

## Dismantling violent forms of masculinity through developmental transformations

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### Introduction

Violent forms of masculinity have profound and negative influences upon child development, social institutions, and the cultural environment at large. Childhood abuse, domestic violence, crime, imprisonment, and domination in all its appearances are closely linked to violent acts committed by men or in the name of masculinity. In addition to treating victims of such violence, health professionals must develop effective means of treating the perpetrators of violence. Therefore, the creative arts therapies must articulate conceptual and methodological strategies toward this end, based presumably on the antithetical relationship between art and play, on the one hand, and violence and hatred, on the other.

This article is an exploration of the possible moral influences of one form of drama therapy upon violent forms of masculinity. Developmental Transformations is a method of drama therapy that is based on the concept of the “playspace,” in which therapist and client agree to play together in the world of the imagination (Johnson, 1991; Johnson, Forrester, Dintino, James, & Schnee, 1996). The playspace is a condition where cause and effect are represented, not actualized, where the consequences of one’s actions are suffered in pretend, not reality. The playspace is considered to be therapeutic because it involves the embodied enactment of imagined possibilities in relationship to the actions and presences of others and the experiencing of imag-

ined consequences. Because of space constraints, no further explanation of Developmental Transformations will be provided in this paper, but readers not familiar with this method of drama therapy are referred to Johnson (1991; 2000) and Johnson et al. (1996). The playspace in Developmental Transformations may be an ideal therapeutic laboratory for change to occur because the playspace’s “embodied encounter” involves an interaction between subjective and objective experiences of the body. The therapist in Developmental Transformations models the body as both object and agent, offering him or herself as a “playobject” for clients, sometimes being an object of the clients’ actions, other times initiating actions, interpretations, resistance, and transformations (Johnson et al., 1996). The fact that participants in the playspace are agents and objects within an imaginative world heightens the awareness that they are choosing their actions and the meaning of those actions from multiple possibilities in each moment. The playspace is a “moral space” because of the *constraint against harm* that is inherent in playing within the imaginal realm as opposed to acting out in reality (Johnson, 1998). It may be that a male client with a history of violence who actively represents acts of violence within the imaginative conditions of the playspace will experience less of an impulse to commit acts of violence in the real world outside of the playspace. If so, then the therapeutic playspace may offer a way to reduce men’s violent behavior.

### Violence

Departing from transcendent explanations of violence between human beings as originating from an angry or malicious god, Satan, or a Platonic ideal, the

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17th Century philosopher Baruch Spinoza (1677/1994) defined a body as a characteristic relation of the motion and rest of its various parts, and violence as a decomposing of that characteristic relation by another body (Deleuze, 1981/1988). In this immanent perspective, because any act may be said to disrupt some relations while adding to others, whether or not an act is violent depends on one's frame of reference (Deleuze, 1981/1988). Also proposing that morality depends on the perspective of the beholder, Friedrich Nietzsche (1887/1998) in the late 19th Century theorized violence as a manifestation of a universal Will to Power and denounced attempts to moralize or hold individuals responsible for acts of violence. Essentially restating Nietzsche's concept of the Will to Power within the field of psychology, Sigmund Freud (1923/1961a) characterized the ego as having to defend itself from, on one side, the "murderous id" and, on the other, the "punishing conscience," or super-ego, which attacks the ego all the more aggressively the more the ego suppresses the aggressive impulses of the id (p. 53). Echoing Nietzsche, Freud (1923/1961a) noted the "harshly restraining, cruelly prohibiting quality" of morality (p. 54). Freud theorized an "inclination to aggression" that he called Thanatos, a destructive drive that he saw as opposed to a creative drive, Eros (Freud, 1930/1961b, p. 122). In Freud's perspective there is no way to rid the world of violence. The best that can be hoped for is to adjust to the metaphorical equivalent of a military occupation:

Civilization, therefore, obtains mastery over the individual's dangerous desire for aggression by weakening and disarming it and by setting up an agency within him to watch over it, like a garrison in a conquered city (Freud, 1930/1961b, pp. 123–124).

