How Can Developmental Transformations Address Culture Shock To Those Moving From Collectivist Societies Into Individualistic Ones, Such As, Chinese Immigrants Into The United States?

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How can DvT Address Culture Shock to Those Moving from Collectivist Societies into Individualistic Ones, Such As, Chinese Immigrants into the United States?

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Abstract

Immigration has always existed, and lately with the heyday of social networks and media, we have witnessed high rates of immigration due to different social and political contexts that have forced people to leave their homes looking for a better situation. Many of these individuals have emigrated and continue to emigrate to the United States of America, in search of, what in some cases they believe will be, the American dream.

This document explores the implementation of developmental transformations (DvT), originally a drama therapy approach, with an immigrant population coming from a collective society such as the Asian into an individualistic one as it is the United States. Through this implementation, issues such as cultural differences, acculturation, cultural shock and trauma are addressed. This exploration includes work that took place within two sessions conducted at an after-school program with a seven-year-old client from China.

Along with the above, this document also expands research and literature in relation to immigrants and developmental transformations within the field of drama therapy.

Keywords: Immigration, immigrants, refugees, collective societies, individualistic societies, United States, Asian, Chinese, drama therapy, developmental transformations, acculturation, cultural shock, trauma, oppression, playspace, embodiment, encounters
Introduction

Today, more than ever, I believe individuals within the field of mental counseling, social work, education, and the arts (just to name a few), need be taking into consideration everything that has happened since the times of colonization, regarding oppression, racism and inequality, before they decide what causes they want to follow and how to contribute to the different populations and societies while always respecting and including the particular population’s present circumstances.

Therefore, it becomes imperative for mental health providers to be aware of the transitional experiences of immigrants and refugees, and competently assess the context in which the emigration journey took place and the resulting adaptive behaviors of the newcomers (Blando, Lee, Orozco and Shooshani, 2014, p. 59).

As a light skinned and heterosexual Latina, I have decided to work through a critical race feminist perspective (Sajnani, 2012) advocating for immigrants, a group to which I belong, and analyzing possible benefits of the implementation of developmental transformations (DvT). My interest in this area is due to personal experiences with immigration and DvT.

Therefore, the thesis question to be investigated will be: how can DvT address culture shock to those moving from collectivist societies into individualistic ones, such as, Chinese immigrants into the United States? It was the hope of this research to share ideas and knowledge about this specific population (Chinese immigrants) from the literature, but while researching I realized there is not enough research specifically about this population to implement concrete action plans within drama therapy.
With the emotional struggle that immigrants may experience leaving their country and transitioning to a new one, in this case the United States, the processes of “acclimatization” by the immigrants trying to join the way of life in the new country, such as the culture shock and the acculturation processes, may negatively affect their ability to succeed in their new setting (Blando, Lee, Orozco, and Shooshani, 2014; Yeh, 2003). In the current political and social climate of the United States it may be difficult for certain immigrants to even have the opportunity to enter the country, let alone integrate into popular society of certain areas.


Finally, as alluded to in the above, some families entering the United States are being separated and fractured due to immigration policies (Lozada, 2013). With these fractures in families, a part of policies meant to deter immigrants from arriving, some family members may remain in the States, while some return to their countries of origin. Those forced to leave face a process of lost opportunity and grief, with possible fear of facing a situation they had originally fled. For those who stay, they face pressure to adapt to the new cultural environment which may reject them. How individuals and groups adapt to another culture will vary greatly but the experience can be filled with stress and conflict (Blando, Lee, Orozco and Shooshani, 2014; Yeh, C. J. (2003); Xu & Chi, 2013).

Within the situations described above, I will explore how DvT, a drama therapy approach based on play, can be a healing tool for these individuals, addressing several angles of the
difficulties experienced by this population. Trauma and oppression take away the ability to play, an ability that could be recovered through the engagement in and experience of DvT.

The DvT method utilizes a process called developmental transformations, which is an embodied, aesthetic, relational, developmental process of transformation within a playspace in which a playor and player(s) play spontaneously in each other’s proximal, physical presence using arts or performance media (Johnson, 2013, p. 38).

Within DvT the “playor” is the facilitator who works with the “player”, facilitating and witnessing. In this case the playor is the therapist, and the player the client.

Based on an understanding of the struggles that immigrants coming from collective societies encounter when facing the new individualistic society, in this case the United States, an exploration of DvT was carried out in an after-school program. The DvT intervention was implemented during two one-on-one sessions with a seven-year-old client who emigrated from China at an early age.

Literature Review

The revision of the literature will cover the most important concepts related to how DvT can address the cultural shock experience by those moving from collective societies into individualistic ones, such as, Chinese immigrants into the United States.

