

Spring 2005

NYS American Dance Therapy Association



Stages of Change Theory and Motivational Interviewing in Dance Therapy: A Student Perspective

By Cindy Davies

For people actively engaged in a substance addiction, time spent in a detoxification facility is filled with physical sickness, emotional uncertainty, and vulnerability. At this time in the addiction or recovery process, assessments of feelings about recovery and motivation for change are main goals for treatment. In their book *Motivational Interviewing: Preparing people to change addictive behavior*, William R. Miller and Stephen Rollnick (1991) state that vulnerability and discomfort during this time often provide effective motivators for change, but without psychological counseling, people in the detoxification period are generally unwilling to enter into long-term treatment. Miller and Rollnick build their motivational interviewing technique

on the basis that ambivalence toward change is one of the greatest saboteurs of recovery. By using this technique, therapists are able to give advice, remove barriers, provide choice, decrease addiction desirability, practice empathy, provide feedback, clarify goals, and actively help in order to make the most effective intervention for change.

According to the Stages of Change model, offered by Connors, Donovan, and DiClemente (2001), people hospitalized in a detoxification facility are often identified as being in either the contemplation or preparation phases of recovery; a small percent have taken their first steps toward the action stage. The Stages of Change model consists of five phases in which change occurs during, but not limited to, the recovery process. These

include: precontemplation, having no intent to change the behavior; contemplation, considering changing the behavior; preparation, readiness to change; action, behavior change has begun; and maintenance, sustaining and strengthening changes made. Even though the stage process is linear, clients may cycle through the stages, depending on factors such as environmental or family stress, job loss, or motivation for change, etc.

During a group Dance/Movement Therapy (dmt) session that I led in a detoxification facility at a New York City hospital, patients explored the themes of ambivalence and motivation to change through movement, discussion, and use of a prop- a sheer light blue curtain.

Average length of stay in this facility is generally 5-7 days, and dmt groups are

Continued on page 4

INSIDE THIS ISSUE

Letters from the Vice President	2
Laurel Thompson: Innovative Leader	3
Moving to New York	4
Talking About Dance Therapy ..	5
Creative Arts Therapy Week ...	7
CD Playlist	8
Contacts	8
Letter from the Editor	9

Spontaneity Lost in Somatic Counter-transference

By Jennifer Frank

Riding the subway the other day, my attention was taken by a little boy, about five or six years old, nestled between his mother and older brother. He was playing quietly by himself, his feet dangling freely over the side of the seat. I first noticed his hand movements quietly articulating a story. Then I saw that his

mouth was moving and he was talking to his hands. He seemed to be having a rather engaging and jovial conversation with them and they, too, seemed like they were enjoying the interaction.

I thought how cute it was to witness this little boy having such a lively conversation with himself. However, I realized that if a grown adult were to do the

Continued on page 6

Letter from the Vice President

Dear Colleagues and Friends,

It is a pleasure to write this letter and comment on some of the events that took place during these cold winter months. We celebrated, we received licensure updates and, of course, we danced.

In December, Claire Schmais' book signing was definitely a highlight. The chapter was honored to sponsor this event. The evening brought many distinguished colleagues out to celebrate Claire's book and her accomplished career as an educator. Claire's book evoked thoughts and feelings of how my journey as a dance/movement therapist began, as well as, the value and trust I continually place in the teachings. I also enjoyed seeing former professors and classmates on this festive evening. The chapter would like to thank Pratt and Laurel Thompson for donating the space.

In January NYCCAT held a Licensure Symposium with state board representatives. Basic information on licensure is available at their website [Http://www.nyccat.org/Licensureinfor.htm](http://www.nyccat.org/Licensureinfor.htm). A copy of the questions and answers from the symposium is available to download. Questions regarding licensure that are not addressed can be directed to David Hamilton, Executive Secretary of the New York State Board for Mental Health Practitioners via e-mail at mhpbpd@mail.nused.gov or phone: (518) 474-3817, ext. 180. Continue to check the NYCCAT website for an update on license applications. NYCCAT does a wonderful job with communicating all information.

In March, the chapter presented a Kestenberg Movement Profile workshop conducted by Suzanne Hastie. Suzanne expertly introduced KMP moving patterns experientially in groups and subgroups. Needless to say, the participants danced fully and created beautiful moving sculptures based on Kestenberg's shape-flow-shaping system. I thought how fortunate we are to have Suzanne present her work with such clarity and experience. Look for a write up of the workshop in the next newsletter.

