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What's Emergent? A Literature Review of Thirdness and the Guide in Drama Therapy

Capstone Thesis

Lesley University

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Drama Therapy

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Abstract

This thesis engages two concepts in conversation: thirdness, which is a quality, awareness, or point of reference between two people in a relationship (Benjamin, 2004), developed within relational and intersubjective systems theories; and drama therapy's guide from Landy's role theory, a role in a story that emerges between two other roles and brings balance, perspective, and growth (Landy, 2008, 2009). Both are referenced as essential components of the therapeutic relationship. This thesis is a review of the literature on relational, intersubjective systems, and role theories, focusing on how theorists conceptualize the way a person interacts in relationship to others, the approach to clients in treatment, and how thirdness develops in treatment. This thesis expands from a traditional understanding of countertransference and transference, summarizing how the transtheoretical construct has evolved in modern approaches. It includes a deeper look at modern concepts of two-way psychodynamic practice. An overview of relevant concepts of drama therapy and role theory is included, especially as it sets the foundation for role theory-based interventions that explore unconscious dynamics in the space between the therapist and client. This thesis theorizes thirdness as a guide. By putting these ideas in dialogue, this thesis helps make invisible relational concepts concrete and useful through drama therapy tools and interventions, both in the clinical space and in supervision. It contributes to the ongoing discussion of best practices for building and managing clinical relationships with clients, and it highlights ways drama therapy research connects to psychoanalytic theories.

Keywords: *drama therapy, role theory, role system, relational matrix, dramatic reality, thirdness, guide, embodiment, countertransference, relational theory, intersubjective systems theory*

What's Emergent? A Literature Review of Thirdness and the Guide in Drama Therapy

Introduction

At the 40th anniversary conference of the North American Drama Therapy Association (NADTA) in 2019, leadership challenged its members to consider the profession at this point of its history and development: What is the essential role and contribution of drama therapy in our world today? If theater is a reflection of the current state of a culture and society, and drama therapy is a hybrid of theater arts and a mental health discipline, then what is our purpose in the current cultural and mental health realms? This thesis explores one way of developing the identity of drama therapy by putting it in dialogue with contemporary psychoanalytic theorists. As a foundation for this conversation, the introduction will define key terms from modern psychoanalytic and drama therapy approaches, and from relational, intersubjective systems, and role theories. The literature review makes connections among the schools of thought based on existing research. A discussion follows about using drama therapy techniques in clinical spaces to reveal thirdness and considering future research directions.

Drama therapy techniques can take invisible concepts like ideas and feelings and make them concrete and visible to others (Pendzik, 2018). Put into a dramatic form, the invisible can be witnessed by those who watch, as well as embodied and felt by those who perform or present. In play, people express inner-felt dramas, hopes, and fears (Casement, 1985; Jones, 2007; Winnicott, 1971). In the playful form of drama therapy, a client may notice a thought or feeling that comes up in a reaction to another character, the impulses of an improvisation, the body's arc posed in a sculpture, within the subtext of a script, or a gesture during a role-play. In these moments, clients are externalizing internal processes, and drama therapists help clients work

with what comes up (Jones, 2007; Pendzik, 2018). In the process, feelings and reactions from the therapist also arise in countertransference (Landy, 1995).

Countertransference.

Freud (1910) defined countertransference as unresolved issues from the therapist's unconscious. If countertransference shows up in a session unchecked, it would impede the psychoanalytic process. As Mitchell and Black (1995) summarized, "While the patient's past was relevant to the subject matter of the analysis, the analyst's past was not" (p. 243).

Traditionally, psychoanalysts have counseled therapists to set aside their own feelings arising in therapy, but theorists since then counter that people's actions relate to one another (Casement, 1985; Heimann, 2003; Mitchell & Black, 1995). In her 1950 paper *On Countertransference*, Heimann (2003) expanded the Freudian definition of countertransference to encompass all feelings a therapist may experience toward a client, not just those stemming from unresolved material. She posited that countertransference could be used "as an instrument of research" (p. 28), hinting to therapists of a client's unspoken emotions or relational patterns.

Two-way versus one-way approaches to therapy.

As attitudes toward countertransference evolved, relational and intersubjective systems theorists adopted a *two-way* approach to psychoanalysis, with both clients and therapists contributing to a mutual relationship (Mitchell & Black, 1995; Ogden, 2004; Stolorow, 2013). Such an approach is distinguished from the Freudian way of doing things, referred to by postmodern theorists (Ringstrom, 2010; Stolorow, 2013) as the *Cartesian mindset*. As Stolorow (2013) described, an approach is Cartesian when "one isolated mind, the analyst, is claimed to make objective observations and interpretations of another isolated mind, the patient" (p. 384). In other terms, the *one-way* approach casts the therapist as the expert whose emergent feelings are

downplayed, and the two-way view considers the intermingled emergent associations from both parties as subject to analysis toward therapeutic goals.

Relationships and roles, and role theory.

By starting therapy, therapists become part of a client's *relational matrix*, the multifaceted product of a client's cumulative life experiences and relationships (Mitchell, 1988). Within the therapeutic relationship, a client's typical interpersonal patterns emerge (Mitchell & Black, 1995). As a person expands their matrix by encountering new people and experiences, they also take on new roles, expanding their *role system* (Landy, 1993). Complementary to the relational matrix, a role system contains the various ways a person perceives and interacts with others. In this frame of reference for how each person uniquely learns to relate and engage in the world, it makes sense how even new relationships between two people can be complicated. Each person starts from their own understanding about relationships and how the world works, and their point of view may differ significantly from that of each new person they meet. Landy's (1993, 1995, 2008, 2009) *role theory* helps explore these complex relational connections in terms of primary *roles* (how a person presents), *counterroles* (roles that are in relationship to the primary role), and *guides* (roles that mediate, lead, and balance between roles and counterroles). This approach helps therapists and clients create stories based on the client's relationships, exploring their nuance and working toward therapeutic goals.

