Using the 6-Key Model as an intervention tool in drama therapy

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ABSTRACT

The 6-Key Model is an integrative, drama therapy-based method of assessment and intervention. The model is anchored in the notion of *dramatic reality*—which it views as a genuine therapeutic force and a paramount tool for intervention in drama therapy. Each key is connected to a different aspect of dramatic reality (including form, content, and occurrences outside dramatic reality). The model provides the therapist with a systematic means for mapping drama therapy processes and structuring the therapeutic work. By presenting an overall picture of the situation, the model signals at specific keys where therapeutic interventions would be most effective. This paper presents the basics of the 6-Key Model, focusing on its use as a tool for intervention in drama therapy. The article offers concrete ideas for intervention in each key, and a case example.

"Of all delectable islands the Neverland is the snuggest and most compact; not large and sprawly, you know, with tedious distance between one adventure and another, but nicely crammed. When you play at it by day with the chairs and table-cloth, it is not in the least alarming, but in the two minutes before you go to sleep it becomes very nearly real. That is why there are night lights."
J.M. Barrie, *Peter Pan*

Introduction

Dramatic reality has been recognized as a central therapeutic tool by most drama therapists (Blatner & Blatner, 1988; Duggan & Grainger, 1997; Jenkyns, 1996; Jennings, 1998; Johnson, 1991, 2000; Jones, 1996; Lahad, 2000; Moreno, 1987; Pendzik, 2006, 2008, among others). The possibility of creating a space where the imaginary becomes tangible lies at the heart of any drama therapy endeavor. All the methods and techniques employed by drama therapists – including play and character work, improvisation, stories, metaphor, puppets, and masks – aim at "downloading" the imaginary realm and giving it material form in dramatic reality. Dramatic reality is a halfway place between the subjective realm of imagination and the concrete world of reality.

The concept has been baptized with a variety of names; yet they all point to a similar idea that is concurrent with Winnicot's (1971) view of the *potential space* as the natural locus of therapy, and with Stanislavski's (1936) definition of the *as if* as the conscious

mechanism by which performers transcend into the realm of the imaginary. Not for just for the sake of adding one more name, but perhaps in order to invoke one that might help to further clarify the concept, one might say that dramatic reality could be called *Neverland*—because it is precisely that island where imagination becomes manifest in the here and now. And very much like J.M. Barrie's legendary *Neverland*, dramatic reality is a place of transformation, change, and personal growth.

The 6-Key Model

In the same way that the transference process constitutes an indicator of progress and a chief treatment instrument in dynamically oriented psychotherapy (Jones, 1963; Yalom, 1975), dramatic reality can be seen as the compass that guides the practice of drama therapy. It is a paramount therapeutic factor and a necessary one in order for drama therapy to work effectively (Pendzik, 2006). Bearing in mind that all drama therapy work entails a journey into dramatic reality, it seems only natural that drama therapy-based assessment and intervention methods would evaluate therapeutic progress, consider change, and define its goals, in terms of dramatic reality. This is the idea on which the 6-Key Model is built.

In the context of this model, *dramatic reality is broadly defined as the manifestation of imagination in the here and now*. This may be done in a variety of forms—of which theatrical enactment is only one mode. The word "dramatic" should not be misleading here: I am using it in its etymological sense (from the Greek, "a deed, to do"). Thus, story-making or movement techniques would be considered valid forms of dramatic reality. In fact, dramatic reality can take the shape of any activity along the embodiment-

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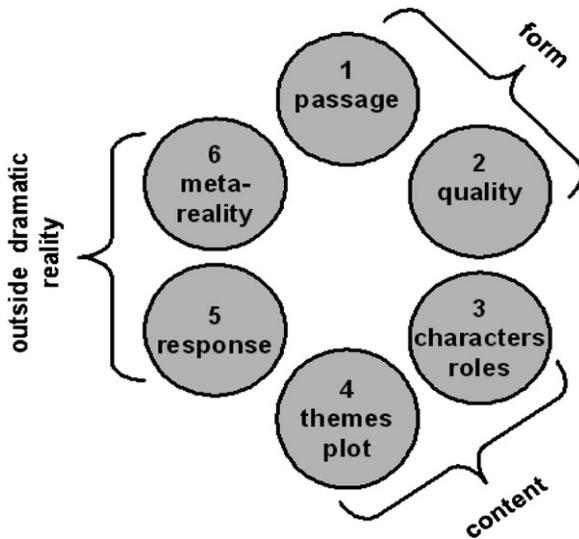 *E-mail address:* pend@netvision.net.il.

