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STORIES TO BE TOLD

Stories to be Told: A Literature Review of Therapeutic Performance Theatre and Historic

Trauma in Ireland

Capstone Thesis

Lesley University

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Specialization: Drama Therapy

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Abstract

As research regarding the effects of trauma has expanded, particularly the effects of intergenerational trauma and historic trauma, there has been growing examples as to how drama therapy can be used to help individuals and groups address and start healing from the effects of such traumas (Volkas, 2009; Sajnani, 2009). A component of drama therapy is autobiographical performance theatre, and is defined as a form of therapeutic theatre that specifically draws on an individual's story to create an original performance piece. This paper will examine the use of autobiographical performance theatre and how it can be a helpful intervention to address historic trauma in Southern Ireland. The aforementioned interventions demonstrated that autobiographical performance has potential to be an effective intervention regarding addressing historic trauma through the act of having the client having autonomy over how the story is presented and told. This paper closes with examining how autobiographical performance can be an effective intervention regarding historic trauma related to the Potato Famine and the Magdalene Laundries.

Keywords: autobiographical performance theatre, potato famine, Magdalene laundries

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Introduction

Inspired by a longstanding passion for this topic that started with a trip to Ireland, and a growing personal research interest into learning about Ireland's current social issues, the author wished to continue to expand her knowledge base in various related areas. To accomplish this, the author first enrolled into Lesley University's drama therapy program in order to combine her passion for acting, drama therapy, and therapeutic performance. With the interest in Irish history and social issues in mind, the author wished to take her growing knowledge base of therapeutic performance, and apply its clinical utility to historic trauma, Irish history, and Irish social topics. The goal of this thesis is to use the existing research about historic trauma and therapeutic performance to explain how autobiographical performance theatre can be a helpful intervention to address the effects of historic trauma in Southern Ireland.

According to Jones (2007), drama and theatre have a unique ability to create change in peoples' lives, whether it is on an individual or a collective level. In addition, theatre used to address political and social issues can help bring about change not only for the performers but for the audience as well. Examples of this being used in a variety of countries and groups are theatre troupes such as the Women's Theatre Group, Gay Sweatshop and Black Theatre of Brixton and Temba. Boal's Theatre of the Oppressed methods are used specifically to create change, such as individual and collective change (Jones, 2007). These mentioned examples demonstrate how theatre can be a useful intervention for bringing collective change, which can give insight into how theatre can also be useful in addressing historic trauma.

Research on the effects of historical traumas, such as the Holocaust (Yehuda et al., 2001) and the genocide and cultural loss of Indigenous Peoples (Pearce et al., 2008; Whitbeck, et al.,

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2009) on future generations demonstrates varied psychological effects. An example of this are the generational effects the offspring of those who are members of a group who have faced trauma, even if they didn't live through the trauma in question. In Ireland, historical traumas include, but are not limited to the Great Famine (Osbourne-McKnight, 2015), and the Magdalene Laundries (Smith, 2007). Additionally, the Potato Famine can be considered an event that, while originally brought on by environmental circumstances, was made worse by the lack of government action to help the victims (Powderly, 2019). The Magdalene Laundries, on the other hand, is an event characterized by the fact that the survivors are still seeking acknowledgment and validation of their experiences (Smith, 2007). In the following sections, there will be a focus on reviewing the existing literature about intergenerational and historic trauma, as well as what is known about drama therapy and therapeutic performance. In terms of Irish history, this literature review will focus on past invasions, England's growing control of Ireland, the Potato Famine, and the Magdalene Laundries.

Literature Review

This section will cover the current research about the psychological effects of historic and intergenerational trauma, specifically with Indigenous Peoples and Holocaust survivors. The effects of these broad definitions of trauma will be connected to Irish historical trauma. Next, current research for trauma-informed treatment for historic trauma, the application of autobiographical performance theatre to Irish history, and drama therapy and its benefits are discussed. This section will conclude with how these events currently affect Irish people today, and how autobiographical performance theatre could be applied to work with both descendants and survivors of the Potato Famine and Magdalene Laundries.

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Historic Trauma and Its Effects

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) defined trauma as the result of experiencing an event, series of events, or set of circumstances that is physically or emotionally harmful or life threatening and has lasting effects on an individual's functioning and well-being. Survivors of trauma can experience a variety of symptoms that are not just emotional but physical as well. These symptoms can include anxiety, disassociation/numbing, difficulty regulating emotions, muscle tension from hyperarousal and sleep problems (SAMHSA, 2014). Trauma can be broken down into historic trauma, collective trauma, and intergenerational trauma, each of which will be explained below.