Thirdness and a mutual shared reality.

Heimann (2003) suggested that the feelings arising for both client and counselor in session constitute a co-created entity that can be addressed and explored. Theorists since then have expanded this idea, conceptualized as *thirdness* in therapy (Benjamin, 2004; Ogden, 2004; Stern et al., 2002; Stern, 2004). Benjamin (1999, 2004) detailed the developmental process

people go through in order to recognize others as fellow subjects. In this process, they learn mutual recognition, where they can collaborate but also respect others' differences. When therapy begins, people enter a mutual shared reality that relies on contributions of both parties. This therapeutic dyad develops thirdness from the feelings, past experiences, familiar roles, and points of view from both parties. Thirdness is unique within each relationship.

Benjamin (1999, 2004) saw the therapeutic relationship as a transitional space, similar to Winnicott's (1971) potential space and drama therapy's dramatic reality (Jones, 2007; Landy, 1993). All refer to a place that exists within the real world, yet is apart and insulated. In essence, therapy becomes an experimental playground or stage where one can make mistakes and learn.

The drama therapists' role.

Landy (2008) counseled the drama therapist who holds such a space for clients to maintain a relational manner, encouraging "...an active and human stance on the part of the therapist, more of a guide and witness than a god" (p. 109). Drama therapists are engaged in action alongside clients, co-creating roles, representing different types of relationships with the client, and looking for meaning within the metaphors. As Landy (1995) explained, drama therapists naturally find their own role systems enacted within sessions and in relationship to the client, and in different ways than therapists working in less embodied approaches:

With a keen knowledge of the vicissitudes of role-taking and role-playing, she understands the paradoxical and delicate balance between actor and role, person and persona. She attempts to make sense of the dramas from inside the creative process. Thus she becomes a creative collaborator, who might well be critical, but also humble in her inability to enter the experience of another and respectful of the other's creative process. (p. 97)

As drama therapists learn to navigate these numerous and unexpected roles in service of the client, sometimes within a single session, it makes sense that their training includes means of processing and revealing emergent roles and emotions within the therapeutic relationship (Emunah, 1989; Landy et al., 2012; Williams, 2017).

Positioning.

In approaching this thesis, the author situates as a cis-female, heterosexual, white woman from low-middle socioeconomic status who is hard-of-hearing. With elements of privilege and of oppression, this author recognizes that she has implicit biases that naturally show up with clients. In therapeutic relationships, clients will respond to her from their own experiences. Part of the work of a therapist is to facilitate effective relationships with clients. Part of that process is to stay curious about when and how their own past experiences and feelings show up in the room. An exploration of literature regarding one's own relationship to privilege and the racial enactments and power dynamics at play in therapy is beyond the scope of this thesis, but it is the stance of this writer that all counselors must check their own assumptions in this arena to combat systemic racism and connect empathetically and authentically with clients. Clinicians should be aware of their identity, privilege, and biases because therapy engages a person's unconscious roles as well as those they display (Williams, 2017). At the same time, clinicians are experiencing their own reactions to their clients within a relationship with inherent power dynamics that leaves a client vulnerable. It is a clinician's ethical responsibility to consider how invisible elements of bias and transference/countertransference are impacting the therapeutic environment and to find ways of revealing and working through them appropriately in personal therapy, supervision, or with the clients directly (American Counseling Association, 2014).

Guiding questions.

To that end, this thesis focuses on what emerges in the space between a client and a therapist. In what ways can we perceive thirdness, an invisible aspect of how people interact within the context of the therapeutic relationship, and how does it relate to drama therapy's guide role? This thesis reviews how relational and intersubjective systems theorists frame invisible relationship dynamics and puts them in dialogue with drama therapy theorists, pondering: How can role-based interventions reveal and explore what emerges in the therapeutic relationship?

Literature Review**Countertransference research.**

As Heimann (2003) understood it, Freud did not intend for clinicians to fear and detach from countertransference; an analyst's feelings are bellwethers for understanding clients:

Our basic assumption is that the analyst's unconscious understands that of his patient.

This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his "countertransference." (p. 29)

Landy (1993) emphasized the power of a therapist's emotional connection to elicit insights, so long as therapists do not become emotionally flooded (under distanced) or too rational (over distanced) in response to the story or experience being shared. Just as for clients processing in therapy, insight comes from what Landy (1993) called an *aesthetic distance*, a mental perspective on an experience where one has both cognitive and emotional awareness.

While modern psychoanalytic views reflect versions of Heimann's ideas, current research in this arena has been broadly based on Freud's original definition of countertransference as unprocessed trauma or experiences projected onto the client. Qualitative researchers have sought to understand and define the phenomenon: what it looks like, where it comes from, and whether

themes arise for different types of therapists with certain clients. For example, body psychology researchers explored how clinicians recognize their own somatic impressions while with a client (Athanasiadou & Halewood, 2011). Hayes et al. (2015) developed thematic categories for defining countertransference and conducted grounded theory research contextualizing when, why, and how it shows up impacts treatment. Cartwright et al. (2017) considered the experiences of pregnant therapists who treated patients with sexual offense convictions, seeking to understand their countertransference and ways they managed it in order to deliver treatment. Quantitative research based on the original definition supports that countertransference is not merely a nuisance to be managed; it can be a guide to therapists in their interactions with clients. For example, studies found patterns in therapists' countertransference that could indicate types and severity of mental illness in their clients (Colli et al., 2014; Yaseen et al., 2013).

Li et al. (2019) conducted a quantitative study on an aspect of the therapeutic relationship, the effectiveness of responsiveness, or when therapists adjust their "level of control/affiliation based on their clients" (p. 1); their results did not show different levels of therapist responsiveness as having significant effects on client rating of a first session. In discussion, Li et al recognized that this area of human study is highly subjective and difficult to control, test, and measure, perhaps why similar research is rare. Qualitative and arts-based studies are slightly more numerous. They document different ways therapists experience interactions with clients and how creative interventions may inform treatment (Bird, 2019; Scotti & Aicher, 2016; Trottier & Hilt, 2017; Williams, 2017).

