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## Silenced in Childhood:

### A Survivor of Abuse finds her voice through Group Dramatherapy

By Nicky Morris

#### Abstract

This article follows the story of Bella, a woman in her mid-thirties. Haunted by memories of sexual child abuse, she suffers from Post-Traumatic Stress Disorder, Depression and Anxiety. Bella's diagnosis is Borderline Personality Disorder, with a long history of serious self-harm and hospitalisation. Her creative journey began on a secure ward for women with BPD, where she attended my weekly Dramatherapy Group for seven months. We then worked together for a further eighteen months at a secure step-down unit for women with challenging psychiatric disorders. Now living in the community, Bella is keen to share how Dramatherapy helped her towards recovery, together with 1:1 Psychology, DBT and the support of a local church group. Her name and all location details have been disguised. Dramatherapy gave Bella the freedom to play like a child, whilst metaphor offered her a symbolic new language through which to understand and vocalise her feelings. Her journey is an emotional roller coaster, revealing the potential for group Dramatherapy for adults who have survived the trauma of child abuse and are still fighting for freedom. Bella's courage and determination are inspiring and excerpts of her poetry are interspersed throughout the article, together with references to relevant literature.

**Key Words:** Borderline Personality Disorder (BPD), Child Abuse, Dramatherapy, Metaphor, Therapeutic Relationship; Play; Post Traumatic Stress Disorder (PTSD); Adult Mental Health

## **Silenced in Childhood: A Survivor of Abuse finds her Voice through Group Dramatherapy**

**Written and researched by Nicky Morris**

On the brink of salvation, Bella felt ready to tell her story and I was keen to explore how Dramatherapy had played a role in her journey towards creating a new life. I was also interested to see how our work had connected to that of the multi-disciplinary team of nurses, health-care assistants, therapists, doctors, a psychiatrist and psychologist. I sought permission to undertake the research from the Hospital Manager and then approached Bella, who gave both verbal and written consent. She remained actively involved throughout the process, approving the final draft of the article before publication. This paper describes her individual journey through group Dramatherapy. Her identity and that of her peers are disguised, as are the hospitals in which the work took place. The following study is based upon several interviews with Bella, together with the notes I wrote whilst working with her over a two-year period. I have also considered relevant research and have included excerpts of her poetry.

*I no longer want to be ashamed*

*They should all be named*

*They did us wrong*

*There should be a song*

*To warn the world this pain lasts long.*

*But one day I will be happy and well*

*And maybe one day my story will sell,*

*Helping others, to escape this hell.*

(Bella, 2010)

## Introducing Bella

Bella is a kind and intelligent young woman with an ironic sense of humour. We first met on a secure ward for women diagnosed with Borderline Personality Disorder (BPD) - a client group with whom I have worked for eight years. After seven months, Bella was transferred to a secure step-down unit for women with challenging psychiatric disorders. Both hospitals are managed by a private organisation that provides specialist services for NHS patients across the UK. When appropriate, clients from the ward are referred to the step-down unit. Bella was there for eighteen months, towards the end of which our interviews began. After discharge, she returned to the unit voluntarily for a brief period and then moved back into the community. Bella is a unique case of mine for several reasons: She is the only client with whom I have worked so intensely and at such length, across three settings. She is also the only one I have had the opportunity to assess after discharge. Finally, Bella is the sole patient I have known whose abusive family members were tried and convicted for their crimes.

Bella was sexually abused throughout her childhood and consequently developed maladaptive coping mechanisms. She has been in and out of hospital since her late teens and was diagnosed with BPD due to the consistency and severity of her self-harm (numerous lacerations leaving deep scars). She also experiences distressing flashbacks; periods of intense paranoia, anxiety and depression; poor self-image, low self-esteem, binge eating and difficulty in establishing and maintaining relationships.

BPD is a complex condition, mostly diagnosed in young women, often accompanied by comorbidity and stigma. There is a continuing discrepancy between professionals with regard to its definition and EUPD (Emotionally Unstable Personality Disorder) is an alternative diagnosis, defined within the ICD-10, point F60.3 (WHO, 2010). The current UK Nice Guideline, CG78 (2009) describes BPD according to the DSM-1V, point 301.83 (APA, 1994). Bella has experienced several of the symptoms listed, though remains sceptical about her diagnosis. As a therapist, I do not focus on diagnosis and would align myself with Chris Appolinari, who considers each client as '...a badly psychologically damaged person, one of whom I treat with the same respect I have for any other

human being' (1996, p.2). I would reflect however that having the diagnosis has at least allowed Bella to access essential services.

