

Interview with Sue Jennings

Joanna Jaaniste

Abstract

In this interview Joanna Jaaniste speaks with pioneer dramatherapist Dr Sue Jennings, who founded 'remedial drama' in the '70s, a modality which eventually became known as dramatherapy. Since then, Sue has completed her doctorate on fieldwork with the Senoi Temiar tribe of Malaysia, worked dramatherapeutically with men and women in the fertility clinic of the London Hospital, co-founded the British Association of Dramatherapists, and much more. In this interview she speaks about her work with adults and orphaned young people in Romania using masks; clinical choice points with a range of clients; and the development of her Neuro-Dramatic-Play and Embodiment-Projection-Role models. Sue is a prolific author and continues to edit and publish books on dramatherapy.

Keywords

Dramatherapy, play therapy, anthropology, mask work, Embodiment-Projection-Role, Neuro-Dramatic-Play.

Introduction

Joanna Jaaniste and Sue Jennings first met in 2004 when Joanna visited Sue's Rowan Studio in Glastonbury, UK to participate in a workshop there. Since then, they have corresponded by email and have met at conferences. Both share an interest in dementia work and in the ways creativity can be taught to care workers. Last year, when Sue came to Australia to give a keynote speech at the Adelaide ANZATA/ACATA Conference, she was also the guest of The Dramatherapy Centre, Sydney, where Joanna is Director.

Sue Jennings is an anthropologist, dramatherapist, play therapist and author. She became one of the pioneers of dramatherapy when she realised that she could integrate her experiences in theatre, drama and special education. Over the years she has worked with every age group, from babies to elderly people, and in most settings, including psychiatry and forensic work. She has developed two important developmental paradigms: Embodiment-Projection-Role (EPR),¹ and Neuro-Dramatic-Play (NDP), which are taught

on many therapeutic training courses world-wide. In 2016 the European Dramatherapy Federation acknowledged Sue's 50 years of Dramatherapy with the honorary title 'Professor of Play'.

Sue is a prolific author. Her publications include a book based on her PhD thesis, *Theatre, ritual and transformation: The Senoi Temiars* (Routledge 1995), and the more recent, *Healthy attachments and Neuro-Dramatic-Play* (2011). Currently she is focusing on practical books for practitioners, including the best-seller, *The anger management toolkit* (2015). She says that her ideal retirement would be to continue her work in Malaysia and Romania, and to write children's stories.

The interview was conducted partly by email and partly through a recorded online discussion, between Sue in Romania and Joanna in Australia. Sue speaks about childhood memories that have influenced her work in dramatherapy and play therapy, and about her time in Malaysia with the Senoi Temiars tribe where she gained insight into the connection between dramatherapy

and anthropology. She describes her early work at a London hospital where she began to understand the origin of her important developmental paradigm which has become so useful to others in the field: Embodiment-Projection-Role. She considers the use of masks in arts therapy in practice and in supervision, and talks about her role as an agent of change in the children's institutions of Romania where orphaned infants and young people were isolated for so long. Sue recounts anecdotal experiences with clients and with the medical profession in the practice of dramatherapy and the newer field of Neuro-Dramatic-Play. It is in this area of play, in particular, that we will see more published material from her, as she has no intention of slowing down in her life as a pioneer researcher and practitioner.

Joanna Jaaniste: *Thank you for making time to talk about your life and professional experience today. Since your involvement has been with play therapy as well as dramatherapy, I would like to know first of all to what extent drama was important to you as a child?*

Sue Jennings: As a young child it was dancing more than drama. My mother was a professional dancer and then ran the local dancing school, which I attended. I had a lonely childhood, so being able to use imaginative escapes was a great solace. Although one of five, there were five year gaps between the younger children, so little contact. Neither did I go to school until eight years old, so socialising has always been painful. I was often the 'ideas person', so did all sorts of things like putting on a play, creating a club, choreographing a dance; this was before teens. I also built dens and hid in them until quite a late age!

However, I was growing up as the family fortunes declined and it made an impact on being able to do classes, so my dance suffered. I sought solace in reading, anything and everything.