This review found no research on thirdness or the guide in treatment, and very little regarding the therapeutic relationship in postmodern terms. In part, this is possibly due to frequent disagreement on the names or definitions of the concepts among theorists in the past 40

years. As Ringstrom (2010) summarized, there are many independent voices within relational and intersubjective systems theories – often debating one another – as theorists develop the modern, two-way approach to therapy.

Relational and Intersubjective Systems Theory: Two-way philosophies.

Relational theory was developed out of psychoanalytic schools of thought that shifted the focus onto a person's interactions and relationships with others, including interpersonal theory, some object relationist thinking, attachment theory, self-psychology, and existential theories (Mitchell, 1988). Relationists theorize that a person is driven to connect with others and that we spend our lives developing our relational matrix, which is made up of all our interactions and experiences in relationship to other people and how we view ourselves intrapsychically. "People are constructed in such a fashion that they are inevitably and powerfully drawn together, this reasoning goes, wired for intense and persistent involvements with one another" (Mitchell, 1988, p. 21). Intersubjective systems theory similarly attests to the importance of looking at one's experience, life, and relationships to understand how one has come to be who they are. In general, they take a more liberal stance with regard to dismantling power structures within the therapeutic relationship and eschew former ways of psychoanalysis to the point of rejecting terminology such as projection and transference as outdated language supporting a system where the analyst held power over a client (Ringstrom, 2010). Both relational and intersubjective systems theorists are two-way models of psychoanalysis, holding that therapy is a mutual relationship between at least one patient and therapist, where all contribute content in the therapy space, and all of it is subject to analysis and interpretation in service of a client's treatment goals.

Relational and Intersubjective systems theories teach that the objective therapist of the one-way mindset is a myth. Therapists working from these theoretical frameworks must

acknowledge that their work will always have a level of subjectivity and shared experience. It is revealed through their interpretations (Aron, 1992) and a variety of other ways that the client inevitably picks up on in their own observations (Casement, 1985). As Coburn (2002) wrote, "One can never extricate oneself from the world, for even just a moment, in accounting for an individual's perception and experiences" (p. 656). Aron (1992) reminded that therapists must be aware of the asymmetrical power dynamic of the therapeutic relationship, cautioning clinicians: be aware that unintentional self-disclosures will be witnessed by the client, and be prepared to hold space for the client to have reactions to what they perceive. Mitchell (1988) acknowledged that therapists can become entrenched when working closely with clients in a relational framework. "The analyst discovers himself a coactor in a passionate drama involving love and hate, sexuality and murder, intrusion and abandonment, victims and executioners" (p. 295). Still, only one party is there to receive treatment (Heimann, 2003; Mitchell & Black, 1995). Landy (2008) advised drama therapists that when taking on roles with clients to maintain:

[...]the awareness that he is not a mutual client, but a mutual player. By moving in and out of role, he is able to demonstrate this reality. While working in role with the client, the therapist needs to be especially aware of countertransferential feelings so as to maintain focus upon the client's issues. (pp. 108-109)

Drama Therapy: A two-way approach.

Drama therapy comes from educational drama, and developmental, psychoanalytical, and sociological models of therapy (Landy, 1995). It is rooted in theory demonstrating that people can effectively address mental health challenges through dramatic processes such as play, role-taking, dramatic reality, projection, and imagination (Casement, 1985; Emunah, 1989; Jones, 2007; Landy, 1995; Winnicott, 1971). As in the two-way approach, drama therapy clients expose

and explore relational challenges by activating roles and telling their stories with a therapist who is actively involved in bringing their story to life. Drama therapists are coached to use countertransference to empathize with clients (Trottier & Hilt, 2017). They also manage distance for clients and themselves in dramatic interventions, making room for therapeutic insights (Landy, 1995, 2008, 2009).

Pitruzzella (2017) discussed how people learn through their relationships with others, taking on roles that both mirror and counter what they see. With each role expression, they come to better understand themselves through others' reactions (p.109). Using this relational idea in therapy, a client may play familiar roles, try out new roles, or reverse roles to understand another perspective. Drama therapy provides the stage for the intersubjective idea that no two stories or client role systems are exactly alike, and there is inherent truth and value in each expression (Pitruzzella, 2017; Stolorow, 2013; Williams, 2017). Further, drama therapy allows clients the freedom to express their own story and define their own roles, and the therapist in the room becomes a witness and co-actor with whom to relate (Landy, 1995). Landy described therapy as the place to wrestle with life-changing struggles, often regarding one's understanding of relationships and accessible roles; "In choosing peace, a place needs to be found for war." (Landy, 1993, p. 14). A client has license to create this place with their drama therapist.

Drama therapy also works for the therapist's benefit. While in role and performance, a variety of feelings can arise - some of them helpful and some of them distracting from a client's best interests - and can be used for inspiration in treatment. With sharpened self-awareness, Emunah (1989) reminded therapists that dramatic interventions offer tools for psychological insight and learning. "The child's playacting is a prelude to the adult's ability to develop hypothetical reasoning, think in abstractions, and assimilate new information" (p. 29). With both

therapist and client involved together in playful drama interventions, the tools work two ways, serving both a therapist's inspiration and a client's insight within the therapeutic space.

Role Theory.

Landy (2009) referenced J. L. Moreno as a driving force for the development of role theory and the value of combining theatre with therapy: "...his message was that life is not like theatre; life is theatre" (p. 65). Based on this, Landy developed a clinical process for working with clients where they take on roles and make up stories that connect to their life challenges.

