

Childhood trauma and intimacy: Exploring drama therapy for intimacy recovery in adult relationships

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Short bio

Kathryn Ann Magee is completing her drama therapy internship and is working towards registration as a drama therapist with the HPCSA. With a Bachelor of Arts in psychology and anthropology, as well as honours and master's degrees in Drama Therapy, Magee is deeply passionate about human welfare. Her primary focus is on using the expressive arts to support children facing emotional, psychological, and behavioural challenges. Through her academic and practical experiences, Magee has developed a unique approach to fostering healing and personal growth, particularly in vulnerable populations. She continues to explore the powerful impact of creative therapies in improving collective mental health and well-being.

Abstract

This article investigates the relationship between childhood trauma and intimacy in adulthood, evaluating drama therapy as a treatment approach for intimacy recovery. Using a literature review method, the study explores how specific drama therapy techniques – dramatic ritual, role method, narradrama, and developmental transformations (DvT) – address intimacy disruptions resulting from childhood trauma. The review reveals that these drama therapy approaches equip trauma survivors with tools to rebuild trust, regulate emotions, reform harmful narratives, and manage relational unpredictability. By fostering safety, trust, emotional expression, and mutual recognition within a structured environment, the literature indicates that drama therapy may facilitate the recovery of intimacy capacity by enabling individuals to engage in healthier and more fulfilling relationships. The content is drawn from a master's research project. The article highlights that while drama

therapy provides valuable insights into intimacy recovery, it is limited by the absence of empirical data, which affects its scientific validity. Furthermore, the focus on selected literature may not fully represent the broader research landscape on trauma, intimacy, and drama therapy. The effectiveness of drama therapy techniques in enhancing intimacy lacks extensive empirical validation, underscoring the need for more rigorous research. Future studies should include empirically validated research to explore the impact of specific forms of childhood trauma and identify the most effective drama therapy techniques for intimacy recovery. Interdisciplinary collaboration could enhance empirical support for drama therapy's efficacy, offering a more comprehensive understanding of the impact of therapeutic interventions on human health and intimate relationships.

Keywords: Childhood trauma, drama therapy, dramatic ritual, intimacy, role method, narradrama, and developmental transformations

Introduction

Childhood trauma has profound impacts, often manifesting in adulthood difficulty in forming and maintaining intimate relationships. Interpersonal relationships provide necessary and fundamental belonging, connection, and needs fulfilment (McMillan & Chavis, 1986). Survivors of childhood trauma frequently experience impaired emotional regulation, trust, and vulnerability – key components for establishing close interpersonal connections (Cloitre, 2015; Berceli & Napoli, 2006). While existing research addresses the psychological impacts of childhood trauma, a gap remains in understanding how specific therapeutic interventions can facilitate the recovery of intimacy. Most therapeutic approaches focus on cognitive-behavioural or psychoanalytic models, leaving creative, experiential therapies such as drama therapy largely underexplored in the context of intimacy recovery. This article aims to address this gap by examining how drama therapy can support adult survivors of childhood trauma in re-establishing their capacity for intimacy (Sajjani & Johnson, 2014). The article is based on research undertaken for my MA in Drama Therapy (Magee, 2024).

Individuals from low-income households often have unhealthy relationships due to their circumstances and lack of resources (Karney et al., 2018). In South Africa, poverty is a legacy of colonialism and apartheid and is structurally integrated as public capital was controlled by the white minority

(Mayekiso & Tshemese, 2007; Obuaku-Igwe, 2015). Black communities lacked and still lack access to resources (Mayekiso & Tshemese, 2007; Moodley & Ross, 2015; Williamson et al., 2017). This lack of resources has traumatic economic, social, health, and educational consequences for children (Danese & Widom, 2020; WHO, 2023). The resultant financial costs include hospitalisations, mental health facilities, and legal actions (Berkowitz, 2017; Danese & Widom, 2020). This social and economic impact of traumatisation underscores the importance of exploring alternative therapeutic modalities, such as drama therapy, which can offer holistic and accessible methods of addressing trauma's multifaceted effects on individuals and communities.