## Dramatherapy

My approach is person-centred, humanistic and playful. I met Bella on a ward where all groups are compulsory and most patients sectioned. The membership of my weekly Dramatherapy group shifts gradually – creating a slow-open process - as clients are discharged, then replaced. Balancing the incongruity of compulsory therapy, I facilitate my group in a relaxed manner, in which choice is paramount. I have learnt to encourage clients in a gentle yet effective manner, which kindles trust and enthusiasm.

## Structure

- Containment through clear and simple opening and closing rituals
- In-between lies the liminal space: starting with a playful warm-up, then progressing into a free-flowing creative exercise inspired by the words and feelings shared during the opening ritual.

I prefer to work spontaneously - having found it the most authentic approach - as things can change dramatically each week. I come as an open vessel, full of possibilities.

## Aims

- To establish trust and to provide a safe, creative space
- To develop a positive, therapeutic relationship with each client
- To encourage choice and the free expression of thought and feeling
- To help clients to understand and accept themselves, and one another
- To increase confidence and facilitate positive interaction
- To initiate natural healing and transformation via a relaxed and accepting approach

## On the Ward: The First Phase of Bella's Dramatherapy Journey

The ward accommodates a small group of women with BPD and focuses on Dialectical Behavioural Therapy (DBT). Developed by Marsha Linehan, this is an adaptation of Cognitive Behavioural Therapy (CBT), for individuals with BPD and others who self-harm (and) or are suicidal ([www.linehaninstitute.org](http://www.linehaninstitute.org)). All patients have to attend daily Skills groups and have regular 1:1 therapy. My weekly Dramatherapy Group provides a creative balance to this very cognitive approach, nurturing the inner child, rather than focusing solely on the adult self. Whilst DBT offers the patients concrete ideas and coping strategies, Dramatherapy allows them to play and to express the unsaid. Occupational Therapy (OT) plays a third role, providing a range of meaningful activities and helping the patients to retain or develop the skills needed for life beyond hospital.

### Twenty-Two Dramatherapy Group Sessions

Bella attended twenty-two Dramatherapy sessions during her time on the ward. Initially, she was cautious and quiet, though as the weeks progressed, her trust in both me and the process steadily grew. At the end of her fourth session, she gave me a new ball to use for the group's **opening and closing rituals** – and the following week, she shared her feelings in the session for the first time and openly wept. She had broken her glasses so as to distance herself from others and ironically came closer – explaining that she was ‘...tired of fighting’ (2010). Feeling vulnerable the following week, Bella explained that she had developed a new confident self to protect her fragile inner self.

Over the following weeks, Bella's ability to make eye contact in the group improved and although certain activities remained challenging, she was consistently respectful of the process and of others. Bella found it far easier to engage on an intellectual and emotional level, rather than an active physical level. This was due to her extreme self-consciousness. During session 10, she compared herself to ‘a boat thrashing around on a stormy sea’ (2010). She later chose the photo of a steaming volcano and rainbow to symbolise herself - explaining that she was full of steam that needed to be released in order to reach the rainbow. **Imagery** was giving her a new language through which to express herself. During session 12, I encouraged the group to write **self-expressive poetry** and

Bella responded with a poem titled '*I've been to hell*'. She did not read it out, though showed it to me afterwards, together with other poems she had written.

*I'm used to the darkness,  
The chill in my heart  
But I look at the bright blue sky  
And I dream that one day my life  
Will be as bright  
And I'll be as free as the clouds*

(Bella, 2010)

Clients with BPD often struggle with separation and may find it difficult to hold on to therapy experience outside of the group. Annagreth Brem developed a method that encouraged self-harming patients to express themselves creatively in between sessions, by either making or writing something (2011). Bella undertook this process intuitively, thus strengthening her connection to the process. She shared however, that she remained too self-conscious to participate in some of the Dramatherapy activities. During session 15, I encouraged the group to create **feeling sculptures** using their bodies. For her personal sculpt, Bella sat in the corner of the room with a large bean bag on her head. She explained that she did not want to be seen – a feeling that she often had and which I surmised had developed in early childhood.

At times, she did not want to share her feelings in the group, though grew increasingly supportive towards her peers. Her mood fluctuated each week, as she continued to suppress an inner rage that remained difficult to release in a non-harmful way. Despite this, Bella began to have over-night leave in preparation for discharge.