Asian Americans

Asian Americans are people of Asian ethnicity who are making their home in the United States, and they are a very diverse group. Chinese, Japanese, Koreans, Filipinos, Malays, Vietnamese, Cambodians, Laotians, Hmong, and Mien living in the country are among the many
People of Asian ancestry are the second fastest-growing ethnic group in the United States, with only the Latinx population growing more rapidly. From the year 1990 to 2000, the Asian American population increased at least 48% percent, in comparison to an overall U.S. population increase of 13 percent (Blando, Lee, Orozco, and Shooshani, 2014).

The most populous subgroups are the Chinese, Filipinos, and Asian Indians, who combined, make up 57% percent of all Asian Americans. The Chinese, Japanese, and Filipinos were the earliest Asian ethnic groups to begin immigrating to the United States in the nineteenth century (Blando, Lee, Orozco, and Shooshani, 2014).

Asian Americans are often portrayed by the general public as a “model minority” and are often perceived to experience fewer, if any, social and psychological problems in their adjustment in the United States (Zhou & Siu, 2009). An issue to explore in this thesis is the possibility that the mental health of Asian-Americans may be missed by the greater society:

Cultural barriers exist between the Asian and the dominant society and influence Asian Americans’ cognitive appraisal and coping choices when personal and emotional problems arise. These barriers also prevent clinicians from identifying and subsequently providing effective mental health services for Asian American children and their families (Zhou & Siu, 2009, p. 290).
As one example, racial discrimination was highly associated with post-traumatic stress symptoms, “moreover, as a result of this discrimination, anxiety and depression were highly correlated with acculturative stress” (Jen, 2016, p.83).

**Differences between Asian culture and the United States**

As stated prior in order to connect with people from a particular population it is important to understand what context they reside. Even within the same country there may be differences in the issues effecting Asian Americans or recent Asian immigrants. Unfortunately, the regional differences are not well studied at this time. On a broader scale there are five important differences in cultural values between Asian and American mainstream society:

First, high value on collectivity vs individualism Caucasian; In the Asian society, family is the primary source of emotional support; Therefore, interdependency has a higher value than self-reliance, and individual identity is based on and secondary to family identity. Second, Asians tend to adhere to the value of duty and obligation, whereas Western values emphasize personal rights and privileges. In the Asian society, mutual obligation is emphasized in interpersonal relationships. Third, the Asian society values hierarchy and status, whereas the Western society values equality and egalitarianism; Furthermore, Asian cultural values emphasize harmonious interdependence, fitting in, and family hierarchies. These values prevent individuals from direct confrontation, in which the standard cultural practice is not to “rock the boat.” Fourth, the Asian culture values deference and respect, whereas Western values encourage assertiveness. Fifth, the Asian society values self-control and restraint, whereas the Western society values emotional expressiveness. Asian cultural pressure discourages direct and open expression
of emotions, so that emotional maturity is marked by one’s ability to suppress emotions. (Zhou, & Siu, 2009)

By knowing these cultural differences, we will be able to work with immigrants since “culture shapes the expression of traumatic stress” (Van Der Kolk, 2015, p. 189). A therapist looking at their Asian American client with a traditional American lens may miss important values that their client may have, and in turn, not be as empathic towards their struggle or offer difficult advice that is difficult to follow.

**Acculturation**

Immigrants, no matter the country, when adjusting to a new place undergo a process of acculturation. Acculturation refers to the process of cultural and psychological change that takes place over a period of years, and sometimes generations, when two or more cultural groups encounter each other (Blando, Lee, Orozco, and Shooshani, 2014). For an immigrant, this involves becoming familiar with and sometimes acquiring the cultural values, norms, language, and behavior of the dominant society (Blando, Lee, Orozco, and Shooshani, 2014).

Due to differences in climate, language, work habits, religion, and dress, immigrants frequently experience problems as they come into contact with a new culture, also the dominant culture’s tolerance and attitude toward cultural differences also play a role in the acculturation process. (Zhou & Siu, 2009, p. 291)

For example, older adolescents may be more exposed to, and more aware of, racist encounters, which may contribute to increased emotional concerns (Yeh, 2003). “Hence, experiencing
cultural stress, such as being caught between two cultures, feeling alienated from both cultures, and having interpersonal conflicts with Whites, can then lead to mental health problems” (Yeh, 2003, p. 43).

