

Drama as Therapy

**Theory, practice and
research**

Second edition

Phil Jones



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Drama as Therapy

Second edition

This new edition of *Drama as Therapy* presents a coherent review of the practice and theory of dramatherapy. With a unique combination of practical guidance, clinical examples and research vignettes, this fully revised second edition considers developments in the field over the last decade and researches the impact of the 'core processes' on clinical practice.

The book shows how dramatherapy can be used with a wide range of clients and applied to their individual needs. Therapists working in different parts of the world contribute examples of their practice, alongside their research interviews demonstrating the effectiveness of dramatherapy. The book draws on studies ranging from child survivors of the tsunami in Sri Lanka to teenagers living with HIV in South Africa, from elderly clients dealing with psychosis in the UK to women in a refuge in Malaysia. Divided into four distinct parts it provides:

- definitions of core processes at work in dramatherapy
- research into how dramatherapists understand what they offer clients
- clear descriptions of the structure and content of dramatherapy
- a wide range of clinical research vignettes from all over the world.

Drama as Therapy offers insights into how experienced dramatherapists understand their work with clients. It will be of great interest to dramatherapy students internationally, as well as professionals working with dramatherapy.

Phil Jones, Reader, Carnegie Faculty, Leeds Metropolitan University, has held the posts of principal lecturer and course leader in the arts therapies at Postgraduate and Masters level. He has lectured across the world and written extensively on the arts therapies: his books have been translated and published in Chinese, Greek and Korean.

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**This book is dedicated to Neil Walters (1963–2005).
It owes its existence to him.**

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Preface to the second edition

Having been through six reprints and translation and publication in Greek, Korean and Chinese in its ten years of life, I wanted to see how *Drama As Therapy* was doing in the world. To this end, my research has involved in-depth qualitative interviews through vignettes and narrative research analysis from therapists who have used the core processes in their work. This has enabled me to review the ways in which the original text has been responded to in publications, and in clinical practice. The Appendix gives a summary of the research approach and method, and explains the nature of the research vignettes and conversations contained within many of the chapters. The vignettes contain narrative images of practice which dramatherapists have selected to represent the value of their work, and the ways in which they see the core processes within dramatherapy benefiting clients. The conversations are selections of the material created in researching into the way that the therapists see the value of their work. As the Appendix says of their presentation in *Drama As Therapy*:

The edited versions of the research conversations within this book are deliberately left in more or less the form they emerged in. The editing process was one of selecting particular sections of the conversations, not polishing the words. A part of their value as a research tool was in validating the spontaneity of interaction, the improvisational properties of this mode of enquiry.

A rough image for my rewriting has been that the book went out on one tide and, ten years later, I have tried to find out what the tide has brought with it on its return. In a way, what I've found has turned the book inside out. I've included many vignettes showing how people have used, adapted and challenged the original. The book is changed by them – the ideas and processes originally here have been altered and refined by their experience.

The initial book was my attempt as a practitioner and researcher to move from my own experience and those of my colleagues, in their published accounts of practice and research, into formulating descriptions of processes and practices that were at the heart of change in dramatherapy. At that stage

I wanted to try to gain a sense of coherence for myself, and to communicate it to others – for them to use in benefiting clients. The research that this book contains shows how those ideas and practices have been taken, used and changed.

In its turn, this new edition will be in the hands of clients and practitioners as they develop and work with its contents to change it further. I wish them well together with, the new edition of this book in its new life.

Dr Phil Jones
Spread Eagle House
Settle
North Yorkshire

Acknowledgements to first edition

I would like to thank Neil Walters for his support, editing skills and insight. Without his assistance this book would not exist.

This book was written in London, and during a sabbatical in Xania and Athens. I would like to thank my friends in Greece for their support whilst I lived there. This book owes a debt to Annie and Frank Nowak, Nicos Marinos and Giorgos Sirnou, Manolis Filipakis, Jannis and Gogo Bolaraki.

