

***Crossing the boundaries between Performance and Therapy: The Psycho-Creative Process - Does performing trauma have the capacity to promote well-being and draw attention to self-transformation?* by Lisa Adams-Davey**

A Practice As Research project analyses of *Red Carpet* by Mark Curtis, directed for the stage by Lisa Adams-Davey for Confianza Collaborative.

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This Performance as Research experimented with the affiliation of psychotherapy, identity, and trauma in a rehearsal and performance context, to create a dynamic and meaningful piece of theatre that stimulated discussion and debate, whilst promoting change and breaking stigma.

The purpose of the work was to encourage people to reconsider how we judge and value those who suffer with mental ill health, and to instigate a deeper understanding, empathy, and support of those in need. Moreover, it posed the question: Does performing trauma have the capacity to promote well-being and draw attention to self-transformation?

The original script (*Red Carpet* by Mark Curtis) was a fusion of verbatim and fictitious texts, which traversed the psychic mindscape of ill health with reality, and the rehearsal process explored and created new working methods that synthesised psychotherapeutic and performance applications. The trauma narrative depicted clinical depression as a preface to suicide, with a meta-text of non-acceptance as a response to difference, sexuality, and comorbidity.

The production of *Red Carpet* was a rich mix of graphic drama and outrageous humour, laced with physicalisation and mixed-media. It revealed how casualties of mental ill health are often misunderstood and unseen, as they endure their suffering in private. The work explored the intimate, yet fractured, relationships between a young woman, Susan, and her close friends and family, and journeyed through various communal sites, which served as a structure to depict her ill health and demise.

Throughout the research and production process, I discovered that the protagonist and the play itself operates in a bipolar framework that traverses between the states of Mania / Hypomania - Plateaus - Depression.

Mania / hypo-mania was identified in the comic realism / dreamscape - cafe scenes, wedding of the century, the den.

Plateaus were seen in the protagonist's monologues, Susan's inner truth, recaptured through re-memorising, thoughts, and confessions.

Depression was ascertained in the moments of **Tragic realism** in the hospital, therapy, and funeral scenes.

The timeframes between the worlds variously shifted, with quickening velocity, thereby demonstrating rapid cycling bipolar and the process became focused on developing ways to enable actors to work within this setting.

The playwright determined these shifts (or impulses) not only through the dialogue but through the action of Susan being touched by another character. At all other points in the play no character touched her, thereby indicating the dis-connectivity of Susan and those by which she was surrounded.

The work explored psycho-dramatic techniques throughout the production process, which synthesised the cross-fertilisation between mixed media and dramatic action and, in such a way, the process and production afforded the company the opportunity to engage in an inter-disciplinary theatre laboratory.

Importantly, the company worked with a psychotherapist in residence, and with a therapeutic imperative, in a safe psycho-social space, to begin the foundations for a new rehearsal methodology, thereby focusing on the interface between psychotherapy and performance. The work also aligned psychotherapeutic practices as safeguarding methods to preserve the wellbeing and identity of the company, when addressing a complex trauma narrative. For example, to maintain ethical practice, all company members were contracted, completed consent forms, were required to undergo group psychotherapy sessions, and were encouraged to write a journal to log the rehearsal

process, and an on-going diary to self-evaluate their own wellbeing and to monitor self-care. In addition, should an individual company member have required a personal one-to-one counselling session, as a result of the work covered on the production, this was to be provided by the Psychotherapist in residence. Safeguarding was particularly significant, given that the actors were required to take substantial risks and were challenged by their own emotional histories. As such, the rehearsal process and production underwent the creation of a safe psychosocial space within the boundaries of the performance milieu.

The performers underwent a challenging psychotherapeutic process and were asked to complete and use various therapeutic tools including:

- Anxiety Scaling
- Stimuli Response Analysis
- Scaling combined with Maslow's hierarchy of needs, which I devised as an analytic device to establish the differentiation between character and self in terms of self-actualisation
- Identifying Ego States - Eric Berne's Transactional Analysis
- Dominant in the rehearsal process was the analysis of Grief Theory and I asked:
 - At which point in the script do the characters reveal their stages of grief?
 - What does Depression mean to you?
 - How and why do they fluctuate between the different stages of grief?
 - What does this say about their respective relationship with Susan, with each other, and their own human condition?
 - Can you identify with the various stages of grief?

