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The Use of Drama Therapeutic Play and Unconditional Positive Regard

in Fostering Self-Actualization in Unhoused Individuals

Literature Review

Capstone Thesis

Lesley University

May 1, 2021

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Clinical Mental Health Counseling with Focus in Drama Therapy

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Abstract

Childhood instability and the associated trauma are risk factors for homelessness, a circumstance which is perilous and traumatizing in itself. In order to survive such dangerous situations, unhoused individuals can develop protective behaviors to keep others away, which makes building and maintaining interpersonal relationships difficult. Beyond this, aspects of childhood instability can negatively affect socialization and interpersonal skills; for example, attachment theory suggests that attachment-based trauma (resulting from an insecure relationship with a caregiver) can negatively impact self-regulation and social skills into adulthood. This literature review seeks to better understand how two specific approaches to treatment, person-centered therapy and drama therapy, may be especially helpful to unhoused individuals who struggle with interpersonal relations. Person-centered therapy focuses on the therapeutic relationship, as well as faith in the client and their experience. Drama therapy utilizes theatrical techniques to foster therapeutic change, with play being a core aspect of the modality. The playfulness of drama therapy, coupled with the trust and empathetic understanding of person-centered therapy, as well as the relational aspects of both approaches, may be especially helpful in bolstering social skills and navigating difficult behaviors; thereby being an especially effective treatment for unhoused individuals, who may struggle to seek treatment and maintain social connections.

Keywords: homelessness, unhoused, person-centered therapy, drama therapy, attachment theory, play

Introduction

This thesis focuses on the traumatic conditions leading to and resulting from homelessness as well as the negative mental, physical, and social impacts on unhoused people. Repeated traumas and social stigmatizations have detrimental effects on self-regulation, impulse control, and social skills, which ultimately may result in behaviors, often protective, that make building and maintaining relationships difficult (van Der Kolk et al., 2005). Because of these repeated stigmatizations and resulting social deficits, people experiencing homelessness may be especially likely to benefit from person-centered therapy (PCT), a theoretical approach that posits a positive outlook on human nature and unconditional positive regard for the client, as well as a focus on the relational aspect of therapy (Rogers, 1957). A review of the literature revealed the importance of social attachments and relationships and how these factors can foster positive growth for the client. The literature also revealed how the negative impact of trauma and homelessness on social and relational skills can be especially dire. That is, unhoused individuals desperately in need of secure relationships and unconditional positive regard can develop certain behaviors and/or lack social skills, ultimately making these social bonds and positive regard all the more difficult to achieve. The playful aspect of drama therapy may be a key asset in fostering this unconditional positive regard and circumventing impasses with the client, making therapy more appealing to the client and helping the therapist and client navigate otherwise gruff social interactions. This suggests that drama therapy in its inherent playfulness may be a key treatment when working with people experiencing homelessness as they build relational skills and develop toward self-actualization.

Researcher Reflexivity

The motivation to write this thesis began with a challenge I made to myself in 2019 when selecting my first internship for my Master of Arts degree in drama therapy. I was drawn to this internship site, Common Cathedral, because of their focus on the healing aspects of art and community; it appeared that Common Cathedral and I shared similar compassion towards and acceptance of others; if someone is suffering, they deserve help, regardless of the circumstances leading to the suffering.

Admittedly, I still felt nervous and challenged to work with a population so unfamiliar to me: people experiencing homelessness. I should position myself as an upper-middle class, white, cis-gendered woman; I had no experience with homelessness. As accepting as I *thought* I was about people who use drugs or live on the street, I knew this acceptance was not quite so easy in real life. I knew the unease I felt when walking by someone on the street asking for money. I knew how wrong it felt to ignore these people in an attempt to quell my unease; it just did not sit right with me to avoid their gaze and move on. I hoped working in such an environment would help me combat this unease and rely more on my compassion and empathy.

While working at Common Cathedral, I noticed the compassion, patience, and care of the staff and the individuals served. I was struck by how much I saw what I learned about in class playing out in real life. One of the staff members described Common Cathedral as a "bridge that cannot be burned." That is, no matter how much someone may "act out" and "break the rules" (through verbal threats, physical altercations, drug use, etc.) they were always welcomed back; they may be required to leave for the day or take a several week or month break from the program, but after some time, so long as they were able to discuss the incident and understand why they were dismissed, as well as make amends for the incident, they would be welcomed

back. This "unburnable bridge" concept reminded me of attachment theory and person-centered therapy I was learning about in class; it seemed Common Cathedral gave individuals an opportunity to form secure attachments and be treated with unconditional positive regard.

As my internship went on, I saw positive changes in our guests. One individual in particular was frequently dismissed during programs, he was prone to angry outbursts and often made verbal threats or moved towards violence. He would be dismissed but was always given the chance to take a break, make amends, and return. As time went on, these outbursts and dismissals decreased and he showed more self-awareness about his anger as well as a better ability to regulate his anger or remove himself from a situation triggering his anger. The positive regard and relationship security Common Cathedral held towards its guests, which were so reflective of tenants of person-centered therapy and attachment theory, seemed to help give our guests a secure relationship from which they could challenge themselves and increase skills in self-awareness and self-regulation.