Immigration can be a stressful experience. Social support from and positive interactions with relatives or friends play important roles in the health and well-being of immigrants,

The immigration experience is stressful because it demands emotional, social, cultural, educational, and economic adjustments. Stress that arises from and is considered inherent to the immigration process is referred to as acculturative stress. Acculturative stress affects individuals through both psychological disturbances and physical ailments. In general, a significant proportion of this population develops mental health problems, of which depression is among the most frequently diagnosed. (Xu & Chi, 2013, p.217)

Acculturative stress and acculturation are closely related but occupy distinct realms in the immigrant experience. Acculturative stress has been defined as a type of stress that originates during the process of adapting to a new culture. It manifests as a result of a reduction in the somatic, psychological, and social balance of individuals or groups (Xu & Chi, 2013). The experience of migrants moving to a sociocultural system different from their own provides the opportunity of studying fundamental processes of adaptation. In other words, “acculturation can also be defined as the degree to which immigrant or minority populations identify with the majority dominant culture (White American culture), and the extent to which they have integrated the dominant culture into their lives” (Zhou & Siu, 2009, p. 291).
Another way of looking at the situation; acculturation is a naturally normal process that may or may not lead to acculturative stress (Xu & Chi, 2013). Therefore,

for many immigrants, adjusting to a new culture is not easy and may lead to considerable difficulties that can produce acculturative stress. The variation and intensity of this stress depend heavily on the similarities or dissimilarities between the host culture and the home culture. (Xu & Chi, 2013, p. 218)

In addition, according to Xu and Chi (2013),

Age at immigration was also positively associated with depressive symptoms: The earlier participants had immigrated to the United States, the greater their depressive symptoms. This finding is consistent with previous research findings. A possible explanation is that when people immigrate at a very early age and spend a longer time in the United States, they have a harder time finding a balance between their home and host cultures. This results in a greater possibility of experiencing identity conflict and dissonance, which lead to a deterioration in psychological well-being. (p. 224)

Finally, moving forward with this thesis it is important to take into consideration that “Asian immigrants can be divided into more than 29 subgroups, it is difficult to generalize their life experiences and mental health issues without examining ethnic group differences” (Xu & Chi, 2013, p. 224).

**Drama therapy and immigrants and/or refugees**

As a result of my literature review, I have realized that there is no broad research within the field of drama therapy that refers to immigrants and refugees. Here, I will describe three
The first article is about a drama workshop (drama and theatre) program designed to facilitate the adjustment of newly arrived teenagers within a school system in Canada. Called “Playing with Identities and Transforming Shared Realities: Drama Therapy Workshops for Adolescent Immigrants and Refugees” (Ma, M., Ma, L., Ma, A., Ma, B., Moran, Viger, M. & Ba, D., 2005). It was developed for high schools and followed up on creative expression workshops for the same population in elementary schools. The aim of the program was to make it easier for adolescents to adjust to their new environment through creative group work involving identity issues related to being immigrants and members of cultural minorities. This program also sought to improve intergroup relations in multiethnic schools. This grounded theory study worked as a program review which was assessed in three ways: (1) meetings among art therapist, teachers, and other school staff (2) asking students for feedback, and (3) transcription of the stories. The analysis looked at the dominant themes raised by the teenagers unprompted, the recurrent group dynamics in terms of support or tensions, and the influence of any outside traumatic events (the war in Iraq) (p. 19). The result was that the teachers appreciated the drama therapy program because it allowed them to know their students better and there were also positive changes in the students’ behavior and self-esteem. The whole process allowed the students to share unpleasant emotions with their peers without being overwhelmed; the process also showed how the sessions can help transform a group dynamic by promoting the appreciation and acceptance of differences. The workshops also provided a space for transformation process, empowering tellers through a collective effort to find meaning, possible solutions, or alternative scenarios; the war period shifted the focus to themes of conflict and powerlessness (p. 19-22).
The second article called “Classroom Drama Therapy Program for Immigrants and Refugee Adolescents: A Pilot Study” (Rousseau, C., Benoit, M., Gauthier, M., Lacroix, L., Alain, N., Viger Rojas, M., … Bourassa, D., 2007). This evaluative study assessed the effects of a school drama therapy program, based in Forum Theater and Playback Theater, in a multiethnic school in Montreal for immigrant and refugee adolescents designed to prevent emotional and behavioral problems and to enhance school performance. A Montreal team composed of school, community organizations and health professionals developed a set of prevention programs, their aim was to help newly arrived children and adolescents bridge the gap between home and school, past and present, as well as to work through experiences of loss and trauma. Through repeated qualitative evaluations, “four key elements associated with the effects of the workshop were identified: Constructing a safe space, acknowledging and valuing multiplicity, establishing continuity, and transforming adversity” (p. 453). As a result:

The workshops empower the adolescents by emphasizing the strengths that stem from adversity and provide them with an opportunity, through the playback of their stories, to construct meaning and grieve some of the losses associated with their migration and premigration experiences. (p. 456)

The last article is called “The use of Image Theatre to Examine the Acculturation Process of Taiwanese International Performing Arts Students in New York City” (Jen, W., 2016). Through the use of Image Theatre, the author examined the acculturation experiences of five Taiwanese international students in the performing arts. Seven themes emerged: “acculturation stress in educational setting; social isolation and feelings of otherness; the role of gossip; acceptance, the importance of reaching towards one’s dream; alliance and reliance; and togetherness” (p. 79). This article was conducted because of the personal experience of the
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author when he was an international student at NYU. I can relate to the idea that Jen (2016) states:

I became curious about whether my experiences were isolated occurrences or shared by other Taiwanese performing arts students. My training in drama therapy introduced me to ways of using theatre and other art form to elicit, analyze and work through lived experience. (p. 80)

In addition, this article shows the role and importance of the body when doing drama therapy with immigrants, and within the implementation and use of the body, issues such as immigration and acculturation can be explored, to which I will refer later in this document.