A number of people have helped in the research and writing through interviews and commentaries on my work. I would especially like to thank Peter Slade, Sue Jennings and Billy Lindkvist – both for the interviews they offered and for the documentation they have provided from their personal collections. Alida Gersie, Robert Landy, Ditty Dokter and Rea Karagiourgiou-Short have given me valuable assistance by their comments on my developing text. Alida Gersie, Hank Guilickx, Ana Palma and Cristina Calheiros assisted with the writing of the history section. Ann Cattanach and Dorothy Langley also must be mentioned in terms of their contributions to the field and to the development of my ideas within *Drama as Therapy*. Helena Ivins, Margaret Walters, Deborah Loveridge and John Convey have all assisted in the preparation of the book. Similarly I must thank the many students whose views have helped hone my ideas and research – from the Division of Arts and Psychology through to the Postgraduate Arts Therapies programme at the University of Hertfordshire. Penny Dade and the School of Art and Design's library services have also greatly assisted my research. Many thanks also to Edwina Welham, Alison Poyner and Nikky Twyman.

The practice described in this book has been supported by a number of organisations and funders. I would like to give special thanks to the creative and financial input of Mike Sparks and the Sir John Cass Foundation. The Calouste Gulbenkian Foundation, the European Community's Horizon Programme and Greater London Arts also supported some of the work. I would also like to thank my co-workers Lesley Kerr Edwards, Pat Place, Ayad Chebib and Rosemary Sanctuary.

The first edition of this book was dedicated to my parents, Esther and William Jones

Acknowledgements to second edition

This second edition owes an enormous amount to the therapists who contributed to the research into the core processes within dramatherapy, and to the clients whose work they describe. I would also like to acknowledge the support of the British Association of Dramatherapists who helped offer the opportunity to contribute to this second edition, and to thank those therapists who sent good wishes but who couldn't provide research vignettes. In addition, I would like to thank therapists whose work I have analysed within the text in developing the response to the first edition of *Drama as Therapy*. In alphabetical order, I warmly thank Madeline Andersen-Warren, Jo Van Den Bosch, John Casson, Vanitha Chandrasegaram, Anna Chesner, Debra Colkett, Ditty Dokter, Roya Dooman, Naomi Gardner, Martin Gill, Ruth Goodman, Roger Grainger, Diane Grimshaw, Mario Guarnieri, R. Heymann-Krengel, Richard Hougham, Clare Hubbard, Vicky Karkou, Dorothy Langley, Lili Levy, Shu Ling Lin, Sarah Mann-Shaw, Maggie McAlister, Kirsten Meyer, Steve Mitchell, Christine Novy, Clare Powis, Emma Ramsden, Jo Rogers, Sarah Scoble, Nancy Secchi, Genevieve Smyth, Jan Stirling Twist, Jay Vaughan. This second edition would definitely not be the same without them, and they have profoundly changed the original text which it is based on.

The new material on philosophy draws on conversations with my partner, Neil Walters. Chapter 4, 'Dramatherapy and Philosophy: Belief and Proof', is both a very inadequate gesture towards the PhD on art and philosophy which he would never finish, as well as unfinished conversations with him.

Editorial thanks to Joanne Forshaw, Jane Harris, Dawn Harris, Penelope Allport and to Lola Miller for her help with the book's cover.

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How to use this book

Drama as Therapy is divided into four parts. The first gives an overview of the definition of dramatherapy and reviews dramatherapy's main forms and formats. Included in this is a guide to the structure of dramatherapy processes and sessions. Part II describes the history of dramatherapy. The third part of the book is formed by a definition of the core processes which are at the heart of dramatherapy's efficacy. Part IV considers the main areas of theory and practice. Each area is given a specific chapter which includes a theoretical background, an illustrated guide to practice with clinical examples, along with a summary or definition of the area.

Part I

1 What is dramatherapy?

Drama is mimetic action, action in imitation or representation of human behaviour.

Esslin, *An Anatomy of Drama*

Introduction

There are two perceptions at the heart of this book. The first is that drama and theatre are ways of actively participating in the world and are not merely an imitation of it. The second is that within drama there is a powerful potential for healing.

The term 'dramatherapy' refers to drama as a form of therapy. During the twentieth century developments in a number of different fields such as experimental theatre and psychology have resulted in new insights into the ways in which drama and theatre can be effective in bringing about change in people: emotional, psychological, political and spiritual change.