Session 18 took place the day after Kay, another client, tragically died after swallowing several razor blades. This was an intense and emotional session, during which I invited the group to create **individual collages using image cards** from the oh-card Cope set ([www.oh-cards.com](http://www.oh-cards.com)) - a helpful

tool through which to express their feelings. Bella showed mental strength and contemplated her future. She also showed a lot of support towards others, taking the role of 'mother-figure' in the group.

During session 19, Bella responded positively to a **group adaptation of Mooli-Lahad's six piece story-making structure** (1992) and shared that she felt excited about the prospect of moving to a step-down unit. During session 21 however, I encouraged the group to **create and embody hero figures**, which Bella resisted. She was feeling disillusioned and described herself as a 'roller coaster, moving very fast, between contrasting emotions' (2011). She explained afterwards however that she had felt upset because a new member of the group had chosen the monkey hand puppet as a prop, which Kay had always liked to hold. Session 22 was Bella's last session whilst on the ward. It involved an **exploration of self through finger puppets**. Despite feeling challenged, she engaged well and showed support and affection towards others.

## The Step-Down Unit

### Bella's Journey through Group Dramatherapy, Music and 1:1 Psychology

On this unit, attendance of groups is non-compulsory. My weekly slow-open Dramatherapy group is strongly recommended however and has been well attended over the years. It is the only form of creative psychotherapy available and complements the other groups; ranging from DBT to recreational sessions and psychological groups; facilitated by the Occupational Therapist (OT), OT Assistant, Nurses, an Assistant Psychologist and the Consultant Psychiatrist. I also run therapeutic Art and Music sessions. The Dramatherapy group's structure and aims, mirror those described earlier for the ward. The atmosphere is different though, as there is more freedom on the unit and clients have a range of diagnoses, including Schizophrenia, Bi-polar Disorder and Schizoaffective Disorder etc.

When Bella moved to the unit, our therapeutic relationship began to deepen and her confidence grew. She settled well into her new environment and was less afraid to engage at a physical level within the Dramatherapy group – her sessions on the ward having provided a strong foundation.

Bella continued to express herself symbolically and began to allow her inner child to emerge and play. She also embarked upon 1:1 therapy with a female Psychologist, who worked in relation to the DBT model. This process became increasingly important to Bella.

## Interviews on the Step-Down Unit

During her final month on the step-down unit, I spoke to Bella about writing an article based on her case. She responded positively and initially agreed to have three formal interviews. I made written notes, as she did not want them to be digitally recorded.

### Interview 1

**Abuse:** Bella's mental health declined rapidly when her father was released from prison, on licence. This was the trigger that led to her admission onto the ward where we met. There had been three generations of incest in her family: 'The abuse began as young as I can remember... definitely pre-school' (2012). She described it as hell and torture. Several people were arrested and sentenced, many of whom were members of Bella's family. Their victims had also included many of her female relatives.

**Cutting:** Although Bella felt some consolation from the conviction, she was already very unwell and had been admitted to a Psychiatric Unit. Cutting '...let's all the bad out for a little while' (Bella, 2012). She explained that it helps her to feel calm and peaceful and grew increasingly severe as the positive effects grew less: 'If I feel pain I stop, but nobody believes me' (2012). She now realises that self-harming prevents her from feeling the emotions she fears. As a child, she had not been allowed to express her feelings... 'If I showed emotion, things would only get worse' (2012). Self-harm gradually became an addiction and helped her to detach. It made her feel safe, whilst paradoxically endangering her life. Bella now trusts that away from her family, it is safe to express feeling.

**The Therapeutic Relationship:** My gentle approach and Bella's positive response to the process, allowed our relationship to grow into one of mutual care and respect. Learning to trust the individuals involved in her care, was initially challenging. As a child, her physical and emotional boundaries were shattered through parental abuse. As an adult, she felt a paradoxical fear and desire to be

held. During her time on the ward, Bella gradually found the courage to ask for hugs from those she came to trust. Bella had been denied the experience of nurturing and responsive parenting – described as a secure base by John Bowlby (1988, p.12) and vital to emotional development. Receiving a hug was therefore a highly reparative gesture and has since become our familiar way of greeting one another: ‘Therapy which forms an attachment relationship and which stimulates the stages of development which have been distorted or neglected in the child, may thus give that child a chance to regulate their own emotions’ (Anne Bannister, 2003).