According to role theory, wellness is when a person feels balanced in their ability to take on a variety of roles (even those that contradict one another such as hero and villain, imposter and expert) and is able to maneuver life's uncertainty and paradoxes (Landy, 1993, 2009). Illness then is when a person feels overwhelmed by or locked into specific roles, unable to accommodate certain relationships or challenges. Discovering and gaining mastery in one's guide roles helps a client internalize therapeutic insights and helps them depend less on the therapist and other external guides (Landy, 2008, 2009). "I help them practice playing the role in therapy as a rehearsal for moments in everyday life" (Landy, 2009, p. 78). By enacting challenging roles and counterroles in treatment, clients also gain mastery beyond the therapy space. As Coburn (2002) wrote, "...therapeutic changes said to occur "inside" the consultation room appear to be generalized to relationships forged in the "outside world" (p. 670).

The relational matrix and role system.

Further connection between relational and intersubjective systems theory and drama therapy is found in how relationships impact the development of a person. As Mitchell (1988) defined, it is through the multifaceted lens of one's relational matrix system that a person uniquely makes sense of the world: "Meaning is not provided a priori, but derives from the

relational matrix” (p. 19). Similarly, Jones (2007) said, “A person builds up meaning through day-to-day activities with other people” (p. 41). Landy (1993) described it as how a person’s role system develops; they learn new ways of relating, and their role repertoire expands.

This means that when a person encounters another, they each bring their entire life experience, at least unconsciously, to the relationship. They represent and evoke different roles or experiences for one another, and as a person meets others with different points of view, tension arises (Mitchell & Black, 1995). People may be confused about another’s intentions, experience automatic associations to the past, or engage in familiar patterns of past relationships with a new person. As Williams (2017) reminded, “Roles that emerge for the client towards the therapist and for the therapist towards the client will often be a result of both personal identity and perception of the other” (p. 136). Invisible and emotionally impactful associations arise in the space between clients and their counselors, and they shape the therapeutic relationship whether or not they are acknowledged.

Coburn (2002) focused on how each person’s subjective experience and unique relational matrix is both the beauty and challenge of therapeutic intervention. As in any relationship between two or more people, therapists and clients need to navigate through their own and the other’s interrelating matrices in order to communicate. Mitchell (1988) emphasized that people can become rigid within their relational matrix and have difficulty building new relationships or seeing them in a different light than their past experiences. Landy (1993) developed an approach to therapy, Role Method, that encourages clients to get curious about the dynamics of their relationships, building scenes using both their familiar roles and others that challenge them.

Therapy as a dramatic reality.

Benjamin (1999, 2004) described the therapeutic relationship as a special place for exploring the complex territory of relationships and associations. She viewed it as a transitional space, both existing in real life but also apart from the rest of the world where a client and therapist can mutually meet and relate to one another. A client can unpack past associations and emerge with a sense of balance between self and others (Benjamin, 1999, 2004). This idea echoes Winnicott (1971) and his theories on the importance of potential spaces where children can learn; it is a safe-enough place for their imagination, but not isolated from occasional bumps and bruises. Similarly, dramatic reality takes place within a protected, imaginal realm, yet it is part of a client's real life. It is essential to the drama therapist's work, as Landy (1993) described, "...the space between reality and imagination is the source of creative energy enabling us to make sense of our perhaps not so meager existences" (p 30).

Through intentional self-sharing and deepening personal engagement in roles co-created by the client, one builds a liminal space separate from yet within the reality of the world (Landy 1995). Within this space, clients can learn to find catharsis, insight, and perspective. Bird (2019) described their vulnerability and openness as a therapist in the creative space as a way to guide the client into the creative process. "As a consequence of disclosing myself I am more able to bring the client into a playful dynamic" (Bird, 2019, p. 288).

Within dramatic reality, clients can interact with another person, and "pay attention to the messages of the senses, to feel their bodies, either still or in motion, and listen to other people's bodies" (Pitruzella, 2017, p. 56). Many theorists agree that the client may also gain perspective by learning how they impact the therapist and others in their lives (Aron, 1992; Benjamin, 2004; Coburn, 2002; Heimann, 2003; Mitchell, 1988). The therapist may be drawn into a client's

familiar relational patterns, which can be an opportunity for insights into the client's underlying struggles (Benjamin, 2004; Heimann, 2003; Ogden, 1994, 2004). Here in the transitional, potential, dramatic space, clients can find a safe-enough place to imagine and explore elements of their past or current relationships and experiences (Pendzik, 2018).

What emerges in the space between.

Thirdness. Theorists have considered how therapy brings together two individuals into a relationship unlike any other. As Ogden (1994) paraphrasing Winnicott wrote, “there is no such thing as an analysand apart from the relationship with the analyst, and no such thing as an analyst apart from the relationship with the analysand” (p. 4). Ogden saw thirdness as a tool or a metaphor that arises in the relationship and is shared by both the therapist and client. He used it primarily for guiding psychoanalytic interpretation. Stern et al. (2002) reflected on thirdness as coming up in spontaneous moments within the therapy space. Stern described them as moments where clients are testing therapists for authenticity and that they are opportunities for connecting with clients as human beings and building rapport in the therapeutic relationship.

Beyond noting a thirdness in a single moment or as a reference point for analysis, Benjamin (2004) viewed thirdness as an essential, co-created quality emerging in a therapeutic relationship. In her description, thirdness is a swirl of each person's relational experiences, emotional reactions, and often unspoken assumptions combining in the space between two or more people. People in a relationship often react to this invisible aspect automatically. If two people have good chemistry and agree, a person might not even notice it. But when their way of seeing the world is challenged or an other person's way of being activates a difficult memory, this aspect of thirdness can lead to disagreements or impasses. Many other theorists have also talked about how maladaptive coping behaviors arise and challenge both clients and therapists,

potentially negatively impacting treatment (Casement, 1985; Mitchell, 1988; Landy, 1995). As Benjamin (2004) wrote, when people do not acknowledge this shared aspect of thirdness, others may appear as either demanding something from us or doing something to us. Part of understanding thirdness is recognizing that others are fellow subjects with their own full life experiences, and their actions are not necessarily a reflection or reaction to oneself. Rather they may be relating to an element of thirdness in between (Benjamin, 2004).