Historic trauma is defined as a collective form of trauma that a group of people who share an identity, connection or circumstance experience over time and generations (Brave Heart & DeBruyn, 1998). Collective trauma is defined as a psychological reaction to a traumatic event that happened to a group of people. Though it is not always an historic event, the collective memory of the event continues on beyond the survivors of the original event (Volkan, 1997). Finally, intergenerational trauma is defined as trauma that has been experienced by one generation, and how it goes on to affect the health and well-being of future generations afterwards (Sangalang & Vang, 2016). While research about the effects of collective and intergenerational trauma is included in this literature review, the main focus will be on the effects of historic trauma.

Research shows that the psychological effects of collective and historic loss, oppression and marginalization do not go away with time, but continue to affect future generations. Korn & Griffin (2002) explained that when an individual experiences a stress response continuously

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without the ability to change the outcome, they start to experience feelings such as despair and rage which leads to self-harming behaviors to avoid the collective pain (Korn & Griffin, 1997). Further, when an individual feels helpless to change their current situation, they believe that there is no future and this belief can spread beyond the individual and spill into the community. This can eventually lead to behaviors that affect the community as a whole, such as acts of violence (Korn & Griffin, 1997). There have been a variety of studies that have shown the effects of historic trauma and intergenerational trauma amongst differently affected groups. According to a study on generational trauma and Holocaust survivors, Yehuda et al. (2001) found that adult children of Holocaust survivors self-reported significantly more levels of childhood trauma compared to the demographically similar comparison sample group. The authors found that this was mainly an effect related to the parents' PTSD (Yehuda et al., 2001).

Other marginalized groups throughout history have been affected by historic trauma as well, even though their stories may not be as well known. According to Pearce et al. (2008), Canadian Indigenous Peoples with a family history of having children forcibly removed from their families and forced into boarding schools is correlated with susceptibility to sexual violence, substance use, and symptoms of depression, which include thoughts of and attempted suicide (Pearce et al., 2008). It has also been found that Canadian Indigenous Peoples have a four times higher rate of suicide compared to non-Indigenous Peoples (Health Canada, 2003).

A study by Whitbeck et al. (2009) focused on the longitudinal effect of Historical Loss and depressive symptoms on Indigenous adolescents. The participants were members of Indigenous Peoples of Northern Midwest and Canadian First Nations. The study found that while adolescents were as likely to think about historic as their adult caregivers, they were more likely to report not thinking about these losses. Results of the study found that while the adolescents

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reported lower levels of depressive symptoms, the experience of historic loss put them at a greater risk of depressive symptoms (Whitbeck et al., 2009). According to Mitchel & Maracle (2005), historical trauma should be considered in diagnosis and treatment, and regarding depression and suicide prevention, the treatment should address the effects of intergenerational trauma as well as unresolved grief amongst young Indigenous Peoples to be effective.

Trauma-Informed Treatment for Historic Trauma

Van Der Kolk (2014) stated that in order for an individual to start taking back control of themselves, particularly their emotions and their life after a traumatic event, the trauma should be revisited in a safe environment. Before that, though, the individual must find ways to cope and re-regulate themselves when experiencing the physical sensations and emotions linked to the trauma (Van Der Kolk, 2014). Abrams (1999) stated that, when working with families who struggle with intergenerational trauma, therapists should utilize interventions that open a dialogue about the trauma, which can be achieved through facilitating communication between the older and younger generations. In addition, when repressed/denied trauma is brought into consideration, it not only helps heal the intergenerational trauma, but also helps improve the well-being of the individuals and their families (Abrams, 1999).

Regarding current trauma-informed treatment towards historic trauma, Mitchell & Maracle (2005) stated that most health programs are disease-centric in their treatment approach rather than providing a holistic approach that integrates the client's emotional, cultural, mental and spiritual health. The authors suggested that treatment should look at trauma through a lens that acknowledges socio- historical trauma, as well as look at trauma as a response to life experiences and environmental stressors. The authors focused on applying this model to

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Indigenous Peoples and the importance of culture, community and traditional healing practices that has been lost over times in treatment. This can be approached through the following characteristics of treatment: (1) the mind remembering and coming to terms with the experiences that have led to the trauma response, (2) the body learning to cope with the physical stress responses, (3) re-establishing relationships and maintaining social connections to heal the emotions, and (4) recognizing that culture and spirituality are important to heal the wounds for Indigenous Peoples (Mitchell & Maracle, 2005). While authors focused on Indigenous Peoples in the article, these guidelines still provide a framework to approach trauma not only individually but also collectively. Therefore, this can be adapted to work with different populations, cultures and histories.