Perhaps the idea of forming this secure bond and having positive regard towards those we serve is a bit simplistic, or, at least, it may be easier said than done. Individuals experiencing homelessness often develop behaviors to keep others away as a way to protect themselves, and these behaviors can sometimes be considered difficult by others (Galway et al., 2008). I learned firsthand how it is not always so easy to show unconditional positive regard toward someone who may struggle with personal boundaries or scream at you for a seemingly minor issue. I noticed that my training in drama therapy and, in particular, playfulness, helped me foster this unconditional positive regard. Being able to approach these potentially awkward conversations from a place of playfulness rather than a place of fear, authority, or punishment, seemed to help my relationship with guests improve. I noticed a similar sort of playfulness, or at least levity,

among the rest of the staff and I noticed that working in this field may be daunting if one were always the stern, stoic therapist in the room.

When beginning this thesis, I hoped to learn more about the specifics of play and playfulness, how and why they work, and how they can be applied to the homeless population. Perhaps what I wanted was a professional and academic way to explain how my playful nature was actually therapeutic. It is important for me not to lose sight of the focus of this thesis: people experiencing homelessness. In researching this thesis, I hoped to learn about ways to treat and help unhoused people, not through further control or punishment, but through compassion, positive regard, understanding, and playfulness.

Literature Review

This literature review begins by defining homelessness as well as exploring risk factors for and pathways to homelessness. Then the health impacts of homelessness are explored, along with racial and other disparities within the homeless population. The next section discusses Carl Rogers's person-centered therapy and its six principles. Attachment theory and styles of attachment are then discussed at length. Finally, the basics drama therapy and several of its core concepts, dramatic projection, play, embodiment, and triangular relationship, are explored.

Homelessness

Pathways to homelessness

Chamberlain and Johnson (2016) analyzed case histories of over 4,000 unhoused people, defined as "people sleeping rough, staying temporarily with friends or relatives, using emergency accommodation and living in boarding houses" (p. 4) and identified five pathways to homelessness, "housing crisis," "family breakdown," "substance abuse," "mental health issues," and "youth to adult pathway" (p. 2).

The "youth to adult pathway," which accounted for 35% of individuals surveyed, included adults whose first experience with homelessness was before the age of 18; many of these participants also had been in some sort of "state care" and/or experienced family trauma (parental drug addiction, physical and/or sexual abuse) (Chamberlain & Johnson, 2016, p. 7). Further, Cohen-Cline et al. (2021) conducted a study of 2,348 individuals on Medicaid in a large city in Oregon and found that childhood instability (i.e. living with an adult with substance abuse issues or previous incarceration, abuse, neglect, witnessing violence, homelessness) was "strongly associated" with homelessness in adulthood (p. 5). Findings indicated that substance abuse and running away from home were factors of childhood instability ultimately leading to an increased chance of experiencing homelessness, though dropping out of school did not have a significant correlation to later homelessness (Cohen-Cline, 2021). The results from both the Chamberlain and Johnson (2016) and Cohen-Cline et al. (2021) studies emphasized the impact of childhood instability on later homelessness.

In researching other pathways to homelessness, Chamberlain and Johnson (2016) found that housing crisis accounted for 19% of people surveyed, substance abuse 17%, 16% mental health issues, and family breakdown 11%, though the authors noted a limitation in their study; women experiencing homelessness as a result of domestic violence were under-represented in their sample (p. 8). Chamberlain and Johnson (2016) noted that in portrayal of homelessness in the media mental illness and substance abuse tend to be overly represented, in comparison to their data.

Cohen-Cline et al. (2021) noted additional concerns that Chamberlain and Johnson's (2016) data was non-random and based on case notes, which may have "lack[ed] systematic and consistent data collection across all participants" (p. 2). While Chamberlain and Johnson's 2016

study may have limitations, their data echoed several other studies which link childhood

instability (i.e. abuse, dysfunctional household, and removal from caregivers) to an increased

chance of experiencing homelessness (Cohen-Cline et al, 2021, p. 1). These findings suggested

that there is a multi-pronged approach to treating homelessness, providing housing and services

for those who are currently homeless, and treating the sources of childhood instability that cause

increased chances of homelessness in the future.

Impact of Homelessness on the Individual

Individuals who experienced homelessness, chronic or otherwise, were found to be at an

increased risk for adverse physical and mental health issues (Fusaro et al., 2018). Goodling

(2020) noted that unhoused individuals experienced a "lack of access to food and hygiene

facilities, police violence, illness and disease, and exposure to the elements," (p. 835) all of

which have detrimental effects to mental and physical health, with police violence potentially

prolonging homelessness.

Herring et al. (2019) found that unhoused individuals were frequently targeted by police,

who arrested, fined, or otherwise displaced them in order to uphold "quality of life" laws (p. 15).

Heavy policing in areas where homeless communities congregated created a cycle of

displacement and incarceration, which Herring et al. (2019) defined as a type of "pervasive

penalty" for homelessness (p. 2). Even if no legal action was formally taken against these

displaced unhoused individuals, Herring et al. (2019) found that police activity to uphold

"quality of life" laws *negatively* impacted quality of life for homeless individuals, as the policing

tactics "collectively worked to dispossess people of their property, produced insurmountable

debts, created barriers to accessing services, housing, and jobs, and increased the vulnerability of

the unhoused to violence and crime" (p. 15). The enforcement of laws meant to improve quality

of city living (by decreasing or otherwise hiding the homeless population), actually did more to

harm people experiencing homelessness by inhibiting their ability to find housing and

perpetuating this cycle of homelessness and incarceration (Herring et al., 2019).