Also in March, several board members attended the Creative Arts Therapies Conference in Albany. Maria Clausen compiled the following notes from the chapter meeting held there. No formal agenda was presented at the meeting. The ongoing issue of how to bridge the gap between dmts around the state was discussed. Many great ideas on how to bridge this gap were presented. Among them included: 1) Adding a day of dmt presentations to other conferences, such as this Albany conference. Pamela Faith-Lerman, our Upstate Liaison, said she will think about next year's Albany conference and adding a day to

the Friday events. Pamela and the upstate committee will organize it. 2) The board should announce an event at least one month prior to the date it is happening. The board is making a year-long list of activities to its members ASAP (see insert). 3) The board should sponsor a social event upstate and/or tie it to a chapter workshop. Rachele Smith-Stallman volunteered to find a location and a possible presenter. 4) Pamela volunteered to organize a campaign to create a survey letter to send to dmts outside of the New York Metropolitan area. 5) Pamela committed to reconnect via phone or email with those members willing to serve on the upstate committee.

Please refer to our website for calendar of events as we continue to post workshops and events. Log onto www.nysadta.org. Let us continue to celebrate our successes as this can only strengthen our community.

As we move into spring, I would like to encourage advocacy! Please inform us of your successes by e-mailing them to the newsletter editor - especially any happenings that occurred during Creative Arts Therapy Week or National Dance Week, April 22nd through May 1st. Also, read our National Newsletter for information regarding advocacy and legislative updates. Go to www.adta.org and click on the newsletter to read volume 39, number 1, 2005.

The chapter sends support to our upstate colleague Ann Coltre who reported the closing of a long running Dance/Movement Therapy program at Hillside Children's Center, which was founded by Danielle Fraenkel. With this sad news, it is more important than ever to advocate for our profession in anyway you can and share the information. As always, the chapter's mission is to serve our community and support your endeavors. We are looking forward to spring events, elections, and our continued successes. Wishing you all well.

Warmly,
Marie McKenna-Aguirre



Chapter raffel winner George J. standing with Claire Schmais at her December book signing.

Laurel Thompson: Innovative Leader

By Joan S. Ingalls

Laurel Thompson has been the innovative chairperson of the Graduate Creative Arts Therapy Department at Pratt Institute for 14 years, and she says that each year she enjoys it more.

Why innovative? Under her leadership, Pratt has a variety of unique programs to reach out to students. It emphasizes the integration of Art and Dance/Movement Therapy and it has an unusually eclectic faculty. In addition to the traditional two-year master's program and an ADTA approved alternate-route program, there is a one-week intensive for those wanting an introductory course – very helpful to those trying to decide whether to become a dance/movement therapist. In addition, Pratt offers a spring/summer intensive that non-residents of New York can attend. The faculty of more than twenty art and dance therapists specialize in a wide range of disciplines from psychoanalysis to Laban Studies. Pratt makes the unusual requirement that students be patients in individual Dance/Movement Therapy. Graduates have the unique opportunity to publish their theses in the Pratt Institute Creative Arts Therapy Review, an annual journal.

Laurel is just getting started as an innovator. Currently working on a Ph. D. that integrates neurobiology, aesthetics, and infant research, she envisions a field of Dance/Movement Therapy that is continuously enriched by, and intimate with, dance as an art form. She envisions a strong collaborative relationship of the Pratt program with the NYS chapter to build a theoretically based extended training program in Dance/Movement Therapy at the post master's level. Such a program might include chapter-sponsored eight-week workshops in particular areas, such as the integration of art and dance, or single workshops in professional

development issues such as ethics.

Laurel says that she likes to stay busy and she is a hard worker. Despite her reticence to toot her own horn (as I encouraged her to do), she has many other achievements. She is the Director of the Creative Arts Therapy program at the Renfrew Center for Eating Disorders (NYC), a Board member at the Laban-Bartenieff Institute of Movement Studies, a Co-Editor of the American Journal of Dance Therapy, and Education Chairperson for the American Art Therapy Association. So I want to know how she did it – found her way to the top of our profession.