Drama Therapy

Drama therapy is defined as “the intentional and systematic use of drama/theatre processes to achieve psychological growth and change” (Emunah, 1994, p. 3). It is also described as an “active and creative form of psychotherapy that engages the person’s strengths and potentialities, accesses and embraces the person’s buried woundedness, and enables the practice and rehearsal of new life stances” (Emunah, 1994, p. 31). This form of psychotherapy and healing for the clients can be achieved through the use of the following techniques: (1) the use of roles/characters to explore life experiences, (2) the use of toys to play out feelings, relationships and experiences, (3) masking, mime and costume to explore self, image and relationships, (4) scripts, stories and myths to play with and explore themes through an archetypal lens, (5)

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dramatic rituals created to work through life experiences, and (6) the use of developmental stages in drama to help one create new ways of relating to themselves and others (Jones, 2007).

It is also important to point out that Jones (2007) stated that throughout hundreds of years, there has been a belief that theatre is essential for healthy individuals and societies. So, through theatre, a connection can be made between the unconscious and the emotions an individual feels. It also engages with the human need to be playful and creative, and encourages people to come together through theatre, which has both social and psychological importance (Jones, 2007). Equally as important as engaging with the creative and connecting aspect of theatre is how a drama therapist approaches their work with clients.

According to Emunah (1994), each drama therapist has their own style and approach, and will tailor their treatment based on their background. The process of finding a particular style starts with the establishment of a safe and playful space to lay a stable foundation for clients. Emunah (1994) described this as Phase One of the process, where the individuals develop trust in themselves, others and the therapist. In addition, the individuals are encouraged to participate in activities to build spontaneity so they can practice acting in the present moment based on their own desires. While some drama therapists may vary regarding how much structure they have in their sessions, Emunah (1994) argued that more structure in the beginning of the process helps ease the client's anxiety. Over time, the client's decreases in their resistance can allow the structure of sessions to decrease. At the end of the session, closure is a way to help the individuals transition out of the play-space and into the outside world, taking the revelations and lessons they have learned with them. Often, this is a ritualistic way to reflect and keep the sense of community that has been built in the group during the session (Emunah, 1994).

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Drama Therapy, Trauma and the Collective

An example of a therapeutic approach to address collective struggles is through the use of ethnotherapy, which is a therapeutic approach, not specifically drama therapy, that aims to help change negative perceptions about ethnicity/race through group interaction and self-exploration (Cobbs, 1972). An example of this in action comes from Klein (1980), who wrote about the use of ethnotherapy with those who identify as Jewish. It was found that ethnotherapy helped the participants form a more positive view of themselves and build a stronger social connection with other Jews. Since the participants were members of the same ethnic background, it was found that they were able to explore negative feelings, stereotypes and socio-historic experiences effectively within a group context. Though this, they were able to gain self-acceptance of their identity and not feel alone in their experiences (Klein, 1980).

Another relevant example comes from Volkas (2009) and the use of a technique called “Healing the Wounds of History,” which involved using drama therapy to work with two different cultural groups that have a history of conflict and historical trauma. “Healing the Wounds of History” started with working with children of Holocaust survivors and Nazis, and transitioned into working with Israelis and Palestinians, Armenians and Turks and Japanese, Chinese and Koreans. It eventually evolved into having workshops focusing on a particular traumatic moment in history, and explored historical trauma with the groups. The goals of this process are to (1) help clients unpack the collective stories they have been carrying and integrate them in an innovative way (2) encourage conflict resolution and communication (3) feel the personal and collective grief and mourning (4) create a culture of empathy, and (5) create meaning out of the suffering (Volkas, 2009).

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Autobiographical Performance Theatre

Typically directed by a drama therapist, therapeutic theatre is the use of performance by a specific group of people that focuses on a specific theme, but is always based on real life (Emunah, 2015). One branch of therapeutic theatre is autobiographical performance, which is defined as a therapeutic performance that is developed overtime, is based on personal material, and is performed for an audience (Pendzik, 2013). For the purposes of this paper, the author will be focusing on autobiographical performance theatre.

According to Heddon (2008), autobiographical performance can be used as a way to explore and question the relationship between the individual and the political culture, which will allow them to unpack the experiences that have built the self. Along with that, Heddon (2008) stated that “the autobiographical and the political are interconnected. Who speaks? What is spoken? What sorts of lives are represented, contested, imagined?” (p. 20). Through the act of autobiographical performance, the actor embodies their experiences and is witnessed and validated by the audience. Additionally, when doing therapeutic theatre with groups, it allows for general themes and problems to be explored (Bailey, 2009). Overall, when working with trauma, the goal of the performance is not to dwell on the past, but rather to find ways to delve further into healing from it. The following steps are taken to ensure the clients can work with the material in a way that feels safe.

First, a safe space must be created in order to hold space for working with traumatic experiences. Second, emphasis must be placed on building a supportive community amongst the actors. Third, the traumatic material must be provided in distanced ways so that it can be slowly introduced, and fourth, examine the client’s somatic responses in a mindful way (Emunah,

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Raucher, & Ramirez-Hernandez, 2014). According to Rubin (2016), the director's role is also important here because it means that they are the first witness, which can mirror attachments an individual has from childhood. Furthermore, the support and attunement developed between the director and the performer can create a space that is safe enough to help the individual "step out of shame," and step into their true self (Rubin, 2016, p. 123). Rubin (2016) also stated that the audience plays an important role as witnesses which can help draw the client and their story out of isolation and into the community.

