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Reclaiming the body and restoring a bodily self in drama therapy: A case study of sensory-focused Trauma-Centred Developmental Transformations for survivors of father–daughter incest

ABSTRACT

Survivors of father–daughter incest often suffer from complex trauma and sensory insensitivity, making it difficult to decipher the sensations in the body and experience body ownership, self-location and agency. This case study illustrates how sensory focused, Trauma-Centred Developmental Transformations can help restore or develop a bodily self, desensitize fear-based schemas, revise deeply buried beliefs and extend repertoire.

KEYWORDS

adult mental health
father–daughter incest survivor
complex trauma
bodily self
drama therapy
Developmental Transformations

PALABRAS CLAVE

salud mental del adulto
padre hija sobreviviente de incesto
trauma complejo
yo corporal
dramaterapia
Transformaciones Evolutivas (DvT)

RESUMEN

Las sobrevivientes de incesto padre – hija, a menudo sufren traumas complejos e insensibilidad sensorial, lo cual dificulta descifrar las sensaciones en el cuerpo y la vivencia del cuerpo como propio, la auto-ubicación y la agencia. Este estudio de caso ilustra cómo Transformaciones Evolutivas (DvT) de enfoque sensorial centradas en el trauma, pueden ayudar a restaurar o desarrollar un yo corporal, desensibilizar esquemas basados en el miedo, revisar las creencias profundamente enterradas, y extender el repertorio personal.

MOTS-CLÉS

santé mentale des adultes
survivante de l'inceste père-fille
traumatisme complexe
yo corporal
dramaterapia
Transformaciones Evolutivas (DvT)

RÉSUMÉ

Les survivantes de l'inceste père-fille souffrent souvent de traumatismes complexes et d'une insensibilité sensorielle, ce qui rend difficile pour elles de déchiffrer les sensations de leur corps et de faire l'expérience de la propriété corporelle, de l'autolocalisation et de pouvoir. Cette étude de cas illustre comment les transformations développementales axées sur les sensations et centrées sur le traumatisme peuvent aider à restaurer ou à développer un soi corporel, à désensibiliser les schémas basés sur la peur, à réviser les croyances profondément enfouies, et à étendre son répertoire.

INTRODUCTION

The basic experiences we have as a *bodily self* are driven by our physical interactions with attuned primary caregivers from the very beginning (Montirosso and McGlone 2020). The bodily self is the ability to perceive our body as separate from other entities and gives us, from childhood onwards, a sense of body ownership, self-location and agency (Seth and Tsakiris 2018). Here agency means the feeling of being in charge of life, with the child knowing that they have a say in what happens and that they have some ability to shape their circumstance (Van der Kolk 2015). But what if, in the interaction with primary caregivers, the body is taken over and exploited by sexual abuse of a biological father or father figure?

This article presents a case study of the use of Trauma-Centred Developmental Transformations (TC-DvT) in the treatment of a survivor of father–daughter incest (FDI) in the context of outpatient individual psychotherapy in a private practice in the Netherlands. A brief literature review is included concerning the experiences of survivors of FDI, common treatment methods, recent insights about the development of the bodily self and implications for treatment using drama therapy. Research related to outpatient drama therapy treatment of this specific kind of abuse is limited and only few drama therapists receive specific training related to it. To respect and reconfirm the client's autonomy, value the client's perspective on therapy process and effectiveness and (re-)establish mutual intelligibility or intersubjectivity, the client was invited to read and comment on different versions of this case study. She was asked in particular if she recognized the described process and different illustrations drawn from sessions, and to reflect on her development in her own words. Her final commentary is at the end of this article. Clinical records and reflections from the drama therapist were used. The male middle-aged

drama therapist is the author. The client agreed several times that her case could be used and she consented to publication. In order to protect the client and prevent disclosure of the client's identity, the client is given the fictional name Neomi.

FATHER–DAUGHTER INCEST

Incest is a form of childhood sexual abuse (CSA) that refers to sexual contact from exhibitionism to intercourse, where there is a blood relationship or family ties between the perpetrator and the victim (Gonzalez 2017). Neomi is a survivor of FDI. An increasing body of research provides empirical evidence that CSA is a stressor that puts the victim at an increased risk of a range of bio-psycho-social difficulties across the life course (MacGinley et al. 2019), in particular, when it comes to the different traumatizing characteristics of FDI (Buchbinder and Sinay 2019; Kluft 2011).

