



## Potentials of Drama Therapy in Unmasking the Personae of Survivors of Female Genital Mutilation among the Kenyan Maasai

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### Abstract

Circumcision of females was and still remains a cultural practice in many African communities. While modernity and access to education has led to vilification of this tradition, the guardians and conservators of traditions who perceive not virtue but abomination in this revolution intrepidly use myths and falsehoods to sustain the tradition. Where that does not work, force is used. The Maasai are such a community where circumcision of women is still entrenched and highly esteemed. Some girls manage to escape but the effects of the harrowing escape remain. Subsequently, this study proceeds from the postulation that drama therapy is a useful tool not only to reach out to the survivors of any form of distress but also as an avenue for helping the victims cope while enhancing their self-expression by obliterating the facade engendered by the trauma. Our contention is that as a tool for unlocking the voices of Female Genital Mutilation (FGM) survivors, drama therapy creates a safe and playful environment where the survivors are able to act out their anxieties, fears and mental conflicts and reclaim their true beings, dreams and positions in society. In this way, drama therapy provides a platform on which the stigma related to FGM emotions can be expelled. While using various drama therapy techniques such as story-telling, poetry, role playing, song and dance, this paper examines and establishes how drama therapy can be used as an effective tool in regaining the real persona of survivors of Female Genital Mutilation. The study employs Nietzsche's Will to Power theory and Rogerian theory of self in interrogating the potentials of drama therapy. Nietzsche's Will to Power theory has been used to explore underlying motives behind the survivors' rebellion against Female Genital Mutilation whereas Rogerian theory of Self has been used in exploring the survivors' perception of their world, perception of the concepts of freedom, choice and personal responsibility, particularly after surviving Female Genital Mutilation. The study utilizes control-group as its research design while engaging in-depth interviews, questionnaires, focus group discussions and participatory theatre to obtain data for analysis. The data collected was analysed both qualitatively and quantitatively.



## 1.0 Introduction

In Africa, statistics have shown that about three (3) million girls are at risk of undergoing Female Genital Mutilation annually whereas 100 to 140 million girls and women worldwide are living with the consequences of Female Genital Mutilation (CREAW I, 2008). About 92 million girls aged 10 years and above are estimated to have undergone Female Genital Mutilation (WHO, 2011). The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among certain immigrant communities in North America and Europe (WHO, 2008). Female Genital Mutilation, sometimes called female genital cutting, is defined by the World Health Organisation as referring to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2011). It is observed in most studies that Female Genital Mutilation has been practised for over 2000 years in all the continents (Slack, 1988). Female Genital Mutilation has quite a number of effects on a person's health both physically and psychologically, and has been linked to childbirth complications and increased risk of death, both at the time of delivery and after birth. It can also make labour and delivery difficult for women/girls leading to prolonged obstructed labour, which is one of the leading causes of obstetric fistula (CREAW I, 2008). Female Genital Mutilation often has psychological consequences, where girls lose trust and confidence in their guardians or parents and they may suffer from feelings of anxiety, depression and incompleteness in a nutshell, obliteration of their personality..

In Kenya, FGM was largely practised among the Gusii, Kuria, Turkana, Akamba, Ameru, Agikuyu, Aembu, Maasai, among others, and where the practice was existent, Female Genital Mutilation was highly esteemed (Mugubi, 1996). The Maasai community, in which the study is based, are semi-nomadic people of East Africa who live in southern Kenya and northern Tanzania along the Great Rift Valley on semi-arid and arid lands (Population Council, 2007). The Maasai of Kenya are famously colourful people- they paint themselves and often wear red and other bright colours. They have managed to hold on to their traditional way of life till present time (Beckwith & Fisher, 2002). The Maasai practise Genital Mutilation or Circumcision as an initiation rite on both the male and the female members of their society. FGM is done to ensure women's faithfulness to the men in the community when the men go away for long periods of time either in search of pasture or on cattle raids (Coexist Initiative, 2012). This study focused on the survivors of Female Genital Mutilation among the Maasai. The Maasai community has been one of the symbols of Kenya's tourism because they have managed to maintain their culture, traditions and practices despite the Western and modern influences (Equality Now, 2011). Various measures have been put in place to rehabilitate survivors and escapees of Female Genital Mutilation in Kenya. These measures include counselling and seclusion of the survivors. However, drama therapy as a rehabilitation mechanism has not been explored much (Okoth, 2008). This was the subject of this study. In drama therapy, the focus on 'performance' is replaced with a focus on the participant's mind-body experiences and

helps the practitioners access their intuition effortlessly, drawing upon the inspiration of each moment, freeing them from the pressures of performing (Wilson, 1998). Interventions on behalf of or with those whose voices are not normally heard in the societies they inhabit, are a vital feature of applied theatre practice since they act as a counterweight to the myriad interventions of the dominant into the lives of all of us (Prenkti, 2009).

This study aimed at examining the extent to which the goals of drama therapy as outlined by Emunah (1994) like the expression of self through role play leading to good social interaction and interpersonal skills can be achieved through the survivors of FGM. It set to investigate how drama therapy can be used to empower these survivors to make informed choices and gain more confidence in making use of their experiences to overcome other obstacles in life and in empowering others. Currently, the government of Kenya has developed policies on the eradication of FGM (Kenya Constitution, 2011). FBOs and NGOs have developed shelters and rehabilitation centres for the escapees and survivors of FGM within the country, that offer counselling services and a temporary safety for the young girls until they complete their education (Equality Now, 2011). However, to our knowledge, FGM survivors are not given a chance to voice their own experiences and opinions regarding the practice through drama therapy. Female Genital Mutilation is always traumatic (UNICEF, 2008). The eradication of Female Genital Mutilation is pertinent to the achievement of four millennium development goals (MDGs): MDG 3 - promote gender equality and empower of women; MDG 4 - reduce child mortality, MDG 5 - reduce maternal mortality and MDG 6 - combat HIV/AIDS, malaria and other diseases. However, little or no effort is being made to hear the story of the survivors from this ordeal once the girls are rescued and taken to the centres. The rescuers assume that the girls have no say about being stopped from undergoing FGM, and that they are grateful. They thus do not give the girls an avenue to vent out their anger, desperation, joys and fears in an open atmosphere. The girls live in the rescue centre with hope for a better tomorrow in terms of education and social well-being. However, their individual emotional and psychological feelings are not taken into consideration. This formed the basis of this study as we sought to use drama therapy to unlock the voices of FGM survivors in the rescue centres in an effort to help them recover their persona.

## 2.0 Study Design

The study utilized control group strategy which involved two parallel experiments being set up. They were identical in all respects except that only one included the treatment being explored by the experiment, which in this case were the drama activities. The control group was the group that nothing happened to whereas the experimental group was the group that was subjected to the variables that were being tried out. The experimentation process was divided into two categories: pre-test and post-test. In the pre-test, the initial conditions of the subjects to be experimented were recorded before subjecting them to therapy. In the post-test, the subjects to whom the drama therapy

treatment was applied was examined and their results recorded. That was done by subjecting the experiment group to drama followed by examining their general physiological and psychological behaviour in comparison to a control group who were not subjected to drama therapy with designate notations as follows:

V	X	O
V		O

*V=Subjects, X=Experiment, O=Test*

However, it was important for both the Pre-test and Post-test experiments to be conducted so that changes in the physiological and psychological dispositions of the survivors could be ascertained. But as well, the control group was still useful as additional factors may have had an effect, since the treatment occurred over a long time and in a unique context as this:

V	O	X	O
V	O		O

*V=Subjects, X=Experiment, O=Test*

The selection of the survivors and the treatment assigned to them was done randomly, though in practice some groups came as one or were selected on a pseudo-random basis. At the end of the experiment, we examined the differences between the control group, for whom nothing happened, and the experimental group, which received the drama therapy variable. The difference (or similarities) between the two groups was the outcome of the experiment. We did our best to ensure the control groups were as similar as possible to treatment groups.