Laurel says that she danced all her life beginning at age five. Dance is how she is – a kinesthetic way of knowing the world is at her core. She understands the world through her body, and then figures it out verbally later. She leads verbal groups kinesthetically. She sums up, “Dancing grounded me, and taught me who I was.”

At The University of Michigan, she was a psychology major, but took dance and musical theater her senior year. There, in 1972, on the dance studio bulletin board was an announcement of a Dance/Movement Therapy workshop with Sharon Chaiklin in Washington, D.C. She took the workshop, and stayed for four years in a training group with Sharon while she studied in the master's dance program at George Washington University. From there, she headed to London to study Dance/Movement Therapy at the Laban Center only find that there was no program despite advertisements to the contrary. She, however, insisted that they give her some kind of Dance/Movement Therapy experience. They sent her to Kedzie Penfield (the only ADTR in Great Britain) at Dingelton Hospital where she studied briefly, and

then was offered a job. She stayed three years as a dance therapist working with a great variety of populations. They didn't know what Dance/Movement Therapy was. She had to define it for people who were pretty tough on her. She also spent a year at the Laban Center studying personality assessment through movement with Marion North. Laurel said that her study with Marion was a seminal experience.

In 1980, feeling the need for more formal Dance/Movement Therapy training, she entered the Pratt program. Her teachers were Debra McCall, Fern Leventhal, Jane Cathcart, and Zoe Avstreith. After graduation, she did internships with Betty Blau and Joan Lavender, and under the supervision of Art Robbins, began doing art therapy groups. Eventually she became an ATR. She held jobs in New York City's foster care department, St. Luke's Hospital, and Gracie Square Hospital. She soon began teaching Dance/Movement Therapy to the Art Therapy students at Pratt. In 1991 she took over as chairperson of the Creative Arts program, which consisted only of Art Therapy at that time. She brought the Dance/Movement Therapy program back to Pratt.

So, how did she do it – become the chair of a Dance/Movement Therapy department that is so profoundly affecting our profession? Laurel says that she was (and still is) passionate about Dance/Movement Therapy; she never doubted that it was what she wanted to do. Work was not a chore for her – it was a delight – because she was doing what she wanted to do. She was excited about what she was learning – still is. Her passion and interests grounded her, not a striving for success. She took opportunities when they came along and she

Continued on page 6

Moving to New York

Dear NY Chapter members (& my treasured DMT colleagues),

I'm writing this letter from across the country, as a fellow dance/movement therapist currently living in Los Angeles, but in the process of moving out your way to Long Island. The catalyst of this move comes from my husband receiving a wonderful promotion with his company, Nikon, Inc. which requires relocation to Melville, NY.

I personally am very anxious, nervous and terrified about the move, especially going into the unknown world of DMT in NY. I had never been to NY, (besides a trip to Rochester several years ago to take a course at Dani Frankel's studio, Kinnections), so it feels very scary to dive right into a new land. We've purchased a house in Smithtown, NY (near Stony Brook near the north shore of Long Island).

I'm writing this letter in order to reach out for some support, guidance, and friendship about where to begin in diving into the new sea of Dance/Movement Therapy in your area. Can you give me some helpful hints as to how to begin?

I have worked clinically for over 8 years with a variety of populations including adults with mental illness, dual-

ly-diagnosed individuals, children with severe emotional disturbance, victims of abuse and neglect, and mother/infant dyads. I have experience working clinically with individuals, groups, siblings, and families. I implemented and created the Dance/Movement Therapy internship program at Five Acres Residential Treatment Center in Los Angeles, CA where I supervised graduate students from approved Dance/Movement Therapy programs and provided training for interns in other disciplines. During my time at Five Acres, I implemented several training programs for agency mental health professionals, and clinical staff about Dance/Movement Therapy techniques, non-verbal aspects of therapeutic interventions, attunement, trauma, movement assessment tools, clinical writing, and treating victims of abuse.

During my time in California, I've been highly instrumental in the Dance/Movement Therapy community both revitalizing and serving as President and Vice-President for the Southern California Chapter of the American Dance Therapy Association (SCCADTA) and chaired and co-chaired annual conferences and events. In addition, I've served the

dance/movement therapists in the state of California in the effort toward obtaining licensure as Licensed Professional Counselors as an Executive Board Member of the California Coalition for Counseling Licensure (CCCL).