Drama therapy offers a distinctive, embodied approach to healing through creative expression. It leverages the therapeutic power of role play, storytelling, and symbolic enactment, allowing clients to process traumatic experiences in a way that bypasses cognitive and verbal barriers (Jones, 1996; Emunah, 2013; Landy, 1994). Despite its growing recognition in treating various mental health conditions, its potential for addressing relational difficulties, particularly in the realm of intimacy, remains insufficiently examined. This article contributes to filling this gap by exploring how drama therapy techniques can be applied to foster intimacy recovery in adult relationships affected by childhood trauma (Sajani & Johnson, 2014).

I used a traditional literature review as a method to examine existing theories and practices related to both trauma recovery and intimacy-building interventions. By reviewing literature on the psychological effects of childhood trauma and how they manifest in adult relationships, I identified key elements necessary for intimacy recovery (Cronin, Ryan, & Coughlan, 2008; Lim, Kumar, & Ali, 2022). The article then goes on to explore drama therapy approaches that can support these elements, providing insight into the integration of creative, therapeutic techniques for intimacy enhancement.

The article presents an overview of the methodology followed by the literature review, which provides an analysis of literature on intimacy and relationships. It then explores childhood trauma and its effects on adult relationships. Typical trauma treatment models and principles and techniques of drama therapy are then evaluated, focusing on how this approach can aid in trauma recovery and rebuilding intimacy (Jones, 1996; Landy, 1994; Emunah, 2013). This article explores dramatic ritual, role method, narradrama, and

developmental transformations (DvT) (Frydman & McLellan, 2014; Jones, 1996; Landy, 1994; Leather & Kewley, 2019).

This examination of existing literature facilitates a discussion of key findings related to intimacy recovery through drama therapy. The article concludes with recommendations for future research and the limitations of the study. Through this comprehensive exploration, this article aims to provide new insights into trauma-informed therapy, highlighting drama therapy's potential to help individuals build healthy, intimate relationships after trauma exposure (Sajjani & Johnson, 2014).

This article is significant for drama therapists and the broader field of drama therapy because it expands the understanding of how creative, embodied therapies can address complex relational dynamics affected by trauma. By focusing on intimacy recovery – a fundamental yet often overlooked aspect of trauma healing – this study highlights the unique capacity of drama therapy to facilitate emotional regulation, trust-building, and vulnerability. As drama therapy practitioners seek to offer holistic approaches that engage both the mind and body, this research underscores the value of integrating creative techniques like role play and symbolic enactment to support survivors of childhood trauma in re-establishing healthy, intimate relationships. Moreover, this article advocates for greater recognition and application of drama therapy in trauma recovery, pushing the boundaries of traditional therapeutic models and offering new pathways for healing.

Methodology

This research employed a traditional literature review to collect, summarise, and critically evaluate research findings on my topic (Paul & Barari, 2022; Knopf, 2006). Literature reviews allow researchers to assess the thematic, conceptual, theoretical, and methodological significance of previous studies (Paul & Criado, 2020). They are inherently subjective due to researchers' biases and prior knowledge, which influence the selection and interpretation of information (Rowe, 2014; Paul & Barari, 2022). This review utilised a topical analysis to identify and interpret patterns within the selected studies, structuring the research around central arguments and scaffolding information through claims, evidence, and warrants (Clarke, Braun, & Hayfield, 2015; Toulmin, 1988). My aim was to assess existing research, highlight key findings, and identify gaps in current knowledge (Knopf, 2006). I conducted

a literature review to explore this research interest because it provided a foundation to understand how intimacy recovery has been addressed in previous trauma-related studies, enabling a deeper exploration of how drama therapy can contribute to this area. By aligning emerging themes with supporting evidence, this approach provided a comprehensive exploration of the impact of childhood trauma on intimacy and the role of drama therapy as a potential treatment approach (Li & Wang, 2018).