**Developmental Transformations**

As previously mentioned, I have chosen to apply the approach of developmental transformations (DvT) with immigrants coming from collective societies, such as China, into an individualistic one such as the culture of the United States, in order to help address the cultural shock due to migration. The personal experience that I have in this area is twofold: first as an immigrant from another collective community living in the United States (Latin American) and secondly, I had the opportunity to personally experience the benefits and potential of the DvT approach within a class at Lesley University where I learned that, “DvT aims to lower fear of the instabilities of Being via a process of varielation, which dimensionalizes experience, resulting in a more complex and dynamic representation of the world” (Johnson, 2013, p. 32). Due to the embodied nature of DvT, it would greatly benefit immigrants and victims of trauma since “trauma victims cannot recover until they become familiar with and befriend the sensations in their bodies. Being frightened means that you live in a body that is always on guard” (Van Der
Kolk, 2015, p. 102). The process of reteaching the body to relax can be performed through enactment and through the embodied play of DvT. This has the potential to directly affect immigrants in two ways since they deal with the common internal processes of an individual who has experienced trauma, but also because they are in a society different from their own. This has the potential of creating a greater instability and also of exposing them to greater oppression, “in contrast, lowering one’s own fear of instability involves learning how to accept risk, and learning how to maintain one’s balance amidst uncertain and unstable circumstances. The result is a dimensionalization of experience that allows for a dynamic equilibrium” (Johnson, 2013, p. 32). Through the implementation of DvT the clients, in this case immigrants, will be helped to reach a state of readiness to encounter the world, with all its surprises and demands (Johnson, 2013).

The essential proposition of DvT theory is that Being is unstable (Johnson, 2009). This basic idea is, combined with the key concepts in developmental transformations methodology of playspace, embodiment, encounter and transformation (Johnson, 2013; Johnson 2009). Playspace is the container of the entire therapeutic action in DvT and “is a mutual agreement among the participants that everything that goes in between them is a representation or portrayal of real or imagined being” (Johnson, 2009, p. 93). Embodiment is a focus because that is how we encounter other people and how we experience the world. Encounter is a focus due to the fact that life is relational, life is most unstable when we encounter other individuals. Finally, transformation is a key concept, because when life is unstable, nothing is constant and things continually transform.

DvT has the ability, in a low-pressure situation, to allow people to play with external and internal impulses and alter their lived experience in real time and in a safe and welcoming
environment. Providing the space needed for this population to be able to explore, through play, the outcomes of the migration. This is possible due to the fact that DvT engages the client(s) in spontaneous free play allowing them to play with human interaction in a safer space than usual, that has the ability to contain them (Butler, 2012), allowing to treat disorders of embodiment, encounter, and play (Johnson 2009).

The developmental transformations approach:

Attempts to lower fear of the instability of Being, rather than lowering the instability of Being. Lowering the instability of Being leads to the control of the external and interpersonal environments, which can only partially succeed and inevitably leads to greater instability within that environment. (Johnson, 2013, p. 32)

Within DvT there are specific techniques used within scenes to connect with, enhance, extend, or disrupt existent imagery (Johnson, 2013). These are mirroring or convergent rendering were the aim is to present the player with the least discrepant information possible (Johnson, 2013); faithful rendering, playing in a manner that fulfills the dramatic needs of the scene, usually involving portrayal of the “other” evoked by the player’s dramatic behavior (Johnson, 2013); emergent rendering, portrayal of the emergent image arising in the player’s dramatic behavior (Johnson, 2013); and divergent rendering, also known as sway, to subtly introduce variance within the embodied enactment, which allows the client to practice tolerating states of instability (Johnson, 2013).

Personally, as an immigrant in a new country, I was faced with new roles, new people, new experiences and everything was different from what I was used to which, most of the time, lead me to feel alienated. I can relate to the statement “trauma makes people feel like either some
body else, or like no body. In order to overcome trauma, you need help to get back in touch with your body, with your Self.” (Van Der Kolk, 2015, p. 249). My own exploration of DvT allowed me to take on roles, in my oppressed state, of power and in one instance to become the oppressor in order to transform my relationship to my experience. Although after the sessions I am still in my place in society I felt a sense of empowerment that I carry with me.