Overall, Susan's actuality is in grieving the loss of the self she once was and which has been appropriated within mental illness. However, the initial triggers for her depressive state manifest themselves in the loss of her father as a child, the loss of her mother (Mo) when she re-married, the extreme distance created when her mother had a third child (Sam) by her step-father, and the loss of her husband (Richard), a controlling perfectionist who rejects his own son because of his sexuality and whose anger in the grief process is fuelled by fear, which he projects onto others. In such a

way, Susan's condition is complex as she also suffers from abandonment / attachment issues.

“Attachment is a deep and enduring emotional bond that connects one person to another across time and space,”¹ and is, therefore, applicable to life and loss as it relates “to parental figures, romantic partners, and friends [...as] important aspect[s] in determining security and healthy functioning.”² Thus, attachment is a healthy, human instinct and the forfeiture of protection and the familiar is possibly why Denial, according to Kubler-Ross, is the first stage of the grieving process. However, recovery from loss demands arriving at a state of "detachment" and this is, therefore, a bereavement therapy strategy.³

Arguably, attachment can restrict healing and “is characterized by specific behaviours [...] such as seeking proximity with the attachment figure when upset or threatened.”⁴ Evidently, those in mourning can suffer distress and may feel terrorised in grief, due to an unfamiliar shift in their world. Therefore, unsurprisingly, they may feel the need to remain in a familiar and safe past, even if only briefly.

In Susan's first monologue we see this clearly as she sees the reflection of her father in a knife and speaks to him about how she first met her husband, Richard. Bowlby (2008) claims that

when the loved figure is believed to be temporarily absent the response is one of anxiety, when he or she appears to be permanently absent it is one of pain and mourning” and that the death of a loved one can instigate an “urge to recover the lost person. (Ibid.)

This scene is a clear signifier that, in the real world, during the death process, Susan's brain is evoking memories and prior triggers, and it implies that she will recover her

¹ Ainsworth, 1973; Bowlby, 1969 cited in McLeod, 2009

² Bowlby, 1969, cited in <https://lifepathsresearch.org>

³ Bowlby, 2008

⁴ Bowlby, 1969, cited in McLeod, 2009

father by joining him in death. She confirms this at the end of the monologue, just before Richard's entrance, as she states "I'm leaving him because it hurts so much."

Attempts to reclaim the past can manifest itself in behaviours such as a belief that the deceased is still there, olfactory imaginings (e.g. surrounding oneself with the smells and sounds of the bereaved, eating the food that was once a shared ritual etc.), creating shrines within the home or other 'sacred' places, preserving the remains and belongings of the dead person, and ensuring that anniversaries are sacrosanct. Such olfactory imaginings not only littered the stage in *Red Carpet* but Susan opened the play as the audience were entering by consuming a large pile of toast, which represented the comfort food that she shared with her father as a child. This imagery developed throughout the play into the toast sandwiches that she serves her customers in her dreamscape cafe; a closed space, and a metaphor for in-accessibility and a life terminated. Susan and her toast sandwiches are also a punishing reminder of a recipe which the famous British cook Mrs. Beeton considered to be "the cheapest meal"⁵ and were the food administered in the medical profession to patients, particularly in psychiatric asylums, in mid-Victorian England.

Attachment theory "makes the claim that the ability for an individual to form an emotional and physical "attachment" to another person gives a sense of stability and security necessary to take risks, branch out, and grow and develop as a personality."⁶ Conversely, denying a person emotional and physical attachment can possibly render them volatile and diminish their ability to fulfill their individual potential. Essentially, our bodies and minds are designed to function with stimulus and connectivity, therefore, deprivation of this may adversely impact health. Cases of this exist in, for example, children who are separated from their parents, persecution in solitary confinement, loss of sensory perception, mental ill health sufferers, and bereavement, which all constitute forfeiture to security and a loss of part of the self. Not only is this signified in the scenography of *Red Carpet* but we also find Susan having been subject to an abusive "caregiver" / parent, with her mother, Mo, whereby attachment is fractured and her development was curtailed.