Physical anthropologists also rely on the idea of a drive or instinct in their theory that aggression is a natural product of human evolution (Ardrey, 1961; Lorenz, 1966). This drive has not been shown to exist independently of social conditions or necessarily to be destructive (Adams et al., 1992; Fromm, 1973). Social psychologists bring in the missing social factors (Eron, Walder, & Lefkowitz, 1971), demonstrating people's willingness to obey commands to inflict pain on others, especially when those others are at a distance (Milgram, 1974), and their tendency to behave violently when encouraged to do so by social roles that include power over others (Haney, Banks, & Zimbardo, 1984). Social psychologists of the social learning school emphasize that violence is learned by children through imitation (Bandura, 1973) and that the media teaches violent behaviors (Huesmann & Eron, 1986). Yet another theory proposes that violence results from a particular sequence of emotions: Shame is triggered but not acknowl-

edged or resolved, the shame leads to rage, and the rage leads to violence. Considering shame to be destructive only when it is suppressed and the denial of shame to be institutionalized in modern societies, the authors integrate social structure and individual personality in their theory of violence (Retzinger & Scheff, 1991).

Some psychologists have studied the internal mechanisms that allow human beings to engage in collective, rather than individual acts of violence. For example, Jay Lifton (1990) theorizes that "doubling" allows the self to split into a part which may commit violent atrocities and another part which may function as a caring parent and a responsible citizen. According to an explanation proposed by Staub (1989), violence may be an attempt to (1) reduce others to objects and (2) enhance self esteem while diminishing guilt within one's own subjectivity through committing the act of violence. Similarly, within a psychoanalytic context Benjamin (1988) theorizes that "[d]omination begins with attempts to deny dependency" (p. 52) and describes the perpetrator as exaggerating the difference between self and other to imply, "I am not you" (p. 57).

It may be that one commits violence as a result of having suffered violence. Johnson (1998) offers an object relations' explanation of how being mistreated or neglected (experiencing a victim role) may lead to taking on the aggressor or perpetrator role. According to Johnson's model, pain, loss, conflict, or abuse are experienced as a discrepancy between one's inner and outer world. One attempts to minimize this discrepancy by accommodating what one already knows, (i.e., one's schemas), to the force outside oneself that is the cause of the discrepancy, which Johnson calls "the Other." This is a process of internalization because one's own schemas are altered as one takes in aspects of the Other. When one has adequate resources during this process, including time to adapt and a supportive environment, one is able to integrate the discrepant elements into a more complex worldview. However, in a traumatic situation involving a high degree of conflict and fear, one takes in the Other without integration. The aggression is not made meaningful but merely taken in all of a piece, swallowed whole. When the pain, loss, conflict, or abuse is based on a power imbalance between the Self and the Other, this internalization of the Other is called "identification with the aggressor."

Identification with the aggressor, which could also be called taking on the perpetrator's role, may feel like an improvement over being in the victim role because one can, at least temporarily and at the expense of one's inner integrity, distance oneself from the pain by directing the internalized hostility toward others. At great internal expense, one exter-

nalizes the vulnerable Self just as one has internalized the aggressive Other. In this perspective, the perpetrator needs the victim to maintain distance from his or her own experience of victimization. The act of seeking out vulnerable others to contain this Self and acting out the violence on these others continues the perpetration.

Men have historically been able to use violence to distance themselves from their own victimization, making women as well as other men into the containers of their hurt selves. Even though there may be nothing inherently more violent about men, they have been able to objectify others through violence because of their roles in society and differences between their bodies and women's bodies, so they have become associated with the role of the perpetrator of violence.

### **Violence and the male body**

Gender studies' theorist Connell (1995) points out that explanations of men's violence differ from one another based on their different conceptions of men's bodies. The limitations of a given theory may be apparent from the limitations of the model of the body on which the theory is based. A purely biological explanation conceives of the male body as a machine that is violent by nature. The limitations of theorizing the male body as a natural machine show up in the apparent failure of biological explanations of men's violence. These explanations, as reviewed by Hearn (1998), are based on theories of (1) instinct and territoriality [popularized by studies of animal species by Lorenz (1966) and Ardrey (1961) and refuted by anthropologists, such as Montagu (1968), and a sociobiological finding that social fighting evolves independently of biology in each species (Vessey & Jackson, 1976)], (2) chromosomal difference [shown by Manning (1989) in a review of existing studies to be insufficiently correlated with violence to serve as an adequate explanation], and (3) testosterone levels [studies of animals and humans showing that aggression, dominance, social structure and sexual behavior may cause changes in testosterone levels at least as much as these social factors are influenced by hormonal changes (Kemper, 1990; Keverne, 1979; Mazur & Lamb, 1980)].

According to sociobiology, as critiqued by Connell (1995), evolutionary demands along with biological differences between men and women have produced a concept of masculinity that assumes men have a natural, genetic tendency to be aggressive, competitive, and territorial. For example, the prominent sociobiologist Wilson (1978) writes, "The physical and temperamental differences between men and women have been amplified by culture into universal

male dominance" (p. 128). Other sociobiologists speak of patriarchal rule as an "inevitable" (Goldberg, 1993, p. 7) product of a hormonal "dominance tendency" (p. 67) that men have over women. There is no evidence for the strong determination of complex social behaviors by biological differences that would be required for these sociobiological theories to be valid (Connell, 1995). Kemper's (1990) thorough examination of the evidence suggests that such theories are best seen as justifications of current power relationships.