Goodling (2020) stated that law enforcement officers confiscated tents or other items

belonging to unhoused individuals, not only forcing them to move from their spot but also

removing the shelter offered by the tent. Police sweeps forced unhoused individuals into

industrial parts of the city or under bridges or overpasses, places where there was increased

exposure to environmental toxins (i.e. exhaust fumes, mold, mildew, etc.) (Goodling, 2020). Life

on the streets exposed unhoused individuals to increased risk of environmental toxins, violence

(by police or other citizens), food insecurity, and exposure to the elements (Goodling, 2020);

such exposure, especially when coupled with lack of adequate healthcare, placed individuals at

an increased risk for negative health impacts such as respiratory disease, cardiac disease, some

cancers (i.e. skin cancer from sun exposure), and, ultimately, a shorter lifespan (Schanzer et al.,

2007).

Luhrmann (2007) observed the impact of the constant social scorn and rejection

experienced by unhoused individuals, which caused both physical and mental harm. Luhrmann

(2007) described "the big ignore," a phenomenon in which housed people ignored unhoused

individuals in public and acted as if they did not exist, which was a constant denial of their

existence and reminder of their social standing (p. 157). When unhoused individuals *were*

acknowledged, they were often considered dangerous or stigmatized, assumed by others to be

sex workers or thieves (Luhrmann, 2007). This constant social rejection and threat of physical,

mental, or social harm put unhoused individuals in a state of constant hypervigilance.

Luhrmann (2007) noted how hostility and hypervigilance occurred even in response to minor threats; unhoused individuals would intensely and immediately act to "protect goods or status that a middle-class, housed person would quickly cede," (Luhrmann, 2007, p. 156). Protective behaviors elicited by this hypervigilance (i.e. hostility, aggression, or withdrawal) were often seen at the first sign perceived or actual harm, as if their survival depended "on an ability to overreact" (Luhrmann, 2007, p. 156). Luhrmann (2007) noted these behaviors were seemingly necessary for survival on the streets, thus explaining why these behaviors were so automatic and immediate. That said, these behaviors also negatively impacted social relations and kept others, and whatever threats or help they may have offered, away. Galway et al. (2003) observed this phenomenon when working with unhoused individuals, who denied assistance, withdrew from socialization, and "demonstrate[d] a profound interpersonal aversion to others" (p. 140). These findings illustrated the devastating impact homelessness can have on interpersonal relations and socialization.

Luhrmann (2007) shed light on how institutions meant to help unhoused individuals could further harm them or drive them away. For example, strict rules in homeless shelters were enforced to help keep unhoused guests safe; however, these same rules humiliated these guests and removed their agency (Luhrmann, 2007). Luhrmann (2007) explained the impact of these regulations, "those rules also repeatedly remind you that this is not your home, you do not decide what happens, it is not yours. These are little defeats, symbolic rather than actual. But they are constant," (p. 157).

Disparities within the homeless population

Rhee and Rosenheck (2021) used the Oaxaca-Blinder decomposition analysis to study the implications of the racial disparity among homeless individuals, citing that Black individuals

made up roughly 13% of the US population while making up nearly 40% of the homeless population. Previous studies suggested that Black homeless men were more likely to use drugs than their white counterparts, though Rhee and Rosencheck's (2020) data did not support this finding. Instead, they found that "race-based inequalities in lifetime homelessness were primarily associated with differences in income, incarceration history, and exposure to traumatic events," (Rhee & Rosenheck, 2021, p. 167).

Rhee and Rosenheck (2021) postulated that systemic discrimination against Black individuals made them more likely to experience the above risk factors than their white counterparts, thus making them more likely to experience homelessness. For example, strict drug laws created in the 1980s resulted in the mass incarceration of Black men; even after their release, these men were more likely to have difficulty finding stable housing or employment, thereby making them more susceptible to homelessness (Rhee & Rosenheck, 2021). Other forms of systemic racism, like segregated housing, lead to concentrated areas of poverty, where upper mobility was difficult; because such systemic forces more heavily impacted Black individuals than white, Black individuals were more likely to be exposed to the risk factors of homelessness. Rhee and Rosenheck emphasized how the racial disparities in the homeless population were more likely to be caused by this systemic oppression than individual behaviors or psychopathologies.

There were several limitations in Rhee and Rosenheck's (2021) study; they surveyed housed men with a history of homelessness, therefore they were not able to obtain data on currently homeless individuals and were unable to consider whether these individuals were chronically or transiently homeless. Because the study relied on cross-sectional data, a causal conclusion could not be drawn. Finally, the data set used was from 2012-2013 and not reflective

of the current population; that said, Rhee and Rosenheck (2021) believed the data to be relevant

given the racial disparity among the homeless population persisted over time.

  Faser et al. (2019) conducted a literature review to determine potential causes or risk

factors the disparity of Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+)

individuals in the homeless population. While LGBTIQ+ individuals make up approximately 5-

10% of the US population, they comprise an estimated 20-40% of the homeless population.

Fraser et al. (2019) found that LGBTIQ+ individuals were susceptible to the same risk factors as

the general population, poverty, mental health, substance use, racism, discrimination, sexual

abuse, foster care, and family issues. LGBTIQ+ youth were more likely to experience a family

breakdown, resulting in their being sent to foster care, which itself was associated with

disproportionately high rates of homelessness among youth (Fraser, 2019). Further LGBTIQ+

youth were more likely run away or be kicked out of their home or foster homes due to

discrimination (Fraser, 2019). Fraser (2019) noted that "sexual abuse is both a driver to, and

consequence of, homelessness" and that homeless individuals were more likely to experience

sexual assault, either before or during homelessness, than the general population (p. 5).