This book will offer definitions and examples of what dramatherapy is and research into what it offers clients. It will draw on different sources from theory and professional practice all over the world: from England to Taiwan, from Canada to Sri Lanka. Theoretical definitions and those arrived at by professional associations and health care providers offer one kind of answer to 'What is dramatherapy?' but the following moments from vignettes contained in the research undertaken for the second edition of this book draw us straight into the heart of the question, by taking us to where the meaning of dramatherapy matters most: within work with clients. In this place, adolescents tell each other for the first time that they are HIV positive, a woman walks through a landscape that holds her life, cloths create the experience of tsunami waves that destroy homes and families, helmets shut out the world and a child creates a head that represents the man who shot his brother.

Child survivors of a tsunami in Sri Lanka

I had placed a blue cloth in the centre and waited to see what would emerge. The children began to move their arms up and down and we all began to sway spontaneously. The energy began to build and a section of the circle lunged into the centre and then another section. There was a lot of laughter, the lunging became more intense and I requested that the translator ask, 'What is the sound to this movement?' Then it came: 'Whoosh!' Others joined in. We were running in and out of the circle, hands linked: 'Whoosh!' The energy and the noise built further, bouncing off the temple walls, a sort of contained chaos. 'What's happening?' I shouted above the din. They told my translator, 'It's tsunami! Tsunami coming!'

(Debra Colkett, Chapter 7, p. 157)

A woman in a group for older people who hear voices in England

Jilly chose a roaring lion and placed it among all the other animals, where it could see everyone else and was ready to pounce. After a while she laid a lamb at its feet. She spoke about the symbolism. She spoke about her voices as being like the anger of the lion which smothers her. She told the group that her voices constantly swear at her and tell her she is responsible for all the world's disasters. She said she identified with the lamb.



Plate 1.1 Tsunami

She said she felt very vulnerable and as if her life had been sacrificed to her voices. She was also able to make a connection with her own anger which she had split off and was perhaps placed in the voices/lion.

(Jo Van Den Bosch, Chapter 6, p. 148)

A group for adolescents with HIV in South Africa

It was very quick role play. Both were sitting on chairs. Nomsa turned to Miriam.

Nomsa: Can I trust you?

Miriam: Yes.

Nomsa: I am HIV positive.

Miriam: [Giggles with hand over her mouth]

Nomsa: Did you hear me?

Miriam: Yes.

Nomsa: Well?

Miriam: Just don't tell anybody else.

(Kirsten Meyer, Chapter 5, p. 97)

A teenager in a school for pupils with emotional and behavioural difficulties in England

A boy of 13, Peter, stands under a spotlight. He is dressed in a cloak and is covered by a mask in the form of a shiny, totally black helmet, twice the height of his head. In appearance it is not unlike those worn by medieval jousting knights. The previous week he had spent over 30 minutes colouring the helmet's card in several layers of vigorously applied black wax crayon. No part of his face is visible. There is only a small slit for an eyehole. A flap is hinged over the hole, and this is attached to a string which the boy can pull down to cover his eyes completely. As he turns round slowly to the group, he says, voice muffled, 'No one can be seen unless they kneel down first in front of me.'

(Phil Jones, Chapter 6, p. 140)

A woman in individual therapy in England

The landscape came from a poem which Kia brought to therapy. She explored the feelings it engendered in her, we explored those feelings of despair, death, foolishness and failure and also explored the contrasting feelings of hope, life, laughter and trying. From this engagement Kia spent the next few sessions creating a huge painted and collaged landscape, which I witnessed. As the landscape took shape I encouraged her to tell me its story. It was split into two definite sides. On one side there was a huge slate cliff with barren trees and a dark and dangerous cave which often flooded. This place held memories of pain and tension and a

6 *Drama as therapy*

large and powerful waterfall separated it from a more gentle and containing landscape. On this side the water followed more gently and within the hills there were caves to keep her character (which we had yet to meet) safe and dry. These caves also kept the character hidden as he or she did not like to be seen by people.