JJ: *When did you first become aware of the therapeutic possibilities of drama?*

SJ: Therapeutics were not much around when I was small. You were expected to get on with life! Being strongly discouraged by my parents from going to university, although bright enough, I launched myself into a theatre career in minor tours of musicals as a chorus dancer or minor parts in repertory theatre/schools tours. It's at times like these that one has to invent a career as I was not qualified to do anything! I was invited by a local psychiatrist to do 'drama on the ward' of Hatton psychiatric hospital (his daughter and I had won some prizes at a local drama festival); but I had to be a nursing auxiliary and do all the other duties as well. I got some clues then!

JJ: *I also had a similar experience as a nurses' aide in a retirement home before having heard of dramatherapy. I helped someone there improvise cooking dinner for her husband who had died years before, when she thought she had to provide the meal for him in the middle of the night. Do you remember what kinds of activities you undertook with the people there in this early and perhaps unrecognised experience of 'doing dramatherapy'?*

SJ: As a nursing auxiliary I had to do all the nursing routine and fit in the drama in spare time. How very typical of our early experiences when it had to be 'fitted in'! They did encourage me to stay on and train as a nurse! So feeding people, making sure they took their meds, looking after individuals who had been put into an insulin-induced coma (the so-called sleep treatment) took up much of my day. The two days I dreaded were the ECT days where nurses had to hold people down while they were given their shocks. This was before they gave anaesthetic. This was the ultimate reason I left as I became very depressed as a result of witnessing this. I was there mainly for the drama; I was developing a play that one of the people had created about life on the ward. It was funny and very perceptive. Voice and movement along the way, all helped. Remember I was 17 years old!

JJ: *I am interested to know about your work in the early days of 'remedial drama' as you called it, with Gordon Wiseman?*

SJ: Meeting Gordon Wiseman in the early '60s was a revelation – we had similar views about theatre and its relevance – I had recently worked in a special school as a drama specialist and was thrilled at the engagement of the pupils. We founded the Remedial Drama Group and toured UK, Belgium, Germany, and Holland. He has always been a profound influence on my life; we loved each other dearly. Interestingly he did not want to institutionalise drama and was reluctant to support the creation of the Dramatherapy Association (now the British Association for Dramatherapy). Together we created the Remedial Drama Centre in Holloway Road, London, and worked a lot with local people – children, teenagers and adults. It was a great success and later formed the core of what we believed to be dramatherapy.

JJ: *Could you talk about your early experience in Malaysia with the Temiar tribe and the connections you draw between dramatherapy and anthropology?*

SJ: My first visit to Malaysia to observe the Kuda Kepang, a stylised Javanese hobby horse dance, was the start of a special journey. I took time to go up river into the interior to visit the Orang Asli. This visit was to a group of Negritos. After an evening of singing and dancing, I knew I was coming back; this was confirmed by a rather large spider which sat on the back of my hand while I was asleep.

I registered for a higher degree at SOAS² and came back to Malaysia with my children for a 12-month stay in the deep jungle. My intention was to get away from dramatherapy and get some perspective, but what I realised was that I was encountering dramatherapy in the raw. The Temiars use dance, singing, drama and trance to cure and also in prevention. It convinced me that anthropology was crucial to understand the arts as well as therapy.

JJ: *Tell me more about the spider on the hand. Do you believe the natural world can take part in our life destinies, or even show us the way we need to go in life?*

SJ: Ah the spider! When I visited the first village they said I could sleep in a small bamboo hut where the boat was moored and gave me a parachute as a blanket. I woke in the middle of the night to find an enormous spider on the back of my hand, staring into my eyes! At that moment I knew that I was being asked the question of whether I was going to stay or go and not come back! And as you know I stayed.