⁵ <http://www.bbc.co.uk/news/uk-15752918>

⁶ <https://www.psychologistworld.com/developmental/attachment-theory>

Additionally, Susan's perception and understanding of the world, and her relationship to it, suffers and her immediate needs are not substantially met, specifically in terms of maternal and paternal love. Therefore, she is necessarily bereaved of her parents, replacing them with an abusive husband, Richard, and strategies enabling Susan to detach herself (physically, cognitively, spiritually, and emotionally) from her abusers to discover safety and positivity are absent, resulting in her self-entrapment and suicide. Whilst “attachment theory provides an explanation of how the parent-child relationship emerges and influences subsequent development,”⁷ Susan, as a parent herself, was at risk of replicating similar abuse towards her own child, Phil, due to potential learnt behaviour. However, her awareness and fear of the damage caused by a fissured parent/child attachment, through personal experience, and the subsequent anguish felt, presented itself as a risk. This resulted in Susan's behaviour being antithetic to that of her caregivers, and her “attachment behaviour [...] include[d] responding sensitively and appropriately to [her] child’s needs.”⁸ Subsequently, Susan's attachment towards her son, Phil, was balanced, and developed into a stable, loving relationship.

Throughout the play, Susan's monologues infer that her therapeutic journey was that of a person-centred Humanistic approach or Person Centred Therapy (PCT), in accordance with Carl Rogers' model. One of the key imperatives for therapeutic success, which is dependent upon the therapist/client relationship, is Unconditional Positive Regards (UPR) and he claimed, “UPR is ‘warm acceptance of each aspect of the client’s experience’.” (Rogers cited in Cooper et al., 2013:180) In other words, PCT necessitates recognition and a non-judgemental attitude towards the client, on the therapist’s part. If a client feels as though they are being judged it is possible that they will become defensive, resistant, and/or distant, thereby inhibiting the client/therapist relationship and undermining therapeutic success. However, if UPR is achieved it results in “the client perceive[ing] that he or she is making a positive difference in the experiential field of the therapist.”⁹ Thus, Rogers recognised the need for the

⁷ McLeod, 2009

⁸ Ibid.

⁹ Ibid.

investigative therapist as a 'present' support of the subject, who inherently requires time before feeling able to divulge the personal.

Furthermore, a strategy that demands client focus is empathy, which is an innately person-centred approach and one of the significant components of UPR.¹⁰ It particularly coexists with rapport, as it requires an appreciation and respect of the client's uniqueness, which may or may not correspond to that of the therapist. In order to achieve this, the therapist must free their mind, so as to accept and understand, as well as "Reaching out / tuning in [...and] Communicating understanding."¹¹ Formerly regarded by Rogers as the "reflection of feelings"¹², the empathic process was developed by Temaner-Brodley in her PCT research and termed the "*empathic understanding response process (EURP)*."¹³ She described this as the therapist attempting to comprehend the fundamental meaning behind the languages used by the client to further understand the client's position, experience, and personality. In the therapy scene, therefore, the production attempts to position both the therapist and the audience within the empathic process which sequentially empowers Susan to reveal self-identification, reflection, awareness, and understanding. Therefore, not only does empathy communicate our understanding of Susan, it can withdraw hostility, give sanction to her in her own therapeutic development, and increase her self-esteem.¹⁴ In other words, when the therapist demonstrates an understanding of the client s/he "unfold[s] ever-deepening levels of his [or her] *awareness* [...thus] encouraging [...] self-agency."¹⁵ Regrettably, however, the therapist in *Red Carpet* is ignorant of Susan's intentions to submit her life to suicide, given that Susan preserves this information for personal and audience consumption, via the voice overs, thereby sanctioning the audience to the role of confidant. In other words, whilst the therapist has enabled Susan's unconscious thoughts and feelings to be unearthed, Susan resists the opportunity to examine them, to aid re-structuring the self. Self-structure is "Rogers' term for personality"¹⁶ and denotes the culmination of external influences with the internal belief system to self-assemble an individual disposition.

¹⁰ Sheward and Branch, 2012

¹¹ Cooper et al, 2013:172-4

¹² cited in Cooper et al., 2013:168

¹³ Ibid.

¹⁴ Mearns and Thorne, 2013

¹⁵ Mearns and Thorne, 2013:64

¹⁶ Sanders, 2011:34

The notions of self-structuring and acceptance-need assimilate themselves to Carl Jung's theory of "the persona [which] is a collective phenomenon, a facet of the personality that might equally belong to somebody else, but it is often mistaken for individuality [...]"¹⁷ In other words, persona, is a shared trait, which we inherit or assume, in order to be accepted in a community. However, what Fordham reminds us here is that it is essentially a façade, a pretence, which, therefore, leaves both individuals and therapists with the problem of unravelling deception to discover the truth. Nonetheless, Fordham then justifies this notion by claiming that it is a straightforward strategy that we employ to demonstrate "what we may expect from other people."¹⁸ Seemingly, our expectations of other people, in accordance with our own persona are, arguably, narcissistic, in as much as we appear to want others to be, and are attracted to those who are, similar to ourselves. Fordham then claims that if we assume persona we are "pleasanter" (Ibid.), however, persona is fundamentally subjective, as what is tolerable to one person may feel, or appear, intolerable to another. Moreover, how we and/or others experience our, and other's, personae is personal and can have either a negative or positive impact on our mental health. Thus, the play is a window into Susan's post-performative shadow-world, as we find her de-masked and persona-stripped, floating in a liminality between dream and reality, existing in the space between life and death.