(Sarah Mann-Shaw, Chapter 10, p. 261)

A child from Sierra Leone

The next session Abui wanted to make a mask. He cut out a large head, stuck on wild hair and called it 'evil'. He talked quite a lot this session, decorating the mask, then trying it on himself, as if freed from the fear that this evil could harm him now.

Abui spoke of a man with powers to do harm to people in the villages, the man people feared most back home. Using the name of 'holy spirit' or 'The Dr'. The man who decided who would die and left people to burn on rubber tyres. This was the man who shot his brother in front of the whole family. I was a witness to part of the horror Abui had experienced. How could I reflect back to him anything that didn't overwhelm us both with the enormity of what he was telling me?

(Roya Dooman, Chapter 5, p. 127)

These moments from clinical work occur continents apart, with clients at the beginnings and ends of their lives. Therapists, within the research which this book draws on, provided vignettes from their practice that were followed up by analysis of the ways in which they saw the core processes at work in the therapy. As later chapters reveal, their contexts could not be more different: from dramatherapy taking place in a temple within the ruins of a tsunami-devastated village to a large National Health Service run mental health hospital in the UK, from a small school in a deprived area of a major city to a refuge for women in Sri Lanka. What unites all of these is the way drama becomes a vital part of clients encountering their lives, transforming their experience of themselves and the way they participate in the world they live in. This book and its research into the core processes at work within drama-therapy will show ways of understanding and describing why and how drama can be allied to therapy in a way of working which is as powerful as these moments illustrate.

Drama as necessary to living

In the past one hundred years the theme of drama and theatre as 'necessary' to healthy societies and healthy individuals has re-emerged. Evreinov says that theatre is 'infinitely wider than the stage' and not just for entertainment or instruction; it is 'something as essentially necessary to man as air, food and sexual intercourse' (1927: 6). This phrase is echoed across the century. Forty

years later, Peter Brook seeks a theatre that is as 'necessary as eating or sex' in *The Empty Space* (1968). Schechner says of the special world created in performance, 'no society, no individual can do without it' (1988: 11). But *why* should theatre be so essential? *How* can theatre be necessary?

The general theme is not a new one. However, many societies in the twentieth and twenty-first centuries have understood its implications in particular ways. This understanding considers that participating in drama and theatre allows connections to unconscious and emotional processes to be made. Participation is seen to satisfy human needs to play and to create. The festive act of people coming together through drama and theatre is seen to have social and psychological importance. Theatre is both an activity set apart from everyday reality, while at the same time having a vital function in reflecting upon and reacting to that reality.

A theatre has been sought by practitioners such as Grotowski, Brook and Boal which can bring people together and can comment upon and deeply affect their feelings, their politics and their ways of living. I consider that dramatherapy originates from these beliefs, which see theatre as being necessary to living. This book will explore one particular way in which drama and theatre processes are essential, a part of the maintenance of well-being or a return to health.

At the beginning of the twentieth century, drama was used as a recreation, as an adjunct to the main therapeutic ways of working with people in care or health settings. The key aspects of the therapy remained outside the clients' experience of drama. Drama was seen only as a way of making stays in hospital more enjoyable, or sometimes as an opportunity to raise emotional material which would be dealt with later in the hands of the psychologist or psychiatrist.

Over the past four decades a change has come to be fully acknowledged: that the drama itself can be the therapy. This change marks the emergence of dramatherapy as it is currently practised. There are two main aspects to this change or development. One is that the dramatherapy session can deal with primary processes involved in a client's change rather than being an adjunct to other ways of working, such as psychotherapy or clinical psychology. The other is that the root of this process is in the drama. Dramatherapy is not a psychotherapy group or behavioural therapy programme which has some dramatic activities added to it. The drama does not serve the therapy. The drama process contains the therapy.