### 3.0 Duration

The length of therapy varies with each person, depending on many factors such as the difficulties experienced, the degree of personal resilience and the amount of support available in the present living situation. The period of project research was four (4) months in September to December 2011. There were two (2) months of participatory theatre research at the AIC Kajiado Girls Primary School, with two drama therapy session per week, each lasting one to two hours depending on the active participation of the respondents. Thereafter, a control group of survivors of Female Genital Mutilation was also administered with the data collection instruments. Interviews with other four (4)

respondents who were adult survivors of Female Genital Mutilation were done for the remaining months of the data collection period.

#### **4.0 Unlocking the Voices of the Survivors of Female Genital Mutilation**

It was the contention of this study that drama therapy is a systematic and intentional use of drama/theatre processes, products, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. Jennings et. al. (2007) define drama therapy as an active approach that helps the client tell his or her story to solve a problem, achieve a catharsis, extend the depth and breadth of inner experience, understand the meaning of images and strengthen the ability to observe personal roles while increasing flexibility between roles. Drama therapy created a safe and playful environment where the survivors were able to act out anxieties or conflicts due to FGM trauma or other related issues in their personal lives. Some of the participants had their emotions evoked and their anxieties and fears were expressed and at the same time, the stigma related to FGM emotions expelled.

#### **5.0 Effectiveness of Role Play on Forgiveness**

In using techniques such as role playing and improvisation, the participants acted out various confrontations with their parents and other people who influenced their lives, on issues regarding FGM or personal events, such as punishment scenes where the girls were chastised for their weaknesses. In one of the instances on role playing, the girls acted out **a classroom scene**. After the enactment of this scene, the girls and the researcher had a discussion on what kind of punishments they were usually given, and further on what the teacher did to assist the girls who had missed school because of FGM and early marriage. The researchers then asked the girls to act out **a role play-role reversal** scene. In this case, the prefect became the subordinate pupil, and the punished girl became the prefect. In this **Punishment scene**, the girl as prefect, told the girl as subordinate pupil to kneel down and say the words 'I am sorry for punishing you' ten (10) times. Hesitantly she said the words. The girl told her to ensure she cleans up the latrines, to which the prefect acting as subordinate pupil refused. She said that the other girl was punishing her too much. That she had already said sorry ten (10) times and yet she was still being told to clean the latrines. She stated that it was not her wish to punish anyone in class but that was the rule. In that if she does not have a list of noise makers then she gets punished instead. The girl then apologised for over-punishing the real prefect, but she was glad the latter now understood what it felt like to be punished, especially when it was repeated over time. The prefect also stated that the other pupil is always a noise maker and that the other classmates always complain. The girl then apologised for making the work of the prefect difficult and promised to be good in class and would reduce her noise in class. It was very astounding to see the other girls see in disbelief how the prefect was being punished, as some of them laughed at the reversed roles, some of them thought that the punishment was not adequate, while some thought it was too much. Three weeks later,

the researcher asked the group if the girl had reduced her noise making and they said that nowadays she was less rude in class. She now even asked the prefect for permission to speak if she needed to whisper anything to anyone. Through dramatic re-enactments such as improvisation and role playing, the participants gained new and valuable perspectives in their lives. Looking into one of the example we have talked about, in the role play and role reversal of a pupil and the class prefect. The class prefect was able to be in the shoes of the subordinate pupil and thus evaluate the punishment that she made the girl get. The subordinate pupil was also able to re access her behaviour towards the class prefect. This action in drama therapy session as was confirmed later, made their relationship better and more harmonised. This technique of role play as part of dramatic therapy was important here as the girls were able to show that regardless of what had transpired them, they could still afford to forgive each other. These scenes enabled them to see that they were not alone in their anger and grief, while also helping them tolerate the emotions associated with their sad memories of FGM and other related practices.

### **6.0 Effectiveness of Dance in breaking self-boundaries**

Other techniques that proved very effective in unlocking the voices of the girls were dance and music. The use of dance, body movement and music as drama therapy devices are predicated on the idea that one's negative, emotion-laden experiences are represented in the body in the form of tension and pain. In the same vein, dance therapy is based on the assumption that body and mind are interrelated and is defined as the psychotherapeutic use of movement as a process that furthers the emotional, cognitive, and physical integration of the individual. In this way, dance and/or movement therapy affects changes in feelings, cognition, physical functioning and behaviour (NCCATA, 2004b). Dance and drama therefore go hand in hand in that both communicate using gestures, facial expression and movement. Music and dance, can sometimes be even more effective than dialogue drama, because the participants' non-verbal cues and gestures are often relayed as of a stronger message. For instance when someone says they do not want something, and yet they are stretching their hands or moving closer, and smiling, then their message being relayed in action is often regarded as the more powerful message, and in this case, no matter how much one says no, it will be construed that they are accepting. The unconscious is always relayed in the movement of the body, the gestures and facial expressions, even when the words defy. Dealing with the FGM trauma among the survivors involved physical processing so that unconscious conflicts could be brought into one's awareness. Therefore, in our music and dance therapies, we began with teaching the girls how to breathe, how to relax, then making simple movements and further increasing movement and contact with others. As the girls progressed with music and dance, we conducted focused group discussions in between dance. In the process, we realized that the more the girls danced freely, the freer they were to talk about their traumatic experiences. Indeed, the truism of this supposition was realized during our music and dance sessions. While enjoying the dance moves, the girls narrated how they underwent



FGM, wanted to escape, the obstacles they found on their way and how they finally escaped or were rescued from FGM. The girls talked about the various reasons why they underwent FGM. While some reported that it was their choice to undergo Female Genital Mutilation so that they could be like their cousins or friends who had undergone t, others said they we practice, others confessed that they had been forced into it. The girls at AIC Girls Kajiado had different reasons for undergoing FGM as the following Table suggests:

Reasons for Undergoing FGM	No. of Girls	Percentage of Girls
Personal choice due to Peer Pressure	10	41.67
Personal choice due to Parental Pressure	4	16.67
Personal choice due to Fear of Myths	3	12.50
Personal choice due to Allure of gifts	2	8.33
Forced and threatened	5	20.83
<b>TOTAL</b>	<b>24</b>	<b>100</b>

Table 1.1 Reasons for Undergoing FGM in the experimental group.

Reasons for Undergoing FGM	No. of Girls	Percentage of Girls
Personal choice due to Peer Pressure	4	16.67
Personal choice due to Parental Pressure	6	25.00
Personal choice due to Fear of Myths	3	12.50
Personal choice due to Allure of gifts	1	4.17
Forced and threatened	10	41.67
<b>TOTAL</b>	<b>24</b>	<b>100</b>

Table 1.2 Reasons for Undergoing FGM in the control group.

