



THE HANDBOOK OF

**DRAMATHERAPY**

SUE JENNINGS

ANN CATTANACH, STEVE MITCHELL,  
ANNA CHESNER and BRENDA MELDRUM



HANDBOOK

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## The handbook of dramatherapy

Dramatherapy, first established in the UK in the early 1960s, is being increasingly practised in a range of therapeutic settings and is of growing interest to theatre practitioners and teachers. *The Handbook of Dramatherapy* brings together five authors who are all practising dramatherapists, working in clinical, artistic and educational fields. Their clinical experience includes preventive and community-based work, as well as dramatherapy in long-and short-stay psychiatry, work with elderly people, forensic dramatherapy, work with abused children and adolescents, and children with learning difficulties.

An easy-to-read introduction to the major contrasting models of dramatherapy, the book looks at the developmental approach, the use of role theory, the ideas of 'the theatre of expression' and 'the theatre of healing', and presents an integrated model of dramatherapy. The authors explain the theoretical background of these approaches, show how each works in practice in a particular situation, and suggest how it might be adapted to other settings. They also describe the historical background, explain the difference between dramatherapy and psychodrama, discuss assessment and evaluation techniques, and how to develop more appropriate research methods to address the aims and goals of dramatherapy.

*The Handbook of Dramatherapy* provides a comprehensive basis for theory and practice, and will be a valuable source of reference for all mental health professionals, as well as students of dramatherapy and theatre.

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# The handbook of dramatherapy

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# Prologue

*Sue Jennings*

*Telemachus* You have conjured up too marvellous a vision: I cannot bear to think of it. And I, for one, dare not expect such happiness...  
(Homer, *The Odyssey*)

*Bottom* I have had a most rare vision...  
(Shakespeare, *A Midsummer Night's Dream* IV. i. 203)

Was it a vision, or a waking dream?  
Fled is that music-Do I wake or sleep?  
(Keats, 'Ode to a Nightingale')

## DRAMA AND THEATRE AS CULTURE

The theatre is a place we visit in order to have a 'vision'—to see how something is or how it was or indeed how it might be. The theatre is able to condense a story in time, space and action in order that we can take it in as a piece; it also expands the story so that we have a new perception or understanding. The theatre, through spectacle, helps us to understand who we are and where we are in the world.

This idea is not new: dramatic ritual which can establish individual and social identity has existed for millennia in some form or other; early theatre forms were very explicit in their visionary and healing function. The theatre is a structured experience within which we respond or interact as an engaged audience, in an enacted story that is being presented for us. It speaks to us and for us as both individuals and groups, and it is unique to the particular audience who are present. Each performance is different from the next one, however well known the story; the actors create a difference every time it is performed, thereby allowing us a privileged vision when we attend. This is what makes theatre different from television or film where the image is formed and the only variation is our response to it; whereas in the theatre, our very responses assist the actors to shape the drama to our expectations and energy, so that indeed we are a part of the performance; an important dimension of the theatre process. As we see below, there are many others who are involved in this process before the actual performance is shown to the audience.

Glynne Wickham (1985:7) reminds us that:

every member of an audience (ourselves included) spends a large part of every day acting out some chosen role (often an imposed role), giving a daily 'performance'. Those people whom we encounter in the course of the days are our 'audience'. We wear clothes or 'costume' we consider to be appropriate to that role...

He suggests that for much of the time we are not aware that we are actors, except perhaps when we are relaxing and then realise that we have changed our personas. This phenomenon is of a vital importance in understanding the unique group experience in dramatic art because:

it links, through mimetic action, each and every one of us with those rare and exceptional individuals whom we label as actors. Yet they, like us, are human beings, but the role that they have chosen to play in life consists in putting this whole process into reverse. The major difference lies in the subjectivity of the role-playing in our own daily lives and the objectivity of a professional actor's public theatrical performance.

(Wickham 1985:8)

An understanding of this process, that all of us are actors for most of our lives, enables us to look at a rationale for the therapeutic nature of drama and theatre. Within this rationale we need to consider the capacity of the theatre to paradoxically both conceal and reveal. In our everyday lives we conceal aspects of ourselves that we wish to keep private or that are inappropriate for the setting, and the actor on the stage will conceal aspects of him or herself that might get in the way of the character being portrayed. This enables us to reveal what is appropriate and, in the case of the actor, also to surprise us and take us unawares; to create a vision or a spectacle which in turn allows us to understand something new or in a fresh way.