Basic tenets of dramatherapy

Definition of dramatherapy

Definitions of dramatherapy have been developed by national professional associations and regulatory bodies, by local settings meeting the specific needs of particular clinical contexts and by theoreticians (Lewis and Johnson

2000; Jones 2005; Karkou and Sanderson 2005). The broad definitions fulfil the need to define key or basic requirements that provide a general outline of what the therapy offers, to define standards for practice and training or expectations which clients can expect to be met. The local definitions create a much more tailored sense of what dramatherapy aims to be and to offer. In these the specific goals for different client groups can be seen: for example, a setting offering dramatherapy for people with autistic spectrum disorders, or for seniors dealing with dementia. A one-size-fits-all definition would ill serve clients with very different needs and capabilities. Theoreticians provide definitions which tend to connect practice with theoretical models and systems of ideas, useful in understanding the nature and identity of the therapy from a different perspective. The following material gives examples from these differing perspectives and then draws out connections between them.

The British Association of Dramatherapists offers this definition: the 'intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth' (BADth 2004: 1).

US dramatherapist Emunah parallels aspects of this:

Drama therapy is the intentional and systematic use of drama/theatre processes to achieve psychological growth and change. The tools are derived from theatre, the goals are rooted in psychotherapy. Although drama therapy can be practised within the theoretical framework of almost any existing school of psychotherapy, it also has its own unique heritage, conceptual sources theatre, psychodrama, dramatic play, dramatic ritual, role play.

(Emunah 1994: 3)

Dramatherapy is involvement in drama with a healing intention. Drama-therapy facilitates change through drama processes. It uses the potential of drama to reflect and transform life experiences to enable clients to express and work through problems they are encountering or to maintain a client's well-being and health.

Clients make use of the *content* of drama activities, the *process* of creating enactments, and the *relationships* formed between those taking part in the work within a *therapeutic* framework. A connection is created between the client's inner world, problematic situation or life experience and the activity in the dramatherapy session. The client seeks to achieve a new relationship towards the problems or life experiences they bring to therapy. One client, for example, reported that dramatherapy 'helped me to think about other perspectives on situations', offering 'understanding . . . reframing . . . support' (Barry 2006: 8). The aim is to find in this new relationship resolution, relief, a new understanding or changed ways of functioning.

Who is dramatherapy for?

Dramatherapy is practised with groups and individuals in care settings such as clinics and hospitals and specialist centres such as adolescent units. It is also offered as an individual or group therapy available outside institutions. Work is undertaken with both adults and children.

Dramatherapists are employed in family centres, prisons, special schools and educational units, centres for young adults with behavioural problems, in mental health and rehabilitation settings, community centres and within alcohol or substance abuse programmes. Individual or group dramatherapy is offered to people in the community who are dealing with emotional difficulties through GP, social worker or self-referral. Karkou and Sanderson (2005: 198) report on the range of settings and contexts within the UK, Lewis and Johnson (2000) in the United States and Canada. Dramatherapy is often offered alongside other arts therapies, as part of a multidisciplinary approach.

A defined space is protected through areas such as consent, confidentiality and professional containment, as the dramatherapist operates within an appropriate code of conduct. Langley (2006: 39–49) summarises these well, emphasising the need for clarity in relation to issues such as boundaries and ethics: ‘These are to ensure that the clients know what will happen, what will ensure their personal safety and that they consent to the process as a whole . . . necessary on both ethical and legal grounds’ (2006: 39).

What happens in dramatherapy?

A facilitator, the dramatherapist, works with groups or individuals over a number of weeks for sessions lasting between 40 minutes and one and a half hours. Each session usually consists of a warm-up phase which develops into an active exploration of areas which are problematic for clients, followed by a closure. The kinds of issues which can be dealt with and the form of the sessions are extremely varied. The main process involves the client engaging with a problematic area through dramatic form and working with the group and/or therapist. Closure often takes the form of discussion and reflection upon the work undertaken within the session. Dramatherapy takes place within clear boundaries which protect the therapeutic space.

The basic processes of dramatherapy

A number of key processes lie at the heart of dramatherapy and they are the main ways in which therapeutic change occurs. The original edition of this book (Jones 1996) proposed them as a way of describing how dramatherapy is effective. These are discussed in detail in Chapter 5. The vignettes and analysis which follows them throughout this book have researched the way in

which therapists see and use these core processes. Examples are ‘dramatic projection’, ‘transformation’ and ‘playing’.