According to Emunah et al. (2014), just as some individuals carry shame, denial and family secrets as a result of intergenerational trauma, groups with a history of historical oppression as a result of their identities carry collective traumas. In order to further observe the healing benefits of autobiographical theatre, Emunah et al. (2014) distributed a survey to 105 alumni and graduating students of a masters-level drama therapy program. The questions focused on students' experiences with self-revelatory performance within their program. Forty-three usable responses were received, and 64% reported that their performances addressed trauma.

An example of one of the questions was "have you experienced that any aspect of the self-revelatory process/performance led to relief or mitigation of the issues stemming from the trauma(s) addressed in your piece?" (p.112); 36% reported that they experienced significant relief/mitigation. Another question that was asked "to what extent did your self-revelatory [performance] address historical legacies, sociocultural or intergenerational dimensions of trauma?" (p.117). In all three branches, 36% reported that these dimensions of trauma were addressed indirectly, and 20% reported that their piece addressed historical legacies and intergenerational trauma. The survey also found that the following facets of the self-revelatory process were the most significant to the participants: performing the piece in front of an audience

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of empathetic witnesses (91%), the overall creation of the piece to work through issues (74%), and the use of drama therapy methods in the final piece to work through issues (70%) (Emunah, et al., 2014). This survey shows that while performing theatrical piece is seen as the most significant part of the process, the overall creation of the piece and the use of drama therapy methods during the production are just as therapeutic and beneficial.

In an article written by Carter (2010), she recalls her experience with autobiographical theatre and how it was helpful to process her experiences as a teacher, as well as provide a space for other teachers to share their own experiences. Carter (2010) stated that, while writing the characters and scripts initially gave her permission to explore the different roles in her life, it eventually expanded into understanding her work in an artistic way. One of the examples used is when the author discusses the process of writing the fictional character “Rose.” It is later revealed that writing this character allowed the author to explore her own experiences when she was a new teacher. Carter (2010) continued to say that she also reached out to other teachers to create their own monologues. Here, not only did they report enjoying the exercise, they also revealed similar struggles, such as self-doubt and feeling overwhelmed. This article demonstrates how an autobiographical performance can be a tool to process a client’s experiences and how the work can progress overtime. The next study will utilize autobiographical performance in a similar way, but with veterans.

Another study was conducted by Tuval-Mashiach et al. (2018), in which the authors looked into performance as therapy, but through the lens of film-making. The researchers interviewed 50 veterans, 40 of whom were men, who were finishing a film production workshop about veterans coping with their service-related trauma. This film production workshop is part of an ongoing project where veterans are invited to either create a short film about a topic important

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to them, or about a challenging part of coping with their PTSD. Those who are experienced in making and editing films are there to help with the technical part of the process, and a mental health professional is there to oversee the process. After the film making process, participants were asked a series of questions in a post-production interview conducted by the researchers. The questions asked in the interviews were meant to gain insight into what the participants found meaningful during the production. The interviews found the following overlapping themes: the participants regaining a sense of agency and affiliation, and that this experience allowed them to process their trauma (Tuval-Mashiach et al., 2018). This study showcases another way that autobiographical performance can be applied, both regarding with veterans and through the medium of film-making. The following article will describe how the use of theatre can be applied towards healing from collective and historic trauma.

Sajnani (2009) wrote about Augusto Boal's work regarding theatre and the collective, primarily focusing on Theatre of the Oppressed, which analyzes ways groups of people are affected by the social, economic and political systems, and the internal or external challenges these groups may face (Sajnani, 2009). This allows for an examining of systems of power, the collective trauma and its effects on the well-being of the individual and community (Sajnani, 2009). Additionally, there are no spectators to the performance. Instead, there are active observers, and within the performance, these active observers are transitioned into the space to play with alternatives to the recurring problem presented in the performance (Sajnani, 2009). The end of the performance isn't meant to have an idealistic ending, but rather help create and support ways for the collective to speak up and act. Here, individuals and communities are encouraged to overcome fear, and become aware of possible opportunities to respond to real and perceived challenges and oppression (Sajnani, 2009). Where autobiographical performance can

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fit in is that the performance can be healing for both the actors and the audience; both parties report feeling seen. The experience helps those performing the piece to be attuned to themselves both physically and psychologically, and in that, can feel seen and empowered (Harnden, 2014).