Theatre and drama engage us at several levels at the same time; it is little use us having an emotional response to a scene in a play if our thinking self cannot accept the story's premise. The power of theatre is our engagement with it, with both of our brain hemispheres; the left hemisphere to appeal to our logic and intellect and the right hemisphere to engage our intuition, creativity, artistry and dramatic imagination.

It is interesting to reflect on the number of different artists and craftspeople who are needed to create a work in the theatre. The director, designer, costumier, technician, engineer, architect, painter, musician, as well as the actors and actresses; and this group of people, who may be as diverse as any human group, have to work together in the service of creating the ensemble to produce the given piece. Indeed, one dramatherapeutic device is to explore several internal artistes in any client group, rather than just concentrate on the actor. Many of my groups will consider themselves as designers of sets and costumes and lighting, as

directors and producers, as well as actors within the ‘theatres of healing’ that we create.

Whereas, as Wickham says, we engage subjectively in acting in our everyday lives, we can now understand how we can make use of ‘objective’ acting if our everyday lives are not running as smoothly as we would hope. We may well be familiar with the technique of role-play to explore a situation or to learn new management skills or to develop assertiveness or to re-enact a painful past event. This type of role-play is usually very close to the reality of the everyday world that we inhabit or wish to inhabit. The objective reality of the actor establishes another type of reality—that of ‘dramatic reality’—which creates through dramatic distancing, symbolic time, space and action. It is within ‘dramatic reality’ as contrasted with ‘everyday reality’ that dramatherapists are able to work therapeutically with a wide variety of client groups.

The theatre is unique in its capacity to integrate several art forms as well as several aspects of the self. In no other structure can art, music, dance, play, story and drama come together in a single entity; we are engaged by the juxtaposition of visual images, sounds, movement, verbal statements at sensory, emotional and thinking levels. It is said by many to be the most dangerous of the arts and was banished by Plato from his ideal Republic and thrown out of the churches in the Middle Ages. Even in the present time, theatres are closing as finance is short, drama teachers are considered a luxury or else subversive, and dramatherapists were formally ‘recognised’ years after music therapists and art therapists. Theatre and drama still make people anxious, especially when these active forms have not been explained or understood, or when they are equated with magical practice and shamanistic rituals. Recent demands for Shakespeare to be taught in schools has emphasised reading the plays rather than witnessing theatrical performances. Yet Shakespeare himself knew how important dramatic reality was as a means of understanding life itself. He constantly makes use of the metaphor of the actor, the stage and the theatre when discussing the human condition.

The actors are at hand, and by their show

You shall know all that you are like to know.

*(A Midsummer Night’s Dream V. i. 115-16)*

Like a dull actor now

I have forgot my part and I am out

Even to a full disgrace.

*(Coriolanus V. iii. 40-2)*

an excellent play, well digested in the scenes, set down with as much modesty as cunning.

*(Hamlet II. ii. 438-9)*

Therefore if the theatre can be understood on the one hand as a separate reality within which we engage and interact with our imaginations, and on the other

hand as intimately connected with all of our lives and personal stories, we can begin to reflect on its therapeutic efficacy. The fact that it creates dramatic distance makes it more possible to interact with aspects of one's own life and to understand these aspects which previously were too close to us, for us to see. Therefore dramatherapy is connected with our own lives, because theatre is connected with our lives. Through engagement with theatre we are able to experience a vision of how we are or how we might be.

### DRAMA AND THEATRE AS HUMAN DEVELOPMENT

Dramatherapy, however, does not just rest its case on the importance of cultural forms of theatre in societies, it is closely bound up with the development of human beings themselves. Observations of infants from birth demonstrate that they are 'mimetically engaged' with their parents and carers and the world around them from an early age. They 'move and sound' in rhythm, they 'mark-make' with food and saliva, they 'imitate' sounds and facial gestures close to them; these mimetic experiments begin before an infant can walk and develop into 'performance' by about the age of 10 months when a child needs an audience as witness. This 'proto-drama' develops into sensory and dramatic play during pre-school years, and in Western culture makes a transition into drama at about 7 years. This drama developmental paradigm is known as 'embodiment-projection-role' (EPR). The drama and theatre that ensues is influenced by family, school and culture, and whether it is given educational, social or cultural value: does society actually value the capacity to have a vision? (Or is it more concerned with revision or super-vision or even tele-vision?) Nevertheless, whatever the value system, it is important to understand that, throughout our human development, there are dramatic rituals which mark the various stages.