LGBTIQ+ youth were more likely than their non-LGBTIQ+-identifying counterparts to suffer

sexual abuse both by adult caretakers and on the streets (Fraser, 2019).

  Within the experience of homelessness, Fraser (2019) found that LGBTIQ+ individuals

were more likely to have certain physical illnesses (e.g. HIV), more likely to engage in sex work,

and more likely to face difficulties when getting into a shelter. Many shelters did not have the

facilities or proper training to support LGBTIQ+ individuals, especially as shelters tended to be

separated by gender, which made them inaccessible to some transgender or genderfluid

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individuals (Fraser, 2019). That is, the discrimination that lead to their homelessness was also likely to exacerbate it.

Person-Centered Therapy

Person-centered therapy (PCT) (may also be referred to as client-centered therapy, Rogerian therapy/approach, or humanism) was conceptualized by Carl Rogers, who, contrary to Freud, had an optimistic view of human nature; he emphasized the importance of transparency in the therapeutic relationship and trust in clients' capabilities and knowledge of their inner world (Thorne, 2008). Rogers believed humans, like all organisms, had a "natural tendency toward a more complex and complete development," which he called an "actualizing tendency" (Rogers, 1979, p. 2). This tendency towards complexity and development was not something that could be taught or provided by others, rather it was inherent in all of humans; however, what *could* be provided by others is a relationship that provides a climate promoting this tendency (Rogers, 1979).

Six conditions

Rogers (1957) defined six conditions necessary and sufficient to drive positive change in the client's personality and psychology:

> 1. Two persons are in psychological contact; 2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious; 3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship; 4. The therapist experiences unconditional positive regard for the client; 5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client; 6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. (p. 241)

Roger's (1957) clarified that the first condition may even be considered an "assumption or precondition" and that it specifies, "that the two people are to some degree in contact, that each makes some perceived difference in the experiential field of the other" (p. 241).

Expanding on the second condition, Rogers (1957) explained that the client's

incongruence and related anxiety often stemmed from the client's lived or symbolic experience

directly contradicting their self-view. He used an example of a mother who developed vague

symptoms whenever her only child planned to leave home (Rogers, 1957, p. 272). The mother's

self-view was that she was good and caring, making her child a "source of satisfaction," one

which she was resistant to letting go of (Rogers, 1957, p. 272); however, admitting this

resistance to herself would create a sense of incongruence of her self-view as a good and caring

mother. That is, demanding her child stay or otherwise trying to hold back her child so that she

does not lose this sense of satisfaction, would contradict her self-image of being a "good

mother." Being ill and requiring attention for said illness, however, was not something that

contradicted her image of "good mother," therefore it *was* in congruence with her self-view. This

created dissonance between "the self as perceived (in this case as an ill mother needing attention)

and the actual experience (in this case the desire to hold on to her son)" (Rogers, 1957, p. 272).

Rogers (1957) postulated this incongruence, or contradiction in self-view vs. experienced

feelings, was a main source of the anxiety and pain that brought clients into therapy.

The third condition of PCT was that the therapist is "congruent within the relationship,"

meaning that the therapist was aware of their own experiences and feelings, even if they seemed

contradictory or unacceptable (Rogers, 1957, p. 271). A congruent therapist was acutely aware

when they were afraid of or disgusted by their client and did not try to deny these feelings but

allowed themselves to experience them (Rogers, 1957). Rogers (1957) was not suggesting

therapists voice all of their reactions and thoughts to a client, rather that the therapist at least

brought their experiences and reactions into their *own* awareness and experienced them

somewhere in life, whether it be to their own therapist, a colleague, or supervisor. When the

therapist had a high level of self-awareness and transparency there was a "close matching, or

congruence, between what [was] being experienced at the gut level, what [was] present in

awareness, and what [was] expressed to the client," (Rogers, 1979, p. 1). Rogers (1961)

speculated that this congruence (the therapist's ability to understand and adequately and

appropriately express their inner experiences) created an honest and transparent

relationship. This genuine nature of this relationship, Rogers believed, was essential to the

client's growth, "it [was] only by providing the genuine reality, which [was] in me, that the other

person [could] successfully seek for the reality in him," (Rogers, 1961, p. 33).

Unconditional positive regard for the client was the fourth condition of PCT (Rogers,

1979). Some critiqued this approach out of concern it may encourage perpetuation of the

behaviors that brought the client into therapy in the first place; however, unconditional positive

regard was not blind approval of the client's actions and opinions (Rogers, 1961). Rather, Rogers

(1957) described unconditional positive regard as "involv[ing] as much feeling of acceptance for

the client's expression of negative, "bad," painful, fearful, defensive, abnormal feelings as for his

expression of "good," positive, mature, confident, social feelings," (p. 243). With unconditional

positive regard, the therapist did not attempt to quell anger or dry tears, but rather accept the

individual wholly as they are and experience that moment with them, whatever the emotion or

feeling is. The client, having been able to experience these feelings safely, was more inclined

towards development of therapeutic change (Rogers, 1979). Further, this condition relied on the

therapist recognizing the client as a separate being with their own separate experiences and

feelings; this relationship was not about the therapist or their satisfaction or self-worth, but of the

client and their reality (Rogers, 1957).