If a biological father or a father figure turns into a perpetrator and exploits the child and specifically its body for sexual stimulation and gratification, it is a devastating betrayal of trust, transforming the relationship into one of force (Gil 2016; Herman 1992). In the case of chronic, escalating incest without protection or intervention, the child is essentially trapped and powerless. In order to cope with the abusive interaction, the child will dissociate and become disconnected from bodily sensations leading to sensory numbness or insensitivity (Van der Kolk 2015). The child is impaired of growing awareness of subtle sensory information and deprived of associating (intense) bodily sensations with safety, comfort and self-regulation or mastery. The opposite of what is needed to advance the development of a bodily self and psychological self, experiencing body ownership, self-location and agency (Ciaunica and Crucianelli 2019; Montirosso and McGlone 2020; Seth and Tsakiris 2018). Possibly more damaging are the accompanying dysfunctional family dynamics: parent conflict, contradicting messages, triangulation (e.g. parents aligned against a child), and improper parent–child alliances within an atmosphere of denial and secrecy (Courtois 2010).

It will be no surprise that as a result the child has limited internal resources, insecure attachment patterns and adverse neurobiological brain development (Courtois 2010). Often in later life, this gives rise to depression, self-destructive behaviours (self-injury, substance abuse, sexual promiscuity), a chronic sense of panic, lowered self-esteem and relations that are marked by distrust, alienation, disconnection and explosions (Cashmore and Shackel 2013). In severe cases, extreme avoidance of trauma memories and distortions in sense of self may lead to the fragmentation of self and a dissociative identity disorder (Courtois and Ford 2013).

CURRENT APPROACHES TO TREATMENT

Experiencing prolonged exposure to interpersonal trauma during critical developmental stages correlates not only with a post-traumatic stress disorder (PTSD), but with a wide range of other symptoms and even disorders (Cashmore and Shackel 2013; Courtois 2010; Courtois and Ford 2013; Lawson 2017; Van der Kolk 2005). It relates to what is defined as complex trauma (Cloitre et al. 2011; Jonsson 2009). Apart from the defining symptoms of PTSD, it also includes different domains of disruptions in self-regulatory capacity. But negative consequences will be different between survivors of

incest. More severe symptoms occur with early childhood onset, longer duration, violence and coercion, penetration, the parent blaming the child and observed or reported incest that continues.

Therefore, individualized assessment is important (Courtois 2010). Lawson (2017) describes strikingly how the multifaceted nature of complex trauma, the disruptions in normal child development, and the unique profile of each person necessitates treatment approaches that are similarly multifaceted and adapted to each person. Treatment should not only focus on symptom reduction or a traumatic resolution approach. For example, where a main approach might focus on desensitization to traumatic events as the client systematically faces and works through the memory repeatedly, the treatment should also promote the development of self-capacities in the areas of relatedness, identity and affect regulation. If not, the present limited self-capacities will probably exacerbate symptom severity and chronicity (Lawson 2017).

In general, there are several returning elements in different multifaceted (psycho-)therapeutic treatment approaches (Lawson 2017). The treatment approach is relational, emphasizing and understanding the client's subjective experience in the context of what is actual and present in the interactions between the client and the therapist (Courtois 2010), being sensitive to issues related to shame, guilt and loss (Courtois 2010; MacGinley et al. 2019), and having an attachment perspective in which the client in the containing therapeutic relationship is provided with opportunities to explore new ways of experiencing interaction other than it being harmful. The treatment consists of an experiential focus, with gradual exposure to disturbing material (Courtois 2010). Cognitively oriented interventions are applied to develop a more accurate self-image and a more realistic view of relationships with others and the world. Within the treatment approach, affect regulation and interpersonal skills are addressed for competent, effective day-to-day living (Lawson 2017).

Despite the growing insight about effective treatment, clients who experienced and survived childhood neglect and sexual penetration with use of force are still found to drop out of the treatment frequently (Fletcher et al. 2017). This makes it necessary to explore a treatment approach for someone like Neomi as a survivor of FDI that can enhance adherence.

DEVELOPING A BODILY SELF

The adaptation to chronic, escalating incest without protection or intervention disrupts the child's development of the bodily self and often requires a distancing or distortion to reality to survive the extreme and overwhelming situations. The related disconnection from bodily sensations will lead to sensory numbness or insensitivity. It is common for survivors to believe that the body is a problem, something that must be ignored or denied or something that must be worked on to improve or repair it (Ogden and Fischer 2015). Messages from the body are often ignored or denied. To decipher what is crucial for the development of a bodily self, it is valuable to briefly look at present insights related to the emergence of the sense of a bodily self.