An alternate conceptualization of the male body sees neither biology nor society as solely determining behavior, and acknowledges that men have the freedom to choose their actions and the social world in which they act. According to Connell's "body-reflexive practice" model, bodies are agents as well as objects of practices that form the structures in which the bodies' actions are given meaning. Any experience, including violence, involves an interaction between bodily sensations and social structures, each continually created by the other in ongoing practices. Social structures do not simply frame events performed by the body, but are fantasized into existence and shaped by the actions of the body, which are in turn defined by social structures.

A man taking a shot in a basketball game, for example, may be aware of his bodily sensations while executing coordinated muscle movements adjusted to the distance the ball must travel and the movements of other players. At the same time, the man may be concerned whether his movements fall within the bounds of how a man moves rather than how a woman (or a girl) moves. If he senses that one of his movements is not manly enough, he may feel ashamed. He may then decide to accentuate certain movements in an attempt to prove his manhood.

In this example, the physical experience of shooting invokes the social structures of masculinity and a definition of the man's movement as insufficiently masculine. This self-interpretation leads to a bodily experience of shame and a decision to be more aggressive in the game. Neither the body nor the social structures determine the man's behavior. Instead, they call up and give energy to each other in a continuous circuit.

The following two sections discuss (1) masculine social structures and (2) men's embodied experiences within the patriarchal order, as interacting causes of men's violence.

### *Violence in the social structures of masculinity: struggle for privilege*

Connell (1995) argues that the worldwide inequality of power between men and women is an

injustice maintained through force. Often this force is hidden, such as in lower pay for comparable work, sexual harassment, and pressures to conform to powerless roles. Sometimes the force that maintains unequal power between men and women breaks out in physical violence, such as battering or rape. The dominant gender, men, are far more armed than women, though patriarchal definitions of femininity, including qualities such as dependence and fear, may amount to a “cultural disarmament” of women as effective as a physical one (p. 83). In Connell’s (1995) view, any solution to the problem of violence between men and women must address the inequality of power that violence engenders.

The world over, men tend to benefit from the current gender order in prestige and the power to control the lives of others. In wealthy countries, men’s average incomes are approximately double women’s average incomes. Men are far more likely to control capital. Of the 55 Americans whose fortunes were over \$1 billion in 1992, only five were women, and all but one of these women had inherited the fortune from men (*Forbes* magazine, 1992). Averaging statistics from all countries of the world, men are ten times more likely than women to hold office as members of legislatures (Inter-Parliamentary Union, 1993).

Two hundred years ago women weren’t allowed to own property, sign legal contracts, vote, or hold office. One hundred years before that, women were viewed as property. It appears the current gender order is not stable, but deteriorating. Connell (1995) argues that violence against women has increased because of reduced effectiveness of the social order to maintain male dominance.

A second pattern of violence involves violence among men. What is at stake in this case may be men’s relationship to a gender order that includes hegemonic, subordinate, and marginalized forms of masculinity. Connell (1995) defines hegemonic masculinity, the form of masculinity that is dominant at any given moment in history, as:

the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women. (p. 77)

Currently, hegemonic masculinity tends to include qualities such as being heterosexual, white, and in a position of institutional power. To be gay or bisexual, working class, or a man of color relegates one to a subordinate or marginalized form of masculinity. Within this model, military combat, homicide and armed assault may be understood as transactions among men that assert dominance. Violent attacks on

gay men by heterosexual men may be attempts to mark boundaries and enforce exclusion through terror. Gang violence among youth of color may be understandable as an assertion of marginalized masculinity in relation to more dominant masculinities. Violence may also be used to maintain a gender order in the face of changes in that order. An example is the bombing of Planned Parenthood clinics and murder of doctors who perform abortions.

Whether violence is about (1) asserting the power of one’s masculinity over women or other men, and/or (2) attempting to maintain status in the face of change, it seems to be associated with a desire to achieve and maintain privilege.

#### *Violence in men’s bodies*

The privilege men struggle to achieve and maintain in the social world may negatively affect the men’s experience of their own bodies. At the same time, embodied sensations of power, authority, prestige, and individuality, coupled with a belief that this power is threatened, may motivate men’s actions in the social realm. In this case, men’s bodies may act as agents as well as objects of the harm they experience because of appropriation of their bodily sensations and actions by social structures within masculinity. Thus, it may be that men are not only privileged, but also harmed by the patriarchal order.