Fig. 1. Diagram showing 6-Key Model.

projection-role (EPR) paradigm as defined by Jennings (1998, 2004). Embodiment includes body- or sense-oriented activities; projection comprises all the range of projective techniques, from small worlds to art-work, puppets, image work, and so on. Role refers primarily to enactment and scene work. Conceptually, the borders of dramatic reality can be delineated according to Schechner (1988) notion of the seven *performance activities* (theatre, music, dance, play, games, ritual, and sport) which have the capacity to manifest a world within a world. To put it succinctly, in order to qualify as dramatic reality, an imaginary experience requires that some aspect of it would become incarnate in the actual world (Pendzik, 2006).

The 6-Key Model looks at six core parameters of dramatic reality around which drama therapy processes tend to gravitate. Altogether, these parameters comprise a map of dramatic reality and its surroundings, offering a picture of the state of affairs (assessment), pointing at directions for intervention (treatment), and evaluating progress (evaluation). In a previous article, I have introduced the model as an assessment method (Pendzik, 2003). The current paper briefly reviews that information and develops it further by presenting its use as an intervention tool and offering ideas for intervention in each key.

Fig. 1 provides an overview of the model: each key addresses a particular aspect pertaining to dramatic reality. The first two keys are vital for the development of drama therapy processes, since they have to do with the very existence and basic functioning of dramatic reality—without which no proper drama therapy takes place. These keys are concerned primarily with form. They tend to relate to "how" questions: ways of access, modes of improving dramatic reality, and style issues. The second pair of keys is connected to the contents of dramatic reality: it examines "who" and "what" occupies it. The 5th and 6th keys contemplate occurrences that take place outside of dramatic reality: they look at people's reactions to the experience, and at what is not being said, or remains "between the lines."

The model can be used to summarize a single session or to create a profile of an individual or group. The drama therapist deconstructs the process by writing her or his impressions about each key based on subjective observation. This simple procedure usually illuminates one or two "charged" keys—those in which intervention would be most effective. The keys are conceived of as an interconnected and dynamic whole, so that an intervention made in one of the keys would invariably have an impact on the others.

1st Key—passages

There are almost as many ways to get to *Neverland* as there are people or groups. The island can be reached by flying horses, closing one's eyes, or just using plain magic. Some people (particularly children) would jump into dramatic reality, while others may need preliminary warming up steps and guidance.

The particular way in which individuals enter and exit dramatic reality is important in drama therapy. Observations in this key include thoughts on the relationship between the two realities, the ability or difficulty that a person or group experience when invited to go beyond ordinary reality–and to return–as well as the ways of facilitating the passage. Disturbances in this key may reveal developmental blockages, poor ego-functioning, interpersonal issues, transitional issues, trauma, or resistance to therapy.

This key is usually perceived as charged when:

(1) individuals require a lot of assistance in performing the transition (either way),
(2) the passage is not properly made (individuals constantly go in and out of dramatic reality),
(3) the boundaries between realities are not clearly differentiated (individuals display confusion between "pretend" and "real").

Ideas for intervention in the 1st Key: facilitating transition/creating boundaries

(a) Establish rituals for entrance/exit dramatic reality.
(b) Provide clear structures for the processes of en-roling and de-roling (e.g. sing a song to enter, "shake it out" when coming back).
(c) Create separate spaces for interactions outside and inside dramatic reality, something along the lines of Cattanach's (1992) "blue mat"—a portable safe space that defines the boundaries of the playing area.
(d) Create levels of passage: establish a "transitional stop" between dramatic reality and the ordinary world. For instance, set up an "editing room" where clients can take a seat at the exit/entrance of dramatic reality to comment on it, as if they were viewers of what happened in it, or creators (authors, directors) discussing what they want to see. A transitional stop could simply be marked by placing chairs at the threshold of the area in which dramatic reality takes place.
(e) Become aware of the EPR modes that smooth the progress of the passage.
(f) Find out which artistic forms (drawing, writing, story-telling, etc.) facilitate the transition for this particular person/group.

2nd key—quality

This key involves two aspects: first of all, *in order to be effective, a journey to dramatic reality has to be experienced as vivid and real*: otherwise it becomes futile, and the meaning of the contents explored in it is lost. If it is not felt as a reliable experience, individuals may sense that their stay in dramatic reality is inadequate or irrelevant ("just pretending," "children's stuff"). This would not only strengthen their resistance to participate, but also weaken their ability to create a dramatic world where contents can be safely explored and elaborated. To put it in Winnicott's (1971) terminology, the quality aspect calls for the establishment of a "good enough" level of dramatic reality (see Box 1). In this sense, quality refers to the capacity of an individual or group to establish an *as if* that is truthful enough to work with.