Those who underwent FGM out of their personal choice said that their parents neither coerced them to undergo Female Genital Mutilation nor stopped them when they insisted. Ten (10) girls said they underwent FGM due to peer pressure. Stating that their parents had tried to talk them out of it, but when they (the girls) insisted they wanted to

undergo Female Genital Mutilation because of the pressure and discrimination they got from their circumcised cousins and friends during the school holidays, their parents willingly took them to get circumcised. One of the girls in the experimental group stated that she accepted to undergo FGM because of peer pressure. Since all the friends in the village had already undergone Female Genital Mutilation, they started disrespecting her and she became a point of gossip and a laughing stock. She narrated how she could not go to the market or the river in the company of her circumcised friends. Yet, those who had not been circumcised were younger than her. Thus, she felt she could not join them either. This made her feel very isolated and lonely during school days. She therefore felt the need to belong and that is why she went and got circumcised too. For two of the girls, undergoing FGM was engendered by the feeling that their friends and cousins were given special treatment and gifts during and after the circumcision so they also wanted to get that special treatment. They were more envious of the gifts that one got after being circumcised like new clothes, shoes, cakes and sodas. One of the girls said she received a goat from her grandmother, a new bag from her mother and a pair of shoes from her father. Another girl, though having a different reason for undergoing FGM, stated that her elder brother could now allow her to play games using his phone, and that made her feel really special.

These sentiments were echoed by most of the girls with some saying it is because they believed it was expected of them to get circumcised, after being coerced by their parents and aunties and they did not want to refuse. In the control group, ten(10) girls against five(5) girls in the experimental group, stated that they underwent FGM because they were forced and threatened by their family members. These were their parents, aunties and uncles and grandparents. Therefore they feared being outcasts from their home and village. Further, in the control group, only four(4) girls against six(6) in the control group stated that they underwent FGM because of parental pressure. Most of these girls in the control group, stated that it was their fathers who insisted that they undergo FGM. The six(6) girls in the experimental group however stated that it was their mothers who kept coercing them to undergo the practice. One of the girls cited how her mother kept crying to her that she (the girl) wants to bring shame to her home and that it is her mistake that she (the mother) allowed the father to take her to school. She told us how on one incident her mother told her not to touch her necklace because she is unclean. The mother then gave the necklace to her elder sister who had been circumcised and that made her feel very jealous. She was not even allowed to cook for her father because she was a shame. But the father, on his part, never reprimanded her for failing to go through circumcision. One other girl in the experimental group, however, stated that she heard her father quarrelling and insulting her mother because she(the girl) had not been circumcised. This open confrontation against her mother made her feel very humiliated and she subsequently talked her mother into allowing her to go through the circumcision. Yet, her mother wanted to protect her. But on her insistence, she arranged everything and the girl was circumcised. Parental pressure is thus quite evident in both the



experimental group and the control group. According to adult key informants, it is understood that it is the mother who initiates the FGM process because it is the mother who informs the father that their daughter has now reached the initiation age following the onset of her menstruation cycle. Subsequently, it is the mother who organizes the ceremony with the circumciser. This can happen when a girl is as young as eight (8) years old. The key informants believe that no matter how much the father insists on circumcision, the mother can always get a way of shielding their daughter, even by taking her to a local clinic, then alleging that the operation was done. It is the mother who can decide whether the girl gets a severe version of FGM, that is, clitoridectomy, or infibulation or excision or a simple pricking on the clitoris. It is the mother who can decide whether to take the girl to have the procedure by a nurse or have it done at home or at the circumciser's. All the key informants further stated that it was the mother who could influence the girl's choice by telling the daughter about the disadvantages of FGM so as not to undergo it.

One of the key informants stated that due to public demand in the local community, coupled with the Governmental and Non-Governmental Pressure not to practise FGM, the government certified traditional mid-wife attendants, who are regarded as nurses, do the circumcision for parents and girls who demand it. However, they do a mild version of clitoridectomy, which is pricking the clitoris, to satisfy the girl. This is most often in cases where the girl is the one who insists and the parents are not willing. In cases where it is the parents who are willing the procedure is usually done at home, by a traditional circumciser. It is imperative to point out that dance and music as dramatic therapy techniques have proven their value in unlocking the voices of FGM survivors and recovering their personality. Although it is difficult to quantify the benefits of these techniques in unlocking the survivors' voices, findings in this study show that music and dance were generally helpful in enabling the girls to relax as they recounted their stories. These genres made them feel energetic, enthusiastic, and they enhanced teamwork and cooperation among the participants. Through music and dance it was noted that the girls were ready and willing to learn from each other and relatively teach each other a new dance move. Therefore it also increased the girls' creativity and imaginativeness during the role play sessions. As a warm up or as the main drama therapy activity of the day, music and dance proved to be the easiest tool to utilize with the girls. Music and dance as a warm up activity before the storytelling sessions, made the girls at ease with themselves, it broke boundaries for instance of fear of touching another, or looking at another person dancing. Consequently, the removal of such fears and inhibitions translated into the participants feelings about each other. It made them become freer and open about their personal experiences.

## 7.0 Storytelling and games and self-exploration

All therapies by their very nature and purpose encourage individuals to engage in self-exploration. Expressive therapies encourage not only self-exploration, but also use self-expression through one or more modalities as a central part of the therapeutic process. Gladding (1992) notes that using the arts in counselling may actually speed up the process of self-exploration and that expressive modalities allow people to experience themselves differently. He adds that through these forms of self-expression, individuals are able to **'exhibit and practise novel and adaptive behaviours'** (1992, p.6). Therefore, the music, the games, the exercises and dances, together with the role playing gave room for the participants' self-exploration and thereby found a source of comfort in the stories of each other. Self-expression through a painting, movement, or poem can recapitulate past experiences and even be cathartic for some. However, these are only two aspects of the role of self-expression in therapy. In fact, most therapists using expressive therapies in their work capitalize on the ability of art, music, play, and other forms to contain self-expression rather than to encourage cathartic communication of raw emotions or mere repetition of troubling memories. In essence, as therapist and client work together, self-expression is used as a container for feelings and perceptions that may deepen into greater self-understanding or may be transformed, resulting in emotional reparation, resolution of conflicts, and a sense of well-being. The sharing in the games, the dances and the re-enactments in the role playing thereafter gave the participants a chance to experience their pains and fears one more time, to have the confrontations like they had supposedly wanted to in their minds. Which in this aspect, is what we refer to as therapy – to find an answer, to heal, to find comfort, to remove gaps and build bridges and to be able to move on with focus, confidence and greater vision by forgiving and letting go of past hurts and pains.

Drama therapy as a form expressive therapy tries to facilitate discovery of personal meaning and understanding. For this reason, drama therapy sessions involve the use of various dramatic techniques in order to help individuals make sense of their experiences, feelings, and perceptions. While words are generally used to tell personal stories, drama therapy taps the senses as a source of stories and memories since thoughts and feelings are not strictly verbal. Through various techniques such as storytelling, dance and role-play, drama therapy was useful in helping the survivors to open up and talk about aspects of memories and stories regarding FGM that they would not have been readily willing to talk about. For instance, all the participants in both the experimental and control groups, together with the key informants indicated that they experienced pain during and after the circumcision. All the participants admitted to having unbearable pain during the process of circumcision, followed by vaginal bleeding and exhaustion. They also talked of pain during urination and admitted to having an itching pain in the vagina to which they were advised not to scratch as it would make the wound take long to heal. According to one of the key informants, some of the implications were as true as the young girls stated: One of the Key informants states of the process:

It's a pain of death, to cut someone like a cow or a goat is very painful. Its pure pain, someone wails and cries all day. One cannot walk well, one cannot urinate, it is pure torture.