Empirical studies have found that boys’ bodies tend to be treated differently than girls’ bodies, not touched or held as much but expected to be tough and self-sufficient. In society at large, boys (and men) tend to be valued for what they achieve rather than for the fact that they exist (Jackins, 1999). One effect of being defined by social structures as tough, action-oriented individuals is that boys tend to act this way, thereby becoming agents of the definition.

Practices of violence in which men’s bodies are both agents and objects may be most evident in the military, where men are expected to kill or be killed. Similarly, it seems that in the work world men have traditionally been expected to sacrifice their bodies with little regard for their health, men’s bodies being subjects and objects of competition and productivity.

The prison system may tend to confine or put to death the bodies of men who are less privileged within the masculine order and therefore pose a greater potential threat to it. This perspective appears to be supported by the fact that men of color and/or men of poverty, who benefit less from the masculine order than white or upper class men, make up a far larger percentage of the U.S. prison population than they do of the general population. According to a Justice Department report (Butterfield, 1999), Blacks are six times more likely than Whites to be held in

jail after being arrested. Over 80% of the crimes that led to the 700 executions in the U.S. since 1977 involved white victims (International Secretariat of Amnesty International, 2001).

Many men numb or control their bodies with alcohol or other drugs, sometimes illegal and sometimes prescribed, in what may be these men's attempts to live with hurts without taking action in those situations where they are being hurt. Men's lack of closeness with others and confusion about sex may predispose them to have their desires for intimacy appropriated by the pornography industry or by advertising. Men's pursuit of connection with others, within the narrow possibilities offered by the patriarchal order, may result in their buying consumer items or becoming addicted to substances. These self-destructive practices interfere with the intimate relationships men desire and deserve.

Men are subject to various forms of victimization from the time they are born. Being a victim may eventually confuse men to the point where it becomes difficult to resist taking a perpetrator role. This perspective may explain how men become agents of most of the forms of violence they were subject to while they were growing up. Furthermore, being an agent of violence may itself be dehumanizing. It appears to hurt men to be responsible for the covert and overt forms of force required by the patriarchal order to maintain inequality between the genders and between forms of masculinity.

Men die younger than women do. According to World Health Organization statistics, men commit suicide more often than women do almost everywhere in the world, up to five times as often in some countries (World Health Organization Statistical Information System, 2000). Men have the highest rates of alcohol and drug addiction, imprisonment, and sexually transmitted disease. Men give their lives in war and mistreat their bodies in work. It seems to be true that men's bodies are not only privileged but also harmed by men's relationship to the patriarchal order. The violence men are victims of may lead to men perpetrating violence on others.

### Treating men's violence

This paper makes three assumptions about men's violence: (1) A man who commits an act of violence or who is complicit in systemic violence *chooses* his act of perpetration or his complicity (Sartre, 1943); (2) The choice whether or not to be violent is made within a network of social relations in which a man is simultaneously *privileged* and *harmed* by his role within masculinity (Connell, 1995; Jackins, 1999); and (3) The harm a man suffers within masculinity

tends to confuse him into believing that the *perpetrator role* will be less painful than the *victim role*. Thus, if a man's choice to harm others is made in a state of confusion, rigidity and limited information resulting from experiences of being hurt, the perpetrator role will be preceded by a victim role.

The challenge in proposing a form of therapy as a solution to violence is that psychotherapy conceptualizes individuals as the units that need to be changed. Such individualism, the idea that each one of us is on our own, instead of profoundly connected with others, maintains the patriarchal gender order. After all, individual men who become less violent because of therapy may still find a secure place in the patriarchal order without threatening its capacity to do harm (Connell, 1995).

For a form of therapy to play a role in reducing violence, it must foster change not only within individuals, but also in power relations between individuals. Ending the power imbalances between and within genders, and therefore the violence required to enforce these imbalances, may require offering practices that challenge rather than maintain them.

While it is hegemonic masculinity that appears to require violence to maintain itself, it may be the ways men have been hurt within the hegemonic, subordinate, and marginalized forms of masculinity that bring about the actual perpetration of, or complicity in, that violence. This is where Developmental Transformations may make a difference, by offering its participants an opportunity to dissolve rigidities and open up constrictions incurred during painful experiences within masculinity. The playspace in Developmental Transformations appears to offer the conditions for dismantling the perpetrator role.