The persona makes reference to learnt and genetic precedents, and influences Susan's future self. In psychodynamic therapy, individuals are afforded the opportunity to evaluate who they are, or rather who they have been (from the past), and take ownership of who they want to be (in the future). Initially inspired by Freud, "Jung agreed [...] that a person's past and childhood experiences [are] determined by future behaviour, [and...] that we are shaped by our future (aspirations) [...]"¹⁹ Thus, Jung's notion of persona and the therapist's observation of the client's potential ignorance, acceptance, rejection, resistance, and/or re-management of these latent constituents can indicate therapeutic success, struggle, or rejection. Accordingly, psychodynamic therapy may help construct the future self and facilitate the substitution of unhealthy

¹⁷ Fordham, 1966:49

¹⁸ Ibid

¹⁹ McLeod, 2014

thoughts and behavioural patterns with healthy ones, whilst identifying methods for client investment in change, which can be achieved through strategies offering personal choice and resulting in numerous possibilities. It seems, therefore, that there is a distinct lack of rigidity, indeed there is veritable fluidity, to Jung's methods, which could enhance therapeutic practice and serve to empower the client.

The persona is dominated by the Conscious Critical Faculty (CCF) and is influenced by the individual's experiences, which can be positive or negative, nurturing or harmful. Detrimental to self-structuring is conditional love, which results in a judicial "imported self-structure"²⁰, as the individual experiences the world through the oppressor's eyes. However, as their basic human need is to be "loved for *being*" (Ibid. *my italics*), if loved conditionally our self-structure is influenced by the rules and morals of others. Sanders claims that, "Self-structure [...] starts to operate separately from the person's natural ability to experience the world for themselves"²¹ and If there is an imbalance or a conflict between the adopted self and the actual self-image, the person must either discard or alter this self-structure otherwise suffer anxiety. Should this happen, the person suffers incongruence, whereby there is conflict between their "imported self-structure" (Ibid.) and how they actually experience, and correspond to, the world. Notably, the more acute the incongruence the more vulnerable the persona and self-structure, however, and debatably, the more possibility for authenticity (fight), ingenuity (flight), or mental ill health (represented by fear).

Incongruence, as is evidenced with the character of Susan is a result of her fractured relationships and causes anxiety resulting in exclusion, as she finds difficulty locating herself within the realms of society. She is broken, imbalanced, craves acceptance, yet is intransigent. Importantly, she fails to be mindful that "A healthy self-structure needs to be flexible, since life unfolds in unexpected ways and we must respond creatively, not with the same old rigid patterns."²²

The Shadow is another part of psychodynamic theory and is said to be visible when individuals are consumed by "the primitive, uncontrolled, and animal part of

²⁰ Ibid. 35

²¹ Ibid.

²² Sanders, 2011:35

themselves."²³ This aligns itself with Kristeva's hypothesis on the 'Foreigner' and his/her 'Dark Origins', in her suitably titled, *Strangers to Ourselves*, as she claims, "His origin certainly haunts him."²⁴ Seemingly, self and other (shadow) are close associates, as "in myths the shadow often appears as a twin [...and, as such,] it is sometimes difficult to tell whether this twin is the shadow or the self, the deathless other." (Miller, 2000:322) Furthermore, the shadow may assume the guise of aggressive enemy or diplomatic friend. Reminiscent of Jekyll and Hyde, the individual who is influenced by the shadow will potentially display behaviour that may be confusing, irrational, hostile, narcissistic, or even over-zealous.