Rogers's (1979) fifth condition was that the therapist had an accurate empathetic understanding of the client's inner world; his sixth condition stated that this empathetic understanding (and unconditional positive regard) were communicated to the client (1957). Rogers's (1979) focus was not on feeling compassion or sympathy for his clients, but on true empathetic *understanding.* Rogers (1979) described a therapeutic relationship where the therapist was so congruent with their client that they were able to see the intricacies and truth of the client's worldview and relay this information back to the client. Ultimately, the therapist's understanding of the client's inner world could be so in-sync that the therapist could shed light and understanding on aspects of the client's inner world they were not yet able to see (Rogers, 1979).

Attachment Theory

Attachment theory was developed by John Bowlby, who postulated that the quality of caregiver-child relationships impacted childhood development and mental health later in life (Kinniburgh et al., 2005; Main, 1996). Kinniburgh et al. (2005) noted that children with healthy attachments to their caregivers were more likely to see positive outcomes, like resilience and self-regulation skills; however, children without these healthy attachments were prone to more negative outcomes including mental illness and difficulty with interpersonal relations

Types of attachments and their implications

Mary Ainsworth designed the "Strange Situation" study in which she observed the reactions of infants during two brief separations from their caregivers (generally their mothers), lasting several minutes each (Main, 1996). The infants' behaviors and reactions were categorized into different and distinct styles of attachment: secure, insecure-resistant/insecure-ambivalent, and insecure-avoidant (Main, 1996). Infants with secure attachments tended to show signs of distress

in the absence of their mother and "greeted [her] actively" when she returned (Main, 1996); these infants then began playing and moving around the room again, using their mother as a "secure base" from which to explore. The majority of infants exhibited this response, which tended to be associated with attentive, caring mothers well-attuned to their child's needs (Main, 1996). In comparison to children with insecure attachment styles, securely attached children tended to "exhibit greater ego resilience as well as social and exploratory competence than insecure children" (Main, 1996, p. 238).

Ainsworth observed that some infants were more ambivalent in their behavior, alternating between clinginess and anger or dissatisfaction (Main, 1996). These infants were "preoccupied" with their mothers and struggled to return to play once the mother was back in the room; Ainsworth categorized these infants as having an insecure-resistant/insecure-ambivalent attachment. Their mothers were not neglectful or cruel but tended to be unpredictable and poorly attuned to their infant's needs (Main, 1996).

Ainsworth found that some infants did not cry when separated from their mother and were avoidant upon her return, focused instead on the toys; conversely, in home settings, these children often "exhibited marked anger with mother and marked anxiety regarding her whereabouts," (Main, 1996, p. 238). These infants were categorized as having insecure-avoidant attachment styles (Main, 1996). Mothers of these infants tended to be "averse to tactual contact" and "rejected attachment behavior" (Main, 1996, p. 238). In school settings, children with the avoidant attachment styles "were observed to victimize others, whereas ambivalent-resistant children were typically their victims," (Main, 1996, p. 238).

Main (1996) conducted additional "Strange Situation" experiments and found that many

infants were unable to be categorized into the three existing styles. These infants exhibited strange

and conflicting behaviors in response to their parents:

> Rocking on hands and knees with face averted after an abortive approach; freezing all
> movement, arms in air, with a trancelike expression; moving away from the parent to lean
> head on wall when frightened; and rising to greet the parent then falling prone. (Main,
> 1996, p. 239)

This prompted the designation of a fourth attachment style, insecure-

disorganized/disoriented (Main, 1996). This style of attachment was seen in children who were

maltreated by their parents and was suspected to develop in reaction to the paradoxical situation

of being threatened by an attachment figure, from whom the infant seeks security (Main, 1996).

Main (1996) speculated that infants with a disorganized attachment were most at risk to suffer

from a mental disorder later in life.

van Der Kolk (2014) postulated that infants with a secure attachment style learned how to

manage their feelings from their caregivers and associated "intense sensations with safety,

comfort, and mastery" (p. 115). When feeling uncomfortable or hungry, these infants would cry

and their cries were met with an attuned response from their caregiver, who soothed them and

fulfilled their needs, teaching the infant that they have agency over their situation (van Der Kolk,

2014). Conversely, infants with poorly attuned caregivers learned that crying did not result in their

needs being met, which suggested to them that their cries were not effective, and they did not have

power in the situation, thus contributing to insecure attachment (van Der Kolk, 2014).

Attachment, self-regulation, and competency

The attachment, self-regulation, and competency (ARC) method of trauma intervention

was developed based on attachment theory (Kinniburgh et al., 2005). ARC was developed with a

focus largely on complex trauma which, in contrast to acute trauma (i.e. car accident, weather

event), stemmed from longer-term exposure to "totalitarian control" (Fisch & Arnold, 2011, p. 12). This "totalitarian control" included being under conditions like those of a refugee camp but could also arise from a "controlling and oppressive family system" (Fisch & Arnold, 2011, p. 12).

Fisch & Arnold (2011) stated that the most "destructive" trauma was abuse from or neglect by a child's attachment figures (p. 13). While children in secure households tended to be able to hone "cognitive, affective, behavioral, physiological, relational, and self-attributional" skills, children in insecure households had to focus on survival and trying to understand an inconsistent world, leading to a later detriment in these skills (Kinniburgh et al., 2005, p. 423). Therefore, the basis of the ARC model focused on establishing this secure attachment and sense of safety before any "skills" were developed (Kinniburgh et al., 2005).