On a technical note, it is important for the purpose of this document to establish that DvT is no longer talked about as only a drama therapy or dramatic practice, “It can be applied in any art or performative form, including drama, visual or plastic art, music, dance, poetry and wordplay” (Johnson, 2013, p. 69). This is important for this paper because the sessions I experienced with my client do not consist entirely of dramatic, improvisational interaction between myself and the client, as outlined in the traditional developmental transformation approach. For my sessions projective objects were incorporated.

Method

For this research, the implementation of the DvT approach with the Asian immigrant population was carried out in an after-school program. One-on-one sessions were held twice a week for twenty minutes, over the course of approximately eight months. The client was a seven-year-old boy from China, who immigrated to the United States at an early age. During the sessions, the client’s traumas and the migration process were explored.

My process for the study was multifaceted and relied heavily on self-reflection and embodied listening. The sessions involved conducting the sessions in English and then journaling about my experience in Spanish before translating to English for the research paper. In addition to the journaling process I recorded picture images within some of the sessions. The
client, Phil (identifying information has been changed in the interest of confidentiality), was asked every session for his consent for treatment. Along with what has been described, the sessions were shared and analyzed with two supervisors, in the afterschool program with my site supervisor and with my drama therapy supervisor, in order to gather feedback, share my own process and experience, and to gain perspective regarding the different matters experienced within each of the sessions with Phil. The literature review for my thesis question, was gathered through Mendeley, Google scholar, Lesley University’s online library, and by recommendations by my modality supervisor who is a DvT practitioner. Personal psychotherapy along with practicing yoga was an important part of the data analysis, where my own experiences that had been activated by the readings and the work with Phil were explored and processed.

**Results**

Phil is a Chinese boy who came to the States at the age of four years old. He migrated from China with his father, mother and paternal grandparents. His parents divorced once they arrived in the United States, and his mother returned to China, limiting their contact to Skype calls until it became sporadic, almost not-existing due to the time difference between China and the United States. This separation was also made worse by the lack of perseverance of his father, and also by fights and disagreements between father and mother during the divorce process.

When I started working with Phil he was close to turning seven years old. I was asked to work with him because of a series of unusual behaviors for a child his age. The behaviors were rubbing the genitals against the floor, resulting in bleeding on one occasion, and violent play. We met twice a week, beginning in October of 2017 and ending in June of 2018, at an after-school program. Our sessions had a duration (in the initial stage) of forty minutes, which eventually was reduced to twenty minutes after a therapeutic relationship was established and less time was
needed for warming up. At the time of our first meeting, Phil seemed shy, distrustful and reactionary to any direction or instruction from myself, teachers and group leaders that did not seem to his liking. Therefore, it took me a couple of months to earn his trust and get him to talk to me and engage within our sessions.

The work with Phil started with art through drawings to know his current family situation, and gradually progressed as the implementation of DvT and projective objects became our main work. This gradual process never allowed us to get to do DvT as it is in the traditional form of drama therapy, where only therapist and player are found in the playspace. Instead, through the use of objects with which allowed him to feel more comfortable and safe, we were able to explore and play by incorporating DvT elements. The use of transitional projective objects appeared necessary, due to my observation that Phil did not appear to feel comfortable in his own body. Although there was an evolution of more playful states from the beginning of our sessions to the last, Phil never stopped bringing his own toys nor stop wanting to use them in our sessions. This may be a result of a possible trauma that kept having us playing the same games over and over again (James, Forrester & Kim, 2005). It is also possible that this is because he is a recent immigrant of latency age, who does not feel comfortable in his body, as various studies reveal that the length of time an individual has spent in the United States plays a significant role in the acculturation process (Jen, 2016). This is process that is not only psychological but social, economic and physical. It is my belief that Phil is only beginning his acculturation processes and in bringing his own items to the sessions he felt a sense of home, that he may not have felt elsewhere.

Our sessions took place in a small room, where, after checking in with him, I would set a timer for twenty minutes, and we would enter our playspace by opening a magic tent. Again, and
again, week after week we found ourselves in the playspace playing with war, battles, and fights between him and his family members, particularly his grandfather. The fights were also against me, where I repeatedly took on the role of target and died. Throughout each session I remained an open vessel for his aggression without allowing myself to win or kill anyone from his battalion. My intuition, from observing and taking part in the subjects of play, was that something was wrong due to his repetitive violent play patterns.

The following are descriptions of two sessions with Phil where DvT was implemented together with projective objects. At this point we had been playing together for about seven months:

**Session June 12, 2018**

Phil arrived at the session dressed in his school uniform, appearing in good spirits and with an apparent desire to play. We started the session by choosing the toys that we were going to play with and we placed them in the middle of the room which had tables around. The chosen toys were a tank, figures of the medieval era, soldiers, horses and a dragon.