Literature review

A comprehensive review of relevant literature was conducted to explore how drama therapy can assist in addressing childhood trauma and fostering healthy intimate relationships. This review included defining intimacy as well as examining the impacts of childhood trauma on intimacy. By understanding these aspects, the review illuminated how trauma affects intimacy and how alternative therapeutic modalities, such as drama therapy, can facilitate intimacy recovery. The following literature review provides an overview of the literature and sets the stage for a deeper exploration of how these topics are interrelated and form the basis for further analysis.

Defining intimacy and relationships

People are social and need to be appreciated, cared for, accepted, and loved (Fitness et al., 2007; Fletcher et al., 2019). Making long-term intimate relationships is a goal for many people across sociocultural environments and influences. (Fletcher et al., 2019). All kinds of relationships can be both intimate and long term, including parent-child relationships and friendships (Moss & Schwebel, 1993). This desire for interpersonal connections lays the groundwork for understanding how intimate relationships are formed and maintained, which is key to examining their disruption in the context of trauma.

The study of intimate relationships forms a major domain of interest in social psychology (Fitness et al., 2007). Intimacy is from the Latin *intimus* (innermost) and *intimare* (making the innermost known) and encompasses many life experiences (Reis, 2018). Intimacy is always in flux and is natural and unbounded (Prager, 1995), overlapping with love, trust, affection, and familiarity (Derlega, 2013; Durnová & Mohammadi, 2021). Intimate interactions and intimate relationships are distinct concepts (Prager, 1995).

This distinction enables a more nuanced discussion of how trauma specifically impacts various dimensions of intimacy.

The foundation of intimate interaction lies in exchanges of innermost experiences and the experiential by-products of this exchange (Prager, 1995; Derlega, 2013). These experiences can occur without words or outside established relationships and provide a framework for communication and connection (Prager, 1995). With this, intimate interactions occur on all levels (Loggins, 2022). Relational intimacy is therefore identified by frequent intimate interactions between people in a relationship dynamic, which is framed by a broader historical time-and-space paradigm (Prager, 1995). However, only some interactions are intimate within any relationship (Prager, 1995).

Intimacy includes safety, closeness, trust, and recognition (Durnová & Mohammadi, 2021). Intimacy is collaborative and deepens self-understanding and understanding of others (Derlega, 2013). The benefits are that the human psychological needs of acceptance and belonging are satisfied (Derlega, 2013; Fletcher et al., 2019). Additionally, intimate relationships improve mental and physical health and provide relationship fulfilment (Loggins, 2022). Neuroimaging studies indicate relationships are rewarded in the same way as primary appetite stimuli (Park et al., 2021), reinforcing intimacy as a cornerstone of human welfare.

However, relationships have obstacles that often challenge intimate interactions (Khaleque, 2004; Loggins, 2022), including conflict, fear of intimacy, difficulties with emotional closeness and communication, substance abuse and trauma, and other psychopathologies (Khaleque, 2004; Park et al., 2021; Loggins, 2022). While this is not an exhaustive list of the difficulties that may be faced within a relationship dynamic, empirical evidence supports that the presence and severity of these later-life challenges are exacerbated by childhood trauma (Mandelli et al., 2015; Danese & Baldwin, 2017). Having established the complexities of intimacy, we now turn to an examination of childhood trauma and its impact on relationship dynamics.

Exploring childhood trauma

Childhood trauma is characterised by intense helplessness during development, culminating in terror, instability, and insecurity (de Thierry, 2016). As de Thierry (2016, p. 15) indicated, “Children become traumatised in any environment where fear is a theme”. For example, children develop

coping mechanisms to handle their emotions if they grow up in difficult or restricted atmospheres. The mechanisms develop even when observable violence and anger do not occur (Jaworska-Andryszewska & Rybakowski, 2019; de Thierry, 2016). This need for coping mechanisms typically happens when caregivers are unavailable. The children have no adult to guide feeling processing during challenging events (de Thierry, 2016). This trauma response serves as a foundation for understanding how trauma impacts a child's ability to navigate emotions and relationships, setting the stage for more complex issues in adulthood.