### DRAMA AND THEATRE AS RITUAL

Dramatic ritual is important at the various stages through which we pass during our life journey; rituals of transition move us through our age stages and changes of status. Whether it is a wedding or a naming or a burial, we dress in different clothes, take on different roles and use different language. We enact these changes in dramatic form in ritual. Ritual also forms a part of religious practice in all belief systems as well as being a part of ceremony and celebration. Many rituals in themselves are meant to produce a visionary state in the participants. This idea causes some anxiety in traditional church people but, nevertheless, we can see that in most religious ritual there is both the aim to change human consciousness as well as the effect of altered states of consciousness. This is brought about by the dramatic ritual itself and the various sensory stimuli that accompany it, such as incense, music, icons, costumes, movement and dance.

Western society has seen a decrease in ritual in the latter half of this century and it is thought that ritual specialists in some cases are being replaced by therapeutic specialists. For example, funerary rituals are less protracted and

elaborate but we note there has been the establishment of the role of bereavement counsellors. Drama as ritual and dramatherapy as ritual have an important contribution to make in the re-establishing of secure dramatic structures within which change and transition are possible. Dramatic ritual is linked to the emergence of theatre art, and most writers would agree that more formal theatre grew out of dramatic group rituals in ancient societies, and that early theatre was also linked to belief and therefore to vision. The rituals of any society or social group can be observed in the dramatic play of children. Children's dramatic play reflects the norm of the child's familial and social world.

### DRAMA AND DRAMATIC PLAY

We are all familiar with the games and dramas that occupy extended time with young children. Sensory play, toy play, story play, drama games, dramatised or enacted play are central to the life of young children. Western society tends to discourage play once a child enters the serious world of school or else replace the human engagement with both self and others in play, with video and media games; the latter has its own function—like film and television described above—but it does not replace the involvement of the child and the child with its peers in the active and reactive nature of play. Children play out past fears, rehearse current strategies and anticipate new events through various forms of play. Dramatic play is a natural culmination of the developmental drama described above, whereby people have in-built therapeutic mechanisms which help them deal with their day-to-day life and the unexpected; through enactment we are empowered to act—acting helps us 'act'. We learn how to act through involvement in dramatic play where we are able to develop a range of appropriate roles and behaviour. We learn about the outcome of choices, we rehearse those skills we may need in later life, we are able to project into the future and test both our realities and our dreams. The foundations for preventive dramatherapy are laid within the early years of life and we may find that many adults need the opportunity to engage with dramatic play once again to enable self-healing to take place. The roles we play at are an education for our life when a diverse range of roles is required of us, especially living in a complex society. And play itself can allow us both our personal dreams as well as the visions for our future.

### DRAMA, THEATRE AND ROLE

In each of the sections above, whether we are describing drama and theatre, drama as development, drama and ritual or drama and dramatic play, we find that the basic concept of 'role' is essential. We cannot begin to consider drama and theatre in any form without role; in the theatre we may refer more often to the character we are playing which in itself has many roles. All of us need a wide repertory of roles and the skills to go with them in order to function as both an individual and a social being. We talk of role-confusion or role-conflict when our roles are doubled—for example when the head teacher is also our parent, or the doctor's

receptionist is married to one of our siblings. We have ideas about the appropriateness of dress, language and behaviour in different roles and whether these are prescribed by the institution or whether there is a degree of individual choice.

How do we acquire our roles? As suggested in the section on development we begin to imitate at only a few months old; we learn much from the 'role-modelling' of others, especially in our early life. How our parents and teachers behave towards us shapes our roles and our own role repertoire. If we are not able to move between a wide range of roles then often we get trapped in a single role which can prove to be inappropriate for certain situations. We need time to practise our roles in play and in drama; to test their effect on others and to 'try them on for size'; we need to refine our roles and see subtleties and fine tuning in our responses. This role behaviour becomes internalised as we mature so that much of our 'acting life' in 'everyday reality' no longer needs rehearsal. New situations and major changes will, however, still need some preparation. The theatre itself can inspire us to resolve or change things in our lives or to realise the implications of our behaviour. The more experienced we are in our range of roles, the more we are equipped for survival in a rapidly changing society. However, it is important to bear in mind that our roles are attached to our inner self. They are not just quick changes of clothes. Our inner life motivates our roles and projects them into our social interactions. If we wish to change our role behaviour then it needs to be done through active involvement in the new role; insight alone is often not enough to bring about lasting change.