Through *dramatic projection* the client becomes emotionally and intellectually involved in encountering issues brought to therapy in dramatic forms such as characters, play materials or puppets.

Transformation describes the ways in which the client’s experience of the expressed problems changes during dramatherapy work. This change is due to the use of dramatic processes to express and explore (to transform) the client’s material. Transformation also comes about through experience of the relationships formed during the dramatherapy, both with the therapist and with other clients if the work is in a group. Christine Novy reflects on this in the research vignette Lynne (Chapter 5, pp. 124–125) concerning work with women who have come into conflict with the law. She talks about the profound effect that drama can have on the very way in which people see themselves. She works with the women to develop stories and characters based within the idea:

that people’s lives and identities can be represented in different ways and from varying perspectives; that the stories we or others tell about us are creations and, as such, they can be created or constructed differently. Participants in the project were invited to step out of their everyday lives and into a play space where they might creatively explore personal life stories. The process concurred with Jones’ ideas about transformation in dramatherapy: ‘The everyday, usual ways of experiencing the self and events are altered by the use of dramatic language . . . The dramatic language can transform the experience as it opens up new possibilities of expression, feeling and association’ (Jones 1996: 121).

The process can open a number of creative, altered ways of dealing with and experiencing the problem. A number of dramatherapists, such as Novy, link the efficacy of dramatherapy to another core process – *playing*, a part of which is succinctly summarised by dramatherapist Jo Van Den Bosch in the research into her dramatherapy practice, also in Chapter 5. Like Novy, she talks about the ‘play space’ where a client can ‘try things out without consequences, and (which) . . . enables both therapist and client to explore the material’.

The expressive forms of dramatherapy

Dramatherapy sessions include a wide repertoire of dramatic expressive forms. These have different therapeutic potentials as illustrated within the vignettes throughout this book. They include:

- the use of created or scripted roles and characters, or playing oneself in a fictional reality, in order to explore life experiences

- the use of materials such as objects, small toys and puppets to play out and work with problematic feelings, relationships or experiences
- the use of the body in dramatic form through disguise, masking, mime or performance art to explore the self, image, relationship
- the use of scripts, stories and myths to evoke and act out themes, personal issues or archetypal material with a view to the exploration of problems
- the creation of dramatic rituals to work through areas of life experience
- moving through different developmental stages in drama to assist in the development of new ways of relating to oneself and to others.

As the research conducted for this book indicates, dramatherapists work within and across the full expressive range of drama and theatre forms, summarized in Chapter 7 as the *play–drama continuum*. Within this research dramatherapist Clare Powis summarises the approach well and, stressing ‘the fluidity of the play–drama continuum,’ she says:

This fluidity in the continuum lends itself to the path of a client’s therapeutic process: sometimes the client will go one step forward – and in the next session s/he’ll be two or three steps back. Confronting a difficult, hitherto unbearable feeling may result in a self-protective withdrawal or regression. And often it may be comforting to return to an early stage of sensorimotor play where there’s a familiarity, and where strength can be gathered, in order to face the next challenge or process this one. Hence access to the full continuum helps to inform the therapist where the client is in his or her process. The therapist can then respond accordingly.

The basic shape

Dramatherapy is practised in a series of sessions. The aim of the shape of the session is to find a form for feelings to be explored with the intention of achieving personal change. The content of a single dramatherapy session usually happens within a basic shape or form. In any session it is necessary to find a way in which the therapeutic needs and creative potentials of the group or individual can connect with the expressive forms and processes of dramatherapy.

Some work is highly structured. Aims will be set and the dramatherapy session, content and process will be agreed with the group. Other approaches see the content and process emerge spontaneously as material brought to the session by the group or individual emerges. However, as work develops over time a dramatherapist will often have some prepared ideas based around what the group or individual has done to date; it is important to remain sensitive to the group’s immediate needs and situation:

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We might start with a very structured session which we might have to change on the spur of the moment, because we have to work according to the needs of the special populations. There are patients who want to perform; there are patients who want to sit and do nothing.

(Schaffner and Courtney 1981: 144)

A usual form for dramatherapy is a basic shape which divides into five sections or elements, as Box 1.1 illustrates.