It seems that the ways men have been hurt restrict their freedom to choose their actions in the face of strong compulsions, and narrow the range of schemas they have access to (Huesmann, 1998). Violence is a form of disembodiment and men who act on their bodily impulses within a playspace, instead of suppressing those impulses until they explode in their lives, may become less violent. Developmental Transformations may be an effective way for men to gratify violent impulses without hurting anyone, thereby living more embodied and less violent lives.

Bringing flexibility and imagination to the roles of victim and perpetrator that men tend to get stuck in may also be key to reducing violence. Playing with these roles in the playspace, as opposed to being played by these roles in their lives, may help men become less violent. The state of as if, a condition of the playspace reinforced by frequent enrolling and de-enrolling, transformation of scenes, and comments on the play as it is occurring, may have the effect of driving a wedge between the role and the man play-

ing the role. He may find he is no longer compelled by the role, but has more control over it.

According to a social information processing model of aggression, men with a proclivity towards violence may tend to (1) focus narrowly on hostile cues in a situation, (2) employ schemas that interpret ambiguous cues as hostile, (3) activate simple, well-learned, violent schemas and scripts (guides to action) most closely associated with those hostile cues, and (4) generate a narrow range of violent behaviors (Huesmann, 1998). As a result of the continuous formation of new associations and the reinforcement of existing associations in this process, men with a history of violence tend to have a strong set of associations to a repertoire of violent schemas and a weak set of associations to less aggressive forms of problem-solving. In *Developmental Transformations*, the flexible use of a wide range of schemas in response to multiple cues is modeled by the therapist, whose *modus operandi* during a session is to continuously alter the structures of play according to the interest of participants (Johnson, 1986). In the same way that the therapist accommodates to the unfolding play by coming up with new structures, the male client may learn to accommodate to the world by coming up with new schemas, which may mean creating new connections between cues and the schemas those cues activate. The ways in which the therapist, as the client's playobject, diverges from the client's repetitive patterns of play may contribute to the weakening of associations to violent schemas and scripts and the formation and reinforcement of associations to new schemas and scripts (Johnson, 1991; 1998). The therapist's (1) modeling of the act of transformation and (2) introduction of divergent elements in the play, are conditions of the playspace that may result in male clients adopting a more flexible, less narrow, and therefore less violent, way of living.

The playspace in *Developmental Transformations* may counter the tendency to mistreat others as if they had less subjectivity than oneself by offering a means for client and therapist to experience each other's subjectivity in the act of improvising the play together. In the playspace, both the male client and therapist are involved in a continuous process of (1) noticing what the other is doing, (2) having feelings about what they are noticing, (3) letting their bodies be animated by the feelings, and (4) expressing something through their bodies as a result (Johnson, 1999). In the terms of Connell's (1995) "body-reflexive practice," the male client and therapist are both simultaneously agent and object of the unfolding play (p. 59). By taking in impressions of what the other is doing, processing those impressions internally, and changing the environment in some way in response, client and therapist are taking in each other's inner

imaginative worlds, thereby coming to know each other as subjects with creative resources rather than simply as objects. The intersubjectivity implied by mutual improvisation in the playspace may make it less likely that, outside of the therapy, a male client will mistreat others as objects.

To summarize, conditions of the playspace that have the potential not only to reduce an individual male client's violence, but also to dismantle violent forms of masculinity, may include: (1) the client's freedom to act on violent impulses rather than suppress them, within the playspace's constraint against harm, (2) the therapist's modeling of accommodation to new schemas, (3) the therapist's introduction of divergent elements in the play, encouraging the client to form and reinforce associations to new schemas and scripts, (4) the therapist's and client's experience of each others' subjectivities in the act of improvising the play together, and (5) the transformation of roles, scenes, and levels of meaning, reminding clients that their play is a product of their imaginations, that none of the roles they are playing are their true identity, and that they are free to choose their actions.

### Counterarguments and responses

#### *Repetition compulsion*

One critique of the idea that pretending to be violent in the playspace may make men less violent in their actual lives is that enacting violence, regardless of the conditions under which this enactment takes place, is not therapeutic but a form of resistance to change. Freud (1924/1958) described "acting out" (p. 151) as a "compulsion to repeat" (p. 150) an experience of trauma and as an indication of a client's resistance to "remembering" (p. 151) and working-through" (p. 155) the trauma. In this case, the play would simply be repetition compulsion.

A possible response to this critique is to make a distinction between actually hurting others in the real world and pretending to hurt others in the world of the imagination, between acting out and sublimation within an artistic medium. To behave violently in the real world is to be controlled by one's traumatic experiences. To pretend to be violent in the as if world of the playspace is to step outside one's traumatic experiences, achieve some distance from them, release pent up feelings about them, and integrate them as experiences that happened but that no longer compel the client to repeat them.