### DRAMA AND THEATRE AND DRAMATHERAPY

In the foregoing sections we have discussed various models of dramatherapy and the way it can be viewed from different perspectives. The heart of this book on dramatherapy is to illustrate the myriad of variations of the dramatic act and therefore the dramatherapeutic act. Any one of the above can be held constant as a model for a dramatherapy group or individual practice. The choice about which model, or whether it should be a combination of several, is dictated by the needs of the client(s) and the skills and experience of the dramatherapist. Drama and theatre are such vast topics that it is easy to get lost in the plethora of possible formulations. Can this be simplified? The various authors in this book demonstrate the rich canvas of dramatherapy practice but what is common to all of them is the explicit or implicit assumption that dramatherapy enables the creation of dramatic reality and therefore dramatic distancing. Therefore everyone will work with a greater or lesser dramatic distance through the medium of dramatic enactment or role-play, which calls upon the dramatic imagination. This engages us both in the outer space of the theatre or dramatherapy room, and the inner space of the imagined world, together with the corporeal space of the inner and outer body.

## THE DRAMATHERAPEUTIC SPACE

The dramatherapeutic space is an actual concrete or 'concrete' place where it is appropriate and safe to establish dramatic reality. It may be a room which is in multiple use and therefore needs special attention to ritualise its change into the dramatherapeutic space. It may be a specially designated space which can be developed dramatherapeutically in a variety of ways. I asked two practising dramatherapists their view on space to work in:

I have to overcome an initial thoughtless reaction: 'somewhere big enough to hold about a dozen people'. Certainly I would want this, but it may not be the most important thing. First of all it should be a space that outsiders or non-group members will not easily invade. It should be big enough in width, breadth and height in order to create a series of spaces. It should be quiet enough. I believe that the tendency to create 'a room that is a womb' in order to encourage new life is not necessarily helpful and that the most 'unsuitable room' can in fact produce significant experiences. The space should be better at asking questions than producing answers; a space that the group uses and not one that uses the group. Above all it should be a space that 'gives rise to character'.

(Roger Grainger)

Here the practitioner is immediately concerned with the symbolic possibilities of the space. The following is a quite contrasting response which deals with the practicalities:

The following is put together with my own client group in mind—people with multiple physical and mental handicap.

The Studio: needs to be private but not isolated, with a key so that it can be locked. The dramatherapist needs to have identified a space that is not a thoroughfare or a hall or somewhere used for lots of other things. I prefer a carpeted floor for warmth, large enough for eight people to move around; not cluttered and seats which can fold away; shelves and cupboards for equipment. Curtains or blinds at the windows and a heater one can operate oneself.

The Equipment: needs to be simple and flexible: large blocks (hard and soft) that can be transformed into different things; soft mats; cassette player which also records; music and blank tapes; sensory objects for sense play; simple costumes: hats, cloaks, masks, glasses; pieces of different textured material; mirrors; elastic rope and tow rope; boxes and bags; cushions and blankets; small toys; finger paints and brush paints; clay and/or plasticine; water jug and cups; tissues; cloth and towel; possibly bean bags. If possible a camera for recording work and a polaroid for giving instant feedback to clients.

(Becky Wilde)

Equipment is very personal to the individual dramatherapist and is usually built up over a period of time; equipment should be new as well as well used without being 'tacky' or others' rubbish! I would add my own predilection for a set of nesting dolls, sufficient mask-making materials of different kinds, and sufficient storage so that clients are not overwhelmed by all the equipment having to be on show. Dramatherapists need to negotiate a budget for setting up their practice as well as for adding to the equipment and replacing consumables.