In order to locate the authentic self and empower individuals, the psychoanalytic model requires an historical examination of experiences that will influence the future self. For example, an individual who has been violently abused as a child may use antagonism in self-defence. Arguably, this primitive behaviour may be a rite of passage for the individual into similarly violent communities whose principles align themselves with the individual's childhood experiences. Subsequently, their beliefs, behaviours, thoughts, attitudes, values etc. become sanctioned and self-fulfilling. There is, after all, universality in feeling comfortable with 'the known', of fearing the 'other', and wanting 'acceptance', particularly as it can be undemanding and does not require us to confront our psychological selves. As Kristeva reminds us, "Who is a foreigner? The one who does not belong to the group, who is not *"one of them," the other.*"²⁵ However, to remain shadow-consumed, as Susan does, results in anti-individuation, whereby she withdraws into her inner child.

This is also revealed in Susan's inability to self-manage her angst, which we witness through the dreamscape / hyper-reality, as she is submerged in her pain. In such a way, she performs her trauma, which is elucidated through her imbalanced experience in confronting her grief, in terms of her loss of the self. Her journey also explicitly scrutinises an incapacity "to identify, label, and experience the positive nature of coping"²⁶ and her powerlessness to manage her sorrow which, in turn, augments her

²³ Fordham, 1990:49

²⁴ 1991:29

²⁵ Ibid. 95

²⁶ Murk, 2006:196

inaptitude for configuring thoughts, feelings, and behaviours into positive precedents on which to map future behaviours. For Susan, therefore, there is no future, given that throughout the play she has an “increased capacity to experience other human beings as sources of [...] threat.”²⁷

PCT and the Rogerian aim to achieve self-actualisation, which aligns itself with Maslow, plus, the inherent core conditions of Congruence, Unconditional Positive Regard, and Empathy²⁸ were existent in the integrated rehearsal practice of *Red Carpet*, and were also evidenced in the therapy scene of the production. This scene was written as a monologue and translated into a psychodynamic dialogic process to reveal the juxtaposition between Susan's interiority (inner dialogue / conflict) and stunted exteriority. The narrative was adapted during the process, thereby challenging both the actor and the character's principles of perception, and I also incorporated Gestalt therapy to provide an integrated model of practice.

Gestalt "developed in the late 1940s by Fritz Perls and is guided by the relational theory principle that every individual is a whole (mind, body and soul), and that they are best understood in relation to their current situation as he or she experiences it."²⁹ This scene revealed the true meaning of a pebble as a signifier for Susan's son, Phil, a property which had been so precious to her throughout the play and had proven of ultimate frustration to her husband, Richard. Essentially, certain Gestalt exercises realise an emotional connection with the 'imagined' other and their shared situation. In the therapy room, Susan initially explains her feelings and circumstance, remaining distanced from them yet maintaining that she was distressed, and by talking to her son directly, via the pebble, she immerses herself in the moment of valediction and lives her experience with a sense of immediacy. This, thereby, releases her emotionally from being trapped in her bereavement process and maintains that Gestalt "is one of a variety of interventions that help people move from talking about something towards the fullness of immediate, present experience - sensation, affect, cognition, [and] movement."³⁰

²⁷ Heller and LaPierre, 2012:43

²⁸ McLeod, 2015

²⁹ <http://www.counselling-directory.org.uk/gestalt-therapy.html>

³⁰ Howes, 2010

Certain Gestalt exercises affiliate themselves with Stanislavski's "Emotional Memory" and the Strasbergian derivative of "Affective Memory" and given that Gestalt engages the client's affective memory it can empower individuals to question previous, inaccessible perceptions, whilst facilitating a deeper understanding for the 'other'.

Essentially, "Humanistic therapists believe people are inherently motivated to fulfill their internal needs and their individual potential to become self-actualized. Self-actualization can take many forms, including creative endeavors, spiritual enlightenment, [and] a pursuit of wisdom, or altruism."³¹ In that Gestalt is a directive approach, can result in profound catharsis for the client, however, as with Affective Memory exercises, it is important to recognise that it could prove harmful if misused, given that "anything that has real effectiveness, that has transformative power to change your life, has also got the ability to make things worse if it is misapplied or it's the wrong treatment or it's not done correctly."³² In *Red Carpet*, it is essentially the therapy scene that reveals Susan's self-sacrifice, as she discloses to the audience the acceptance of her own death by suicide and, thus, she sadly reaches the final moment of her grief process for the self.