Kinniburgh et al. (2005) described two components to the "attachment" step of this treatment: establishing healthy attachments between survivors of trauma and their caregivers and creating a "safe environment for healthy recovery" (p. 426). This "safe environment" meant a predictable and structured environment, which could be achieved in part by establishing "ritual and routine" (Kinniburgh et al., 2005, p. 426). Kinniburgh et al. (2005) suggested that as these children learned to trust the security of their attachment, they were then better able to focus their attention on honing skills in affect knowledge, expression, and modulation; that is, understanding exactly it was what they were feeling and how to communicate, express, and regulate these feelings (Kinniburgh et al., 2005).

Drama Therapy

Emunah (2020) defined drama therapy as "the intentional use of drama/theatre processes to achieve psychological growth and change" (p. 27), such processes included theatrical

techniques, exercises, and games. Jones (2016) defined core concepts of drama therapy, including "dramatic projection," "playing," "embodiment," and the "triangular relationship" (p. 78-79).

Dramatic Projection

Jones (2007) described dramatic projection as the use of theatrical techniques (e.g. puppetry, masks, storytelling, and role playing) to externalize inner aspects of the self; inner thoughts, conflicts, or emotions were externalized in such a way that allowed clients to observe and understand these from a distanced perspective. Landy (1996) noted the importance of this distanced perspective, as being under distanced from the therapeutic material overwhelmed client's with emotion and made them unable to grapple with the material. Conversely, overdistanced clients tended to view their therapeutic material through an analytical and rational lens, preventing the emotional involvement necessary for change (Landy, 1996). When clients were able to approach their therapeutic material in a manner that is neither too cognitive nor too emotional, they achieved an "aesthetic distance" (Emunah, 2020; Landy, 1996, p. 367; Scheff, 1981). From this safe, aesthetic distance, uncomfortable feelings, thoughts, or memories could be addressed and reinternalized with a fresh perspective, without emotional overinvolvement or detached rationale.

Playing

Jones (2016) emphasized how play allowed clients to explore new possibilities by engaging in a "playful relationship with reality" (p. 78); ideas and concepts that were rigid or unplayable in reality became playable within the fantasy of the drama therapy session (Jones, 2007). The playful nature of drama therapy allowed clients to experiment, create, and make

mistakes, all within the safety of the dramatic fantasy (also known as the playspace) and without

the consequences of the real world (Jones, 2016).

Mayor and Frydman (2021) found that the definition of play as a "playful relationship

with reality" made the concept of play difficult to differentiate from participation in drama

therapy in general. Heightened play was conceptualized by Mayor and Frydman (2021) as "the

use of play as a process intended to leverage an intentionally elevated playful state in or outside

of a mutually agreed upon dramatic container" (p. 8). This concept allowed for a flexible, playful

state to exist outside of a structured drama therapy session. Webb (2019) described a similar

concept, pocket play, where drama therapists intentionally and purposefully created small

moments of play without formal structure. Webb (2019) suggested the possibility of drama

therapists adopting a playful persona, like that of a medical clown; with a playful persona, the

therapist could maintain a playful relationship with reality, which would allow for a sort

of "therapeutic roaming, similar to working in milieu" in a setting like a school or nursing home

(p. 270).

Embodiment

Jones (2007) described embodiment as "the way the self is realised by and through the

body," (p. 113). Exercises in embodiment used by Jones (2016) included role playing (physically

enrolling as and acting like a particular role) and attentive observation of bodily sensations.

Learning and feeling the connection between bodily sensations, internal feelings, and outside

factors aided clients in better understanding their emotional state and how it influences

sensations in the body (or vice versa). Embodiment exercises helped clients become mindful of

the present and engaged with the "here and now," rather than distractions outside of therapy

(Jones, 2007, p 114). Jones described the body as "primary means of communication between

self and others," and felt that an embodied approach was beneficial in helping clients learn how

to better communicate and express themselves through embodied expression and body language

(p. 113). Jones (2016) suggested embodiment could be used as a projective tool. The physical

embodiment of a role outside their own created distance between a client and the therapeutic

material at hand (because they were not enrolled as themselves, but as someone else); this

allowed clients to explore new perspectives and internalize them (Jones, 2016).

Triangular relationship

Jones (2016) postulated that the drama allowed "an additional factor to enter into the

relationship between client and therapist," creating a triangular (therapist, client, and drama)

relationship (p. 79). The drama acted as a sort of mediator between client and therapist and

allowed clients to "express and explore themselves and the therapeutic relationship" (Jones,

2016, p. 79). Jones (2016) used the example of a client who was resistant to treatment and

refused to engage with Jones over multiple sessions; finally, at the beginning of one session,

Jones rolled a toy ball toward the client, who rolled it back to Jones and stated his name. Jones

(2016) noted this as a "positive use of the triangular relationship as the ball seemed to provide a

way to relate to me through playing where direct eye contact and engagement were not

necessary" (p. 84-85). The ball acted as a third party in the relationship, which allowed it to

mitigate a connection between therapist and client; the triangular nature of the relationship

allowed the client to engage in the therapy in a way that he could not directly with the therapist

(Jones, 2016).

Limitations

There is a lack of literature about drama therapy with people experiencing homelessness.