Benjamin also refers to the concept of thirdness within a therapist, the moral third, where one must attune to their own reactions that arise, gauge the client's reaction to the scenario, while maintaining therapeutic perspective. This concept relates to Casement's (1985) discussion of a therapist's internalized supervisor and Landy's (1995) advice that therapists develop an ability to remain self-aware with good clinical judgement even while performing in role in a client's story.

As a means of discovering thirdness, Benjamin (2004) wrote that it begins with observing and sharing nonverbal cues and expressions. The therapist should remain curious about the client's reactions, watching for patterns that can be brought up in the therapy space, but the client might notice and bring up observations as well. It is important to Benjamin's idea of thirdness that both parties are able to acknowledge and talk about what is going on in the therapeutic space. Drama therapy provides for this mutual recognition as clients and therapists enact various and changing roles to develop a story (Landy, 1993). Benjamin (2004) related an experience of reconnecting with a client with whom she had reached an impasse. In the circumstance, the client had become discouraged by fears, based on her past relational experiences, that her counselor would be incapable of helping her. In turn, Benjamin noted feeling shut out. As they processed their shared experience in dialogue, Benjamin wrote that the conversation revealed how the client had implicitly enrolled Benjamin as her mother in past interactions, how Benjamin felt her

own role of the helpless one emerge, and how both came to recognize an “inner goodness” (p. 40) role in their current relationship that supported the client’s persistence in treatment.

Guide Role. As previously defined, role theory’s guide offers a third perspective in the space between role and counterrole. It helps find a sense of balance or direction. In this light, it serves as a type of thirdness. Landy (2009) described the guide as an external figure that shows the way; often the therapist themselves takes on this role in treatment at first. But it also comes from within oneself as an inner understanding that gives a sense of independence, confidence, and agency amid life’s uncertainties (Landy, 2009).

Landy (2009) asserted, “One comes to therapy because there is no effective guide figure available in one’s social or intrapsychic world” (p. 68). Landy explained that clients may have many potential inner guide roles that are hidden, buried, denied, or discouraged. The aim of therapy, then, is to help clients to identify, define, and strengthen their inner guide roles. They may recognize guides from their lives to use as models while developing their own (i.e. a parent, teacher, religious leader, coach, celebrity). As Landy theorized, virtually any role can serve as a guide in a client’s story; its essence is aspirational and inspirational, a role that helps them understand, endure, and succeed past their struggles.

Role and counterrole “are revealed through behavior and thought” (Landy, 2009, p. 69). But the guide can be more elusive. Beyond Landy’s (2008, 2009, 2012) theoretical writing and case studies about the guide in treatment, research provides little direction around invoking the guide role for clients. The interventions described in the next section help reveal what is emerging in the space between role and counterrole, therapists and clients. They offer ideas and illustrations of how such emergent roles could guide and impact treatment.

Methods for exploring emergent elements.

Role Assessment. Landy's Role Assessment (Landy & Butler, 2012) is designed as a way to see which roles a client has in their repertoire as well as to get a picture of how those roles show up in their lives. It can be administered in a card sort format or as a worksheet, and it includes 58 key role types (i.e. child, mother, dreamer). The taxonomy of roles come from archetypal figures, tropes, and common characters found in dramatic literature. They were classified by Landy (1993) in six categories, "somatic, cognitive, affective, social, spiritual, and aesthetic" (p. 43) types of roles, each serving a person in different ways. Participants are asked to sort the roles into four categories: Who I Am, Who I Want To Be, Who Is In My Way, and Who Can Help Me. After all cards are sorted, a story with a wide cast of characters unfolds along the lines of a hero's journey. As Landy and Butler (2012) wrote:

The first question implies the presence of a Role, a figure on a journey through life. The second implies a sense of purpose and direction—a destination. The third implies a Counterrole, a block or obstacle to Role. The fourth implies a Guide, one who can help the Role move through the obstacle. (pp. 154-155)

Therapists may notice many different qualities about a client's resulting card sort (e.g. Are there categories with no cards/an overflow of cards? Are there roles that seemed to upset or cause an emotional response from the client?) as a means of assessing their personality and understanding potential therapeutic goals. One benefit of using this assessment is that it reveals hidden roles, including potential guide roles, that the client may not otherwise demonstrate (Landy & Butler, 2012). This assessment expands a therapist's view of their client to potentially gain insights or guide choices in interventions that can utilize strengths-based roles along with shadow roles, roles a client or others may not view in a positive light (Williams, 2017).

Depending on how the therapist uses this tool, it can provide a basis for future therapeutic sessions or be readministered at points to note changes along the way.

Parallel Heroes' Journey. Trottier (2019) created an approach that utilizes Role Assessment, the Parallel Heroes' Journey. It is in worksheet form and is designed as a way for client and counselor to work in tandem to explore the roles emerging and at play and to co-create stories and imagine directions and outcomes for treatment. The Parallel Heroes' Journey is based on the same categories as Role Assessment, except all spaces can be filled in with whatever roles an individual experiences and wants to name. There is no maximum number of roles per column nor minimum or initial number of roles to sort. This worksheet could be done just by the therapist as a means of self-supervision, as an exercise to share with the client, or a tool for both the client and the therapist to fill out and discuss together. This process sets the stage for numerous drama therapy interventions, including role-play, soliloquy, or dramatic sculpture. Additional probative questions such as *Who do you want/need me to be?* can help identify roles the therapist might not have otherwise considered as preferred counterroles or guides to the client. It also opens up conversations that can directly reveal and challenge assumptions that the therapist and client might have made of one another. Questions including *Where are we going?* *What is our Hero's Journey?* and *Who can witness?* provide space for co-created explorations and metaphoric understanding of the developing therapeutic relationship and treatment goals. The Parallel Heroes' Journey's level of mutual sharing connects to other theorists' discussion about how a therapist's openness with the client can in turn encourage them to reflect and share more deeply (Aron, 1992; Bird, 2019; Stern, 2004). Both Role Assessment (Landy & Butler, 2012) and the Parallel Heroes' Journey invite a metaphor to develop between therapist and client to which each can make associations and potentially gain insights (Ogden, 1994, 2004).