On the ward, Bella made her ‘...first true friendship’ with Kay, the patient who committed suicide shortly before her transfer to the step-down unit. Her grief was intense and it was fortunate that I could support her on the unit, as the only professional there to have known Kay. Another dimension was thus added to our therapeutic relationship. On the first anniversary of Kay’s death, I gave Bella the monkey hand puppet that we both associated so strongly with her. It no longer felt appropriate to include it with my props and it offered Bella comfort.

Reflecting on her time in hospital, Bella said that both the therapeutic relationships she had formed and the therapy groups she had attended, had helped her in different ways... ‘It’s a mix of all creative stuff coming together’ (2012).

## **Interview 2**

**Choice:** Bella had initially been afraid to actively participate in Dramatherapy. Her core belief was: ‘I’ll look stupid’ (2012). She described my approach as ‘gently, gently ...encouraging, but not forceful’, explaining that children who have been abused feel looked down on, having grown up feeling ‘controlled ...and forced’ (2012). Bella felt that a firmer approach within my therapy groups may have reinforced such negative feelings – as in other, more directive groups: ‘Choice is so important. It lets you feel respected, especially when there’s no real choice’ (2012). On the ward, all groups were compulsory. She said that not being forced to speak or participate each week, made her more willing to do so, despite her fears. She added that she had never felt guilty in my groups, which had suppressed her usual instinct to rebel.

**Interacting and Relating:** Bella acknowledged that the group had at times improved her understanding of others, enabling her to see them differently and to put their behaviour into context. Forming personal relationships has always been difficult, due to fear and mistrust.

Bella said she had always seen herself as weird: 'I went from being an abused child and teenager, to a nutter' (2012). This was now changing, as within groups, she could see that others were not so dissimilar. As Jerold Kreisman and Hal Straus suggest... 'A group allows the borderline patient to dilute the intensity of feelings directed towards one individual (such as the therapist) by recognising emotions stimulated by others' (1989, p.136). Whilst on the step-down unit, Bella also began to do voluntary work - encouraged by the MDT - and joined a local church community group. This showed good progress, as Bella was beginning to feel more confident in her interactions with individuals outside of the mental health system.

### **Interview 3**

During this interview, we focused on the creative activities that Bella had experienced within the group, exploring what was most (and least) useful. She also explained that it made a big difference who was in the group each week, which often varied on the step-down unit.

### **Dramatherapy Techniques**

**Symbolic Language, Imagery and Metaphor:** Making sense of her feelings and learning to share them through imagery has proved most significant to Bella – as she has managed to integrate doing so into her life. She used to feel detached from her feelings and now feels connected: 'Sometimes words don't do it' she explained. Thinking symbolically '...helps me straighten things out in my head' (2012). She came to enjoy working with **Image-Cards, Photos and Paintings**, and was increasingly fluent when expressing herself symbolically.

Exploring the unique potential of dramatic metaphor within Dramatherapy, Marlize Swanepoel describes how the imagery used by a male client with BPD '...evolved into dramatic metaphors, opening opportunities for deeper reflection and new insight, and also facilitating the building of rapport between therapist and client' (2011).

**Play:** 'It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self' (Winnicott, 1971, Chapter 4, lines 1225-1227). Anne Bannister also suggests that within therapy, play is a safe and vital container of dangerous feelings (2003). **Simple play** became an essential aspect of Bella's Dramatherapy journey on the step-down unit. She enjoyed the **group games** and loved to play with balloons, balls and glitter. She explained that it felt different to anything she remembered from childhood: 'Did I play like this? Maybe? Did I not want to connect to any happy memories? Had I blocked them out?' (Bella, 2012).

The importance of play in the healthy development of children is well documented - starting between mother and baby as a simple act of mirroring... 'When I look I am seen, so I exist' (Winnicott, 1971, Chapter 9, line 2451). This may be replicated within Dramatherapy sessions, in which the therapist can witness, mirror and interact with their client. With a trusting relationship, they can play together in the '...potential space between (what was at first) baby and mother-figure' (Winnicott, 1971, Chapter 3, lines 1175-1176). Play also lies at the heart of Bannister's 'Regenerative Model' of Dramatherapy, which she developed to help abused children build their ability to recover (2003). Bella had not had therapy as a child and playing within the safety of the Dramatherapy space proved to be a great release for her as an adult.