One of the girls in the experimental group said she bled until she fainted. When she came to her senses, she was given milk and liver. She ate a little then it made her feel like going to the latrine. However, since she could not walk, she relieved herself on the spot. Her mother had to come and clean her up. She was only able to walk after three days with the help of her elder sister and mother. Hence, for three days, she urinated on herself and, the urine itched her wound. The process of urinating was unbearable making her hold the urine, on holding the urine, and endeavour that came with pressure thus more pain. Later she had a 'bladder infection' medically referred to as Urinary Tract Infection (UTI), as she and her mother were later told by a doctor. This sentiment was further echoed by another key informant in a different site, a 57 year old Maasai woman:

The truth of the matter is there is no torture like that, you go and cut someone in a bad place, the private part (vagina), then it becomes a wound, she continues to get sick, she continues to feel pain and can't walk...at my age now, I wouldn't accept.

Another girl in the experimental group also said the pain was unbearable that she found herself vomiting repeatedly at the sight of blood. She vomited before and after she was circumcised and anytime she saw blood that day. This made her stitches more painful because whenever she vomited the pressure made the vaginal wall that had been sown to stretch:

...you know how when you vomit you feel it until down there. So, on that day, it is like ten times, I tell you. Aiaiai(yelling), I wished I didn't vomit, but whenever I saw blood, the vomit came. I was tired. I wished I had not gone(for circumcision) since I had not been forced.

In one of the sessions, one of the girls narrated her long term ordeal in escaping Female Genital Mutilation, with the help of her mother. She explained how she escaped three times in vain. She had tried to go home severally and the last time, her father wanted to marry her off. However, the Chief helped her not to get married to an old man and this led to her father cursing and disowning her and her mother. She (the girl) now lives at the rescue centre and her mother occasionally comes by to see her without the knowledge of her father. In an unconditional atmosphere, drama therapy helped the survivors to regain their self-confidence through the performances that we enacted. The girls were able to build trust and teamwork: things that were missing in the girls' lives and which played an

important part in their healing process. They were given the chance to participate in a playful and spontaneous environment, which stimulated the stepping forth of their otherwise dormant innate creativity.

Participating in drama therapy allowed the girls to see themselves in a different light independent of the stigma associated with FGM. Through the performances, the girls regained their courage in overcoming their troubled past. In fact, one of the girls stated that the performances “made me feel stronger about myself...not to be afraid of doing what is right even if it is against society and to stand up for myself.” This demonstrates the positive therapeutic effects that drama therapy had and how it helped the girls find their voices in the society. Through drama therapy, the survivors were able to openly talk about myths associated with Female Genital Mutilation. One such myth that the girls in the experimental group talked about during the storytelling and focus group discussions was that they were told that if they do not get circumcised, they will have difficulty giving birth because the clitoris will cover the vagina thus it will stop the vagina from expanding wide enough to allow for the baby to pass. One participant further stated that she was told that the clitoris would make her stomach and anus tear up (obstetric fistula) during giving birth, of which the reverse is true. To confirm this myth the researcher asked the key informants about the truism of the myth, to which one of them explained that it is not easy to give birth vaginally and that because of circumcision, the vagina does not widen evenly during birth and they only manage to deliver because God loves women. Another Key informant, an educated and working Maasai woman, explained that fistula tearing and over bleeding are the most common effects associated with FGM. This is especially in cases where the girl is still too young and her hips are not yet enlarged, and also because during circumcision, the incision is done from the front (clitoris) towards the back (anus). This further weakens the pelvic floor muscles, as they are attached to the anal skin and so the elasticity is weakened. This is a common problem which the society looks at as normal. The girls get even third degree tears and they (traditional birth attendants) consider it quite normal and sew it up just like they do sew the vaginal opening during circumcision.

One of the girls who had given birth in the experimental group narrated her ordeal on how FGM made her life unbearable. After circumcision, she was forced to drop out of school in class five (5) and married off to a man older than her father by over 20years. Her mother tried to protest but it was said that it was the rich old man who had been paying her school fees as part of her dowry. Soon she got pregnant and on giving birth, she split from front to back and had a 3<sup>rd</sup> degree fistula tear. The traditional birth attendants, who helped her to deliver, said it was normal and they stitched her up like they did after the FGM. Almost a month later she started getting fevers and pains in her abdomen, and her bleeding kept coming back and forth. This prompted her mother to rush her to the hospital. She was later treated and her fistula operated on well. The old man was mad at her mother because he had to sell two cows to pay for her hospital bill. After her recovery, she went home to stay with her mother and thereafter when her child was

around six (6) months; her aunt took her away and brought her to the rescue centre. Another girl elaborated how the grandmother told her that the clitoris would grow to be so long that she would not be able to walk as it would be flapping in between the thighs. According to a key informant in Narok, this was confirmed to be one of the myths. She stated:

It is believed that the clitoris will grow so long that it will interfere with the man's sexual enjoyment...and it (vagina) is further sewn to make it small so that the man can enjoy more. The smaller the size of the vagina, the better for the man. So, the girls are told that the clitoris will grow long and they will not walk. It is not true. It is just that most mothers are not comfortable with talking these things with their little girls.

Some of those in the experimental group stated that they were told that girls who do not get circumcised get pregnant out of wedlock and eventually get no one to marry them. When asked how true they believed in this statement, most of the girls said it was not true since they have seen quite a number of circumcised girls get pregnant too outside wedlock. According to the study, among the experimental group, the control group and the key informants, it was clear that the clitoris in the Maasai culture had to be removed to reduce the high libido of the woman. Hopefully, the girl would subsequently be faithful to one man. Thus, anything could be said to convince the girls to have the clitoris totally removed. One of the girls stated that she was told that when she gets married someday and the clitoris is not removed, it will hurt her husband when they have sex, and then her husband would reject her. Drama therapy, like other forms of therapeutic work, helped the survivors to face the shame, guilt and trauma associated with FGM so that they could move from self-blame towards realistic appraisal. Anxiety, hyper vigilance and fear are understandable responses to trauma. In this regard, we employed drama therapy to explore how the survivors could find their sense of dignity and restore a feeling of personal urgency. Unresolved grief and anger needs to be faced if it is to be accepted, but difficulties may worsen it at the beginning of the trauma healing process. Experiences of drama therapy for participants in the music, dances and poetry energized the survivors and redirected their attention and focus to critical issues in their future lives, thereby alleviating emotional stress as a result of FGM trauma. Therefore, this study holds that drama therapy among the FGM survivors was very effective. This was so because the goals and benefits for the drama therapy were realized. For instance, drama therapy aims at improving communication skills and other skills and behaviours, appropriate release of emotions, and meaningful relationships (Malchiodi, 2005). Renee Emunah (1994:31-33) outlined five specific goals of drama therapy.

a.) *expression and containment of emotion*, which means learning to control one's emotions, and release them appropriately and acceptably.