Ethical Considerations

Emunah (1994) warned that autobiographical performance can become self-indulgent, and that an ethical performance is done to expand the actor's experience into something universal so that the meaning and message can be translated to the audience. Along with that, the clients also need to have some level of therapeutic insight into what they are performing to assure an emotionally-safe production for the actor and the audience (Emunah, 1994). In addition, the drama therapist and the clients need to find what is called "aesthetic distance," where the actor can be connected to their body and emotions without being overwhelmed or distant with their experience (Bailey, 2009, p. 378-379).

Drama therapists are also required to adhere to the ethical guidelines provided by the North American Drama Therapy Association. These guidelines state that the drama therapist is to maintain the clients' dignity and rights, and limit their practice and services to what aligns with their professional experience, education and credentials. It is also the drama therapist's responsibility to make sure the clients are informed about the risks, as well as benefits, of therapy so that the clients can make an informed decision about whether or not to participate. Along with this, the drama therapist must use developmentally and culturally appropriate language to make sure the client understands what they are consenting to (NADTA, n.d.).

Irish Trauma

Invasions and British Control

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To further understand the dynamics and importance of the Potato Famine and the Magdalene Laundries in relation to historic/collective trauma, it is worthwhile to look at Ireland's past history of victimization as a result of invasion and England's growing control of Ireland. According to Osbourne-McKnight (2015), the Vikings started to invade Ireland in the late 18th century. For a long time, this consisted of raiding both objects and people from the monasteries along the coast and taking them back to Norway. Overtime, the Vikings started attacking more inland, and eventually settled and founded some towns that are still around in present day, Dublin and Limerick. Over the years, they traded, fought with and against the Irish chiefs, and ran a massive slave market in Dublin. Later on, Danish Vikings started attacking Ireland for over 200 years as they founded their own cities (Osbourne-McKnight, 2015).

During the Tudor years (1485-1603), King Henry VIII made efforts to control the Catholic Church in Ireland by requiring them to swear loyalty to him as the head of the Church. When they did not declare loyalty to him, though, he dissolved all the monasteries and convents, making the clergy homeless fugitives (Osbourne-McKnight, 2015). King Henry VIII then declared himself the Lord of Ireland in 1541, and then launched an attack on the Irish to make them kneel to him. After King Henry VIII's death and the death of his son, Henry's daughter, Queen Mary, began her reign, in which she created the first "successful British plantation in Ireland" (Osbourne-McKnight, 2015, p. 155). She accomplished this by taking away land from prominent Irish clans, and placing British settlers on the conquered land. The Irish people who were displaced during this could either depart, die or work for the settlers who had taken their land (Osbourne-McKnight, 2015). This pattern of having the Irish be at the mercy of others parallels the dynamics before and during the next event in Irish history that will be discussed, the Potato Famine.

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Potato Famine

Osbourne-McKnight (2015) described the Potato Famine as “not a famine of potatoes. It was a famine of compassion, a famine of common sense, a famine of prompt response, and it nearly eliminated the Irish from the face of the earth” (p. 172). Despite its devastation, the famine is viewed as a polarizing subject, even in the present day (Osbourne-McKnight, 2015).

By 1845, the Irish farmers lived in small cottages on tiny plots on their landlords’ estate. On this land, the farmers raised animals and grew a variety of crops for their landlords; the produce and money these brought in was exported to England. In addition, the farmers had to pay rent to their landlord twice a year, and a failure to pay was known to result in eviction (Osbourne-McKnight, 2015). The farmers earned little money, if any, and had a limited diet that primarily consisted of potatoes. Osbourne-McKnight (2015) stated that “less than a half-acre of potatoes could feed a family of five for a year” (p. 174). In 1845, the potato crop became infected with a disease that made the potatoes turn black with a sickening smell. At the time, no one knew how this disease spread to the Irish potato crops but modern researchers have found that it spread through wind and water. When this happened, the only food system in place had no back-up plans or alternatives (Osbourne-McKnight, 2015).

In 1845, the British prime minister at the time imported large amounts of maize (corn), and while it was seen as an emergency food source, little was available to the people who needed it. It was kept in government warehouses to maintain economic control over the local Irish grain merchants who were forced to sell their grains at low prices (Lawrence, 1996). In addition, England operated under Corn Laws at the time, meaning that England did not import cheap grain to Ireland from any foreign market because it would negatively impact the local grain prices due

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to all imported grains being highly taxed. If British Parliament repealed these Corn Laws, though, it would have been possible to send cheap grain to Ireland to feed the population during the famine (Osbourne-McKnight, 2015).

In an attempt to feed themselves and pay their rent, the Irish started selling their belongings and farm animals. Since the landlords were responsible for their rent and their tenants, it was cheaper to evict them, and replace the homes with pastures for their sheep and cattle (Osbourne-McKnight, 2015). By 1847, England had passed a clause that stated that any tenant who owned more than a quarter acre of land was to receive no government relief. This resulted in these families having to give up their homes in order to find food, a workhouse or a hospital, and more landlords were able to reclaim the land for their own pastures (Osbourne-McKnight, 2015).