The child's development stage affects how the child responds to trauma. The nature of the trauma is significant, as are the genetic or circumstantial factors, and if the trauma is ongoing (Jaworska-Andryszewska & Rybakowski, 2019). Traumatic events during the developmental period typically encompass interpersonal elements such as neglect, abuse, or death; circumstantial elements such as community violence or medical trauma; or political elements such as ethnic cleansing and war (Cook et al., 2005; Kliethermes et al., 2014). According to Mills and Turnbull (2004), natural disasters tend to elicit less post-traumatic psychopathology compared to interpersonal trauma. This research focused on traumas of an interpersonal nature. Interpersonal trauma occurs within relationships that are inherently contextualised by trust, power, and responsibility (Norman et al., 2012). The specific focus on interpersonal trauma provides insight into how these early experiences may disrupt the development of trust and security in later relationships.

Exposure to trauma increases the risk of psychopathology, poor reactivity, substance abuse, and re-victimisation – particularly in the absence of treatment and nurturing home environments during childhood (Khaleque, 2004; Mandelli et al., 2015; Danese & Baldwin, 2017). Many studies suggest that childhood stress produces “enduring systemic inflammatory response not unlike the bodily response to physical injury” (Danese & Baldwin, 2017, p. 517), thus impacting brain development and in turn undermining personality development and the capacity for healthy relationships (Khaleque, 2004; Kliethermes et al., 2014). The biological and psychological consequences of trauma underline the need for interventions that address both the body and mind, which will be explored in subsequent sections.

Childhood trauma and intimacy

Interpersonal trauma in childhood is often linked to disruption in the formulation of healthy attachment. This attachment disruption can culminate in trust issues, unhealthy relationship patterns, and trauma re-enactment in intimate relationships with others (Erickson et al., 2019; Lahousen et al., 2019). Common responses to childhood trauma that impact intimacy are feelings of low self-worth, aggression, distrust, poor emotional communication, expectancy of rejection, emotional inhibition, indifference in relationships, and general challenges with intimate exchanges of all forms (Kliethermes et al., 2014; Briere & Scott, 2015; Marganska et al., 2013; Watts-English et al., 2006; Dvir et al., 2014; Su & Stone, 2020). These impacts tend to be organised within particular groups. The impacts include emotional and behavioural dysregulation, cognitive and attentional difficulties, biological changes, and shifts in perceptions of self and the external environment (Kliethermes et al., 2014; Briere & Scott, 2015; Marganska et al., 2013; Watts-English et al., 2006).

Literature investigating the long-term impacts of physical abuse indicates increased risks of depression, feelings of worthlessness, cognitive and language difficulties, aggression, conduct disorders, and physical illnesses (Larsen et al., 2011; Rasool, 2022; Malinosky-Rummel & Hansen, 1993; Talmon et al., 2021; Sirotnak et al., 2004; Rivara et al., 2019). Similarly, childhood sexual abuse poses severe and long-lasting consequences, such as an increased risk of suicide (Gawęda et al., 2020). Survivors may face later challenges with regard to confiding in others, trust, emotional communication, romantic intimacy, and shame (MacGinley et al., 2019; Martinson et al., 2013; Davis et al., 2001; Martinson et al., 2016; Talmon et al., 2021). Emotional abuse and neglect, which are comorbid with all forms of abuse, are associated with distrust, expectancy of rejection, emotional inhibition, and indifference in relationships (Park et al., 2021; Marganska et al., 2013; Norman et al., 2012; Yoo et al., 2014; Vaillancourt-Morel et al., 2019; DiLillo et al., 2009). These outcomes provide the framework for further exploration into how therapy, particularly drama therapy, can help mitigate these challenges.