The *warm-up* is an activity that helps an individual or group prepare for dramatherapeutic work. It usually takes the form of a variety of exercises that concern the emotions of the group and/or the group's use of dramatic processes or language. The warm-up often helps to mark the start of the creation of a special dramatherapy space. Langley refers to the variety of these activities: 'warm up is a prelude to "action" but action comes in many shapes and sizes' (2006: 67).

Focusing is a period when the group or individual engages more directly with the area or areas to be worked on – the subject or content of the work. Whereas the warm-up section may be general, the focusing section usually involves a move towards more specific areas. Focusing can be said to be the way in which clients arrive at a state where they are ready to explore an issue in some depth and with involvement. This section often includes negotiation as to the work which can be included within the session. It may include specific warm-up activities or preparations linked to the development of a main activity.

Within most dramatherapy sessions there is a period of time which marks an intensity of involvement. This *main activity* can involve different aspects of drama as described above in 'expressive forms'. The ways in which the intensity is shown varies between groups. For a group of people with severe learning difficulties it might be marked by an increased concentration in their work with an object – from a lack of interest to a three-minute period of focus. For another group it might be a period of sustained improvisation.

The main activity might take the form of:

- one or more individuals dealing with an issue
- a group as a whole working together with a specific theme or focus

Box 1.1 Dramatherapy – the basic shape

- Warm-up
- Focusing
- Main activity
- Closure and de-roling
- Completion

- all members of a group working on their own material with each other in small groups, pairs or in the large group.

The *closure and de-roling* phase marks the ending of the main active work involving dramatic forms. It is usual for there to be a clear point at which individuals leave or disengage from the dramatic space or activities and the ending of any audience/performer divisions. This closure period includes 'de-roling' exercises if character, role or improvisation are used. If materials such as play objects are used, this phase includes an opportunity for individuals to shift their engagement with the materials – to leave the direct, dramatic involvement. As Lili Levy says, in one of the research conversations in Chapter 9: 'In Dramatherapy we work in the connection between fantasy and reality, so it is fundamental after the client finishes exploring and enacting their fantasies, to de-role; that means to find a way to leave behind and separate themselves from the role he or she has played in order to prepare herself/himself face the reality or outside world.' If group activities have taken place then 'closure' is a time for group dramatic relationships to be ended.

Completion is a crucial aspect of dramatherapy. It is an activity separate from the immediate disengagement from the main involvement in drama which constitutes the closure stage; it is also separate from de-roling. Completion has two main components. The first is a space for further integration of the material dealt with during the main activity. The second is the preparation for leaving the dramatherapy space. Integration can take a purely verbal or a dramatic form such as a reflective game or activity. In some cases it might involve discussion of the work: the making of personal connections and sharing of perceptions and feelings. In Chapter 12 (p. 313) the research into the core processes in Naomi Gardner's work stresses how important this can be for some clients: 'It would perhaps have been difficult for them to make connections with their own lives while they were still in role. However, on discussing the differences and similarities they shared with their roles, after the drama, the group began to assimilate the different aspects of themselves as seen within their characters.' For some groups completion might be a time of internal reflection, so the period might be spent partly or wholly in silence.

The length of each section varies according to the way a group uses dramatherapy. In many cases the warm-up and focusing will take up a third of the time, the main activity another third, and closure, de-roling and completion the last third. However, as a group develops the warm-up time may be reduced. The description of the session in Chapter 12 (p. 317) can be seen to illustrate these different elements at work.

Dramatherapy and meaning

Drama and theatre are social activities. As O'Neill and Lambert have said, an important facet of drama is social and involves 'contact, communication and the negotiation of meaning' (1982: 13). The discovery and communication of

meaning in dramatherapy is a key concept within my analysis of, and research into, how dramatherapy is effective for clients. Important aspects of the relationship between dramatherapy, meaning and the client include the ways in which:

- life experiences are given *added validity* by depicting them dramatically with, and in front of, others
- an individual's dramatic work is *recognised and understood* by others; the feelings and experiences they depict are empathised with and responded to by others
- the process of dealing with life problems through enactment leads to the creation of a *vital relationship between the client's life experiences outside the dramatherapy and the enactments they take part in within the therapy*.