Before the famine, there were 130 workhouses built throughout Ireland. Families were only allowed entry, however, if they had proof that they had no land or home. The British wanted them to be as unappealing as possible, though, to deter the Irish poor from relying on this support unless absolutely necessary (Lawrence, 1996). While these facilities provided food, shelter and work for the Irish poor, families were separated into different wards, and the crowded conditions became a breeding ground for a number of diseases. No one was allowed to leave and all rules were strictly enforced, with some of the punishments including being whipped. An alternative to this was for the landlord to buy a ticket to either Canada or the United States to ship the family to since it was seen as cheaper than using the rent money to pay for the workhouses (Osbourne-McKnight, 2015).

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Much of the support came from the Quaker-run charities who came from England and Europe to open soup kitchens in Eastern Ireland. They also hired ships to bring in food, medicine and clothing, and brought seeds to the distressed areas of Western Ireland in order to help the people plant crops (Osbourne-McKnight, 2015). The relief efforts from the Quakers prompted the British government to start providing soup kitchens in the spring of 1847 (Lawrence, 1996). In the end, approximately one million people died in the Potato Famine, either from starvation or diseases and about one million more immigrated to other countries (Mulhall, 2018). There are no current studies of the physical or psychological effects of the Potato Famine; however, studies that have been done on the effects of famines in other countries hint that the effects of the Potato Famine could be significant and intergenerational (Powerdly, 2019). Another event that could be considered a fresh wound in Irish history is that of the Magdalene Laundries.

Magdalene Laundries

According to Luddy (1995), Irish historians have traced the operation of Magdalene Laundries (also called Magdalene Asylums) back to the 19th century, and it is argued that this started during a time of increased prostitution and limited resources for women in need of refuge. Luddy (1995) further argued that the women entered these asylums by choice, and supported this argument by citing few records of escapes from the Laundries throughout the 19th century. Additionally, she found that there were some women who re-entered the Laundries numerous times. Smith (2007), however, argued that this collided with the more recent research stating these asylums were “prisonlike institutions wherein women were incarcerated against their wills” (Smith, 2007, p.30). According to Smith (2007), religious groups that operated the Magdalene Laundries continue to deny access to records for women entering the institutions after 1900. The

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history that is able to be accessed comes to an abrupt end at the onset of the 20th century, and focuses mainly on the 19th century.

The Magdalene Laundries were first started as a refuge for women who were prostitutes. By the 1940s, however, the majority of the women who came to these facilities were unwed mothers (Humphries, 1998). There were a number of different reasons as to how these women would end up in these facilities; while some women did enter voluntarily, some were referred by Catholic convents and charities (Luddy, 1995). Many were sent by their families as a result of perceived sexual immorality, which included having children out of wedlock, rape, or sexual abuse (Magray, 1998). Others were also incarcerated by the police as an alternative to prison for crimes such as concealing a birth (Smith, 2007). While, there is no evidence to support that the Magdalene Laundries were funded by the government (Smith, 2007), these institutions were able to survive through donations and endowments from wills. Some of the Laundries even operated commercially, but the women worked without payment (*Christian Obligation*, 1931).

Regarding the women who had children out of wedlock, the Irish Free State worked with the Catholic hierarchy to create a two-tier system to identify which service would be most useful. For example, “first offenders” were seen as those open to “spiritual reclamation,” whereas others were seen as “hopeless cases” (Smith, 2007, p. 48). First offenders were able to attend what was known as Mother and Baby homes where they would receive assistance that was funded by state and local authorities. Those considered to be in the second tier were sent to Magdalene Laundries as they were seen as women in need of “incarceration and/or self-protection” (Smith, 2007, p. 48). Any unwed mothers were separated from their children even though both of them lived in the same compound; the mothers lived in different buildings while the children were unaware (Smith, 2007).

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Within the Magdalene Laundries, the women were expected to do a variety of chores that included washing clothing and linens; this was meant to be symbolic work for them to wash away their sins (Humphries, 1998). The organization, Justice for Magdalenes Research, adds that the women were forced to work for long hours, from morning until night, doing various manual labor tasks. If anyone refused to do their work, the punishments included physical abuse, solitary confinement, taking away meals, being forced to kneel for long periods of time, and acts of humiliation such as shaving their hair (*About the Magdalene Laundries*, n.d.). Additionally, the women were usually not told when they would be released, or if they ever would be able to be released. When entering the Magdalene Laundries, their names were changed, their hair was cut, and their clothes were replaced with a uniform with most facilities enforcing a rule of silence. If a woman was released, it was normally without warning, and the woman would leave with no money and only the clothes she had on her. While some of the released women were granted jobs in other institutions, many fled as soon as they could (*About the Magdalene Laundries*, n.d.).