Trauma treatment in adulthood

Most treatments address biological and psychological symptoms. Pharmacological treatments mitigate trauma's physiological results (Briere & Scott, 2015). Psychological interventions facilitate processing the trauma

and help develop skills for coping and regulation (Briere & Scott, 2015). Numerous established therapeutic models facilitate this and psychological treatment frequently incorporates cognitive behavioural therapy (CBT), affect-regulation training, dialectical behaviour therapy (DBT), and/or psychodynamic approaches (Cook et al., 2005; Briere & Scott, 2015).

Early traumatic experiences are complex and are often compounded with other difficulties over the lifespan. Multimodal therapeutic approaches are directed toward client-specific behaviour change (Courtois, 2008; Courtois & Ford, 2012) and are expensive, inaccessible, and long-term (Su & Stone, 2020). The client relives experiences of trauma in therapy and this can be a daunting prospect and can be triggering, influencing the client's commitment due to feeling unsafe in the therapeutic space. For example, trauma is difficult to express through words and the struggle to communicate the incommunicable may be insurmountable (Steele et al., 2016).

This expression difficulty highlights the necessity of supporting empirically validated and peer-reviewed research into trauma treatments and techniques that go beyond what is currently emphasised (for example, CBT, DBT). Furthermore, this necessity for a multimodal approach calls attention to the exploration of interventions that provide adaptability. It is for these reasons that I believe that drama therapy, which is a client-centred and experiential mode of treatment, is an approach worthy of exploration in this regard.

Drama therapy and trauma treatment

Drama therapy was formalised in the 1980s and is used in individual and collective trauma treatment (Sajnani & Johnson, 2014). The psychotherapeutic drama therapy style is distinct and versatile, facilitating the healing process through performance, improvisation, art, interaction, play, and dramatisation (Bourne et al., 2020) and using symbolic expression via creative structures (Landy, 1994). Some approaches are largely expressive and work directly with elements of traumatic material, while other techniques address trauma from a more distanced perspective (Sajnani & Johnson, 2014; Landy, 1994).

Drama therapy's unique contributions are its collaborative client-therapist relationship; use of theatrical techniques to identify trauma, distance from traumatic events, imaginal exposure (also incorporated in CBT), bodily engagement, role exploration, and the use of play to recover positive activities (Sajnani & Johnson, 2014; Malchiodi, 2022). Spontaneity, flexibility, and co-

creation are tools that stimulate connection, which is a keystone of intimate exchanges (Malchiodi, 2022). Drama therapy is adaptive and therefore effective for diverse clients (Godfrey & Haythorne, 2013).

Considering that drama therapy is a flexible and client-centred intervention, it is my opinion that many of the techniques utilised within trauma treatment provide a distinct and supportive form of therapy, which can promote intimacy recovery in adult relationships. This intimacy recovery is significant to the aforementioned notions regarding intimacy loss, which highlight that intimate interaction is predicated on the exchange of innermost experiences that take shape on emotional, intellectual, physical, spiritual, and experiential levels (Prager, 1995; Derlega, 2013; Loggins, 2022). Further correlations are highlighted in the following section pertaining to specific drama therapy approaches and their use in the treatment of trauma.

Drama therapy approaches

Drama therapy employs a variety of techniques to enhance its effectiveness in trauma treatment. This analysis provides a framework for the subsequent discussion highlighting the relationship between these approaches and intimacy recovery. This article explores dramatic ritual, role method, narradrama, and developmental transformations (DvT) (Frydman & McLellan, 2014; Jones, 1996; Landy, 1994; Leather & Kewley, 2019).

Dramatic ritual blends symbolism and metaphor to provide clients with deeper insights into their inner states. It may incorporate spiritual or cultural elements, offering a structured and repetitive process that grounds clients in the present and fosters profound self-expression (Emunah, 2013; Schrader, 2012). Neuropsychological perspectives suggest that breathwork, a common component of these rituals, can engage the brain's safety system, which promotes new cognitive patterns and improves immune function and psychological well-being (Victoria & Caldwell, 2013; Munoz, 2023; Grof & Grof, 2023; Van der Kolk, 2014). Rhythmic breathing techniques regulate the nervous system, aiding in stress management and anxiety reduction (Munoz, 2023; Nestor, 2020; Hopper et al., 2019). In group settings, synchronised breathing can enhance interpersonal communication and presence, which activates the body's social engagement system (Van der Kolk, 2014; Crockett, 2022). Breathwork is an evidence-based approach useful during trauma recovery for both body and mind (Van der Kolk, 2014). Alongside mindfulness,

techniques like Robert Landy's (1994) role method can be used to address childhood trauma (Rappaport, 2014).