We entered the game by opening our magic tent and closing it behind us, this is our entrance structure, used to enter into the playspace and establish the play (Johnson, 2009; Johnson, 2013). As usual, I set the timer for twenty minutes since in previous games for Phil it was very difficult to finish playing without the constant reminder of the time we had left to play, and the stimulus of the timer that told us the game should end. He picked the teams, for both of us.

We presented the figurines, this time, he chose war soldiers to represent his grandmother, grandfather, dad and mom and baby sister (so did I) and the two of us were playing on the
battlefield represented by these figurines. We placed the figures on a line, face to face ready for battle.

I also chose to bring into our game my mother, father, grandmother, grandfather and my baby sister, with which he agreed. This was done in order to mirror him and present the client with the least discrepant information possible.

He started the game by playing with a catapult and a tank, which did not represent any member of his family, as the most powerful figures in the game, showing me the power of them by means of vocal sounds of bombs and machinery. I showed him the dragon to show him that it was my most powerful figure, which was the only one that could destroy the tanks and catapults, this to join him where I could become a character similar to that of the client, taking on the same attitude and behavior and to join him in the battle of powers with these figurines (Johnson, 2013). He resisted and hesitated for a moment, but finally he agreed by showing me how the dragon destroyed one of the tanks. Although he agreed, the dragon did not end up playing an important role within our game.

The first to die were always the grandfathers, his and then mine, and his mother. We fought and fought with the figurines, throwing imaginary bombs and bullets, screaming and making noises of wounded soldiers for each side of the battlefield. Little by little he let me destroy his grandfather and his mother, who at the time of death never returned to the game, while the rest died and revived constantly. Over time he let me destroy his figurines. This came about by implementing repetition, so he could try new variations (Johnson, 2013). The last and most difficult to die were the figures of ourselves. Knowing the real-life situation with his mother, action interpretation (Johnson, 2013) took place, and I asked him if she was going to come back to life, to which he said very confident “no, she died already”. Bombs and missiles
flew from one side and another, stones expelled by the catapult in the chaos of war, until inside the game and with the figure representing my baby sister, I told him that she wanted to stop fighting because she wanted to be friends with his baby sister. With their horses, his baby sister and mine stand aside and observe the battle without participating in it, to which he acceded without any resistance. He had never let me manage to kill any of his battalion until then. This was thanks to the process of repetition (Johnson, 2013). This was a noticeable shift within his tolerance, now he was open to the possibility of change in the game. He was also playing a more vulnerable role.

Throughout the game he introduced elements of martial arts and the tank at the end of the game blasted water from which all the warriors who were alive (the figures of ourselves and our baby sisters) drank. By introducing the element of his baby sister, it allowed something new to happen. During the twenty minutes of the session we fought and revived again and again, until the moment to finish the game (timer) arrived. We put away the toys into its boxes and we concluded our game by opening our magic tent, getting outside of it and closing it behind us. Very enthusiastically he asked me to play again the same in our next session, to which I agreed.

Session June 19

Is important to say that this session happened two days after I filled a 51A report (alleged child abuse or neglect) for Phil because of possible physical and/or sexual abuse, which made me believe that in the next session, if he showed up, Phil would be discouraged and withdrawn. However, Phil appeared very enthusiastic, with a high level of energy I had never seen before, eager to play with me. I noticed that he wanted to share and process his experience from the past few days. As typical, he wore his school uniform.
We entered the magic tent as usual and to my surprise he had brought from home three stuffed animals. A dog (Baby Max), a cat (Pony) and a lobster (“Crapy”). As soon as we were ready to play he told me that Baby Max, Pony and “Crapy” were on my “team”. He also chose two medieval soldiers figurines for each one, and they would be dad and grandfather. His figurines died almost immediately at the hands of “Crapy,” who was on my team, but actually controlled and played at the hands of Phil. This time they, the figurines of grandfather and dad did not return to life to continue in the game. Mine, on the other hand, stayed alive. Pony and Baby Max were scared of “Crapy” (who changed equipment after killing his soldiers) who transformed into a kind of Hulk from time to time, the only thing he wanted was to kill and destroy whatever was in his way. Seeing this, I mention and commented on how angry “Crapy”’s antagonist (“Crapy” as a kind of Hulk) was by transforming to the here and now (Johnson, 2013).