### Modeling

Another critique suggests that enactments of violence, even in the playspace, will have a modeling effect on the client, leading to an increase of violent behavior. The perspective that *watching* violence tends to lead to *doing* violence is supported by a large body of research on the effects on children of watching acts of violence on television (Bandura, 1973; Singer & Singer, 1987).

In response, it may be pointed out that (1) what the therapist in the playspace models is the *restraint against* actual violent behavior, and (2) the development of imaginative abilities may make us less violent. Singer and Singer (1981) found that measures of inner imagination in children were inversely related to both frequency of TV viewing and aggression. Apparently, the development of a child's inner world through imaginative activity makes TV's external imagery and the imitation of aggressive patterns of problem solving shown on TV less necessary for the child. They found that parents playing fantasy games with their children and telling or reading them stories were key factors in the development of the children's imaginative resources.

It seems that the encouragement and modeling of imaginative play has the effect of making us less, rather than more, susceptible to imitating violence. Participants in the playspace may be less likely to copy violent acts than to render them meaningful in an imaginative process that has become more flexible and capable of handling complexity.

Furthermore, TV viewing tends to be an experience of disembodiment while Developmental Transformations is an experience of embodiment. When one sees a car explode or a man get shot on TV, one does not usually experience in one's body the feelings that follow such an experience. In the playspace, the play consists of embodied imagery. An act of violence in the playspace calls up feelings, such as guilt or mourning, in the players and these embodied feelings organize the next moment in the play. If the treatment of others as if they were objects is the essence of violence, then the antidote to the social objectification that seems to be inherent in TV watching may be the embodied, intersubjective play of the playspace.

### Case example

The following case example will attempt to illustrate the potentialities of the playspace in the treatment of men's violence. Joe is a Vietnam combat veteran who was a client in the inpatient post-traumatic stress disorder (PTSD) treatment program at the Veterans Affairs Medical Center in West Haven,

Connecticut. Joe reported no violence in his life before he went to Vietnam. In Vietnam, Joe led patrols, taking the position in which he was at the greatest risk of being killed. Joe did this for eight months. Of his time in Vietnam, Joe said, "I enjoyed killing." However, during one of these patrols Joe accidentally shot and killed one of his own squad members, thinking he was the enemy. This incident left Joe with a burden of guilt. After he returned from Vietnam, Joe became involved in violent crime ("I carried a gun and used it") and spent time in prison.

I conducted three sessions with Joe. The first scene of a session began by each of us naming a role for the other to play. All subsequent scenes were initiated by either of us transforming the characters and settings into new scenes.

The scenes in Joe's sessions in which he showed the highest level of interest also tended to be the scenes with the highest level of violence. (By interest, I mean engagement and energy, not necessarily enjoyment). These scenes were initiated as often by Joe as by me.

During Joe's second session, for example, he transformed a scene in which we growled and circled each other in fighting postures by saying, "All right, I need to see a license," thus becoming a cop who had just pulled me over. After I played a terrified driver in that scene, I approached Joe as a scared, new recruit, transforming the scene to a patrol in the jungle of Vietnam. Joe transformed this scene by saying, "I'm going to cut you," becoming a basketball coach throwing me off of his team. After I pulled a gun on him and we exchanged insults with each other in front of the rest of the team, I transformed the scene by becoming a doctor bragging about how compassionate I was. Telling me I was insane, Joe joined me in that scene as the head of the psychiatry department.

The following interaction, in which Joe reacted imaginatively to a pretend death and then awakening of a monster, shows how playing at being violent in the playspace leads to playing with consequences of the violence:

I started climbing a ladder and said out loud in a child's voice, "I'm climbing this big jungle gym." Smiling, Joe took a few quick steps over to where I was and pushed my upper right arm. I said, "Hey, you're trying to hurt me." I kept climbing and soon announced that I was on the top of the jungle gym. I held up my arms to draw attention to the fact that I was "at the top." Joe stepped quickly over again and pushed my upper right arm again. I "fell" to my left in slow motion, making the sound, "Ahhhhhhhhhh," starting with a high pitch that became lower and lower as I fell to the ground and lay flat on my back. I lay still.

Joe seemed anxious. Crouching next to me, he said "Get up. You're not hurt." He then moved to the other side of the room, and protested, "I didn't do it. I didn't do it," as if he were a child being accused of hurting me. Then he laughed. In a sing-song voice of a child, he said "Prin-ci-pal!" and then laughed again. (Apparently, Joe was thinking of me as being in the teacher role, although I had been thinking of myself as another student). Joe said, "Wake up." He sat on the floor to my left, grabbed my left arm near the wrist, raised it above my chest, then shook it rapidly so my hand flailed back and forth. "Wake up," he said.