There is also a lack of literature about attachment theory or the ARC treatment model with

adults. Thus, there is a need for further research in both areas. Marginalized groups are not only disproportionately represented within the homeless population, but the impact of homelessness can be more severe (i.e. police violence), and an intersectional lens must be considered in further research. The importance of intersectionality cannot be ignored and, as a practitioner with so much privilege, to ignore intersectionality could bring harm to my clients or the therapeutic relationship.

Discussion

This literature review provided an overview of the detrimental mental and physical effects of homelessness, as well as the traumatic life experiences that often precede homelessness. The impact of homelessness on the individual tends to result in behaviors which are meant to keep others, and any threats they may carry, away (Galway et al., 2008). When these behaviors are successful and threats are kept away, social connections and bonds are also kept away, further restricting their access to positive socialization. Some of the traumatic life experiences that precede homelessness and indeed some of the pathways to homelessness involve family and relational trauma, perhaps even relating back to attachment. Secure attachment bonds are crucial for developing skills in self-regulation and these secure bonds may be necessary before these skills can be developed or mastered (van Der Kolk, 2005). Therefore, the formation of a secure bond may be an essential first step towards positive change. Of course, formation of this bond is not always easy, especially in light of the difficult behaviors developed to protect the individual; even the most patient and understanding therapist may struggle to build secure bonds with someone who may lash out without any obvious provocation, have poor hygiene habits, or just ignore the therapist altogether. The focus on the unconditional positive regard and the relational aspects of therapy by Carl Rogers potentially make a person-centered

approach particularly beneficial when working with unhoused individuals, especially considering how stigmatized they tend to be and how little positive regard they may receive in day-to-day life. Fostering this unconditional positive regard and convincing unhoused individuals to seek treatment may be remarkably difficult; however, drama therapy and its focus on playfulness and play may be part of the solution to fostering this positive regard and enticing resistant individuals to follow through with therapy.

A common theme in the literature was the relational aspect of therapy. That is, a social connection or bond with another was a crucial element to each theory or method researched; the healing in these approaches could not be achieved though self-help books or psychoeducation alone but relied on being in relationship with another person. Relationships are damaged because of trauma and homelessness. Social skills, the skills necessary for relationships, are harmed by attachment trauma and homelessness. Indeed, it seems the forming of a secure bond, a secure relationship, is key in skill-development and healing. This suggests, as Rogers (1957) posited, that two people being in relation with one another is a fundamental aspect to positive growth. Further, the "triangular relationship" in drama therapy allows for the drama to be a third aspect of the relationship between therapist and client, allowing for flexibility in the exploration of their therapeutic relationship. Because unhoused individuals are especially likely to be resistant to treatment (due to trauma histories, protective withdrawal, or previous negative experiences with healthcare discrimination) flexibility when working with a therapist may be especially helpful.

Rogers (1957) suggested that many clients feel anxiety when their self-view does not align with their lived experience; he also believed that unconditional positive regard and a warm, welcoming attitude toward a client was necessary for positive change. Thus, a problem arises when unconditional positive regard from the therapist towards the client directly contradicts the

client's self-view. For example, van Der Kolk (2014) described the phenomenon of children with abusive parents viewing themselves as "terrible" because they are treated terribly by their parents (i.e. "if my parents treat me this way, it must be true"). This self-view of "terribleness" influences the way these individuals expect to be treated and what they expect from themselves, such that their lived experience reflects their self-view. It seems possible then, that unconditional positive regard towards this client may directly conflict with their self-view and lived experience, causing further anxiety and impasses in treatment. This highlights a reason unhoused client may be resistant to treatment, even if they are unaware of the incongruence between their self-view (terrible) and the therapist's view of them (unconditional positive regard). Being aware of this phenomenon may help therapists deepen their relationship with their clients and express their unconditional positive regard in a way that does not overwhelm the client by denying their inner reality that they are terrible.

While not all people who experience homelessness experienced child abuse or neglect, and therefore may not have insecure or disorganized attachment (or a "terrible" self-view), the constant scorn and stigmatization from society negatively impacts mental health and self-view (Luhrmann, 2007). Therefore, a therapist's positive attitude may be unfamiliar and contradict the lived experience of unhoused people, whose lived experience is being constantly put down by others, even those meant to help like police or shelter workers (Luhrmann, 2007). This suggests that even securely attached unhoused individuals may hold negative self-views that make accepting a warm, positive regard difficult. With this in mind, a drama therapy approach could be overlaid on PCT. Indeed, the anxiety a client may feel when the therapist's unconditional positive regard negates their self-view, may be more tolerable when explored in an arena of

playfulness-- where "terrible" and "evil" roles can be played with and new positive identities can be safely explored.

Luhrmann (2007) described how even the most well-intentioned person working in a shelter takes agency away from shelter guests as they enforce the rules meant to keep them safe. Because PCT focuses on the therapist trusting the client's inner world and world view, rather than what the therapist thinks is best for client, PCT is likely especially beneficial to unhoused people with so little agency; that is, a PCT therapist trusts that the client is an expert in their experience and tries to understand their perspective rather than pushing the client towards whatever the therapist thinks is best from their housed perspective. For example, it is not uncommon for an unhoused individual to prefer sleeping on the streets over a shelter, which may seem surprising to housed people, especially in the winter. A PCT approach would prioritize trying to understand the client's experiences and world view that would make the freezing streets a more appealing option than a shelter, rather than trying to dissuade the client from sleeping outside. Drama therapy too allows for agency, for decisions to be made in the "here and now," in the playspace. If this power of agency overwhelms the client, as it is a direct contradiction to their everyday reality, drama therapy allows agency to be enacted with levity and playfulness. Decisions do not have to be serious or have real life impact, but they can control the direction of the play and have impacts within the fantasy.