Another example of being close to nature was when my younger son became very ill with a high fever. The shaman asked if we would like him to use his medicine, and I said that I thought we would have to stay for the full treatment. He replied that he would get one of his friends to look after my son. We were journeying back to our own village in a log boat and a large brown bird flew out of the forest and circled the boat, and disappeared again. The boatman said that the shaman had said that a friend would look after my son, and I was very sceptical. However the bird followed us at intervals all the way back. By the time we were home there was no fever. I took him for a medical check up and the doctor said, "Your lad has had a very severe throat infection, I can see the lesions, what medication was he on?" He looked at me strangely when I said it was all due to a large brown bird and a shaman!

JJ: *As you know, I am a great fan of your EPR developmental method – Embodiment, Projection and Role. Would you talk about the creation of that developmental paradigm, and how it came about?*

SJ: EPR came into being in the mid-80s when I was mainly involved in training workshops. I realised that I was actually teaching in this model; i.e., I was doing it before I wrote/theorised about it! It shows the power of drama to enable hypothesis and discovery. I continue to develop it even now. Realising that the theoretical development of the Embodiment stage was woefully inadequate – further

work and observation, plus the influence of neuroscience, gave birth to a second paradigm: Neuro-Dramatic-Play. Understanding the importance of sensory and messy play, rhythmic play and dramatic play and how they occur so early in a baby's development, brought me right into play development, and its foundation for drama. NDP is an integral part of the first stage of EPR.

JJ: I would love you to talk about those early days in the fertility clinic of the London Hospital with pregnant women, and how you evolved your ideas on embodiment through 'playful pregnancy games'.

SJ: That was a dramatherapy group for couples who were unable to conceive. I refused to call it the 'infertility clinic', as it was known. I called it the fertility clinic, and chose the name of the Rowan Clinic for it. This name prefigured my Rowan Studio in Somerset, later on. All the other clinics had very female names like 'Rosebud', and I thought 'Rowan' was much more auspicious for conception. We did a lot of dramatherapy: drawing, movement and storytelling. I lost that job because the women in the dramatherapy group had a higher rate of pregnancy than the doctors got with medical treatment and they didn't like that. I was eventually given my notice, but it was a lesson learned about how competitive medical doctors could be.

JJ: Can you connect your experience there with Embodiment, Projection and Role?

SJ: Well, I focused very much on that initial stage of the embodiment work, of actually getting in touch with our bodies again, moving with them, dancing with them and trying to get people not just to focus on whether or not they were conceiving, but using a whole-body approach. These were people with no experience of drama who found it overall a difficult concept. We added in some creation stories, but because of their inexperience, enactment was very low key. Some of the doctors joined in, but they found it more confronting than the group, which was interesting.

In the clinic we painted masks to express how people felt when they were unable to conceive. We introduced ourselves using them and it was a technique that got deep into the feelings of being unable to conceive. A lot of men in the group were in tears when they came to express themselves through the mask, particularly in connection with sperm counts and jokes they had heard about men 'firing blank shots' and so on, which were very cruel.

JJ: You have been involved in the foundation of many pioneering projects, such as the British Association of Dramatherapists, the first Dramatherapy course at St. Albans in the UK, and your play and drama partnership for Neuro-Dramatic-Play. Is there one of these 'founding moments' that stands out for you from the others?

SJ: There are several founding moments! The spider on the hand; being adopted as a Temiar, and realising in my own childhood that trauma freezes creativity and messy exploration, and that it can be released again. It is manifested now through me, by making and collecting masks!

JJ: There's that spider again – such a memorable moment for you. You talked about masks just now in connection with the fertility clinic. Also, since most of the people reading this journal are visual art therapists, can you talk more generally about the value of masks in dramatherapy and art therapy?

SJ: On the topic of masks in the arts therapies, I think arts therapists share the whole idea of masks. However, I think the ways they are used in art therapy are often very different from the active performance of dramatherapy. Mask work needs to be handled with a lot of care in both modalities. In the case of dramatherapy, once you wear your mask, you become embodied within that role, with that character. The dramatherapist makes sure that people should not stay in the mask for too long and there should be times without the mask as well as wearing it. In my dramatherapy work, I have always had a fascination with masks and I collect them in the various countries

where I work, and look at the diverse stories behind them. I think being able to create the mask is in a sense the third stage of EPR – the role work. It also incorporates the previous two stages, because if you make a mask, it's a projective technique and once you wear it, you are embodying it. So I see the dramatherapist as integrating embodiment, projection and role all together there.