The bodily self is defined as the ability to perceive our body as separate from other entities and gives a sense of body ownership, self-location and agency (Seth and Tsakiris 2018). It can be compared to developing an inner compass. To experience body ownership and generate a sense of a bodily self, an integration of *exteroceptive signals* and *interoceptive signals* is important (Montirosso and McGlone 2020). Exteroceptive signals are the proprioceptive

and kinaesthetic sensory inputs that inform us moment by moment about the position and movement of the body in space, including our sense of equilibrium and balance. Interoceptive signals are the moment by moment sensory inputs of multiple internal body states like the detection and processing of signals such as temperature, itch, pain, cardiac signals, respiration, thirst and touch (Montirosso and McGlone 2020). Different aspects of processing these signals have been highlighted, and these include features like attention, detection, magnitude (intensity), discrimination, accuracy or sensitivity and self-report (Khalsa and Lapidus 2016).

It is known that an integration of exteroceptive and interoceptive signals is not dependent solely on inherited neuro-maturational processes, but rather upon relational experiences of early embodied interactions with the primary caretaker(s). In this dyad of countless multimodal reciprocal exchanges, the primary caretaker and infant contribute to interpersonal rhythmic cycles of co-regulation. The intersubjective relatedness is known to be important for building the infant's social development, stress regulation and very likely the infant's bodily self (Ciaunica and Crucianelli 2019; Montirosso and McGlone 2020). It requires sensitivity on the part of the primary caregiver. This parental sensitivity implies higher-order social cognitive skills such as mentalization. Based on recent neurological insights, Montirosso and McGlone (2020) pointed out the importance of the non-verbal, bodily based and biological interactions that have been referred to as *parental embodied mentalization* (PEM). It is the parental capacity to comprehend the infant's mental states from their body movement and adjust their own kinaesthetic patterns accordingly. This more embodied interaction, often expressed in physical affection and gentle touch, requires from the primary caregiver sensory sensitivity (Botero et al. 2019). Therefore, an individually adapted, multifaceted, treatment approach for survivors of FDI necessitates an orientation to the development of the bodily self in addition to desensitization and supporting self-capacities. This demands from the therapist sensory sensitivity to comprehend the client's mental states from their body movements and adjust his own kinaesthetic patterns accordingly, creating a similar dyad of reciprocal exchanges as mentioned before, leading to interpersonal rhythmic cycles of co-regulation and intersubjective relatedness. The method TC-DvT seems to address most of the elements outlined by Lawson (2017), advocating for a multifaceted psychotherapeutic treatment approach for survivors of FDI, including emphasizing the use of the body.

TRAUMA-CENTRED DEVELOPMENTAL TRANSFORMATIONS

The method of TC-DvT is consistent with principles of trauma-centred psychotherapy which are focused on aiding the client to lower their fear of reminders of traumatic events, differentiate between past and present experiences, and expand the capacity to tolerate and respond to intermediacy, intimacy and ambiguity in relationships (Sajnani and Johnson 2014). This is generally accomplished through exposure treatment and desensitization work (Foa et al. 2009). In numerous psychotherapy approaches, the desensitization to the fear structures of the client occurs through imaginal exposure. The client systematically and repeatedly faces and works through the traumatic memories by remembering them in their mind. In TC-DvT, traumatic memories are vividly re-experienced in a real-time interpersonal and embodied therapeutic relationship, where the relational injuries can be specifically addressed and processed (Pitre 2014).

TC-DvT relies on the improvisation-based practice of DvT. The fundamental assumption in DvT is that each enactment is entirely unique and has never been before (Johnson 2013). It is the basis for the notion that life is continually shifting and therefore inherently unstable. In response to this turbulence, individuals will attempt to assert control and create clarity by learning and creating repetitive forms and generating patterns. The innate inability to control the instability often results in an increased feeling of anxiety and hopelessness. Frydman (2017) summarizes the overarching goal of DvT as a reorientation of the psychological focus from maintaining malfunctional repetitive forms and maladaptive patterns, aimed towards gaining control and clarity, to enabling a fluid transformation of self, according to the ever-changing demands of an inherently disordered reality. This results in a lowered fear of instability. When a client is suffering from relational trauma, the attempt to assert control and create clarity is even stronger. So, although DvT is not at base a trauma-centred approach, it can aid the client in desensitizing fear-based schemas and navigating life (Johnson 2014).

The method is based on the concept of *the playspace*. The playspace is the container of the entire therapeutic action (Johnson et al. 2002). The playspace, as it is defined in DvT, is comprised of four principles (Johnson 2014): The first is about the ongoing agreement that the play is mutual and reciprocal. The second is discrepant communication, reinforcing that what is occurring in play is different from reality. The third is reversibility or the possibility of power shifts between therapist and client. The fourth is restraint against harm which means that no party within the playspace will intentionally be physically or psychologically harmed. The playspace involves an agreement between therapist and client that possible harm will be represented opposed to acting it out.