Despite her suffering, the play uncovers Susan's tender and loving relationship with her playful brother Crazy Paving, otherwise known as CP. In the real world, CP suffers with Asperger's syndrome, which is an autistic spectrum disorder, whereby an individual displays intriguing thought and behavioural patterns. He demonstrates this with moments of non-eye contact, obsessive behaviours, in having difficulty in coping with change, an inability to understand others' emotions, social anxiety, and in a nervous disposition which results in him having a stutter. In the dream-world, however, this broadens into Schizophrenic behaviour, and accordingly he hears voices, has paranoia, and suffers from fictitious disillusionments. For example, in his opening scene he believes he is James Bond and that Donald Trump claims he is going to assassinate him! CP's co-morbidity extends into him being Susan's Tourette's Super-hero, which was dictated by the script as it is peppered with expletives. "Tourette's syndrome is a neurological condition (affecting the brain and nervous system),

³¹ <https://www.psychologytoday.com/therapy-types/humanistic-therapy>

³² Boseley, 2016

characterised by a combination of involuntary noises and movements called tics."
(<https://www.nhs.uk/conditions/tourettes-syndrome/>)

Interestingly, CP is the voice from the playwright's head, that which he uses for creative inspiration, and provides us with insight into what it is like to hear voices, as well as the unpredictability of psychosis. Within the theatrical frame, our Tourette's hero verbalises taboo and, although internally feeling the opposite, he is the voice of the homophobe, as his Asperger's seeps into the dream world from reality in the form of the inappropriate and through the literality of speech.

The actor who played CP, researched into Tourette's syndrome and was initially inspired by Tourette's sufferers such as Jess Thom and Lewis QBall who independently publicise the comedy induced by their respective tics. They find that by broadcasting their condition and focusing on its humour inducing qualities, allures non-Tourette's individuals into their world. Additionally, by creating entertainment out of their condition serves to empower the sufferer, it is a humanizing device, and enables others to comprehend and empathise with their disorder.

In *Red Carpet*, Susan and CP's close relationship is unveiled throughout and beautifully encapsulated towards the end of the play in the Den scene. This is their secret location; a privately, self-constructed safe retreat where they have fun according to their rules, thereby, escaping oppressive socially restrictive norms. By abandoning the present and re-memorising their nostalgic games, they retreat to childhood drives with their true respective other, as brother and sister. Within this scene, we see CP reflecting on the loss of his father from when he was a child, thus emphasising the notion of a child's need to detach themselves from bereavement and how grief can promote developmental withdrawal. We identified that CP's grief failed to be normalised and his pain was naturally heightened, given his Aspergian struggle with emotional gauging, particularly during times of stress and change. His sincerity and innocence is realised in this scene when he naively says, "Nobody tells me anything," "Why did Daddy have to die?", and "I'm going on a mission next week," believing himself to be James Bond.

During the subsequent loss of his sister Susan, in adulthood we observe CP's gentle, child-like tendencies and feel tender compassion towards him, thereby empathising more deeply with bereavement and how individuals with difference, difficulties, and mental ill health are so frequently misunderstood. Overall, this scene is reflective of Susan's final memory and, in scientific terms, she holds on to this ultimate moment of optimism as a coping mechanism, thus temporarily increasing oxytocin, endorphins, and serotonin; boosting her feel-good chemicals, in a desperate hope of establishing a body/think balance and to instigate a new way of experiencing, before leaving CP forever. Sadly, she repeatedly and vainly cries "What's happening to me?" and her final monologue verifies her delayed response to her reality, as she is disorientated and drowning in an "oases [...] of disorganisation [...] and] painful affects."³³

In terms of the actors' journey, when asking my opening question: Does performing trauma have the capacity to promote well-being and draw attention to self-transformation? Certainly, according to the data analysed so far, it appears that the response was positive, as this politically charged script has encouraged opinions towards mental ill health to change and individual resilience to strengthen. The fusion of psychotherapy and drama was an innovative journey for the company and audience, and *Red Carpet* achieved its purpose in persuading people to reconsider how we judge and value those who suffer with mental ill health. Overall, the work explored the company's philosophy of examining the cross-fertilisation of the arts with therapy, in an attempt to empower individuals and to encourage a deeper understanding, empathy, and support of those with mental ill health. Subsequent post-performance discussion continues to inform data analyses with responses and reviews claiming:

- "This is one of the best, creative and well-handled pieces of contemporary theatre and performance I have ever seen."
- "Very insightful and entertaining. Masterfully acted. Loved it!"
- "Superb portrayal of a very difficult, real issue."
- "Extremely powerful!"
- "Amazing Performance! This is one of the best ways to raise awareness."

³³ Heller and LaPierre, 2012:42

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