- b.) *observing self*, or the *director within us*, that finds hope, sees the broader perspective, and considers choices and options.
- c.) *role repertoire*, or the experience of experimenting with different identities, and finding and practising new ways of reacting, coping, and behaving.
- d.) *modification and expansion of self image*, or the inverse of role repertoire, as it enhances an understanding of the many aspects within ourselves.
- e.) *social interaction and interpersonal skills*, which are practised and developed within the group that functions like a microcosm society.

All these were attained in the drama therapy process that we conducted among FGM survivors as the next section attests.

### **8.0 Empowerment to the Survivors of Female Genital Mutilation**

According to World Bank 2002 Empowerment Sourcebook, Empowerment is the process of enhancing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Empowered people have freedom of choice and action. This in turn enables them to better influence the course of their lives and the decisions which affect them, thus improve their quality of life (World Bank, 2002).

### **9.0 Empowerment through Attitude and Behavioural Change**

Empowerment being one of the objectives of this study, was to enable the girls find their own voices and to be able to speak out their opinions in an environment that would guarantee them growth and development. The growth of the girls in this case was to be measured using the Rosenberg Self Esteem scale in terms of their individual attitudes towards life and themselves and in their relationship and interaction with others. FGM survivors more often than not endure certain emotional and psychological problems. Barlow & Durand (2009) point out that emotional problems can trigger a wide array of abnormal psychological conditions including but not limited to performance anxiety and other social phobias, mood and physiological reactions. According to Candace Pert (1997, p.144), human beings evolved by relying on an internal emotional response that required us to remember both pleasant and unpleasant experiences in order to survive. This link to memory causes a very deep level of the positive and negative feelings we associate with our past experiences. This study sought to use drama therapy to transform these negative feelings among FGM survivors into more acceptable ones as a form of emotional release. Attaining the cathartic effect of drama therapy implied that the survivors had been able to free themselves from the emotional bondage of the FGM trauma, hence attaining the psychological healing. The concept of catharsis is widely accepted today within numerous therapeutic fields including drama therapy, psychodrama and group therapy and typically occurs when one has a breakthrough in his/her consciousness in relation to issues affecting him/her. Catharsis can also be synonymous to transformation, which means to change for the better. Drama therapy, therefore, strongly relies on the principle of transformation to



facilitate personal healing, personal growth and the movement from psychological or spiritual darkness to light (Hoeller, 2010). In this way, it acts as a form of empowerment since it not only heals the trauma of FGM survivors but also helps them to see their lives afresh. It gives them hope and helps them realize their potentialities regardless of what they have undergone in the past. To most of the FGM survivors, catharsis occurred by being themselves in the action rather than characters in the drama therapy processes. In our evaluation on the drama therapy process, at least 92% girls confirmed that the drama therapy was valuable to them. This was evident in their interaction and participation in the sessions. Of the 92%, it was evident by the end of our last session that at least 71% had completely grown in self-esteem, confidence and their level of interaction. Of the other 21% from the 92% there was significant growth and room for more improvement. Perhaps, with more time, they could have completely found their voices and expressed whatever they were still holding back. This could be seen in their level of shyness in discussing some topics. Sometimes they could start narrating something and shy it off, of which one of the more confident participants could explain further. There is an instance when we talked about menstruation and how the girls felt during this time. One of the girls started explaining how she gets nauseated and sick, but the teachers do not always understand, the researcher asked why she believed the teacher does not understand, one of the other girls then explained that during her periods she does not carry her hand in class and she is angry all the time- this could be translated that she was having mood swings during her menstruation period. It is because she had not felt confident enough to share her feelings with the group so she shied off explaining. The researcher confirmed with her if what her friend had stated about her behaviour in class during her menstruation period is true and she accepted. Most of the survivors participated actively in the drama therapy techniques. They danced, sang, role-played, performed exercises and games as instructed and out of their own choice as was appropriate for the sessions. In this way, the girls were relieved of their pain as they freely narrated to us the trauma of FGM. The net effect was that the girls were psychologically, emotionally and physically transformed. Moreno (1946) expands on the transformative nature of therapy when he points out that by recreating past experiences one can have emotional memory since:

In playing yourself you see yourself in your own mirror on the stage, exposed as you are to the entire audience. It is this mirror of you which provokes the deepest laughter in others and in yourself, because you see your own world of past sufferings dissolved into imaginary events. To be is suddenly not painful and sharp, but comical and amusing. All your sorrows of the past, outbursts of anger, your desires, your joys, your ecstasies, your victories, your triumphs, have become emptied of sorrow, anger, desire, joy, ecstasy, victory, triumph, that is, emptied of all *raison d'être*. You can say to yourself now: Was I ever that fellow (1946, p.249).

As Moreno discovered like so many before him, letting go of inner conflicts, this time through his technique of psychodrama, led to catharsis and a transformational effect on the personality. In the same vein, the drama therapy that we conducted among the FGM survivors worked the same as Moreno's psychodrama technique. Through drama therapy, the girls mirrored themselves and eventually poured out their sorrows, anger, anguish, and disappointments of FGM and told us of their joy, desires and hopes of a better future and life beyond the rescue centres. The girls were able to talk about different aspects of their future like their education, career choices, marital hopes and their relationships with family and friends. Drama therapy, therefore, empowered the girls to talk and live their dreams of a better future. Most of the girls stated that they wanted to be teachers because of the immediate role models they have in their vicinity. At the rescue centres and even in their towns, teachers are the most common professionals, and are regarded with a very high esteem within the Maasai community. One of the girls stated that she wanted to help little children in her village to learn English when she grows up. She also hoped that when she completes her education, her father would still be proud of her for not accepting to get married early, which would have meant dropping out of school. Another girl wanted to be a lecturer in the university like the researcher so she can buy a big car. 25% of the girls wanted to be doctors, with one of the girls stating that she saw her brother's wife die when giving birth because they could not take her to the hospital which was far and there were no vehicles nearby. There were also barely any doctors in Maasailand and so the traditional birth attendants were the ones who were trying to help her sister-in-law in vain. She narrated how she saw her sister-in-law bleed to death, and thereafter the new born baby fell ill and died about two weeks later. Since that moment, she decided to work hard in order to go to University to be trained as a medical doctor. The three (3) girls who wanted to be journalists or reporters and the two (2) who wanted to be actresses and the other a musician stated so because of the joy of being seen on Television. They wanted to be popular and they also wanted to travel all over the world seeing things and talking to different people. They therefore believed thought that these kinds of careers would enable them get such opportunities. Another one cited that she wanted to be an actress so that she could get nice clothes like the actresses do. There were two girls who stated that they wanted to be community workers so that they could help girls escape from being circumcised, and from getting married early. One of the participants stated that she wanted to be an air hostess so that she could fly and she thought that they looked great on pictures. Only one girl wanted to be a flower farmer for the love of flowers. Flower farming is also quite popular around Kajiado in green houses and the girl had visited flower farm during class trip and she loved it.