In drama therapy, the playspace is co-created with the client in a playroom where all objects, except some cushions and a round rug called a witnessing circle, are removed. Within this imaginal intermediate and intersubjective realm, the therapist enters the role of the embodied *play object* for the client. The therapist focuses on the play interaction with the client and monitors closely the constantly changing shades in their dramatic conversation (Pitre 2014). It occurs in a recursive interpersonal process where each person crosses four overlapping steps: noticing, feeling, animating and expressing (Johnson 2013). Based on what the therapist notices in the expressing of the client, the therapist will offer emergent or divergent material within the play encouraging the client to follow their own emerging feeling states and inviting the client to bring them into 'the play'. Johnson describes that difficulties or inhibitions can occur at any of these four points as a client may not be able to notice well, feel deeply, animate the feelings into thoughts or express themselves competently (2013). To be embodied and present in continually shifting interactions with others means to be able to fully notice, feel, animate and express. It requires sensitivity to register, accurately interpret and integrate sensory input.

Diverse images and associated feelings and convictions will emerge from the dramatic conversation. Projections and patterns reveal how the client tries to relate to the instability of life. It reflects the potential vulnerabilities in predisposition, possible traumas, attachment schedules, affective and cognitive coping strategies, development of self and meanings (un)consciously given to life events (Willemsen 2018). The therapist slowly but surely tries to expand the playspace. Therefore, the therapist works to have the projections and patterns in the playspace 'move across the divide of difference (a term referred to as *varielation* by Johnson) in such a way that allows for

simultaneous repetition and divergence' (Pitre 2014: 246, original emphasis). To do this, the therapist will detect small movements in face and body, listen to the tonality, track emerging affective changes, also referred to as leakage, within the dramatic conversation and then decide on interventions to evoke, transform and enrich images.

The therapist relates to the client's playing possibilities and impulses moment by moment and, by modelling and feedback, aids the client with difficulties or inhibitions in the different steps of the recursive cycle. The therapist closely monitors the tension and supports the regulation of the client within the playspace in several ways (Johnson 2013). For example, the therapist may increase the discrepancy in order to reinforce that what is occurring in play is different from reality. The therapist may create more distance from the scene by transferring the action into a television program, for example, with the client having the remote control. The therapist may shift to a more supporting role for the client in the scene or even join the client in the situation to collaborate about possible answers to the challenging situation that they are playing with. When the anxiety increases very rapidly the therapist can also (in a supporting or joining role) make use of co-regulation by guided dyadic regulation (Sroufe 1997). For example, the therapist may use their sensitivity to attune to the client's responses and encourage the next behaviour such as a calmer rhythm of breathing or a slower pace of movement. So, when fear responses in the dramatic conversation are activated it does not necessarily overwhelm the client (Willemsen 2014).

There is no procedure for applying TC-DvT; every trauma history is unique and requires customization from the drama therapist in the playspace (Johnson 2014). TC-DvT starts with a preparation phase. The therapist conducts a thorough trauma history and alerts the client to the fact that treatment will involve directly addressing traumatic experiences in order to reduce avoidance of traumatic memories (Sajnani and Johnson 2014). Aspects of trauma-related events will deliberately be introduced in the playspace. In order to evoke defence patterns, the representation of the perpetrator is an important component of the therapist's role. The exposure is gradual and develops from indirect references to direct references of the traumatic events (Pitre et al. 2014). The gradual exposure within the playspace is understood to lead to desensitization of fear-based schema's revision of (deeply buried) beliefs and extension of repertoire, reducing the impact of the trauma in the different areas of life (Willemsen 2014). Johnson mentions how it leads to greater flexibility and differentiation in a person's response to the environment and view of reality, he calls it *dimensionalization* (2013). When just referring to the greater flexibility and differentiation in a person's response to the environment, it is named *repertoire*.

Indeed TC-DvT when applied to survivors of FDI potentially supports the development of the bodily self, a growth of self-capacities in areas of relatedness, identity and affect regulation, leads to desensitization of the traumatic events, and because of its improvisation-based character, adapts naturally to the unique profile of the individual. Not mentioned but interesting is that the exuberant nature of TC-DvT might enhance adherence. What does it look like when it is applied in practice?

CASE STUDY

Neomi, a 26-year-old woman, makes an appointment with a psychotherapist from 1nP and inquires about drama therapy. The foundation 1nP is a national

network in the Netherlands of independent professionals with private practices within mental health care. Having tried different therapies, she wonders if TC-DvT, the method the drama therapist suggests and is trained in, could finally give her some relief. Neomi suffers from increasing PTSD symptoms. She has returning nightmares, flashbacks, intrusive fragmented memories, and she grinds her teeth. Neomi shares that she regularly dissociates and that others tell her how her stare turns blank and she becomes non-responsive. Many sounds and crowds of people overstimulate her. She is on constant alert and experiences a high level of anxiety. Neomi expresses that for no assignable reason she at times feels irritable, has mood swings and feels rejected. Neomi explains that she has lived behind a mask, disconnected from her bodily sensations and feelings while presenting herself as a tough woman. Since she is in an intimate relationship, she has noticed how her familiar coping strategies are failing and that her condition has worsened.