In drama therapy sessions, the encounters between people are spontaneous and occur in "real-time," so clients are forced to confront these interactions and any resulting anxieties immediately. Therefore, clients can safely begin to break through their defenses, maladaptive behaviors, and rigid behaviors and thinking patterns, instead beginning to experiment with more adaptive coping mechanisms (Butler, 2012). This also means that some of the positive outcomes

of drama therapy are immediate, as clients can instantly notice how different methods of coping

make them feel (Butler, 2012). This instant positive reinforcement may help clients feel more

motivated and self-assured. It may also help clients develop a sense of agency over themselves

and their lives, which is especially important with unhoused individuals. Further, drama therapy

warm-ups alone (group sound and movement exercises, mirroring) can help participants become

more present in their world and bodies, a critical skill for those so frequently dehumanized by

others.

        Another benefit of a playful approach is that it may assist therapists in navigating feelings

of frustration and anger toward a client. Countertransference (CT) is a term used to describe the

positive or negative feelings a therapist holds towards a client consciously or unconsciously,

often related to experiences outside of therapy (Linn-Walton & Pardasani, 2014). For example, a

therapist may be especially suspectable to being annoyed by a client because the client

subconsciously reminds them of someone in their own life that evokes a similar response. A

tenant of PCT is that therapists should be aware of this countertransference, though how they

express this is crucial. Some difficult feelings can be dealt with in the therapist's own therapy

session or elsewhere in their own life, but what about when this anger or annoyance should be

addressed for the client's benefit? That is, what do therapists do when they have angry feelings

towards the client and making the client aware of these feelings may help improve the

relationship and the client's social skills? Stern reprimanding or cold dismal seem

counterintuitive to a PCT approach, especially when working with people faced with constant

scorn and lack of agency. A playful approach is likely beneficial to both the therapist and the

client; a playful approach softens the sting when addressing a client's inappropriate or

unacceptable behaviors; play is a safeguard for the therapist against the emotional shrapnel

hurled by traumatized clients. A playful approach also allows therapists to sublimate their anger or annoyance towards the client into a response that benefits the client as well as the relationship. This suggests that drama therapy in its inherent playfulness may be a key treatment when treating people experiencing homelessness as they develop toward self-actualization and build relational skills.

In addition to being aware of countertransference, PCT also relies on the therapist being empathetic to the client and well attuned to their inner world to the extent that they can accurately reflect this inner world back to the client (Rogers, 1961). This genuine relationship and accurate attunement seem reminiscent of the secure attachment bond infants develop with their caregivers (Main, 1996; van Der Kolk, 2005). Rather than a mother accurately attuning to the needs of their child, the therapist is attuning to the needs of the client; it is important to note that the therapist's awareness of their own feelings aids in this attunement. That is, the therapist must have enough self-awareness such that their inner feelings do not get in the way of attunement. Perhaps the bond between therapist and client is reminiscent of the secure base a caregiver represents in childhood; the client can use the therapeutic relationship as a safe base from which to explore ideas which fill them with anxiety. Considering the ARC model, therapists could consider providing the secure bond necessary before mastery of self-regulation skills (Kinniburgh et al., 2005).

It is important to consider the disparities along the lines of race, sexual orientation, gender, ability status, age, etc. The literature made it clear that LGBTQI+ individuals and Black men were more likely to experience homelessness than the general population (Fraser, 2019; Rhee & Rosenheck, 2021). Beyond that, these individuals are also more likely to face discrimination, systemic and individual, that prolongs and worsen the circumstances of their

homelessness. As a therapist, it is important to remember the impact of systemic racism and how racial disparities among unhoused individuals are due to systemic discrimination rather than individual psychopathology or behavior. Further, it is important to remember cultural competency in this regard, in that many of the mentioned theories and approaches were created by white men in predominantly white fields. It is therefore essential to be informed of and sensitive to cultural differences that were likely not considered when these theories were first conceived.

In conclusion, playfulness is helpful both for the unhoused client and their therapist. It helps clients safely explore novel situations, even when that novel situation is simply making a choice or accepting that one deserves positive regard, concepts which can be particularly difficult for unhoused individuals who have been denied choice and constantly discriminated against. Playfulness helps the therapist maintain relationships and navigate impasses and difficult behaviors that may otherwise lead to frustration and burnout. Many people experiencing homelessness faced childhood instability, which can result in insecure attachment and a resulting lack of skills in self-regulation, impulse control, and socializing (van Der Kolk, 2005). Even without this factor, people experiencing homelessness certainly have unstable living situations while homeless and are exposed to danger and scorn constantly, negatively impacting their mental health and social skills. In either situation, establishing social connections and attachments are key aspects of healing, and may even be instrumental in fostering therapeutic change. Building these relationships can be trying, even for the therapist, who faces these difficult behaviors and must have compassion for their client anyway. Drama therapy and its playfulness may be a key component in allowing the therapist to continue to foster empathy and

unconditional positive regard toward clients whose behaviors may have ensured their survival but cost them their ability to build relationships.

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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: ____Amanda Ludeking____

Type of Project: Thesis

Title: The Use of Drama Therapeutic Play and Unconditional Positive Regard in Fostering Self-Actualization in Unhoused Individuals

Date of Graduation: _____May 2022_____
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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