Embodiment/dramatic enactment. Dramatic performance is a natural part of the drama therapist's toolkit in treatment, but it is also used in supervision. Just as the therapist can see new sides of clients when they take on roles, a supervisor may notice elements to share and discuss with a therapist that might not have been as evident in their conversations. When a therapist embodies a client in supervision, they do so with empathy and ethical intention to better understand a client beyond what was heard or yet witnessed in sessions. "When performing a client, we acknowledge that the body holds the truth as much as the words do" (Landy et al., 2012, p. 54). Specifically, a supervisor may be able to help a therapist reveal and explore their countertransference in a safe environment and support the therapist in strengthening their own instincts (Emunah, 1989; Landy et al., 2012; Trottier & Hilt, 2017). Embodying a client leads to feeling, if only for a moment, the way they hold their arms, support their weight, or even choose their clothing (Trottier & Hilt, 2017). In their research, Trottier supervised Hilt, who embodied her clients, including wearing different items of clothing as costumes, in selected roles as she identified among them. On several occasions, the study noted that embodiment increased her empathy, heightened awareness of her own responses, and changed her perspective in the milieu.

R-RAP. Williams (2017) noted that when strong emotions arise, it can be difficult for a therapist to all at once ethically notice what they are feeling, where (or who!) the emotions are coming from, and how they are related to what is going on with the client. Williams considered how therapists who co-create and work in role with clients might develop an ethical bird's eye view, akin to Benjamin's (2004) moral third or Casement's (1985) internal supervisor.

In this line of thinking, Williams (2017) designed a role-theory based tool, the Relational-Roles Assessment Protocol (R-RAP), to illustrate specific relationships or moments that come up in therapy with clients. Her tool uses two overlapping circles, and it is meant to chart

characteristics of a moment or client in treatment; the therapist using the tool breaks it down: On the left, therapists list the roles that they feel are coming up for their clients. On the right, they identify the roles they feel coming up for themselves. In the center, therapists consider what character roles seem to be emerging in the space between. This tool is subjective and intended to help a therapist perceive beyond the first roles they notice and see what is emerging, both for them as well as in the relationship. "By identifying these roles, the therapist can examine what is beneficial to the therapeutic relationship and what is blocking therapeutic progress" (Williams, 2017, p. 138). Even further, using this tool helps therapists consider what opposing roles are just beneath the surface for their clients. "Doing so allows for a multifaceted understanding of one's clients as opposed to reducing their identities into a single diagnosis and/or limited set of behaviors" (Williams, 2017, p. 137). Looking at the center section of emergent roles between the dyad, the therapist may see new perspectives on the relational dynamics at play, perhaps finding a guide to lead the way through a struggle with a difficult case.

Once the R-RAP is filled out with roles, Williams suggested therapists can use it in self-supervision or with individual or group supervision in a multitude of ways. It can be the basis of writing scenes between three characters, creating monologues or giving them lines that express how they feel. By asking how individual roles are serving the relationship, what would it have to tell itself, the other, both of them? How is each role serving the therapeutic process or protecting the client, therapist, or both? In a supervision group, one could cast others in the roles, sculpting tableaux and evaluating a scenario from a new angle. Therapists could dialogue with roles or free write on the feelings that arise. Williams noted that the tool is in development and therapists may consider new ways to apply its use, perhaps engaging the client in the process.

Discussion

Landy (2009) stated that clients present for therapy, looking for a guide. Though a new client may be looking for many things when they come to therapy (i.e. validation, external accountability, satisfaction of legal requirements, self-regulation or coping skills), in their times of need, perhaps an internal sense of balance via stronger guide roles is an implicit need for many clients. As Mitchell (1988) discussed, a person who comes to therapy has often learned maladaptive behaviors and skewed views of relationships, and they look to the therapist for answers. Helping clients through that change is not easy for either party. “Rather, the analytic change entails a struggle by both participants to overcome precisely these kinds of imbalances, which characterize pathological patterns of integration and in which differences in experience threaten the interpersonal connection rather than enrich it” (Mitchell, 1988, p. 296). Landy (2009) stated that people might long for balance, but they can adapt: “It is not ultimately the need to resolve cognitive dissonance that motivates human behavior, but the need to live with paradox” (Landy, 2009, p. 67). In other words, for clients struggling in a world full of contradictions, perhaps endorsing symptoms like hopelessness, anxiety, isolation, or dissociation; finding and developing a solid, trusted guide can make it easier to navigate life.

Various drama therapy interventions explored in this thesis do not necessarily claim to reveal guide roles, however this author argues that, effectively, they do. Role Assessment includes a column identifying roles the client sees as possible helpers or guides (Landy & Butler, 2012). Also, assessing a client’s role profile in treatment creates an original, shared language and a creative frame of reference between the client and therapist to which the dyad may return to anytime together. Embodiment of the other in supervision (or inviting the client to embody different roles in treatment) creates opportunity for somatic empathy of the other. And from their

vantage point, a supervisor or therapist may also gain insight into the subject's experience of the other (Emunah, 1989; Landy et al, 2012; Trottier & Hilt, 2017). This author notes how this gives the participant a potential connection to inner guides as well as invites an external guide to witness and reflect what they notice. The R-RAP instructs directly to name what is emerging in the space between the client's roles and the therapist's roles. If the guide is the role that connects and balances the role and counterrole, and the role that emerges in the space in between connects or clarifies the relationship between other two roles, is it not a guide?

In an example, using the role theory-based self-supervision tool, R-RAP (Williams, 2017), this author recognized guides emerging between herself as the therapist and the group members in a drama therapy session. The group's topic of the day was on the concept of trust in recovery. A client's provocative statement cut off this author mid-sentence, challenging:

CLIENT: Why are we talking about this? Do you think we don't trust you?

