Foreword

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Every work of art points somewhere beyond itself; it transcends itself and its author; it creates a special force field around itself that moves the human mind and the human nervous system.

—Vaclav Havel

For as long as humans have been capable of pondering the nature of illness, disease has constituted a dis-integration, a loss of intactness, a separation into parts, a break up, a deterioration, a reduction to fragments. One word for the Devil is “Diabolos,” referring to the divider, the splitter-into-fragments. Western medicine traces its roots to the ancient Greeks and the original therapists, the therapeutes, those chosen as the attendants of the cult of Asclepius, the god of healing who was—not coincidentally—also the patron of artists. Serving Asclepius required artistic performance, and the temple of Asclepius in Athens was immediately adjacent to the great Theatre of Dionysus.

Like their predecessors, the drama therapists who are the contributors to this volume have dedicated their professional lives to restoring the health of children’s minds and bodies; children injured in a world that refuses to adequately protect its future. The children described in these pages have suffered injury to their brains, their sense of personal value, their capacity to trust other people, and their ability to make sense of the world. But there is an injury that is arguably even more destructive than all of these— injuring to the ability to imagine something else, to imagine oneself healed and whole. Recovering from traumatic experience, illness, or affliction is not a simple project of the re-knitting of bones and muscles, but instead requires a re-working of the soul— of time, of space, of identity, of meaning. And, most
importantly, it requires the revivification of the imaginative space between the here-and-now and the then. W.H. Auden observed, “Human beings are by nature actors, who cannot become something until first they have pretended to be it.” It is this ability to create possibility, to envision alternative universes, that must be unfrozen if an ill child is to re-enter the stream of life.

From what we are learning about the psychobiology of exposure to violence, the victim experiences and remembers the trauma in nonverbal, visual, auditory, kinesthetic, visceral, and affective modalities, but is not able to “think” about it or process the experience in any way. Our cognitive processes are dependent on language function and, without words, we cannot “think.”

Trauma produces a disconnection syndrome, a functional “split-brain” preparation in which the two hemispheres appear to function autonomously, at least in regard to the traumatic experience. The traumatized person becomes possessed, haunted by the theater in his mind. He cannot control the intrusive images, feelings, sensations. They come into consciousness unbidden, terrifyingly vivid, producing a vicious cycle of helpless self-revictimization and even the victimization of others. Any efforts he took to protect himself or others at the time of the trauma were a failure, and yet images of what he could have done—“failed enactment”—continue to obsess him. The inevitability of it all, the moments of irrevocable fear, loss, and longing are frozen in time and simultaneously freeze action in a continuous, repetitive loop of misery.

As a psychiatrist whose medical practice is grounded in the psychobiology of experience, I have always been impressed with how much our lives are affected by what happens to our bodies, particularly in that extraordinary organ, the human brain. Likewise, as a psychotherapist, I have never ceased being moved by the changes that occur in a patient’s life as a result of therapy. For 20 years, I ran an inpatient unit for adolescents and adults who were trying to deal with every conceivable form of human suffering. In our program, patients regularly had access to psychodrama, art therapy, and movement therapy, and I became convinced that these forms of therapeutic interaction were vitally necessary to bring about the kinds of changes that were possible in the lives of the people we treated. We are now implementing sanctuary programs in residential settings for children and adolescents. As part of these programs, we are encouraging the adoption of drama therapy interventions and other forms of expressive therapies, not as “adjuncts” but as central pivots for moving children away from pathways of behavior that will inevitably lead to a reenactment of past wounding and onto entirely different trajectories that they can rehearse only in the real time and space that is safely created within the therapeutic boundaries of good treatment.
Clinical wisdom has always urged us to combine and integrate our approaches to mind, body, and spirit to achieve the greatest benefit. But, for the last 20 years, other forms of psychotherapeutic intervention have taken a back seat to the progress made in our knowledge of the neurochemistry of the brain and the emotional disorders that plague us. Now, new research methods that allow us to look at the brain in action indicate that several forms of psychotherapy are at least as effective as psychopharmaceutical agents in the treatment of a growing number of disorders, and appear to affect clinical recovery by modulating the functioning of specific sites in limbic and cortical regions—the very same regions that are affected by the drugs (Brody et al., 2001; Goldapple et al., 2004; Martin et al., 2001). In the future, studies of the impact of drama therapy and other forms of expressive treatment are likely to show what every practitioner in this book already knows—that these forms of psychotherapeutic intervention can bring about substantial changes in the lives of troubled children. Finding effective treatments for children is particularly important because the window of opportunity to influence critical stages in a child’s life is relatively narrow; because we are still uncertain about the long-term effects of many medications that are used in children; and because many forms of psychotherapy that rely largely on cognitive and language-based skills may not be the most useful approaches for children, particularly young children. Children play naturally as a fundamental way of developing interpersonal and intrapersonal skills, and of safely learning about the world; and their play changes their brains as well as their minds.

Drama creates the opportunity for performative change, the creation of that “special force field . . . that moves the human mind and the human nervous system.” It is as important for us in the twenty-first century as it was for those long-ago Greeks. The face of human tragedy has not changed in those intervening eras, and it is tragedy—and the transcendence of it—that makes engagement in the dramatic arts so critical a component of healing. As George Steiner (1961) pointed out, tragic drama starts from the fact of catastrophe, and catastrophe is often what brings these children into treatment. In their own way, each of these drama therapists is calling upon the children they work with to take a leap of faith and jump into a new time and a new space. In doing so, they are bringing the children back to life, gently urging them to use dramatic performance as the bridge across the black hole of trauma and illness.

References
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