**Opening and Closing Rituals:** These rituals initially helped Bella to listen to other people's feelings, before she had the confidence to do so herself. They also helped her to feel '...less weird' (2012) and gradually gave her the confidence to vocalise her feelings.

**Animal Work:** Bella said that she sometimes found it useful to express herself through the characteristics of chosen animals. On the step-down unit, we did several **Animal-Story Enactments** using models, through which Bella was able to safely reveal: different aspects of her personality; feelings towards other patients and personal frustrations. The eagle was of particular significance to Bella. Within Robert Johnson's *She*, the eagle symbolises a part of woman that is imperative to her emotional growth. He explains how a woman may not be able to see her way

through the confusing and overwhelming times in her life, without adopting her '...eagle vision, which has a much broader perspective and can see the great flow of life' (1989, p.63-64).

**Poems and Songs:** Bella reflected that some of the poems and songs had been helpful, when their words had resonated with her. More significantly though, she had enjoyed writing self-revelatory poetry and has continued to develop this in the community, by joining a Creative Writing Group.

**Story-Work, Characters and Masks:** Bella shared said that she had never liked the masks and had continued to find character work difficult, due to feeling self-conscious. She also acknowledged that she had often used story-making circles to vent her frustration - expressing the harsher side of her sense of humour - which I reflected may have been a necessary and cathartic experience.

**Arts and Crafts:** She was keen to engage in art-based expressive activities however, though her self-criticism and fear of being inferior to others, often inhibited her. There were a few sessions in which she excelled in these activities however, allowing her inner child to emerge and have fun.

## Therapeutic Music

As well as attending the weekly Dramatherapy group, Bella joined the DBT group and several OT groups. She also came to my Music Group. During an early session, the group sang and played the hand bells in tune to the song *Doe a Deer*. Bella abruptly left the group. She explained afterwards that she had experienced a distressing flash back. During her childhood abuse, music had often been played in the background (often from the Musicals and sometimes with a live guitarist). She therefore identified music with her abuse. My hope was that the Music Group could help Bella to create a new positive experience of music. Within her 1:1 psychology sessions, her therapist also worked with a similar theory.

Bella came to me several weeks later, asking if I would teach her how to play *Doe a Dear* on the xylophone. She wanted to create a positive new association with it, which took a lot of courage. Throughout her time at the unit, she persevered in her attendance of the Music Group and particularly enjoyed exploring the different instruments. At times, she was very harsh on herself for not being good enough, a negative self-belief installed during childhood. Gabrielle Roth describes

how our life experiences add to our ego and distance us from our soul self ‘...the patterns begin, the circles spin, and there’s no way out but through. The patterns become ingrained, and they don’t go away with wishing or neglect’ (1989, p165). She then encourages individuals to work with passion and creativity in order to break free from the ego.

There were other negative core beliefs that Bella’s Psychologist encouraged her to challenge, most significantly her conviction that she was evil and responsible for her own suffering. This belief is well documented with reference to children who have been sexually and emotionally abused by their carers. Bannister explains that most abusers tell their children they are wicked or evil and to cope with this, much of the time ‘...the child dissociates and fragments the personality’ (2003). She also reveals how such children, left untreated, are at a high risk of developing BPD. Writing about his work with adult survivors of child abuse, Appolinari writes: ‘Only with long, patient, caring, loving work can they rediscover what they started out as: pure innocent children...’ (1996, p.3).

*As from tortured childhood hell,  
From the prison of my adult mind,  
To a world of grown ups  
Unwilling to hear  
Screams of a petrified young dying soul,  
To a world of people  
Telling me I’m not right*

*(Bella, 2013)*

## Bella's First Steps into Community Life

### A letter

After eighteen months on the step-down unit, Bella was discharged into the community and faced the challenge of creating a new, independent life. She wrote to me within the first month, reflecting on how much her confidence had grown since we first met. She said that she had joined a local theatre project, which she could not have imagined doing prior to her journey through Dramatherapy. Living in the community and staying safe remained challenging however – as Bella's emotional wounds still gnawed beneath her physical scars.

*My life is a story,  
But not one of glory.  
A life of sadness and pain,  
It's amazing I'm still sane.  
People see madness,  
But I sadness.  
My body covered in scars,  
But people too scared to ask*

*(Bella, 2010)*

### An interview

This took place in the community, after Bella's discharge. She appeared frustrated and wanted to discuss her diagnosis and the stigma attached to it. She said she hated labels and described her condition as Post-Traumatic Stress-Disorder with self-harm... 'Personality Disorder is what is used when you don't fit neatly into any box' (2011). We considered the alternative name Emotionally Unstable Personality Disorder, which Bella also felt was too negative. We agreed on the description 'Emotionally Damaged'.