Group members stare at the therapist, waiting intently. Their uncomfortable stillness expressing brief shock at the question and interest in the response. Therapist pauses a moment before answering. Internally, she felt defensive, "When did I lie? I can be trusted!" then evasive, "This group is about you, not about me." After another beat, the therapist reflects: "This relationship is still new, and we are getting to know each others' styles; apropos to this topic, we are still building trust." She lets out a breath.

THERAPIST: If I were in your shoes, I don't know if I would trust me yet; trust has to be earned, as your group mate said earlier, right? We're covering this topic because I heard everyone talking about the theme in different ways during check in, especially with regard to getting back out there - working, gaining independence, making new friends - during recovery. How do you think people earn trust?

As a method of self-supervision afterward, the R-RAP tool captured a glimpse of the dynamics at play (see Figure 1) and provided a creative means of exploring the moment. Roles such as Challenger, Outcast, and Lost One seemed present in the group. For the therapist, Imposter, Teacher, and Defender stood out. In between, this author felt an emergent Referee poised to take charge and call a fair game and a Good Samaritan who noticed hurt and was willing to step in to help as a fellow human being.

In filling out the R-RAP tool and writing out the script, this author strengthened her sense of an internal supervisor, understanding more about her choices in the moment and being able to process underlying feelings that emerged. Processing the moment in supervision afterward provided an external guide who reflected on the tense moment, asking questions about this author's internal monologue, bodily-felt experiences, and gut reactions to the group's resistance. This demonstrated processing questions for future scenarios and instilled confidence in this author's ability to notice the dynamics at play and build therapeutic alliances. Recognizing and empathizing with emergent roles in a group is complex given the number of different people whose intersubjective experiences are being shared (Pirtuzella, 2019). But similar to Williams's (2017) experience, this author noticed how both self and external supervision expanded recognition of the roles presented in the space, including strong and vulnerable sides of each party. This empowered the author's sense of connection to her self and with the clients.

This example also illustrates a moment of emergent thirdness in the therapeutic relationship. One can consider the client's abrupt question as a *now moment* (Stern et al., 2002, p. 915), or a time when clients challenge their therapist and are perhaps unconsciously searching to be seen as human. In the example, this author was still building rapport with the group in treatment. In a now moment, the therapist can deepen their connection with their client, if they

recognize the moment and respond authentically in a *moment of meeting* (Stern et al, 2002, p. 915). Reflecting on this example, this author provided authenticity by admitting humanity, reflectively listening, and staying open to opposition. After this moment, the group carried on. Future groups with this mix of members had a different feel with maturing support for one another, frequent sharing of increasingly vulnerable experiences, and participation in new drama-based activities introduced by this author.

There is no assertion that any future success was due to this one moment; from individual personalities to external forces like work and family influences, there are too many factors in the mix to make such a claim. There is also no guarantee that the group members ever got to the point of trusting this author, that they told full or true accounts of their own lives, or that this author's interpretation of their roles would be true to how they might have characterized themselves. This author believes connecting authentically with the group was about acknowledging that each person was bringing their own truth to the table. Their truth was there even if they did not share it or if others disagreed with their views. There was very little objective truth beyond straight observations (i.e. this was a group of people in a room together at a partial hospitalization program talking about trust in recovery), and each person in the room likely walked away with their own unique experience of the day's activities.

Altmeyer (2013) asked whether there could ever be a solid therapeutic alliance without having a basis in reality. Although Ringstrom (2010) wrote of how differences between therapists' and their clients' perceptions of reality can become a focus of treatment, the goal is not necessarily to come to an agreement. Mitchell (1988) referred to this loose state of objective truth as a psychological reality that is "operating within a relational matrix which encompasses both intrapsychic and interpersonal realms" (Mitchell, 1988, p. 9). In other words, because of a

person's own experiences, truth is relative, and arguing about who is right can divert from treatment and interrupt the alliance. This does not mean a therapist should not assert a point of view contrary to the client's. In fact, Li et al. (2019) suggested that clients may feel more inclined to trust and continue with a therapist who will openly disagree with them.

This author posits that working within the metaphor of storytelling can also produce meaningful insights and build therapeutic relationships, even if a client's subjective view of reality cannot be objectively corroborated by others (i.e. hallucinations, paranoia) or includes a perspective opposite of the evidence. Use of metaphorical or fantastical roles (e.g. vampire, zombie, beast, beauty) can let a client explore perspectives on their lives without needing to adhere to reality. Such roles may stimulate a client's imagination as well as help clients feel safer when working with challenging psychological material (Landy, 1995). There is space in the metaphor even for the lies we tell ourselves. The therapist can still work with the client in the method, broadly accept their subjective view as a metaphor, and help them create stories.

This author suggests the metaphorical story, co-created by the client and therapist, becomes a living projection of thirdness between them. It might also serve as a guide for making connections between the metaphor and a client's real life challenges. Such interventions allow for thirdness to emerge and a therapeutic alliance to form, even when telling (or admitting) the truth feels too risky.

Limitations

This thesis seeks to illuminate thirdness and the guide as conceptualized within two-way theoretical frameworks, specifically using role theory-based interventions. Using other drama therapy approaches (Developmental Transformations, Psychodrama, Narradrama, etc.) might provide additional insights and connections. Similarly, numerous mental health approaches use

different theories and processes to make sense of countertransference/transference. This thesis limits its scope to differentiating between one-way and two-way approaches.

Although this thesis discusses drama-based techniques for supervision and arts-based research, expansion into other techniques is beyond the scope of this review. In this thesis, there is reference to the amount a therapist may choose to share or be implicitly sharing with clients about their own process. However, therapist self-disclosure is a broader discussion. The impacts of systemic racism and implicit bias on the therapeutic relationship are similarly referenced but deserve a deeper exploration than can be captured here.