Neomi is aware that all of these symptoms are related to her history of incest, the sexual abuse perpetrated by her father. She finds it difficult that she cannot think, feel deeply, remember or make sense of what was going on. Her memory is fragmented as if she has blacked out parts of her memory. These challenges fuel her agonizing shame and self-blame in perceiving herself more as a willing participant than as a victim in the repeated abuse, often believing that nothing bad happened and the terror is a fabrication of her unsound mind. Simultaneously, Neomi feels betrayed by her mother who did not intervene. Her mother felt powerless and seemed to cover up, defend, deny and overlook the father's behaviour. Instead, her mother focused on her father's positive attributes, indicating that the mother possibly developed a 'betrayal bond' with her father to endure the continuing situation (Courtois 2010). She told Neomi that they were a great family, especially compared to other families around them. Neomi knows that there were neighbourhood rumours that her father was a paedophile, and there was notion that she was exposed to porn from a very young age. It is difficult for her to understand why nobody intervened.

Intervention

Neomi discusses with the psychotherapist and drama therapist the outline of the treatment approach. Because her severe symptoms as an FDI survivor relate to what is defined as complex trauma, it is difficult to predict the duration of the treatment. Together it is decided to evaluate the treatment approach in relation to her progress every few months. She agrees to see the psychotherapist for 50 minutes and the drama therapist for 60 minutes once a week. Because of the intensity and impact of the drama therapy, she agrees to see them on two separate days in no particular order. She is aware that the drama therapist will be directly addressing her traumatic experiences and that she is expected to reveal her thoughts and feelings about her traumatic memories as they come up in the sessions. Neomi knows that the drama therapist will engage her in the dynamic, spontaneous, creative world of a playspace, based on the method TC-DvT. She also knows that within this playspace the drama therapist will progressively present her with challenging demands related to her trauma material (Johnson 2014). At the same time, the psychotherapist will help her to better understand and navigate daily life by decoding current behaviour, helping her to identify the impact of trauma schemas in the descriptions of issues as they occur.

Sensory sensitivity and reconnection

At the start of the drama therapy session, Neomi is in the empty drama therapy room with a big woollen carpet, some cushions and a witnessing circle, unable to meet the gaze of the drama therapist and make eye contact. She stares to the ground or the door. Her body seems physically restricted and her facial muscles are tense. Neomi holds her breath. When the drama therapist asks about her feelings, she speaks haltingly, as if having difficulty finding words to describe what she is feeling. Although Neomi hardly makes eye contact, her eyes seem to follow accurately every move the drama therapist makes. Neomi looks alert. Alone in a room with a male drama therapist, probably near the age of her father, must be terrifying for her. When the drama therapist checks his assumption, she expresses that she can imagine that it might be true. It surprises the drama therapist when she positions herself on the carpet opposite the therapist and pleasantly inquires about what she should do. She appears ready to be invited for play and focused on detecting what is expected from her. The drama therapist expresses his surprise and at the same time he imagines how it would be very possible to pursue a playful interaction, believing that it would be reciprocal and how it probably would re-enact for Neomi familiar abusive relational patterns. The drama therapist feels trapped. When he tries to escape by offering Neomi different options she is confused and does not know what to choose. The drama therapist is aware that in this phase there might be no way out (Gil 2016).

To encounter Neomi and find a mutual entrance to the playspace seems too demanding for her, regardless of how small the improvisation-based play is. The drama therapist believes that there is limited understanding of, or trust in principles like mutuality, discrepancy, reversibility and restraint against harm. The drama therapist therefore slows down the speed of interaction and involves Neomi in playful challenging physical activities such as rhythmic movement (with and without holding, touching or pressing soft cushions), balancing activities and mirroring each other's movements whilst bringing attention to Neomi's breathing or pulse. In addition, the drama therapist is identifying together with her which sensations are associated with relaxation or pleasure.

Neomi shares that it remains difficult to (re-)connect to her body and access its sensory signals. She is aware how she tends to disengage. It is probably an example how she, as a victim of FDI, made an effort to shut off terrifying sensations. Later in life, these defences have continued to serve her by helping prevent triggers and remain within her widow of tolerance (the range of optimal functioning) (Ogden 2009). Obviously Neomi is anxious about becoming more aware of her senses, afraid of being triggered and that related overwhelming images from the past will intrude on her mind and body.