Role theory, originating from sociology and social psychology, explores how social roles shape identity and behaviour (Biddle, 1986; George, 1993). Landy's (1994; Johnson & Emunah, 2009) role method applies this theory within drama therapy by helping clients identify and develop roles that may be underdeveloped or conflicting. Clients explore both their primary roles and counter roles (for example, hero vs villain) to integrate opposing aspects of themselves, which fosters self-understanding and growth (Landy in Johnson & Emunah, 2009). A guide, or liminal figure, supports clients in navigating these roles safely and structurally (Armstrong et al., 2016).

Although the role method and other drama therapy techniques are well-supported by qualitative research, there is limited quantitative evidence (Armstrong et al., 2016; Feniger-Schaal & Orkibi, 2020). However, case studies, such as those involving addiction recovery, illustrate how role exploration can facilitate emotional expression and coping skills (Gordon et al., 2018). Additionally, drama therapy with children on the autism spectrum has demonstrated that role play, sensory work, and structured environments can enhance social skills and emotional expression (Godfrey & Haythorne, 2013; Bourne et al., 2020). This expression facilitation aspect of the role method correlates with findings specific to narradrama.

Narradrama, based on narrative therapy, focuses on the personal stories clients tell themselves, using creative arts and embodied techniques rather than just verbal communication (Dunne, 2009; White, 1998; Bezuidenhout, 2012). The narradrama approach builds trust and respect, enabling trauma survivors to explore emotions in a safe, flexible manner (Van Wyk, 2008; Dunne, 2009). By reauthoring narratives, clients can filter out problem-saturated stories and foster identity change and personal growth (Sguera et al., 2020). Tools for externalisation, alternative story creation, and action-oriented interventions help clients move beyond traumatic experiences (Dunne, 2009). Additionally, myths and stories offer healing frameworks by connecting unconscious and emotional processes (Jennings, 1994; Van Wyk, 2008).

The nine-step approach of narradrama allows clients to delve into their narratives with varying levels of insight and expression (Carroll, 2023; White, 1998). Clients are regarded as experts regarding their own experiences, with therapists and peers acting as observers to enhance reflexivity and

self-discovery (Carroll, 2023; Van Wyk, 2008). Narratives reflect individuals' identities and desires (Sguera et al., 2020; Prager, 1995). Studies on elderly participants using drama therapy techniques, including narradrama, have shown improvements in self-acceptance, relationships, and meaning, as well as reduced depressive symptoms (Keisari & Palgi, 2017). These therapeutic insights into narrative work pave the way for exploring more improvisational and present-focused approaches, such as developmental transformations (DvT), which shift the emphasis from past narratives to the here and now.

DvT, rooted in existential theory, emphasises the present moment as an unpredictable event (Johnson, 2014). DvT challenges rigid ideas and labels that distort reality and perpetuate fear-based schemas (Johnson, 2014; Reynolds, 2011). DvT aims to address these maladaptive coping strategies by helping clients diminish internalised fears rather than reducing life's inherent instability (Johnson, 2014). The technique involves improvisational play between therapist and client, with roles and scenarios constantly shifting (Johnson, 2009). Through imaginative and physical interaction, clients build self-confidence and learn to navigate transitional spaces (Johnson in Johnson & Emunah, 2014). For example, a case study of a nine-year-old boy exposed to trauma highlighted how DvT helped him express difficult emotions and reduce disruptive behaviours (Johnson in Johnson & Emunah, 2014; Jones, 1996).