Hence, drama therapy not only enables but also inspires participants' introspection and gives them the ability to overcome memories of traumatic experiences. Through the devices employed, the survivors were let into their own minds, explored the issues affecting them and then finally let them out. By isolating the nature of trauma, drama therapy helped the survivors manage their own conflicts and it empowered the survivors

to recognize, control and manage the conflicting issues in their minds. To this end, drama therapy made the survivors to recognize and distinguish their existent and non-existent behaviours, conflicts and emotional trauma leading to their “self-awareness”. In this process of self-awareness, the girls’ individual tasks are specified and externalized, resulting in their ability to recognize and correct their behaviours towards others. Hence, the application of drama therapy as a form of empowerment and individual education enabled the survivors search in their souls and recognize what was good for them and that which was not good. At the same time, it helped them make informed choices in their lives. Drama therapy was proved to be an essential tool towards the social empowerment of the survivors. It is worth noting that drama therapy was a very important tool in helping the FGM survivors to construct their *socialized personhoods*. During the therapy processes, the social abilities of the girls were influenced in one way leading to them constructing correct *optimistic characteristics* and *life philosophy*. The girls felt empowered and saw themselves as the determinants of their future lives. The fears that the girls had had regarding how society viewed them were dispelled. Further, through drama therapy, the survivors felt encouraged to face life and society confidently. Majority of them felt that they had a role to play in society regardless of their being seen as rebellious and betrayers of their own culture. Kauffman (2001) brought up three major points of having good social abilities, which are: an individual can keep a positive and optimistic relationship with the society, has good acceptance from peers and good adaptation to schools, and is able to adjust oneself to the environment easily. These aspects of the survivors’ lives and attitudes were captured in the Rosenberg Self Esteem Scales which was analysed using the chi square as shown below:

The degrees of freedom in the Chi Square analysis varied between 2 and 3, being that the Rosenberg Self Esteem Scale that was used was a four point likert scale. The significance values also reflected the positive impact of the drama therapy session on the girls. The significance values that range between 0.000 to 0.050 signify a more positive impact with the lower range indicating more impact. Those questions with significant values of 0.051 and above signify a lower impact in line with the survivors’ responses on the Rosenberg Self Esteem Scale. The cumulative analysis of pre-test and post-test of the Rosenberg Self Esteem Scale was divided into three sections: A. Attitudes towards self. B. Attitudes towards relationships and interactions with friends and C. Attitudes towards future and other relations:

**Table 1.3 SECTION A. Rosenberg Pre-test on Attitudes towards self.**

		0	1	2	3
		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I like most things about myself	17	3	4	0
2.	At times I think I am good, and I feel useful at times.	15	6	3	0
3.	I feel that I have a number of good qualities.	16	8	0	0
4.	I feel I do have much to be proud of.	20	4	0	0
5.	I take positive attitude towards myself	8	10	4	2
6.	I know I can cope with anything that comes my way.	1	19	3	1

**Table 1.4: SECTION A. Rosenberg Post-test on Attitudes towards self.**

		0	1	2	3
		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I like most things about myself	2	2	0	20
2.	At times I think I am good at all, and I feel useful at times.	0	1	2	21
3.	I feel that I have a number of good qualities.	0	3	5	16
4.	I feel I do have much to be proud of.	0	1	1	22
5.	I take positive attitude towards myself	0	0	2	22
6.	I know I can cope with anything that comes my way.	1	2	18	3

As shown in Table 1.4, the girls' attitudes towards their lives greatly improved. They started to find pride in their ability to be able to make a choice to be in school and not to be married off early in the community. Through the drama therapy sessions they were able to believe in their strengths for fighting for what they believed was right even if it meant defying their parents. The girls also felt that they were useful members of the

community and that was why some of them were now having free education courtesy of FAWE and AIC Girls Kajiado. These two institutions were taking care of their personal and basic needs, and were also providing them with a comfortable home to undertake their studies. The girls also felt proud of the fact that they were able to participate in the drama therapy sessions. One of the girls mentioned that she never believed that she could stand before an audience and perform or even speak in a place where there was a small crowd. Because of the drama therapy sessions, she felt that she could become a reporter; a profession she thought was just for the girls who go to school in Nairobi. During these sessions, the girls were encouraged to be anything they wanted to be and to say anything they wanted to say. In the process all their dreams came into light and the girls found wings and hopes to one day be able to contribute positively to the society. The most important aspect of the drama therapy session is that individual education among the survivors helped them to freely talk and teach their fellow participants. In this regard, the girls felt socially empowered. It is worth noting that the teaching plan involves “social adaptation”; thus, the researcher had to also sit back and be taught by the girls. The researcher also had her turn to teach the girls a jig here and there. In this regard, the girls’ self-esteem was not only improved but their relationships with friends or peers was also enhanced. This was clearly reflected in the Rosenberg Self-esteem Scale section B:

**Table 1.5 SECTION B.: Rosenberg Pre-test on Attitudes towards relationships and interactions with friends.**

		0	1	2	3
		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	On the whole, I get along well with others.	16	7	1	0
2.	I am able to do things as well as most other girls who have not undergone FGM	13	4	7	0
3.	I feel that I am a person of worth, at least on an equal plane with others.	12	9	3	0
4.	I feel respected by others.	18	2	4	0
5.	I feel like I make a useful contribution wherever I am.	8	10	4	2
6.	I can tell that I am a person my friends can rely on.	20	2	2	0
7.	I am proud of my ability to cope with being able to escape from the practice of FGM.	14	6	2	2
8.	I believe I can interact with	8	12	4	0

	anyone.				
9.	I feel that others listen to me when I talk or illustrate something to them.	17	3	3	1

**Table 1.6 SECTION B.: Rosenberg Post-test on Attitudes towards relationships and interactions with friends.**

		0	1	2	3
		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	On the whole, I get along well with others.	0	3	3	18
2.	I am able to do things as well as most other girls who have not undergone FGM	1	1	3	19
3.	I feel that I am a person of worth, at least on an equal plane with others.	0	3	1	20
4.	I feel respected by others.	1	1	12	10
5.	I feel like I make a useful contribution wherever I am.	0	3	19	2
6.	I can tell that I am a person my friends can rely on.	0	1	3	20
7.	I am proud of my ability to cope with being able to escape from the practise of FGM.	0	1	1	22
8.	I believe I can interact with anyone.	0	2	6	16
9.	I feel that others listen to me when I talk or illustrate something to them.	1	2	4	17

The assessment of the questionnaires indicates that the social abilities of the survivors had improved. During the interviews with the staff at AIC Girls Kajjado, the study found out that the survivors’ relationships with other peers was getting better after undergoing drama therapy. By the end of our fourth session we realized that the girls had begun to have more confidence in themselves and they felt that their lives in the rescue centres had become happier. Finally, during the interviews with the teachers through to the end of the drama therapy sessions, most of them had noted that after undergoing the therapy sessions, the girls’ social skills had improved greatly. This was even noticeable in



their participation in class. The findings show that most of the girls’ had low self-esteem, poor attitude towards interacting with friends or anybody, and were not enthusiastic about life after going through the FGM ordeal. This formed this studies’ entry point as we aimed at re-correcting their general attitude towards life and raise their self-esteem. After ascertaining this, we embarked on drama therapy with a view of empowering them. Drama therapy uses acting activities as the major skill. It regards social interaction as “playing” and those scenes and stages which are constructed for dramas helps individuals eliminate all sorts of interruptions by combining all kinds of conditions and trying to form a new balanced condition for the individual. In this way, the survivors of FGM socialized with each other, acted out roles and shared with one another. The researcher chose to apply drama therapy skills to enhance the social abilities of the FGM survivors in the rescue centres as a form of social empowerment. Drama Therapy Skills also enabled the FGM survivors to see recognition in society. Not only did the drama therapy processes improve the social abilities of the girls but also their sense of recognition. For instance, most of the girls demonstrated their willingness to participate in drama therapy exercises, in that they attended most if not all of the sessions, and they willingly participated in the sessions by sharing their stories. Although some of the girls were more talkative than others out of their nature, some of the girls who were more quiet in their nature, also contributed the little they could in talking, and in whole in the physical activities. The recognition and confidence of the girls could also be noted in that at times, the girls would lead the researcher in some of the activities such as games, music and dance. Despite being an obstacle to the willingness for the girls to talk freely, the teachers also wanted to participate in the drama therapy sessions. After consultations with the researchers, the teachers understood that their presence was an inhibition to the performance and the openness of the girls. Not because of fear of the teachers but more because of the larger African traditional value of respect for elders in that children are not allowed to speak around elders. It was also notable that the self-esteem of the girls improved over time. As we had more sessions it was noted that the girls were willing and freer to talk about sensitive issues in their lives, regarding FGM, sex and relationships, unlike before. The girls overall confidence with other relations outside their peers, and their hopes for a better life, greatly improved.