After throwing a cushion in the air and later to each other and catching it again, Neomi is invited to find a spot in the playroom and to hold and feel the cushion. Neomi holds the cushion in front of her. She slowly buries her clawed hands in the cushion whilst pressing it firm against her body. She bends a little forward. Her breathing is rapid and shallow. The drama therapist also holds a cushion and mirrors her. On breathing out he makes a firm sound. Neomi copies his sound. Whilst doing this together, her breathing becomes slower and deeper, she stretches her fingers and puts one of her hands on top of the cushion and starts rocking by shifting the weight of her body from one leg to the other. The drama therapist notices how different images related to her

posture and movement emerge, but he purposely brings his attention back to the present experience based on exteroceptive and interoceptive signals.

DT: The body feels relaxed
N: Yes (The position and tension of her hands changes)
DT: How does the cushion feel? (mirrors the changes in hands and posture)
N: Nice and soft

Neomi's *body literacy* is slowly increasing, in this case the physical self-awareness, interpretation and integration of exteroceptive and interoceptive body sensations (Ogden et al. 2006; Price and Hooven 2018). It requires from the drama therapist reflective listening and sensory sensitivity to get a possible impression of Neomi's mental states from her body movements and to let it adjust his own kinaesthetic patterns accordingly. The drama therapist supports Neomi in her recursive cycle to more fully notice and feel.

Space of possibility: Relation and (co-)regulation

The drama therapist witnesses how Neomi is less anxious when she comes to drama therapy. Her facial muscles are more relaxed. She moves more freely through the playroom and is able to make more embodied choices when offered options. Neomi shares that her ability to bring her attention back to sensing and thus re-engaging after she notices disengagement is growing. It is for the drama therapist the moment to offer, next to the ongoing sensory-focused physical exercises, also physical games. The games have clear rules, like different versions of playing (imaginal) tag or crossing the line, always with a choice to escape to or take a break in a safe area. When touch is involved it is done with cushions and only at agreed body parts. A magic stop word is present. For Neomi, it is challenging to continue to sense at a higher intensity and during unpredictable interactions. It is interesting to see how Neomi is taking more initiative, bringing ideas for variations on rules and play. The play interaction starts to become more reciprocal and, just as important, based on her smiles and laughter, Neomi has moments of joy. As a result, Neomi's understanding of play as a space of possibility seems to be developing. Neomi is surprised that she endures proximity without immediately shutting down. Within the contours of the physical games, there are signs of body ownership, awareness of self-location and growing agency.

When in the physical game interaction, a (small) playspace naturally arises and gets introduced, Neomi reflects that it is of importance for her to experience that the drama therapist continues to support and guide her, to 'hold' her arousal within the window of tolerance or bring her back without judgement once fallen out of it (Ogden 2009). The drama therapist uses grounding strategies to help Neomi re-engage with what is happening in the present. Neomi tells the drama therapist that she is hesitant about the growing therapeutic relationship, convinced by her trauma schemas that once the drama therapist really gets to know her and finds out how rotten and disgusting she is, he will dump her. Therefore, it is confusing for her that he, together with the psychotherapist, continues to care and provide a holding environment for her.

After nearly one year, Neomi starts to feel more embodied and present in and outside of therapy. She has growing body awareness and is excited that she can, for example, feel her muscles while she is riding her bike. To

feel more embodied and present means that she experiences less difficulties or inhibitions in different steps of the recursive cycle. Neomi says that she better knows where she is and more aware of what is going on for her. This process shows that her bodily self is developing and her *inner compass* based on sensory information and integration is evolving.

Expanding the playspace: Revision and repertoire

Within the dramatic conversation (Pitre 2014) of the playspace, Neomi follows more impulses of her own body instead of being focused on what the drama therapist would expect or like. The way she is able to articulate bodily sensations shows more awareness of her inner states. She seems more in touch with her preferences. An image that emerged from play that illustrates her personal development and changing interaction is the gender machine. This emerged image turns out to be a machine that can alter gender or gender characteristics.

N: I want you to go through this machine (she points to the middle of the playroom)
DT: You seem determent, what is going to happen?
N: I am going to change your gender
DT: You are smiling but also seem hesitant, you believe it is fun but are not sure? (stepping back and forward, mirroring in her tone of voice the possible ambivalence)
N: You need to go; it would make the drama therapy easier for me
DT: You want me to change my gender so the therapy is easier for you? (slight panic in his voice)
N: (she pushes an imaginary button and makes a sound) Tsssiffffff
DT: (drama therapist plays being a victim and whilst monitoring Neomi's tension creates a scene of his gender-transformation and continues in the play to responds slightly off from what she expects or as it is called varielates) Oh no! Look at my breasts? Is this gender neutral? I need to hide them? (drama therapist pretends putting on a big jumper referring to the big woollen jumpers Neomi often is wearing)
N: (looks at first a bit tense and then seems to find a way to regulate herself and to remain in the playspace and to express her feelings into the play; she pushes firmly the imaginary button several times) Gender neutral stupid machine!