## **Bella's brief return to the Step-Down Unit**

Bella returned to the unit of her own accord due to an intense need for more support. She was finding life in the community tough - a constant battle to stay well - with much less support than she'd had whilst in hospital. She was re-admitted for a short period and the team worked to create a better care plan to utilise in the community. Bella's self-harm had escalated to a new level however and I began to question whether it would ever end. Her parents' voices were haunting her and it was as though her self-destructive side wanted to hear them, whilst also finding it unbearable. Bella had also become quite paranoid, fearing that her parents would find her and punish her for at last telling the truth and acknowledging that the past was not her fault.

The abuse she suffered was so terrible, that as a woman in her mid-thirties, Bella is at times more like a frightened child. Bannister likens children who suffer such abuse, to hostages of war, kept captive by their carers (2003) and Kreisman and Straus suggest that adults with BPD may remain '...locked in the child's confusing world, in which love and hate co-mingle' (1989, p.161). Although Bella was now a free adult, it seemed she had remained emotionally imprisoned.

*Where did my life long battle begin?*

*Was it the moment my head exploded,*

*Into the sky*

*Millions, and zillions of miles*

*To galaxies unknown?*

*Or when superglue holding me together*

*Became far too weak to hold*

*My smashed heart as one?*

*(Bella, 2013)*

## Back in the Community

Bella visited me at the Step-down Unit, several months after her final discharge. She explained how difficult it was to keep hold of all she had learnt whilst in hospital. Having fought to change her negative core beliefs, she was afraid they were returning and that she was losing the ability to express herself. There were no creative projects to join and although she now had more support, it felt little in comparison to what she had previously had. Without her Psychologist, the Dramatherapy group and the consistent care of highly skilled professionals, Bella's mental health remained in jeopardy. She said that her anxiety, flash-backs and self-harm were again increasing, though hoped that by continuing to collaborate on this piece, she would be reminded of her positive journey through Dramatherapy and would again recover.

## A Final Interview

Bella came to see me again in December 2013. She said that she had reached a crisis point after our last meeting and had been in hospital. Her friends from the church had been kind and patient. She was also now beginning to trust the community mental health workers. Bella said she felt much better and that over the past three weeks, both her friends and her Faith had proved vital. She also shared that having always craved love, she was now allowing her love of God to fill the void. I felt this was positive, as unlike the strong therapeutic relationships she had made with myself, the psychologist and the psychiatrist, these were relationships outside of the mental health system, which could be sustained. Bella said: 'I was born as a sex-toy and now I'm me... neither a sex-toy, nor crazy'. She was letting go of self-blame and trying to forgive her abusers, so as to release the hate she had internalised. She also continued to express her feelings through metaphors, which she found invaluable.

## Conclusion

This case-study reveals both the potential and the limitations of group Dramatherapy for individuals such as Bella, whose abusive childhoods continue to terrorise them as adults.

Bella made positive progress through the Dramatherapy group process. Internalising what she had learnt and sustaining it in the outside world however, proved difficult. This is understandable and is perhaps one of the greatest challenges for anyone who embarks on therapy.

Our therapeutic relationship developed into one of mutual care and respect, which together with a safe space to play and the rich language of metaphor, became the three most vital elements of our journey. For adults such as Bella, I would therefore advocate a Dramatherapy group model – facilitated with patience and compassion - focusing on free play and self-expression through metaphor.

My hope is that Bella will find further peace through sharing her story via this collaborative piece and will continue to live in the community, with the support of her friends, her faith and the CMHT (Community Mental Health Team). I must also acknowledge that as our three years of work moves towards its completion, I know that it is time to let go and to allow Bella to continue on her journey without me.

**Finding a hope, a reason to live.  
A reason to fight, whatever may come,  
The deep dark forest or  
Beautiful sun filled days.  
Be it a friend who offers a hug,  
To finding a remedy that works for me,  
Accepting the lifebuoy that's offered to me,  
Be it using my mind or taking some pills.  
Accepting my illness and learning to live.  
Looking to the future and believing  
The sun will shine again.  
Knowing that I am held  
And never let go,  
That's when I have my life under control,  
The sickness becomes weak  
And life moves on.**

(Bella, 2013)

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