In 1993, the nuns in High Park, Dublin sold a plot of land where a parking lot currently resides. When land was bought and construction began, the workers uncovered a mass grave of Magdalene Laundry workers. This garnered public attention, and more people started to question what was happening in these institutions (Unsworth, 2014). The last Magdalene laundry closed down in 1996 (Culliton, 1996). As a result, during the 1990s, four documentaries came out about the Magdalene Laundries that were produced by foreign media companies, even though none of them aired on Irish television (Smith, 2007). As documentaries about the Magdalene laundries surfaced, it put pressure on the prime minister of Ireland to apologize to the victims and survivors (Smith, 2001). Similarly, Ireland's sisters of Mercy offered an apology to the survivors in 2004. The Catholic Church and other congregations have not offered an apology to the

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victims/survivors of any of their institutions, however, have refused to provide access to their records, thus keeping the survivors from gaining acknowledgment of their suffering (Smith, 2007).

Current Memorials and Activism

One-hundred and fifty years after the famine, British Prime Minister Tony Blair apologized for England's role in the famine, calling it an event that has left a wounded relationship between Ireland and England. He also acknowledged that it was the politicians in England at the time, and said that their failure to act was why it became a tragedy (Powderly, 2019). Currently, there are monuments to honor the victims of the Potato Famine in areas such as Dublin and County Mayo, but there are also some in places where the Irish immigrated, such as Liverpool, England, Canada and some areas of the United States (*Irish Famine Memorial*, n.d.). There is also the National Irish Famine Museum in Strokestown, Roscommon, Ireland where visitors are educated about the famine through original archives and artifacts that tell the stories of the landlords, the tenants, and the long-term impact of the famine (Strokestown Park, n.d.). In 1991, the organization Afri (Action from Ireland) started the annual Famine Walk in remembrance of the Great Famine. Joe Murray, the coordinator of Afri, described the event as being about remembering not only those who died, but those who were forgotten, and remembering brings change (*The Great Starvation - Re-Defining the Irish Famine*, 2017).

Regarding the Magdalene Laundries, in April 1996, a small crowd gathered in St. Stephen's Green, Dublin for the unveiling of a plaque: a park bench as a memorial of those who lived and died in the Magdalene Laundries (The Irish Times, 1996). This bench currently serves as the only national monument to the victims and survivors (Smith, 2007). The Irish state's

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official record for the bodies of the women who had died in the Magdalene Laundries is located at Glasnevin Cemetery (O’Kane, 1996). There are also other burial sites in locations such as Galway, Limerick, Waterford and Cork (*Map of Magdalene Laundries & Graves*, n.d.).

Smith (2007) states that the current films and reports about the Magdalene Laundries provide a platform for the survivors to bring their story out of the “shadows of historical silence and societal shame” (Smith, 2007, p. 117). In a *60 Minutes* segment about the Magdalene Laundries, one of the women, Mary Norris, stated it is important for people to know what happened in the Laundries and to not dismiss them as just another event in time (Franklin DeVine, 1999).

An organization aimed towards advocacy of the Magdalene survivors is Justice for Magdalenes, which was founded in 2003 with the goal of compensation for the Magdalene survivors, as well as to advocate for the Irish state to issue a public apology. The latter was achieved in May 2013, and as a result, the organization has been called Justice for Magdalenes Research ever since. Their current mission is to provide education to the public about the Magdalene Laundries and institutions, and to support the survivors and their families. This is done through providing educational resources, resources for the survivors, and through projects such as the Magdalene Names Project and the Flowers for Magdalenes events (*About JFMR*, n.d.). The Magdalene Names Project aims to record the names of those who died in or survived the Magdalene Laundries to honor the women’s lives (*Magdalene Names Project*, n.d.). Along with this, their Flowers for Magdalenes event is an annual, non-political event where attendees lay flowers at Magdalene graves. It started in 2012 in Dublin and Galway, and the number of people who attended grew as time passed. Since 2016, all cities and towns where a previous

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Magdalene Laundry was established, there is now a Flower for Magdalenes event for people to come visit and lay flowers (*Flowers for Magdalenes*, n.d.).

Magdalene Laundries in Theatre

An example of the Magdalene Laundries represented in theatre is Patricia Burke Brogan's 1992 play, *Eclipsed*. The story focuses on five fictional women who end up in the institution for different reasons, and the play dramatizes how these women survive their stay and become "active agents of their own destiny" (Smith, 2007, p.93). The play targets the Catholic Church and their collaboration with the Irish State supporting the double-standards between men and women that lead to the Magdalene women being institutionalized for falling short of society's moral expectations of the time (Smith, 2007). The playwright, Patricia Burke Brogan, was a novice working in a Magdalene Laundry in the 1960s, but abandoned this vocation and left the convent (Smith, 2007). She admitted that she wrote *Eclipsed* to give the Magdalene women a voice, and said she remains in dialogue with this part of her past and why it happened (Dempsey, 1993).