Neomi shares within the playspace that she feels a growing desire to be held but how she is terrified of touch and bodily contact. In the improvisational flow of the play, not surprisingly, this emerges, for example, as a path full of obstacles so no one can come close to her, or as two lovers living apart sending messages by pigeon post. It is of interest that when the drama therapist becomes one of the pigeons Neomi has no problem touching the bird and carefully puts a message around its leg; the therapist's ankle. She is in the moment even willing to further explore her sensations and to describe them. This process of exploration evolves when the therapist becomes a cat and Neomi strokes it. When they become two cats it leads to rough and tumble play. With enough discrepancy, Neomi is able to engage in physical play and to expand her window of tolerance in physical proximity with the

other. Assessing her liveliness, Neomi seems to increasingly enjoy the nature and potential of the playspace and is willing and able to bring into the playspace emerging images, associated feelings, thoughts and beliefs. She finds the courage to follow more of her play impulses.

In the expanding playspace and grown capacity to self-regulate, Neomi shows that she is at greater ease with the presented indirect and direct references to her traumatic experiences. The drama therapist proceeds to introduce other, even more distressing, aspects of her traumatic material (Johnson 2014), working towards a further desensitization of Neomi's fear-based schema's and revision of more deeply buried beliefs. Facing this material will be a challenge if it comes to staying in contact with the body and sensing what it is communicating.

The drama therapist will continue to relate to her playing possibilities and impulses, closely monitoring her anxiety so she does not become overwhelmed and dissociated. And if she does dissociate, the drama therapist will return to the grounding strategies, she has become familiar with and rebuild the playspace again. Depending on her state of arousal, the trauma material is presented with less or more discrepancy. Having the '*leakage*', that manifests itself in unaware subtle body movements, in trauma-related situations, mirrored back to her within the playspace has made Neomi gradually more conscious of her trauma-based physical impulses.

Several examples emerged in the dramatic conversation of the play. When being driven into a corner by a monster, for example, she discovers that, besides being frozen, she senses in her upper body an impulse to turn away and in her lower body the impulse to run and she turns away and runs. Another example emerges where she is caught in a burning house and notices in her stretching neck an impulse to shout for help and she takes the risk to shout for help and further raises her voice when she repeats her shout. Standing in a forest of penises, sensing how her arms become tense, she grabs an axe and starts chopping them all down, regardless of the differences in size, smell, colour of pubic hair and texture. When she feels that her stomach contracts, joined by the drama therapist, she starts vomiting and crying. She is disgusted by what has been done to her.

N: (Runs through the space)
DT: You seem to be on a run? (starts running with the same intensity)
N: I want to get away (stops in the corner of the playroom)
DT: Neomi where are you? (starts looking for her)
N: I am working in an old people home and you will not find me
DT: (becomes a taxi-driver, arriving with his taxi and getting out of the car) Excuse me, do you work here?
N: (she looks relaxed) Yes, can I help you?
DT: (smiling friendly) I am bringing an elderly
N: Okay
DT: (comes out of the back of the taxi, asks for his walker and very slowly moves towards her) I cannot belief this, is that you? Neomi?
N: (shows tension in her body and steps back) Go away!
DT: (closely monitors her tension when he moves closer and speaks to her) You look so pretty, please come and say hello to me so I can smell and touch you (reaches out to her)
N: (turned sideways and is moving one of her feet backwards and forward, but remains silent)

DT: (changes from role and comes into the scene as a colleague) Who do we have here? Is your leg telling you something? (mirrors and amplifies her movement) Do you want to run away or kick him?
N: (her tension drops a little and she becomes aware of her leg) Kick him, kick him (and she kicks him in his crotch)
DT: What are doing to me? Do I deserve this? Have I not been always very nice to you and treated you special?

Amplifying unaware movements in frightening moments and experimenting with ways to modify them, helps Neomi to experience that it is now possible to express and move (Levine and Frederick 2012). She feels the power and even the pleasure of taking action as a grown-up woman that as a little girl she was not able to do. Neomi is developing a sense of agency and a sense of being able to actively defend and protect herself in her daily life instead of constantly being overwhelmed.

Over time, Neomi develops the growing ability to differentiate between feelings. She expresses the anger she feels towards both her mother and father about the incest. She brings into the play her intense grief that she did not have parents who were sensitive and responsive to her physical and emotional needs, providing her a safe base. Neomi expresses in play how jealous she is of those who do have caring families. It is interesting to witness how simultaneously deeply buried assumptions and beliefs are slowly shifting, affecting her feelings of guilt and shame and her view of herself. For example, within the playspace, she firmly planted a sign in her father's garden stating 'I am broken and it is because of you'. This shows that although in this writing there is a focus on sensory sensitivity and integration, in the playspace, this is integrated with emotional and cognitive processing.

