the experience of "losing the wrinkles" and other signs of age. "Look at me," one woman said, "no one can know my age now. I am ageless." During the performance, they worked beautifully together, engaged with the crowd, and received wholehearted, positive feedback. The group work gave the participants a sense of security and created a dominant figure that was very visible and attracted the public. Since the living statue requires slow movements and stillness, the limitations of old age were not an issue here. The level of excitement of the crowd increased even more when they realized that the performers were 70 to 85 years old and some of them were their neighbors or their grandmothers.

Yet for some participants, it was very hard to remain still or stay on the podium. One woman who had made an effort to contact people in the crowd even got off the podium, walked and talked while trying to engage and communicate with them. Another woman distanced herself from the group and did a "solo performance." She avoided unisons with the group and did not build and hold collective statues with them. These behaviors related to personal issues they were dealing with as well as to issues concerning group dynamics.

During the de-role-play session and the removal of the makeup, it was interesting to see their reactions when their real bodies and faces reappeared and the illusion faded. The women noted their feelings of empowerment, their ability to connect to strengths and meaning, as well as a strong sense of the group, a feature that was very important to them. Some said that the white mask and the still position allowed them to get in touch and process issues dealing with death and the world beyond. One woman talked about a transpersonal experience she had after taking the role. She said,

I was here and yet somewhere else. It was me and yet not me. I felt a deep sense of relaxation and calmness I had never felt before. It was as though I was dying, being carried away by angels. The fact that I could hear the crowd around me

made it feel very strange, as though I knew “I was here,” yet it was very real and present. Perhaps this is the feeling when the soul leaves the body.

Another woman related to the movement between the “being and doing” states and said,

I was standing still and not moving, yet I was very much aware of the movements within myself, my body, my circulation, my thoughts and feeling as well as the movement around me. I felt very present and at the same time very relaxed.

Most of the women also related to issues and the difficulties they had during the performance, for example, a deep need for feedback from the audience, a fear of being swallowed up by the group and the need to maintain individuality, and how hard it was to remain still. In the processing, we discussed whether these issues also related to their everyday lives and in what ways. These issues were further developed and explored in later sessions, using other drama therapy media and methods. Following the success of this performance, the group was invited to perform at events put on by the local council. It gave the participants a sense of meaning and respect and strengthened their ties to the community.

It is important to note that this was one of group’s most meaningful experiences. It highlights some of the meaning and impact of the three characteristics of the living statue and the ways that an open facilitation style can be used to raise personal issues which can be further developed in therapy. It also shows the power of the “here-and-now” and the way the living statue method can help people connect with their body–mind–spirit and expand their spiritual sides.

Discussion and Conclusion

This article presented the new notion of using the living statue as a main method and form of drama therapy and the possibility of using a public performance as a space for a creative, art-based, therapeutic process.

It also highlighted the connection between this method and humanistic psychology concepts such as the development of creativity, meaning, and self-actualization, as well as the idea of choice, reflexivity and the body–mind–spirit connection. The article presented the basic characteristics of the method and their meaning in therapy, and demonstrated its possible implementations with two very different groups of clients. Relating to detailed vignettes from practice, it highlighted the possibility of using it as

a central axis and framework in therapy as well as incorporating it into other therapeutic methods. It illustrated the open and nondirective facilitation style of the method as well as ways it can be more directive and structured. With reference to the concept of "art as therapy," the article showed ways in which interventions can be made through artistic changes of esthetic shapes and form, and demonstrated its potential to create transformations, raise awareness, and empower clients. The second vignette also highlighted the ways in which this creative, and performance-oriented method and its use of dramatic and fantastic realities encourages clients to address spiritual issues, thus forming a link between drama therapy and humanistic psychology. This integration may thus open up new perspectives for both drama therapists and humanistic psychologists who use arts and performance to promote spiritual development.

By relating to methods such as Nature Therapy, this article also showed how therapy can take place outside, in a public space, and how it contributes to the process. It discussed how the connection between clients and audience can support change in the perceptions of people within the community. This was especially visible in work I did with a mixed group of individuals with and without physical disabilities at Tel-Hai College (not described here), where at the end of the performance all the performers took off their makeup on stage, revealing that some were blind and some handicapped. This surprised many of the spectators who found it hard to believe that people with handicaps could do things like that.

It should be noted that this method (as is the case for any method that incorporates performance) should be used with caution in the case of people with low ego, posttraumatic stress disorder, depression, or reality testing issues, including those with schizophrenia. For the former group, the drop in energy which sometimes occurs after a performance can be very difficult to manage and can cause feelings of emptiness and depression. For the latter group, the transition between dramatic and actual reality can be confusing. Unless the setting and therapist (and group) provide a clear, safe containment, I would recommend using other forms of therapy that do not include performance. Because feelings such as sadness, emptiness, and depression can also be experienced by people who do not suffer from the aforementioned conditions, there is a need for holding and containment after the performance through processing and sharing.

It is also worth noting that certain issues were not included in this article. One central one relates to the way that the use of this form triggers issues dealing with body image and self-esteem. Another issue relates to the meaning of the makeup and costumes as regards the concept of distancing and the entrance into (and out of) dramatic reality. After teaching the

method in art therapy and drama therapy MA programs in Israel and abroad and seeing the creative ways practitioners implement this simple method in their practice, my hope is that this article will inspire more therapists to use it and develop it further.

Author's note

Ronen Berger is now affiliated to Tel Hai Academic college, Israel.

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