I growled. Joe opened my eyes, one at a time, with his fingers, as he announced with a nervous laugh, "You're not hurt." I growled again and slowly got up. Joe went to the other side of the room. As if I were large and heavy, I stomped slowly from one foot to the other, growled in a low voice, and said, "You have awakened. . . the Beast." I walked towards the center of the room, in Joe's general direction. Joe picked up a chair and began thrusting it toward me while smiling.

Suddenly, I pulled my arms in against my chest, opened my eyes wide, and made a whimpering sound. Joe held the chair with his left hand and cracked a whip at me with his right hand, making a "wsh ksh" sound, still smiling. I continued to cower against the wall, whimper, and yelp when Joe was cracking the whip. Joe put the chair down in the middle of the room, backed away to a wall, then pointed at the chair and told me to get up on it. Still cowering, I jumped up onto the chair. Staying far from me, near the wall, Joe bowed, profile to me, as if to an audience.

Joe's pretending to push me off of the playground structure evoked in my body a pretend fall in slow motion. My lying still as if injured or dead seemed to evoke anxious impulses in Joe, who moved quickly across the room saying in a pretend child's voice, "I didn't do it." Joe's apparent expressions of anxiety evoked in me a monster, "The Beast," who pretended to inspire fear. Joe then pretended to contain the Beast in a lion tamer routine. Joe's initiation of pretending to be violent by pushing me led to playing with consequences of that violence.

Patterns in Joe's play during his three sessions indicate that he was interested in playing with the perpetrator role. In a total of 18 scenes, Joe played a perpetrator role 12 times and a victim role 6 times. In the same scenes, I played the perpetrator role 9 times and the victim role 9 times. Not only did Joe play the perpetrator role often, but the most frequent pair of roles we played together was Joe in the perpetrator role and me in the victim role, a combination of roles that occurred eight times. Also frequent was the pairing of (1) both of us as perpetrators (4 times) and (2) Joe as a victim with me as a perpetrator (5 times).

The fact that the consequences of pretending to be violent in the playspace are pretend rather than actual seemed to allow Joe to enjoy pretending to be cruel, an enjoyment that he may otherwise suppress in his life. When I transformed to a scene in Vietnam by approaching Joe in the role of a new recruit, Joe's initial compassion turned to sadistic pleasure at the imaginary likelihood that I was going to get killed before his very eyes.

I said I was terrified of doing the right thing when we saw the VC and asked Joe if he would look out for me. Joe said, "I'll do the best I can, but I'm going to be looking out for *my* ass." His face was red as he pointed at me and said this. A combination of shame, fear and compassion seemed to show in his face. I pointed to where I thought the enemy would appear, on the other side of Joe. I asked Joe, "If I'm behind you and you see the VC and I don't, you'll tell me to get down, right?" Joe smiled as he said, "You'd be dead meat if I had to tell you." He stopped smiling and said, "Better you should just roll with it." I said, "Okay, show me," and I started walking slightly hunched over, rocking left and right with each step. Joe remained looking at me and laughed. I said, "Sorry. I'm the new guy." I asked Joe if this was the right way to walk. Still staring at me, he laughed again. He told (and gestured) me to turn around and be in the lead. I said, "Oh good," turning around and walking. I looked back over my shoulder and said, "This way you can cover me, right?" Joe laughed with a big smile, tears in his eyes. He said, "Yep, I can cover you." He shook his head as he laughed. I said, "Good, because I'm really scared. I'm glad you have me covered." Joe laughed again.

In the last scene of our third session, Joe appeared to enjoy pretending to be cruel at the beginning of the scene, but his pleasure in our imaginary cruelty seemed to find a limit that I played slightly beyond during the scene. I initiated the scene by speaking to Joe as if we were two doctors considering what to do about a patient lying in front of us.

I asked Joe what he thought of the idea that. . . we ought to try something spiritual as a last resort. . . . I put my hands out over the patient's body and told Joe, who was standing to my right, to do the same. . . . Joe checked the instruments and said that the patient was dead. We both laughed. I said, "We finished *that* one off." Joe, who seemed to be enjoying this, turned to the left and said, "Nurse." When the nurse entered, he said, "Put this one in a bag." I laughed. Joe said, "Bag it and tag it." I laughed some more.