My husband will be moving the first week of April, and I will follow him shortly thereafter by the end of May. Although I feel like a fish out of water, now, I feel comforted to hear about the thriving community of you in NY and am excited to join your chapter and become an active member. In addition, on a personal note, knowing that there are so many of you, it feels as if I already have a built in community to move into. It calms my nerves a bit. I thank you for reading this letter, and welcome any supportive advice, feedback, or warm greetings.

*With thanks & greetings across the way,
Christina Devereaux,
MA, ADTR, NCC
christina@cd-photo.com
(818) 845-6039 (until April 24)*

Stages of Change Theory

(continued from front page)

lead once per week. Patients usually do not attend more than one dmt group during their detoxification process. This leaves a limited time window for the therapist to work in, focusing mainly on building support and identifying readiness to change. Five people participated in this group, lead by me, a third-year dmt intern from Antioch New England Graduate School.

The group began by gathering members. At the beginning, all participants

were men (they will be referred to as C, J, M, N). When I explained that we were doing dance therapy, they assumed we were going to be ballroom dancing and listed the different types of dances they could do. They also stated that it would be difficult to dance with only one female (me). I explained the purpose of Dance/Movement Therapy, clarifying the idea that we would explore natural movement and not necessarily dance moves. A woman (who will be referred to as L)

walked by and J persuaded her to join.

We started warming up, a basic full-body stretch from the head down. Before I was even half-way through, the members seemed ready to just get up and dance. I tried to switch up the warm-up a little bit, allowing them to choose movements but still trying to work down the body. The group members responded well to the change.

When we got down to our feet, I sug-

Continued on next page

Talking about Dance Therapy with other CATs: Public Relations at a Developmental Transformations Workshop

By Renee Heagney

As a new member of the chapter PR committee, I've been thinking about how to get the word out about Dance/Movement Therapy. One of my favorite ways of doing so is attending lectures and workshops with creative arts therapists in other modalities. Believe it or not, there are a lot of music therapists, art therapists, and drama therapists who have never heard of Dance/Movement Therapy!

I have a particular affinity for drama therapy, and developmental transformations is a method which holds a special allure. It is very body-based (many sessions begin with sharing gestures, repetitive movement, or poses), and tends to be all about playing. During a recent three-day intensive, I shared the developmental transformations experience with a group largely made up of actors and drama therapy students. All of my fellow participants were comfortable and uninhibited in using their bodies for expression. Several had taken dance classes, or done contact improv, or participated in a DMT session at some point. I found myself in a perfect forum for discussing similarities and differences between DMT and developmental transformations, hopefully not ad nauseum.

I was teased throughout the weekend for "crossing over" into Drama Therapy, and the workshop leaders playfully insisted that they would steal me away from

the world of dance. But on a more serious level, people at the intensive wanted to know more about my field and were respectful of my knowledge and input, as they were of everyone else.

The first myth to dispel was that dance therapists teach people how to dance. Granted many therapists do incorporate teaching technique or movement styles as part of the therapeutic work. But that is an approach, chosen because it has value within the therapeutic relationship. Many of the workshop participants were fascinated to hear that one does not have to know "how to dance" to participate in a Dance/Movement Therapy session. Once I mentioned the positive impact that dance and movement have on the psyche, people opened up to share that doing martial arts or yoga, or turning on a favorite piece of music and jumping around always makes them feel better. Of course it does.

I also spoke during the weekend quite a bit about non-verbal communication, which, while an integrated piece of developmental transformations, it is not the crux of the work as it is in DMT. On the flip side, I became much more spontaneous with spoken word after three days of working with improvisational actors. I am generally comfortable when expressing through my body---and when I do talk, I gesture constantly---less so through my voice. I also emphasized that verbal communication is a vital part of DMT

sessions, whether one is giving direction, encouraging movement, raising images, or processing. Spontaneous speaking is a skill dmts need to utilize.

Whenever I have attended an event with fellow creative arts therapists, I have met curious and interested audiences, people who want to know more about DMT. By the same token, I have learned a great deal about what people are doing with other modalities. During the developmental transformations workshop, I soaked up information like a sponge, and was eager to take elements back to my own work, not to dilute my use of dance, but to enhance it. Just as I learned about drama therapy skills, I learned more about myself as a mover. I also tapped into movement as play, which strikes me as a vital element of our work as dance therapists and applicable for all populations. Most importantly, I had an opportunity to share and talk about my work as a dance therapist with creative, open people who were sharing and talking about their work. There are now eight more people in the world who know about Dance/Movement Therapy. I want to continue to educate people about this work that is my passion; I also want to find opportunities to interact with other like-minded folks as allies, resources, and collaborators. There is much to share and much to learn. And much to play with.