Phil told me not to worry, because Pony and Baby Max were protected by an invisible protective layer, and therefore they were safe. Even so, Baby Max and Pony shivered in fear (controlled by me), which immediately the “Crapy's” antagonist noticed, and when this happened, he transformed into “Crapy” and joined them in a friendly way just for a few seconds. This seems to be because I intensified the dramatic element of fear, due to that Phil played and aggressive “Crapy” I faithful rendered (Johnson, 2013), by shaking the staff animals and “Crapy” transformed into a calmer one for a few seconds. Phil, seeing the tanks and that his soldiers came back to life (grandfather and dad) became the Hulk version of “Crapy” and kept attacking them, attacking the tanks and the airplane. The same thing is repeated over and over again, where I named out loud the feelings I saw from Phil in the game, which were totally ignored by him until I said, “it's okay to feel that way after all the things that have happened in
your life”, to which he responded by looking at me and smiling, still in the game. This was an example of transforming into the here and now (Johnson, 2013), where the therapist comments on the action as it is happening.

When there were no more soldiers to kill, Hulk “Crapy” became “Crapy” again and reunited with his friends Pony and Baby Max. Everyone laughed, while Baby Max and Pony (played by me) asked him if he had more anger to became Hulk “Crapy,” to which “Crapy” said that he did not, but when I asked Phil the same thing about himself (as myself without any figurine nor stuff animal), he completely ignored me. These interventions were also done by transforming to the here and now (Johnson, 2013).

“Crapy,” Baby Max and Pony rotated holding hands in friendship, laughing and caressing each other, until the timer went off. Immediately Phil put the soldiers in its box leaving only the stuffed animals in the center of the room, he asked me to carry Baby Max and Pony while we exited our magic tent, while he held “Crapy” making friendly voices and asking me to pet him, which I did. This friendly play was less aggressive than the behavior that he normally displayed, this seemed to show that his anger decreased.

**Discussion**

Having reviewed the literature and the sessions that I have conducted with Phil, I can begin to answer the question of this research which is, how can DvT address culture shock to those moving from collectivist societies into individualistic ones, such as, Chinese immigrants into the United States?

From a critical race feminist perspective, DvT can address this cultural shock due to that “various approaches of the creative arts therapist enable and embodied, affective, and
interpersonal responsiveness to change, amidst suffering. Against oppression, and as an experience of social justice” (Sajnani, 2012, p. 186) which are qualities that the DvT approach contains. DvT has the potential, within the playspace and the embodied encounters, to provide a contained space to process aspects of cultural shock and acculturation that immigrants may be experiencing, using spontaneity as a major tool, taking as a premise that “culture and identity are to be view as living organisms that are constantly changing, interacting, and adapting with every encounter” (Sajnani, 2012, p.187). Phil brings a totally different culture to the United States, and as he interacts in the new country, this culture does not necessarily merge with the new culture without help so that the incorporation of the two cultures would be successful. I believe in the power that the approach of DvT has as a societal change, to which Sajnani (2012) referred as that “is necessary for lasting individual, cultural, and emotional change and growth. Therefore, problems need to be viewed in a sociopolitical and cultural context” (p. 187).

Another benefit that the DvT approach can give, and not only to the immigrant population, is that the therapist has an active or egalitarian relation to the client where the “therapeutic relationship is viewed as a collaboration in which the therapy process is demystified, and therapeutic goals are developed co-operatively” (Sajnani, 2012, p. 188), relationship and support that the immigrant community may need and as a potential guidance and in order to find a balance between their home and the host culture. Inside the game, Phil and I were not "therapist and patient," but rather two individuals playing with what each one could bring to the game, in a relationship without hierarchies. An example of this is what happened when Phil chose "Crapy" to be on my team, but it would be played by him.

With Phil, all of our play from the perspective of DvT, were at the initial DvT level of Play of Powers were “the participants tend to enter the playspace aware of their identities in
terms of gender, appearance, status, ethnicity, sexual orientation and other territorializations” (Johnson, 2013, p. 59). Within some moments of the play there was also some fluctuating into the Play of Possessions, the next level of play, were the participants place aspects of their personal lives, real roles, histories, and character into play (Johnson, 2013). Overall, it appeared that DvT interventions were helpful because they provide the space needed for Phil to share and play with his anger. One example of this was, the duel that seemed to reflect immigration with leaving family members back home and resulting in the absence of his mother figure. Before, at the beginning of our games, Phil was very repetitive and violent which evolved as can be seen in the sessions already described, thanks to that the process of play was used to loosen or remove psychic structures that inhibit the client from accessing primary experiences of Being (Johnson, 2009), in addition that DvT attempts not to quill turbulence, but to reduce our fear of it (Johnson, 2009).

Slowly, Phil appeared able to be comfortable within his own body through the implementation of DvT. This could be seen from the observation of the evolution from the first sessions where art was the greatest therapeutic tool, until little by little there was more incorporation of his body. There were also more representations of his family members in the play (which did not happen until the last stage of our work). Although the incorporation of his body was not total, there was a significant advance that make me think that if the sessions had been extended, the projective objects would potentially have no longer been necessary. Reaching the point, overtime, “is for the client to be able to play with the unplayable, for it is the unplayable that blocks our way to the source” (Johnson, 2009, p. 94).