JJ: That's interesting, and I do remember some years ago participating in a workshop with you at the Rowan Studio, and putting on a cow mask from your collection.

SJ: Yes, and I think it's good for people to choose whether they want to wear an existing mask, and there are of course so many to choose from, or whether to make their own. Many of us use the plaster of paris bandage to make a mask on someone's face. I do that, but with a great deal of caution, and I'll share an example that caused me to be cautious. I was running a mask workshop and two men came to that workshop, one of whom was a medical doctor, and he didn't tell me that the friend he brought with him was suffering from AIDS and was basically extremely ill (I think I should have been told that beforehand). The vaseline put on his face, for easy removal of the mask when it had dried, irritated his skin and it began to bleed.

I took him to one side and let the group go on working so that he wouldn't become an object of curiosity. What he was most distressed about was that I might get blood on my hands and become infected. We had our own private ritual together, which was such a learning curve for me, because I understood his fear, and was able to reassure him that I had no lesions and that none of the blood would infect me. I promised to take home the cloths we'd mopped him up with, and do a ceremony for him in my garden. And that was a unique and very moving experience for both of us, and for me in particular, another way of addressing an individual's needs. It has made me more alert to people's possible existing medical difficulties before they join a session. I think that is

something that possibly needs to be addressed more in training for dramatherapists.

I also sometimes use a plain mould rather than making a mask on a person's face, where you can put on the vaseline and build it up, and that's a safe way if there are any questions about the person's skin.

JJ: Also, with people who have schizophrenia, it can sometimes be too close for comfort to make a mask on their face.

SJ: Indeed, what I also do, instead of making a mask to put on, I have inserted a stick into it, so that the mask can be held near the face and then taken away.

*JJ: Yes, you have that advisory in your book *Waiting in the Wings*³ and it's very useful. I once had an adult in a group who could not use a mask until she went into the garden and found the sheath of a palm leaf which served as a stick mask, decorated it with flowers and felt safe to peep over the top of it.*

*On a rather different topic, when you were in Australia recently, you were interviewed for the ABC radio programme *Life Matters*.⁴ Natasha Mitchell asked you about your work in Romania with orphaned children and their carers there. Would you like to tell the readers what it has meant to you, in your own biography, to do this work with Romanian people?*

SJ: The past years have marked a huge turning point in my life and an opportunity to 'give something back' after the searing deprivation and cruelty towards children and older people in institutions in Romania; also the shocking fact that other countries knew about it and chose not to intervene.

If something so awful can be turned to good account, then at least it has moved neuroscience by several jumps. We now know that lack of healthy attachment produces damage to the brain. Developmental delay has never been so prevalent, as we try to make sense of the child's relationship both with their carers and the environment.

Romania has a long way to go in catching up with current clinical theory and practice. Certainly when I first came [to Romania], it

could be said that Romania was about 40 years behind Western Europe, and now the gap is narrowing and I feel very privileged to have been at the beginning of many changes. There is now professional training in play therapy and dramatherapy. Through practice students are able to convince different populations of the value of dramatherapy. The development feels very real and I feel it personally. We have moved towards understanding the depth of the creative therapy process. Some of the early images of emaciated babies who are tied to cots still haunt me. Will we ever be able to do enough?

JJ: I can imagine such pictures would be hard to erase from memory. Why is the approach of dramatherapy important in the healing of trauma, do you believe?

SJ: Trauma treatment has been under much investigation in recent years. The most popular form of treatment is still CBT but other approaches are gaining momentum. The arts provide alternative pathways of expression and transformation. They give traumatised people the chance to take control of their lives when overwhelmed by feelings. Through drama, being able to play the role of someone who is stronger and coping, helps to build the skills and strength of the traumatised person. They can internalise a new sense of self.