Stages of Change Theory (continued from last page)

gested standing because they seemed very anxious to be out of their chairs and moving around. C asked for disco, so I put on the "Saturday Night Fever" soundtrack, and he led us in some partner danc-

ing. M and N did not want to dance (because there were no more women), so they watched and clapped to encourage us. After about 10 minutes, the energy began to change. J sat down and started

to cry, I encouraged the other members to keep dancing and sat next to him. He said he was happy and moved to see others engaging and smiling, something they

Continued on page 7

Spontaneity Lost

(continued from front page)

same, he or she would be labeled insane by on-lookers. As adults, we have been conditioned by our parents, teachers, and even peers to suppress the spontaneity of our creative facility in order to fit in with societal norms. How sad that as adults we must squash our spontaneity for the sake of public comfort! An important question to ask ourselves is how do we as dance/movement therapists keep our spontaneity?

As I began my first job as a dmt with geriatric patients, I discovered the joy of helping clients to rediscover their own strength and independence through movement, even as they were approaching the end of their lives. I also enjoyed the ability to create a therapeutic relationship with them and listen to the amazing stories that they had to share, since most were over ninety-years old. Very quickly, however, I found myself exhausted and discovered it increasingly difficult to drag myself to work every day. I began counting the days until my weekend, and hours before the end of each day. I felt that I needed two days of recuperation for each day of work. I began asking myself why I was even doing this work. It began to feel very unhealthy, and I found myself half awake in the middle of the night with the feeling that my teeth were loosening; also, my stomach hurt and my joints felt like they ached. I was developing somatic symptoms congruent with

my geriatric population. I knew that it wasn't actually happening, but in the middle of the night, these things felt very real to me. During the day, I noticed that my posture was stooped and my energy was uncharacteristically low. I was burnt out after my first three months of work!

As a dance/movement therapist new to the field, I had found that within the first few months of working in a nursing home, I had lost my capacity to feel my own creativity when it was being used in the context of my job. I found myself over-identifying with my clients, housing some of their pain, a lot of their depression, and perhaps their feelings of being unsafe in that environment- in my own body. I learned this through the realization of the loss of my own spontaneity from within myself.

One day during a session with my supervisor, she asked me to "move in a way that is not in relation to your patients." I stopped, and suddenly could not move. I felt numb and empty. I was completely lost and could not find any movement that was my own. I had lost ownership of my movement, and my body became a container for their dispositions. This experience has led me to ask myself: How can I keep the spontaneity and creativity in my own movement that is separate from a clinical situation? As many have asked, "Where is the dance in Dance/Movement Therapy," I asked myself, "Where is the dancer in the dance/movement therapist?"

Somatic over-identifying was one

problem, but I also felt drained of the passion and creativity that drove me to become a dancer, let alone a dance/movement therapist. Ultimately this led me to leave this job and find another. In the interim, I worked through these feelings and tried to remedy the situation. I went to supervision and therapy, wrote about the experience, and continued to dance for myself. I continued my movement explorations and performance pursuits as a dance/movement artist. In the process of doing this it has occurred to me how much the dancer inside the therapist is important in our work. Indulging the dancer inside myself not only maintained my spontaneity but expanded my range of communication with my clients.

The concept of the feeling state of the therapist is not a new one. Penny Lewis concisely states that, "The walls need to be elastic but also sturdy thus protecting from contamination from either side, i.e. so the therapist's personal countertransference doesn't interfere nor does the patient's material ooze into the therapist's life". (p. 13.) I found that by simply indulging the dancer inside the dance therapist, I have found a way for my therapeutic body to be both flexible and strong. In order to expand my therapeutic style and to maintain my spontaneity, I had to exercise and expand my creative dialogue outside of the work environment, and I've clearly learned its value to my growth as a therapeutic artist.

Lewis, P. (1993). *Creative transformation*. Wilmette, IL: Chiron Publications.