Another observation to note, was that Phil was able to gradually transition to play from an individual level into playing as a team. At the beginning of our work he was never able to
play with me as a team, he never let me enter his game or play with his figurines, much less that he decided to let his precious stuffed animals be part of my team without being controlled by him. Through the implementation of DvT, and towards the end of our work together, he allowed the figurines and stuffed animals to mix or merge, leaving aside a territorial game. This, allowed him to engage within the game in a more free and comfortable way.

In relation to acculturation and acculturative stress, that affects individuals through both psychological disturbances and physical ailments (Xu & Chi, 2013, p.217), and that is impacted by the length of time an individual has spent in the United States (Jen, 2016), it was important to provide a space were Phil could processed his less than five years of time in the United States. It seemed that there was no better way to do it than playing due to the fun it entails besides being appropriate in its developmental stage. In our games Phil brought the image of his mother and with this, aspects of the mourning process he has experienced by losing contact with her. This can be seen in the sessions previously described, where Phil in the game, killed his mother and unlike other figurines did not return that character to the game, even when I asked about it.

Like the above, Phil took the opportunity of the game to bring into play representations of the family members who live with him here in the United States. His grandfather and his father were recurrently part of our games, which again and again he brought to the battlefield.

Especially interesting to me was what happened in the session after I had filled the 51 A report. I assumed that if he showed up for the session, he would be withdrawn and depressed, which was not the case. I assumed that withdrawing would be his way of dealing with the frustration and what might have happened at home, with him and his family members (because I was warned of the potential of punishment at his home), after the complaint came to the surface. In contrast to my expectations, he was able to play with grandfather and father (potential punishers and/or
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abusers), who were killed in the playspace at the beginning of our session. He was able to express this through the stuffed animal called “Crapy” whom, full of anger, destroyed everything put in his way.

Another important area of our games and process was to provide the space where symbols of Asian culture would come into play. In a couple of opportunities Phil brought elements and sounds of karate, which he played very comfortable in our sessions, where his body was completely engaged, more than normal compared to other sessions, what led me to think about the comfort that this offered him, have the opportunity to play with images that were familiar and closer to home. An example also is that I consciously selected a dragon figurine to play with Phil, and within this introduce some symbols from his culture, that I thought were important for him. The actual importance is unclear, but this were choices that I made, as part of my interventions which seemed to help him engaged within our play, which I notice because at the moment that I chose the dragon a big smile flooded his face.

Some limitations of this research and the work done are that they were only two sessions, with only one child of Asian origin, in one city within the United States, where gender differences were not considered. Additionally, there is possible bias that might be present as I am a fellow immigrant conducting the sessions and the research. In addition, I am not a fully trained DvT practitioner. Therefore, much more research can be done in relation to the field of DvT, the Asian and immigrant community.

Conclusion

Today more than ever, in my opinion, it is essential that future drama therapy colleagues help in the struggle that many immigrant and refugee communities face every day around the
world. As expressive art therapists we are artists, and “art is never neutral” (Sajnani, 2012, p. 190).

Acculturation and cultural shock are emotional, physical and economical struggles that many individuals of these communities faced when emigrating from their countries of origin into a new host one.

Within the sessions described above, an exploration of the developmental transformations (DvT) approach was conducted in an after-school program with a seven-year-old child of Chinese origin, where and through the implementation of projective objects, this approach was implemented in order to help him with his acculturation process.

Prior to this exploration, some studies have been done in relation to drama therapy and the immigrant and refugee community, but nothing in relation to this community and DvT implementations.

The DvT approach gives its clients potential benefits that are applicable to the immigrant community, no matter where they come from, in relation to the processes of cultural shock and acculturation. The embodied, aesthetic, relational, developmental process of transformation within a playspace, where the therapist and client engage on a spontaneous play, could benefit the immigrant community with their struggles. It also allows for playing with different subjects that bring into the play, differences in cultural, political and economic backgrounds.

One of the most important findings from this research is that the teaching to the body to engage can be performed through enactment and through the embodied play of DvT. This has the potential to directly affect immigrants in two ways since they deal with the joint internal
processes of an individual who has experienced trauma, but also because they are in a society dissimilar from their own.

I continue to believe that if the sessions with Phil had extended for a longer time, the use of the projective objects would have been eliminated within the sessions, and thus, we would have achieved an implementation of the full, traditional DvT approach in the form of drama therapy.

Future research, literature and practices must be done in relation to the DvT approach and the immigrant and refugee community. Future research could include studies that address gender differences and socioeconomic background within immigrants, and that examine the age at which immigration took place. Hopefully, this research will help as a first small step towards future research and to fill the gap between the approach and the aforementioned population.
References