JJ: I know you have a whole compendium of anecdotes from case studies of your work with children and adults. Could you describe one or two of them here which encapsulate the healing power of dramatherapy?

SJ: I know working with older people is really dear to your heart and the person I'd like to share with you was in my group on a dementia ward in a care home and was already 100 years old and amazingly bright and cheerful. You know, she'd look around at the others who were looking a bit glum, and she'd say: "Come on, let's have some fun!" She would go in and out of her dementia, but she really managed it very well. She was enchanted by two things: one was the set of finger puppets – some beautiful, really shiny finger puppets

of mermaids, royal figures and princes and dragons. And she loved the mermaid puppet and played with it a lot. Then the mandala – I wanted to see what would happen when I did my mandala exercise. The care assistants thought the people just wouldn't get it – that they wouldn't understand it at all. This woman drew her circle, started filling in with different colours and she said, "Look, haven't we had fun!" It was so sweet; she was engaged with all the dramatherapy techniques. At the end, when we did a little survey, she was the person who said: "Everything's different when you come again. You help us to remember things". And that was such a special moment: "You help us to remember things". We were personified as part of the memory that could be evoked.

JJ: Thank you. Very telling indeed.

SJ: Another example is an anecdote from a child of nine, referred for self-harming behaviour. She had been 'doing art' in a very formal way and talking as though she was middle aged, carrying all the burdens of her family. She tried some finger paints when looking for a way to 'make her mark' on her art box; when she rubbed her hands together they made a fart noise and she laughed and laughed like a child. I joined in and we had a competition for the rudest noise, and we laughed and giggled together. A shared moment of real playfulness.

JJ: Yes, and play is such an important area in your understanding of the essential characteristics of dramatherapy. On a slightly different topic, I know you have written and performed several theatre pieces, such as Mrs Freud and Mrs Jung (Jennings, 2009). How important is it for arts therapists to practise their art for themselves?

SJ: It is very important for arts therapists to follow their art form – it is the root of their being. When I don't perform or go to the theatre for some weeks, my therapeutic work suffers and I feel I have turned into a technician. I'd like to highlight just how important this is. It's not only arts therapists following their own art form, it's also looking

at how they have their own therapy. A lot of arts therapists go off and have psychotherapy, rather than having art, drama or music therapy for themselves. I would like to alert people and question why we choose a verbal therapy when our practice is actually an arts therapy. Also for clinical supervision: if a supervisor is not trained in arts therapies they might like to go to a supervisors' workshop and see how arts therapy is used in supervision, because I find using EPR in supervision so helpful. Also, I use sandplay with small figures. Very often you can get to the heart of an issue in this way.

JJ: Yes, I agree entirely. I think little figures and objects are so helpful in supervision. I am wondering, in your busy life of teaching, lecturing, practising and networking, what you believe you still need to do, or are you hoping for a peaceful retirement now?

SJ: More and more people need to know about NDP – parents too – to learn more about playfulness and attachment. There is no slowing down as I still have books to write, lots of them!

JJ: I can't wait to read the Jennings publications of the future! The most recent one is, I think, *The International Handbook of Dramatherapy*, which you have published together with Clive Holmwood. I am also proud to say I have a chapter in that book.

Thank you so much for sharing your thoughts with me today, and to Kathy Swaffer from IKON Adelaide who has assisted our meeting across the ether.

Endnotes

1. Embodiment-Projection-Role (EPR) is a developmental paradigm which locates embodiment in the early stage of the newborn child who experiences the world bodily. At about 18 months the infant can express feelings through projection using toys and objects, and around three years can say 'I' and recognising this new identity for herself, is able to play the roles of caregivers and others.
2. School of Oriental and African Studies, University of London.
3. Jennings, S. (1992). *Dramatherapy with families, groups and individuals: Waiting in the wings*. London & Philadelphia: Jessica Kingsley.
4. Australian Broadcasting Commission. (2015). *Life matters*. <http://www.abc.net.au/radionational/search/?query=Sue+Jennings> Retrieved 29th July, 2016.

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