I said, "That's done. Bring in the next victim!" . . . We made mysterious-sounding "woooo" sounds and waved our fingers at the body to make it rise. . . . After we had lowered the body, I asked Joe, "Did



you see the way it landed?" and then made a "duh" sound of the body landing. Joe laughed and agreed it was funny. He said in an annoyed voice to the patient, "What are you crying about? That didn't hurt!" I said to Joe in an eager voice, "Let's do it again." Joe said this time he wanted to raise the body with its head downward so when it fell it would land on its head. I agreed excitedly. I directed us in levitating the body, then rotating it up so the head was lowest, and then dropping it. We both laughed. I said, "Did you see how she kind of bounced when she landed? Joe said with annoyance, talking to the patient, "Stop crying."

... Joe said we could gather all the doctors and nurses together and then kick them out of the room. I expressed excitement about the idea. I talked about how beautiful the red blood would look on the black street. Joe said the nurses' outfits would add some white to the red and black pattern and I agreed this would make a great contribution to the look of the finished product. . . .

With our fingers and a mysterious "oooooh" sound, we levitated the crowd of doctors and nurses and sent them out the window. I stood near the edge and talked about what an amazing sight it was as they fell down through the air and landed with a huge splat. Joe looked briefly, but did not stay at the edge with me. I talked about all the blood that was running together. I said that whatever diseases anyone was carrying would mingle with everyone else's blood so that everyone would be infected. Joe said "Yeah" but he now seemed uncomfortable.

If real acts of violence may be understood as attempts to objectify others and thereby establish one's subjectivity, then in the playspace, the therapist's role as the client's playobject may be to partially gratify and partially interfere with the client's violent impulses (Johnson et al., 1996). As Joe's playobject, I was sometimes faithful to the attempted objectification, playing a victim or perpetrator within it, while at other times I initiated actions that frustrated or complicated that project. Given the close relationship that appears to exist between victim and perpetrator roles, it may be that when I pretended to threaten Joe with a gun (i.e., play the perpetrator to Joe as victim) I gratified Joe's violent impulses as much as when I played the new recruit about to get shot in front of him or the teacher he pretended to push off the top of the playground climbing structure. When, on the other hand, I showed more excitement than Joe did about pretending to watch people plunge and splatter onto the street, or when I pretended to be dead longer than was comfortable for Joe, my actions may have interfered with the smooth operation of violence as objectification. When this happened in a scene, Joe may have found himself feeling fear of

consequences, or caring about the victims, or being reminded of some aspect of his own victimhood, which may have interfered with his experience of himself as sole subject in relation to others as objects. My failure to pick up on cues from Joe during the play and the areas where I have difficulty playing also may have contributed to my role as a frustrator to the full gratification of Joe's impulses, violent or otherwise. It may be that Joe's recognition of my freedom as an autonomous person disrupted the constraints of his violent schemas.

Joe showed increased interest in the play when the level of violence was highest. The fact that our pretending to fight with each other, to rob a bank together, and to kill various people in the playspace did not result in Joe's going out and fighting, stealing or killing in the real world may be an indication that our sessions did not model violence in a way that Joe felt a need to imitate.

Joe said he felt "more comfortable" after each of the three sessions and he found the method "interesting." When asked to rate his level of violent impulses during the week preceding and following each session, Joe tended to avoid answering or stated he no longer has violent thoughts. By distancing himself from his past use of violence in his life, Joe appeared to give himself the room he needed to play with violence under the imaginative conditions of the playspace. Within the playspace, Joe did not seem to feel that pretending to enact violence defined him as being violent. Instead, it appears that the playspace provided Joe a place to express violent impulses and experience imaginative, but not actual, consequences of his pretended acts of violence.

#### Proposals for further study

The above example provides a glimpse of possible lines of inquiry into this important question regarding the therapeutic impact of the playspace on violent behavior. Of course the anecdotal evidence provided by this case example and by the experience of other clinicians using Developmental Transformations is not sufficient to claim any specific conclusion. Empirical studies examining this issue might be conducted with violent populations in which outcome measures relating to violent ideation and behavior are taken before and after a course of treatment in drama therapy. More modestly, studies of therapeutic process of single cases might be useful in demonstrating the differences between committing violent acts and pretending to commit violent acts. Videotaped sessions could be profitably analyzed in terms of characteristics of the playspace and client behaviors, and postsession client interviews could illuminate poten-

tial therapeutic effects. If indeed the playspace in drama therapy has the potential to reduce men's violence by allowing men to express violent impulses and play with the roles of perpetrator and victim within the safety of the imaginary realm, then conditions of the playspace may offer a means not only to treat individual men's violence, but to dismantle violent forms of masculinity.

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