These drama therapy tools – dramatic ritual, role method, narradrama, and developmental transformations – provide powerful avenues for fostering connection and potential intimacy recovery in clients affected by trauma. Dramatic ritual uses symbolism and metaphor to ground individuals in their emotions while facilitating deeper self-exploration, ultimately creating space for secure self-expression and bonding. The role method enables clients to reconcile internal conflicts and broaden their emotional and relational capacities, which are essential for rebuilding trust and closeness. Narradrama's focus on reauthoring personal stories and externalising trauma allows clients to reshape their identities in a way that enhances self-acceptance and emotional intimacy. Finally, developmental transformations (DvT) employ improvisation and spontaneity to break down fear-based coping strategies, helping clients embrace uncertainty and build confidence in their ability to form meaningful connections.

Together, these techniques provide a multifaceted framework for emotional recovery and personal growth, stimulating connection and aligning

with the core principles of intimacy recovery in the context of trauma. These assertions are explored further in the following discussion, which highlights key findings and insights from the literature examined.

Findings and insights

In light of the foundational elements of intimacy – trust, safety, acceptance, and shared experiences – it becomes clear how drama therapy approaches can facilitate intimacy recovery for individuals affected by childhood trauma. Trauma disrupts these essential components of intimacy, impairing one's ability to engage in meaningful, vulnerable relationships (Prager, 1995; Fletcher et al., 2019). The drama therapy techniques previously discussed serve as tools for restoring these lost elements, helping trauma survivors rebuild their capacity for intimate relationships across emotional, intellectual, physical, and experiential domains (Johnson, 2014; Landy, 1994).

Dramatic ritual plays a vital role in addressing trauma-induced disconnection, a major barrier to intimacy. Trauma survivors often feel detached from their own emotions and bodies, which hinders their ability to engage authentically in intimate relationships (Schrader, 2012). Dramatic ritual, with its structured, symbolic, and often spiritual components, offers a secure environment for clients to reconnect with their inner selves (Emunah, 2013). The repetitive, grounding nature of ritual, combined with elements like breathwork, enables clients to regulate their emotional responses and build trust in their own bodies (Van der Kolk, 2014). This sense of safety, both within themselves and in the therapeutic space, is a foundational requirement for intimacy, as it allows for vulnerability and deeper connections with others. By fostering emotional and physical regulation, dramatic ritual reintroduces the possibility of safe, intimate exchanges that are often disrupted by trauma (Schrader, 2012).

The role method, developed by Robert Landy (1994), offers another pathway to intimacy recovery by addressing fragmented identities. Trauma often forces individuals into rigid, maladaptive roles – such as protector, victim, or aggressor – that limit their capacity for emotional closeness (Landy, 1994). These roles become ingrained as survival mechanisms, impeding the ability to engage in authentic, intimate interactions where vulnerability and mutual recognition are key (Rappaport, 2014). Through role exploration, clients using the role method can experiment with various facets of their

identity in a safe, controlled environment. They learn to integrate opposing roles, such as strength and vulnerability, fostering emotional flexibility and resilience (Landy, 1994). This integration is crucial for intimacy, as it helps clients engage in relationships without being confined by trauma-induced roles that previously limited their capacities for emotional closeness and connection (Gordon et al., 2018).

Narradrama extends this work by focusing on the personal stories trauma survivors tell themselves. Trauma can create problem-saturated narratives where individuals feel unworthy of love, trust, or closeness (White, 1998). Narradrama allows clients to externalise and reauthor these harmful narratives, offering the opportunity to reconstruct their self-perception and relational identity (Van Wyk, 2008; Dunne, 2009). The ability to reframe one's story from one of isolation and fear to one of resilience and connection directly supports intimacy recovery (Sguera et al., 2020). By enabling clients to reshape their internal narratives, narradrama encourages new ways of relating to others – free from the constraints of their traumatic pasts. This process fosters the development of trust and openness, which are essential for maintaining intimate relationships (White, 1998).