Further research built on this thesis's comparison and theoretical grounding could consider: how one might adapt processes to reveal thirdness when working with clients in virtual spaces versus a shared physical environment. It might ask which roles arise for clinicians working with different populations, how drama therapists recognize and express relational enactments while in role with clients, the experiences of therapists of color and their roles in therapeutic relationship to clients, how specific interventions used with therapists for processing relationship dynamics arising with clients impact client treatment goals, or how the reflexive process guides drama therapy treatment approaches and client outcomes.

Conclusion

Researchers have found that patients who describe their treatment as successful do so in large part because of two main reasons: key insights gained from their therapy and experiences of authentic connection with their therapist (Stern et al, 2002). A therapist's intervention approach is like a fingerprint, depending their own relational matrix and role system, not to mention their training, mentorship, and the client's presentation.

This thesis is researched and written from the position that drama therapy is well-suited to address the relationships a person has to the world around them as well as the relationships that are co-created in the therapeutic space. Given its shared underlying values (i.e. mutuality, multifaceted relationships, the power of the individual story, and recognition of societal impacts to one's growth and personality) to other two-way approaches being explored in psychotherapy today, it makes sense to compare drama therapy and role theory's guide to these approaches and the emergent concept of thirdness. Connection to an intersubjective, two-way understanding of the therapeutic relationship is also valuable to the advancement and relevance of drama therapy practice. Drama therapy can help make invisible concepts, like thirdness and the guide, concrete.

The truth of people's hidden impressions, enactments, and assumptions lurks among our relationship patterns, living in the space between. This thirdness is there whether we discuss it or not, but revealing it to supervisors, therapists, and clients can lead to deeper understanding of our connections to others, both in and out of the therapy space. Identifying strong guide roles can help. Guides serve as bridges between people and their relationships, which is at the heart of the therapist's work.

Just as the therapist is developing their style and their internalized supervisor, the client is developing their role repertoire and inner guide roles. In this synchronicity of the therapist's and client's journeys, it makes sense for researchers to define and develop tools to explore what emerges in the therapeutic space. Therein also lies an argument for therapists to develop humility in their professional roles. In classic psychoanalysis, the therapist is the expert, but in the evolving two-way system, the therapist keeps in mind that a client's treatment is a mutual process involving fallible human beings. The client and therapist are on similar quests for role mastery and access to new perspectives, together.

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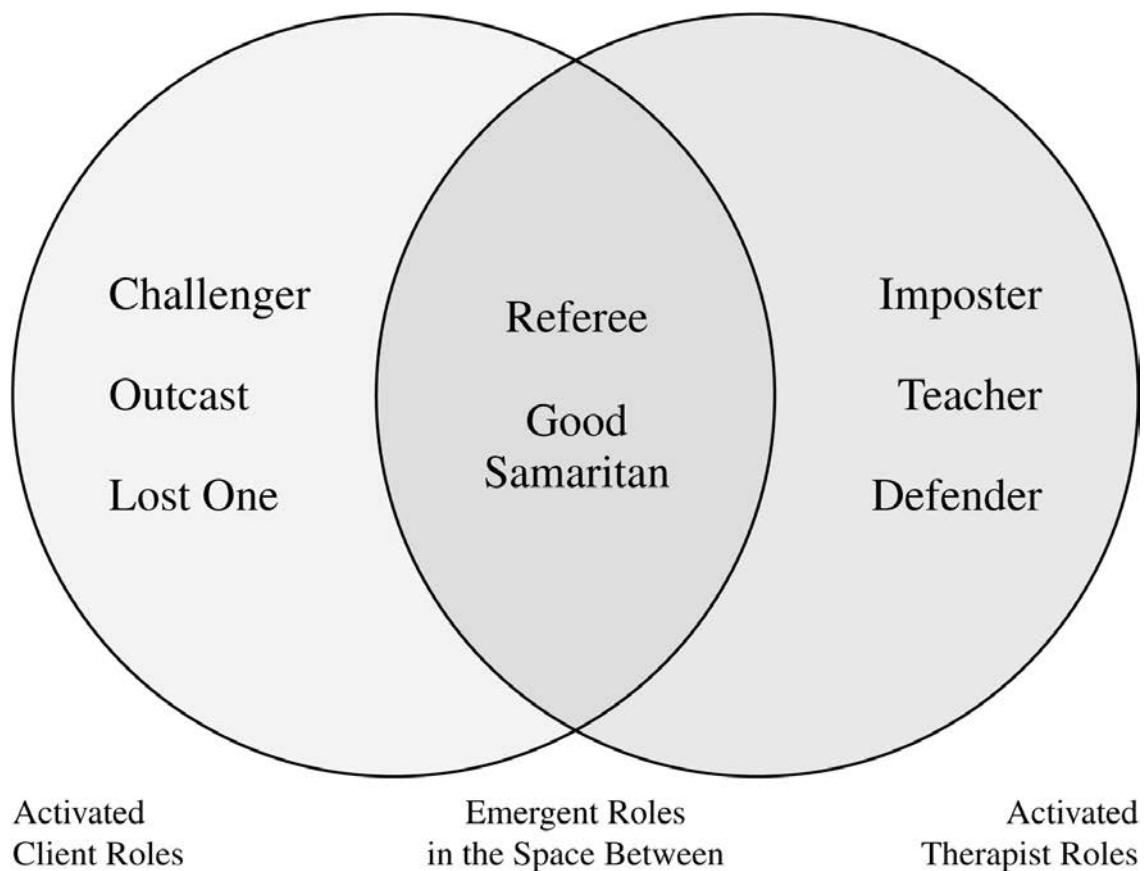
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Appendix A.

Figure 1. The illustration below shows the use of the R-RAP as self-supervision (Williams, 2017), reflecting on a particular moment in a group therapy session.



THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA**

Student's Name: Kathleen D. Moyer

Type of Project: Thesis

Title: What's Emergent? A Literature Review of Thirdness and the Guide in Drama Therapy

Date of Graduation: May 16, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Laura L. Wood, Ph.D

Electronic Signature 5.1.2020 3:19pm EST