By establishing a link between the client's life experiences and the dramatherapy, the possibility is created of finding new meanings in their lives through the playful, experimental space of dramatherapy. This is described in detail in Chapter 5 within the 'Life Drama Connection' section. Laurel of the Japanese Atari Research Division, has documented the positive potentials of virtual reality through computer graphics. She sees this in terms of the relationship between the process of finding meaning and the creation of dramatic worlds. Laurel argues that virtual reality creates access to areas of:

meanings that are only rarely afforded by the real world. Dramatically constructed worlds are controlled experiments, where the bare bones of human choice and situation are revealed . . . If we can make such worlds interactive, where a user's choices and actions can flow through the dramatic lens, then we will enable an exercise of the imagination, intellect and spirit of an entirely new order.

(Laurel 1991: 14)

This can be seen to be parallel with the qualities attributed to drama and play by many authors (e.g. Casson 1997; Langley 2006). Pitruzzella (2004: 70), for example, summarises this way of looking: 'Dramatic reality, which possesses a "transitional" quality founded upon "as if", is the physical and mental place where mimetic relationships can be enacted without irreversible consequences for the life of the person.' Emunah (2000: 75) states that 'central to much dramatherapy work is the idea that the space, relationships and activities within the drama [*is*] a rehearsal for life'.

Ruth Goodman, in the research into her practice contained within the vignette 'Bilal', (Chapter 10, p. 260), sees her work in a way that echoes Laurel:

I think, essentially, therapy is about the presence of a willing witness/listener. It is also a continuous creative process of trying to find meaning through and within the therapeutic relationship. The connections made

between Bilal and myself enabled him to begin to reconnect with dislocated parts of himself, his feelings and experiences. The wonderful thing about dramatherapy is that, as well as being witnesses, we can also be co-creators, playmates and engage creatively with whatever roles we are cast into or choose to play for a particular purpose. When someone has been traumatized, the recovery of meaning can take a long time. I believe that although my role was to help Bilal find meaning in his story, it was fundamentally to stay alongside him through the processes of telling and all the complex feelings that emerged.

This aspect of constructing dramatic therapeutic ‘controlled experiments’ is an important way for the client to find meaning in their world and to deal with problems they are encountering. Many clients’ accounts referred to in this book echo the properties within dramatherapy which enable people to create experiments, alternative ways of looking at themselves and their lives. The women working with Christine Novy, described in the research into dramatherapy practice in Chapter 5, for example, bear testimony to this as they say: ‘I don’t see things in the same way’, ‘I am beginning to take my life back in hand’, and, ‘to make choices that suit me’ after their work playing fantasy roles.

Building blocks: creativity, play, drama and healing

Dramatherapy builds upon the healing aspects that are present in dramatic and theatrical activities. Generally speaking these healing aspects are based in the processes of creativity, playing and acting. Klaesi (1922) and Müller-Thalheim (1975) have put forward the idea that creativity has within it inherent self-healing processes. Müller-Thalheim discusses this specifically in relation to people in psychotic states, but considers some general implications. These include the Freudian notion that creative products are formed from elementary impulses from the unconscious, rather like dreams. However, he goes further than framing creative expressions as symptoms, which Freud seems to consider as the main quality of art. Müller-Thalheim sees ‘inspiration, change, new combinations, new actions’ (1975: 164) as inherent to much creativity, and claims that these are central to health and to development from ill health or problematic conditions. He indicates a natural healing process involved in art making. As an example he discusses Ernst Josephson’s use of a few symbols in painting: ‘His paintings seemed not only to reproduce his difficulties, but also to free him from them’ (1975: 165).

His faith here is in the natural healing potential within the artistic medium and process. This lies in the healing value of creative expression and the value of playfulness as a way of creating new insights. In addition he suggests that expressing problematic material and emotions through the arts changes the relationship to the problems or feelings. For example, ‘Real fear is being converted into fictional fear’ (Müller-Thalheim 1975: 166)