Developmental transformations (DvT) complement these narrative-focused approaches by emphasising the importance of spontaneity, flexibility, and play in human interaction (Johnson, 2014). Intimacy, at its core, requires a level of unpredictability, emotional risk-taking, and the ability to navigate relational dynamics fluidly (Prager, 1995). Trauma survivors, however, often respond to the unpredictability of relationships with hypervigilance or avoidance, both of which impede intimacy (Reynolds, 2011). DvT, through improvisational play, helps clients tolerate uncertainty and embrace the fluid nature of human relationships (Johnson, 2014). By engaging in spontaneous role shifts and imaginative scenarios, clients learn to navigate the emotional landscape of intimacy with greater confidence and ease (Reynolds, 2011). This imaginative role-shifting not only helps diminish the rigid, fear-based schemas that trauma often creates but also promotes a more adaptable, resilient approach to intimate relationships (Johnson & Emunah, 2014).

Together, these drama therapy techniques address the core disruptions to intimacy caused by childhood trauma. They provide trauma survivors with the tools to rebuild trust, regulate emotions, reshape harmful narratives, and navigate relational unpredictability. As intimacy requires safety, trust,

emotional expression, and mutual recognition, drama therapy facilitates these processes in a structured, supportive environment. By integrating these approaches, therapists can help clients recover their capacity for intimacy, enabling them to engage in healthier, more fulfilling relationships (Emunah, 2013; Johnson, 2014).

Conclusion

In conclusion, this study highlights key themes pertinent to the relationship between childhood trauma and intimacy recovery through the lens of drama therapy. Trauma-informed approaches and drama therapy's versatility in facilitating narrative exploration and emotional expression are pivotal in addressing intimacy issues. Drama therapy, with its unique blend of creative expression, storytelling, and role-playing, allows individuals to process traumatic histories and cultivate vulnerability, which is crucial for intimacy development.

The findings suggest that drama therapy holds promise for helping adults who experienced childhood trauma foster healthier intimate relationships by promoting emotional regulation, empathy, and connection. Techniques such as storytelling, play, and interaction aid in trauma navigation and empower clients toward personal growth and resilience. However, several limitations should be acknowledged.

Limitations

As a literature review, this article does not provide empirical data, which restricts its scientific validity and generalisability (Cronin et al., 2008; Knopf, 2006). In addition, this article focuses on a selection of literature concerning trauma, intimacy, and drama therapy, which may not fully represent broader studies in these areas. While efforts were made to reduce bias, the literature reviewed may not encompass the entire scope of available research. Moreover, drama therapy itself lacks extensive empirical studies to validate its effectiveness in fostering intimacy, underscoring the need for more rigorous, scientifically supported research in this field (Sajnani & Johnson, 2014; Corey, 2021).

Recommendations

Recommendations for future research include conducting empirically validated studies that examine specific forms of childhood trauma and the most effective drama therapy techniques for intimacy recovery (Erkkila et al., 2011). Further exploration is required to determine which drama therapy methods may offer the greatest benefit to trauma survivors, particularly for fostering intimacy. Collaboration between drama therapy and other trauma-focused psychological paradigms would enhance the empirical support for drama therapy's efficacy (Sajjani & Johnson, 2014). Additionally, postgraduate programmes should foster interdisciplinary research, merging drama therapy with other evidence-based trauma treatment models to create a more comprehensive approach to addressing childhood trauma and intimacy recovery (Su & Stone, 2020; Nielsen, 2017). This interdisciplinary approach could lead to more effective treatments and a broader understanding of how therapeutic interventions can positively impact human health and intimate relationships.

In summary, drama therapy has significant potential for contributing to trauma treatment and intimacy recovery, but empirical research is essential to fully realise its role in trauma-informed care. This research is particularly important in the South African context, where historical and systemic traumas such as apartheid have left deep psychological scars on individuals and communities. Developing creative and accessible interventions like drama therapy could offer crucial support in healing the interpersonal and emotional wounds that persist in post-apartheid South Africa. By addressing these limitations and focusing on collaborative, evidence-based studies, future research can pave the way for more effective therapeutic interventions that support intimacy development in adults affected by childhood trauma.

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