Neomi begins to recognize and accept the intensity of painful feelings and cognitive schemas associated with the sexual abuse. Neomi, in a scene within the playspace confronted with herself as a young girl, is able to take her by the hand and speaks with respect of how she coped with what happened and deserves to be looked after. The trauma ceases to completely define Neomi. Neomi is reclaiming her body as her own, restoring the ability to sense and continuing to develop her bodily self. The continuing treatment will further desensitize her fear-based schemas, revise the (deeply buried) beliefs of her identity and extend her repertoire.

COMMENT FROM THE CLIENT

I'm thankful for the invitation to respond to this article. It has helped me to become more aware of my process by reading this article. It makes me aware of where I am coming from and especially, where I am now. Because of the therapy, I have found myself in ways I could not have imagined a couple of years ago. Beside that, I have grown from a hurt and damaged child into a woman, who is now able to speak up for her needs and longings and feels (most of the time) that she belongs. The drama therapy has helped me to become more stable so that I can manage, admit and really see what was going on back then. It took a while for me to recognize it instead of denying it. To slow down in the therapy was one of the most important things for me, so I was able to really engage in an embodied way, into the play. To meet my own desires instead of meeting the desires from, in this case, my therapist. This is something that helped me outside the play as well, being more aware

of myself in interactions with the other. I am not 'done' yet and still recovering from the wounds of my traumatic history. The drama therapy has helped and still helps me a lot to heal this trauma on an embodied level.

POSSIBLE IMPLICATIONS

When a client is a survivor of FDI and her body has been exploited for sexual stimulation and gratification, the client will probably suffer from complex trauma and have learned to shut down. Sensory insensitivity will make it difficult for the client to decipher what the sensations in the body are trying to communicate and to experience body ownership, self-location and agency. In this phase, the client has little awareness of where the client is and what is going on within. The client lacks an *inner compass.* Building a playspace when the client is disconnected could re-enact for the client familiar abusive relational patterns. The drama therapist needs to slow down and introduce physical exercises and playful games in order to increase body literacy, the physical self-awareness, interpretation and integration of exteroceptive and interoceptive body sensations of the client. It requires from the drama therapist reflective listening and sensory sensitivity to get a possible impression of the client's mental states from body movements and to let it adjust the therapist's own kinaesthetic patterns accordingly. The developing bodily self and continuing involvement in physical and playful activities will increase the possibilities for truly understanding the principles of the playspace, based on the method of TC-DvT. This playspace helps to bring the client's experience of the abuse out into the light, but in a containing context that enables the client to approach it without being emotionally overwhelmed or feeling completely defined by the trauma. Facing the trauma is a challenge if it comes to staying in contact with the body and sensing what it is communicating. Using the technique *varielation* within the dramatic conversation of the playspace helps the client to revise beliefs and become aware of unknown subtle body movements in the trauma-related situations. Through mirroring and amplification of subtle bodily movements that emerge in these trauma-related scenes, the client experiences that it is now possible to express and move. The client will feel increasingly empowered and even experience pleasure of taking effective action, developing a sense of agency and a sense of being able to actively defend and protect. Although there is a focus on sensory awareness and processing, in the playspace, this is integrated with emotional and cognitive processing. The described treatment adapts naturally to the unique profile of the individual, will develop or restore a bodily self and desensitize fear-based schema's revise (deeply buried) beliefs and extend repertoire, leading to greater flexibility and differentiation in a person's response to the environment and view of reality. Sensory-focused TC-DvT presents a promising approach for survivors of FDI and may promote adherence and a lower attrition rate.

LIMITATIONS AND FUTURE DIRECTIONS

Although many of the client's experiences illustrate points made in the literature, the evidence remains anecdotal and episodic and is not sufficient to claim any specific conclusions. Therefore, more work is needed to examine the DvT process and why it could be a helpful intervention for survivors of FDI. It is recommended to look at recorded sessions instead of having to reconstruct them, in order to better describe the treatment process from a more integrated qualitative point of view.

There are different approaches that focus on mindful attention to the body (e.g. Hakomi, Sensorimotor Therapy, Somatig Experiencing, MABT). Perhaps informed by or based on these approaches, it would be helpful to explore specific drama therapeutic interventions that target sensory sensitivity, accuracy of sensory representations and sensory integration.

Empirical studies should examine the possible contributions of a sensory-focused TC-DvT for the treatment of FDI survivors in general, and to the development or restoration of the bodily self in particular. Future studies should also look at how different modalities are selected based on the unique profile of every FDI survivor.

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