**Table 1.7 SECTION C.: Rosenberg Pre-test on Attitudes towards future and other relations**

		0	1	2	3
		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I feel good about my studies at school	0	0	4	20
2.	I am confident that I will be a great person in	10	9	5	0

	society in future.				
3..	When I feel uncomfortable at home, in the presence of my parents or peers, I know how to handle it.	19	5	0	0
4.	I feel that I have a good future and a great career ahead of me.	10	9	5	0
5.	I believe I will get a man to marry me when I complete my education.	0	0	0	24
6.	I believe God loves me.	0	0	0	24

Most of the girls indicated that they were now more confident - that they were in a better position to speak and defend themselves without violence or creating conflicts when confronted about different issues at home or at school, unlike before when they could feel uncomfortable when confronted by their parents or by their peers. This the girls attributed to the fact that they felt that the other uncircumcised girls and them are no different in terms of their abilities to perform well given equal chances. They stated that education gives them hope and thus they feel they are in a better position than their peers who dropped out of school to get married. They stated that because of the rescue centre, they felt that they had a place to call home and to be able to relive their dreams like all girls who have the same opportunities. One of the girls cited that if she was to be confronted by her peers because of her decision to get circumcised late way after her peers, she would flaunt to them that she is ahead of them in class and that she has a better future, than they (the peers) who some, had already dropped out of school because of early marriages or lack of interest in education resulting to poor grades. Through drama therapy, most of the girls felt that they could easily adapt into the lives outside the rescue centres once they attain their education. They also pointed out that they not only hoped to live in harmony with their parents, brothers, sisters and other relatives but had also forgiven them and are willing to embrace them. It is evident from this observation that if we can train ourselves to control our behaviours more effectively, we will be content with our expectation to lives more. Goffman (1972) presented a theory called dramaturgical theory which uses drama acting as a metaphor of social interaction. In the process of doing drama acting, every individual has to perform one's own play. The perspective of the dramaturgic theory is that an individual has a good interaction with the society, depends on the image playing ability of the counterpart, adjusts one's performance appropriately and derives recognition and appreciation from others. This observation was at the very core of the drama therapy processes that we conducted among the survivors of FGM.

Our aim was to not only help the girls open up and talk but also give them the feasibility of integrating peacefully and harmoniously with their siblings and immediate society.

### 10. Empowerment through Improved Self Esteem

The study emphasized on the social empowerment forms like: enabling the girls to find their own voice, to interact freely and to be able to express their needs and hopes without fear of discrimination or fear of failure. The study also took advantage of the rescue centre to be an important aspect of drama therapy in terms of the physical space that we needed to be able to express ourselves. Every time before conducting the Drama Therapy, rehearsals and stage construction were done. The participants felt that the room was their space to explore themselves, to be free from the world and to talk their minds and dance with each other. It was like a venting room with more joy and calm. The centre offered the girls a safe haven and a shelter in accepting this therapy, thus allowing them to perform the role playing. The role playing made them empathize with themselves to the re-enacted circumstances, therefore helping them depart from the environment that brought them negative appraisements. We purposed to conduct drama therapy among survivors of FGM in order to raise the survivors' self-esteem, confidence and trust. The survivors' confidence had to be enhanced, which in turn lead to trust among the participants and thereafter, their self-esteem also grew as they found meaning in each other's lives. The three aspects are intertwined in that without trust, lack of confidence comes up again and thereafter, self-esteem reduces. This is so because the girls offer support to each other. These three are not only crucial for the drama therapy process but also for the interaction of the participants and all persons in social life. Generally, it is not easy to trust people we do not interact with. It takes **confidence** to start a conversation, an interaction and a relationship. This further grows into **trust** as the relationship progresses, and once there is trust, someone's **self-esteem** grows. People with more supportive and understanding friends usually have more self-esteem because of the support they get from each other. It was for this reason that the study found it important to help develop the girls' confidence, trust and self-esteem, so as to be able to help them find their voices. Thus free themselves from whatever inhibitions they may have had in the past. The three aspects are interlinked as shown below:

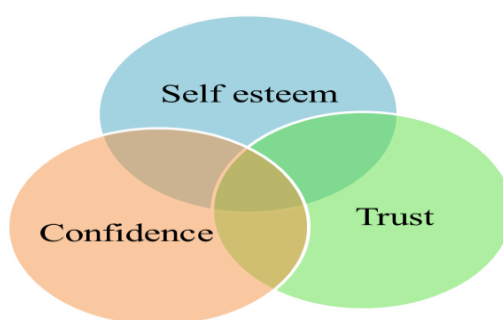


Figure 1.9 Interlink of drama therapy aspects.

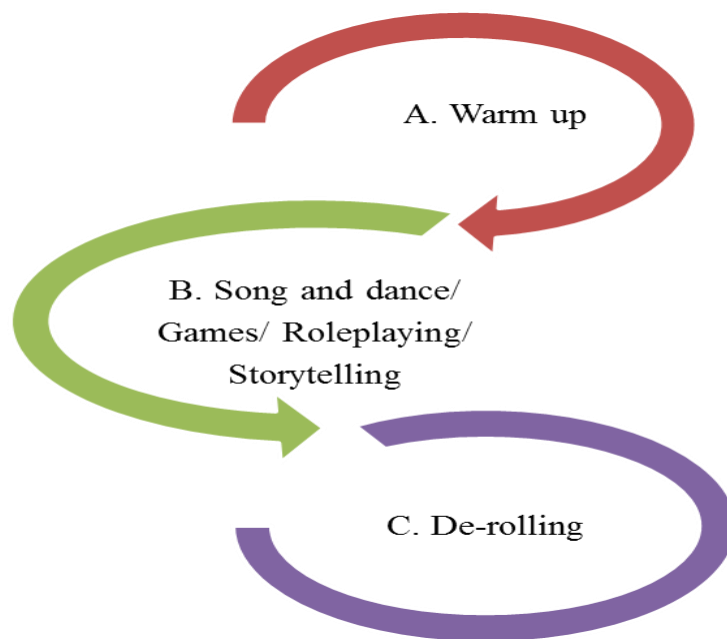
It was conceived that realizing the three aspects will form the initial empowerment of the FGM survivors. Drama therapy as a form of social empowerment was used as a means to enhance social interactions between individual survivors rather than concentrating on mental phenomena within the survivors of FGM. Initially, we conceived of the drama therapy activities as an exploration of the individual survivors' intrapsychic life. However, after conducting therapy activities such as the game of sharing, it was clearly evident that the girls realized the need to develop confidence, and trust in others. In this way, the girls realized the need to exist cohesively together as a unit regardless of the challenges that they had faced. In order to achieve the targeted social empowerment aspects of trust, confidence and a higher self-esteem, the researcher developed the drama therapy activities which were to be conducted as indicated below:



**Figure 1.9.1 Drama therapy activities**

In a normal drama therapy setting, the activities do not have to be conducted in any sequence. This is because on some occasions, one activity overtakes another and therefore as a drama therapist, one has to let the participants freely move from one stage of activity to another in a voluntary and enthusiastic way so as to get the most from their open and free discussions. For instance, there were times that the group danced during the whole session and were not able to undertake any role plays. Hence, we ended up just having the storytelling session only. This was an open chat about anything that came up like the way the girls felt about their studies at school and whether they missed home. Most of the girls were enthusiastic about school for that was the biggest sign of hope they had, as the value of education is advocated at the rescue centre. Three of the girls talked about how they miss home since for them during school holidays they stayed at the rescue centre. They were not able to go home because of fear of marriage, and as a result they are not able to see their sisters or brothers. One of the girls cited that she had not gone to her home for three years and her mother visits her at the rescue centre every holiday. She stated that her mother comes alone for the fear of the father who had disowned her from the family. Being an only girl, she was seen as the hope and the redeemer of the

family. However, since she refused to get married, her father decided to disown her for the embarrassment she caused him by going to the Chief to rescue her when she heard that arrangements for her marriage were underway. The rescue centre was therefore home to the girls, at the same time it was school. When school was open, they lived in the dormitories, and when the school closed, they stayed in the Hostel constructed for them by FAWE within the school compound. AIC Girls Kajiado Primary School was, indeed, their home for now until they completed their education. The sequence of any typical drama therapy session should however be systematic so as to get the most from the participants. Despite the fact that the participants might be involved in one activity more than the other in any particular session, there has to be a systematic way of conducting every session. If the process is left too open without guidance, then there may be lack of focus and direction and therefore very limited results. The researcher, therefore, recommends the flow of activities for every session to be as indicated in the diagram below:

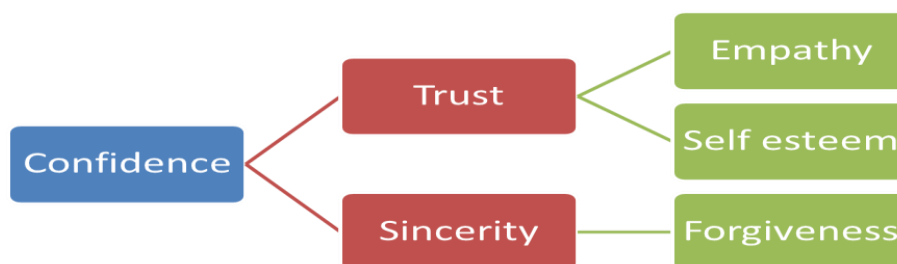


**Figure 1.9.2 Drama Therapy Flow of Activities**

As shown above, every session must begin with a warm up activity. This is where we can have the greetings, introduction and getting to know about each other's expectations. In the warm up, we also get to have imagination exercises, creativity and cooperation exercises and sometimes even a few aerobics. We can use games or songs and dances in the warm up. However, every warm-up should provide a prelude to the activities of the session. In section B of Figure 4.4, the therapist can use one or all of the activities shown. This will depend largely on the available time, the enthusiasm of the participants and the general flow of activities. It is important to understand that in this section, there is no

typical order in which all those activities must take place. This varies from group to group, circumstances prevailing and the mood of the participants on each particular day of the session, or other related factors like the presence of new therapists, teachers, or new participants to whom the regular participants are not familiar. Take into note that for any sustainable, progressive therapy to take place, there must be trust and, as was stated in the earlier pages, trust takes time, depending on the confidence and the relationships that have been developed over time. The result of the social assessment skills that this study conducted showed positive statistics. For instance, focused group discussions conducted after the therapy sessions showed the girls willingness to forgive their parents and peers and to embrace their siblings and relatives. Further, the girls showed their ability to make future choices without coercion and intimidation and their willingness to integrate and serve society in various respects. Drama therapy also involved the art of storytelling. The storytelling activity acted as journey to self-discovery as the girls told their versions of the FGM ordeal. The stories could be described as lying in the fantasy/adventure genre. The duty of the researcher, at its most basic, consisted of retelling the story for affirmation and then asking the listeners some questions about the story. The therapeutic process lay in the relationship between the purpose-built story (ies), the guided questions and the interaction between the participants. Through this, the girls were able to see the commonalities that they shared and the need to forge ahead as a group. In the story telling processes, the researcher did not invite or require much self-disclosure from the girls and did not attempt to clarify the problems a particular person was having. Instead, she only attempted to universalise the idea that everyone has challenges and problems and that this is what everyone's life is all about. The therapeutic effectiveness lay in the storyteller's delivery of the story. As the girls told their stories in turns, the stories drew the attention of the participants as they sought to hear it in an altered state of consciousness; something called "listening to learn" in drama therapy. When the listeners 'enter' the process, they make their own mind pictures and internally 'interact' with those images. This means that while the story is about the journey everyone takes to growing up and forming identity, the process is individualised because the action is mostly internal. So, while the stories offer models for overcoming the problems of life, when the FGM survivors responded and changed their attitudes and behaviour towards each other and society as a whole, it is not because they were told to, but because they simply chose to. Through the activities administered with the survivors, it emerged that drama therapy is an important social empowerment tool since a number of virtues were realized. These virtues are interrelated to the three aspects of empowerment that were discussed earlier: confidence, trust and self-esteem. The virtues were realized at intervals in every activity as shown in the Figure below:





**Figure 1.9.3 Virtues realized from Drama Therapy Activities**

It is important to note that each of these virtues were realized after every activity. For instance, during the warm up sessions, the first drama therapy activity administered to the survivors during each session, expressed teamwork and cooperation and creativity which yielded the virtue of **confidence**- the ability to be able to participate, speak and share without fear of humiliation, or harassment. As the sessions went on and as the girls worked together in more sessions, they developed the virtue of **Trust** - dependency and conviction that someone else believes in you, does not doubt you and hopes for the best in you; and **Sincerity** – genuineness, honesty and openness of oneself to others. The end result of the subsequent drama therapy sessions was **empathy** - to put oneself in the role of another, to share the pains and joys and experiences as though they were your own; and **forgiveness** – to let go of past hurts, pains, conflicts and sorrows that one had undergone in their past. Most important of all, the participants participation in dramatherapy yielded a higher **self esteem** – pride in oneself and belief that one has better future and is an important and respected person in society, and further belief that one has the ability to contribute positively to the society. Findings from this study indicate that the girls’ general dispositions improved greatly after undergoing drama therapy. Even the social abilities of the girls seemed to have improved.

## 11.0 Conclusion

This paper looked at the ways in which dramatherapy techniques were useful in enabling the girls to open up, recover their personality, share their experiences and empower them. We have been able to come up with illustrations of the drama therapy flow of activities, a summary of the virtues realized from the same and how one virtue builds into another, and then leads to the empowerment of the survivors.

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