Laurel Thompson

(continued from page 3)

worked to make opportunities happen. That seems particularly true in her move to London and her seeking out Art Robbins for supervision. From my point of view, these were "out of the box" moves for a young American woman finding her way in the world of Dance/Movement Therapy. Laurel stayed open to multiple

approaches, perhaps learning from individuals that she admired, rather than sticking to methods that she wanted to pursue. This openness put her in the position to lead an Art Therapy program when there was no Dance/Movement Therapy program at Pratt, and that led to the opportunity to rebuild the Dance/Movement Therapy program. We all have unique stories and

unique opportunities. Perhaps what we can glean from Laurel's story is what many of us are already recognizing: the need to be multi-disciplinary. This is important, not just so that we as individuals can get jobs, but so the profession of Dance/Movement Therapy can be less isolated. Laurel is definitely leading us in innovative ways to do this. Thank you Laurel!

Creative Arts Therapy Week Celebrated at St. Vincent's Midtown Hospital

By Linden Moogan & Corinna Hiller

Linden Moogan and her interns celebrated Creative Arts Therapy Week (March 6 – March 13) at St. Vincent's Midtown Hospital by offering experientials to staff members in the west lobby and the cafeteria. These included music, visual arts, dance/movement, and creative writing (poetry). An exhibition of the seven chakras (the seven major energy centers of the body), the healing colors, and related mandalas were presented by Shahla Nikpur, first year Dance/Movement Therapy (DMT) intern from Pratt Institute's Creative Arts Therapy Master's Program.

Meghan Dempsey, second year DMT intern, also from Pratt, presented a colorful group collage wall poster. In this

project, the patients were asked to choose an animal(s) to represent their addiction issues. Tree, flowers, and natural landscape (image cut out from magazines) were chosen to reflect their feelings about their health. Participants combined images to create a unique expression of themselves. Linden, Shahla, and Meghan demonstrated how these activities provide opportunities for creative representation, problem solving, and decision-making. They also explained how they often help group members practice alternative ways of behaving and coping.

Six days a week, Creative Arts Therapies are offered as an integral part of the treatment milieu on 2McNally, St. Vincent's Midtown Hospital's adult inpatient psychiatric unit. S.A.M (Stress and

Anxiety Management) – Mind/Body experience is now offered on the Detoxification Unit twice a week.

With their presentation, Linden and her interns were able to educate others on the Creative Arts Therapies emphasizing that, "Through the various Creative Arts Therapies modalities, one can learn to identify, tolerate, and process uncomfortable and/or intense emotions in a safe, supportive, non-judgmental manner to enhance self-awareness, promote health, communication and expression." Linden posted this write up and many photos of the presentations on a Club Photo webpage. To see it go to http://members19.clubphoto.com/gerry673967/3102332/guests_icons.phtml.

Stages of Change Theory (continued from page 5)

didn't usually do. I asked everyone to come back to the circle and hear what J had to say.

When I made sure J was ok, we all stood up and I asked what they needed. I observed and mirrored their swaying, and L said she needed a breeze. Using the motivational interviewing (and Chacian) technique of meeting the clients where they are at and going with what they are presenting, we moved like wind. I took out my blue curtain and brought it into the circle. We waved it like the wind for a minute or so and then I asked them what the curtain reminded them of. C said it reminded him of how he felt when he was drinking- free and easygoing. J said that it reminded him of his addiction and was light and calm. L said it reminded

her of the ocean (her behavior in the group led me to believe she was experiencing psychosis and was not really able to be present on a metaphoric level. I tried to incorporate and name her experience however I could). I also asked M and N what they thought, and they also said their addictions made them feel freer, but caused other problems. The participants empathized, naming problems like job loss, real or threatened family estrangement, homelessness, and poor health. In the motivational interviewing process, Miller and Rollnick explain the importance of developing the discrepancy the client presents between the positive and negative aspects of addiction. This is also a factor in allowing the client to move into other stages of change.

We moved with the curtain for a while, moving it at different speeds. L said she wanted to run under the curtain, so we all took turns going under it with the rest of the group holding it up. C went under a few times, but seemed like he needed something else. I asked what this was, and he said he wanted to stay under it. In going with what the client is presenting, another motivational interviewing technique, we all sat down on the ground, under the curtain and I asked C what he saw. He saw bottles of alcohol. We talked about what each person saw under the curtain (i.e., feelings of being carefree and aspects of their lifestyle with drugs), what they were afraid of seeing outside of it (i.e., responsibilities and con-

Continued on page 11