Regarding the way the Magdalene Laundries are represented, according to Smith (2007), Burke Brogan views the current representation as one that depicts the women as victims of a patriarchal church-state ideology and the religious organizations as embodiments of these ideologies as a harmful simplifying of the history of these facilities. She encourages a deeper understanding of the past and a move towards a more compromising and harmonious perception (Smith, 2007). In her 2002 play, *Stained Glass at Samhain*, the Magdalene women are remembered and rendered as puppet figures on stage. This emphasizes the idea of the women

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quietly listening to their stories being re-told and is also a criticism towards the contemporary representations that tend to make the survivors' stories too much like caricatures (Smith, 2007).

In addition, this play is seen as Burke Brogan honoring the survival of women's spirituality beyond the rigid religious confines, which she views as important in helping society in the future (Smith, 2007).

Discussion

While the Potato Famine and the Magdalene Laundries may seem like side notes in Irish history, the current commentary about them provides hints that these are still deep wounds in Irish history. They are not only moments of historic trauma in Ireland, they also give a glimpse into what Ireland has experienced. These events demonstrate themes of oppression (political and religious), silence of victims, and question how history is told and how victims should move forward after such events. While writing this literature review, the author was unable to come across research about the effects of historic trauma in Ireland. The amount of research that has been done with other groups, however, can give us a theoretical framework to conceptualize how historic trauma affects individuals and the collective. Similarly, no direct articles were located about the use of drama therapy and working with Irish historical trauma. Drawing from the use of autobiographical performance theatre with other populations, however, it may be a powerful tool for those suffering from Irish historical trauma.

In drama therapy sessions, theatre-inspired interventions such as role-play, masks, scripts and myths are used to help clients examine their own stories, roles and experiences. The drama therapist should be able to prepare activities that allow for a safe and trusting space to be established over time, building up to working through more emotionally difficult and, for some,

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traumatic material. Drama therapists who have worked with those affected by historic and collective trauma have also used interventions to allow the clients to grieve and create meaning out of what happened (Volkas, 2009). For those who are struggling with trauma related to the Potato Famine or the Magdalene Laundries, this can provide a way for them to work through not only their own experiences but through the stories and narratives that they have carried with them throughout their lives.

When doing autobiographical performance theatre, the individual or group that is performing has input in how they are represented on stage, providing them a sense of autonomy. Additionally, the relationship built with the director and the audience witnessing the performance provides an avenue for the performers to feel heard. The therapy takes place throughout the production process, thus making the performance beyond a cathartic experience. This is important for those affected by trauma related to the Potato Famine and Magdalene Laundries. The Potato Famine is an event that invokes polarizing feelings and opinions to this day, but for many, it is an event that should be remembered as a tragedy where there could have been help provided, rather than just a natural-occurred event. For survivors of the Magdalene Laundries, there is a desire for their experiences to, at the very least, be acknowledged. Currently, there is still a culture of silence towards the Magdalene Laundries and the victims within them. Autobiographical performance theatre would provide the survivors of both these tragedies a chance to feel acknowledged/remembered, which can be a step in the right direction towards healing.

Limitations of this literature review are that the author did not come across literature about autobiographical performance theatre being used to address historic trauma. The author did come across this variation of therapeutic performance being used to address trauma, and to

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provide social commentary. The author also found it difficult to come across articles specific to the psychological and physical effects of historic or intergenerational trauma in Ireland regarding the Potato Famine and Magdalene Laundries. It is also important to note that the author focused on specific events in Irish history; therefore, there are other important events in Irish history that may provide more insight into the historic trauma of Ireland. The author focused on the events due to personal interest.

For future research, the continuation of studying the various effects of historic, collective and intergenerational trauma, particularly regarding the Potato Famine and the Magdalene Laundries, would be a worthwhile addition to the current research, particularly in the form of qualitative research, which would capture meaningful narratives of how these events still affect individuals today. This information might then provide clarity for drama therapy in terms of how to best use therapeutic theatre to support this unique population. Finally, while there is a plethora of research that gives insight into different populations drama therapy can be beneficial to, there is still the need for more research about the different ways therapeutic theatre can specifically be applied.

Conclusion

The events of Irish history that were discussed in this literature review show a paralleled theme of a group of people being treated as “other,” and the way history has shaped to try and forget those who were impacted by these events. There is also a theme of current activism to not rewrite history, but know what truly happened and move forward in a way that respects the past victims and makes progress in the future. The nature of autobiographical performance theatre is one that provides a space for these survivors to not only share their experiences, but to also feel

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heard by empathic audience members which can provide the acknowledgement that is being sought. It can also provide a way to learn from and remember the past without being stuck in it, and move forward in a way that continues to remember but also progresses and gets better over time.

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