### WHERE DO DRAMATHERAPISTS WORK?

In the ensuing chapters various dramatherapists talk about their practice in relation to different client groups and a clear idea emerges of the variety of remits and applications. Many dramatherapists work in hospitals—specifically in medical settings—as well as in the community and for education, prisons and social services. Dramatherapists work with adults, including elderly people as well as children. Dramatherapists usually find it more fruitful to be part of a therapeutic team which may include medical and paramedical staff, social workers and other arts therapists. Dramatherapists find that time spent in networking other staff and institutions will be helpful in getting support for their own practice. A possible hand-out to describe dramatherapy in brief is included in [Appendix 1](#). It is important to remember that, whereas many professionals may do short or long courses in dramatherapy and integrate the approach into their existing practice, those people who wish to become dramatherapists and registered as such have to complete a postgraduate training at one of the training establishments which are recognised by the Department of Health and validated by the British Association for Dramatherapists (BADTh, see [Appendix 3](#)). Dramatherapists have to adhere to professional Codes of Practice and Ethics (see [Appendix 2](#)) and are recommended to join BADTh (see [Appendix 4](#)).

### THE INSTITUTE OF DRAMATHERAPY

All the contributors to this *Handbook of Dramatherapy* have either trained with, or contributed to the teaching in a significant way of, the Institute of Dramatherapy (IDT). It is a unique organisation in that it enables people to train over a longer period of time in a modular system which makes it possible for people to attend both from overseas and the further reaches of the UK. It has expanded rapidly in recent years, actually doubling student intakes in 1992 and 1993 with various combinations of dramatherapy and play therapy. This year sees IDT move to the Roehampton Institute (University of Surrey) as a separate organisation within the wider framework of Roehampton. This will mean a greater access to a flourishing drama and theatre department, as well as music therapy, dance-movement therapy, art and play with children. An integrated centre of excellence in therapeutic play and artistic therapies will emerge in the next few years, and the following chapters illustrate the range of expertise.

## *THE HANDBOOK OF DRAMATHERAPY*

In [Chapter 1](#), Brenda Meldrum traces the history of the profession in Britain and examines its present position. In defining ‘dramatherapy’, she attempts a synthesis of the two concepts of ‘drama’ and ‘therapy’ and describes four theoretical models which underpin the discipline: a theatre model; a model from therapeutic drama; a model based on role theory; and an anthropological model. This chapter gives the reader a flavour of the diversity of dramatherapy practice.

In [Chapter 2](#), Ann Cattanach explores the creative life of the client as part of their whole life journey. She emphasises the importance of working and re-working the life stages of individuals and groups and the struggle to integrate conflicting elements of experience. She describes this process as ‘restoring life through art’ and draws upon theories of dramatic play, developmental psychology and social psychology to illustrate this model. Cattanach identifies the processes as ‘Living in and out of time’, ‘Dramatic fiction’ and ‘Playfulness’.

[Chapter 3](#), by Steve Mitchell, describes in detail how he applies theatre structures as a therapeutic modality when working with different client populations. Drawing on his extensive experience in the professional theatre as well as his clinical work as a dramatherapist, Mitchell offers the reader useful processes which can be employed with clients and patients whether as individuals or in groups, that come from his experience of acute treatment, rehabilitations, elderly populations and out-patients.

[Chapter 4](#), by Anna Chesner, attempts to put dramatherapy in the context of the large institution and in the context of the particular needs of people with learning disabilities. Chesner stresses that it is important to see the total person rather than focus on the disability. Dramatherapy is described as a tool of empowerment, wherever possible within a group: the group becomes the therapeutic agency which fosters greater self-esteem and greater appreciation of the peer group. Clinical examples of this work are included and explanations of the development of the dramatherapy, both within a single session and over time, which illustrates the movement from the ritualised and the concrete towards increasing imaginative involvement, and towards greater autonomy of the group.

Meldrum moves the debate forward again in [Chapter 5](#). She presents a definition of ‘role’ as used by leading American dramatherapist, Robert Landy, and traces the development of his theory through the social psychological writings of Erving Goffman. She examines the role model in the light of philosopher Bruce Wilshire’s critique of the claim that, as social beings, we play roles in ‘real life’ in the same way as actors play characters on the stage. Meldrum presents an alternative way of looking at role through the theory of symbolic interactionism of social psychologist G.H.Mead and the constructivist position of personality theorist Sarah Hampson.

In [Chapter 6](#) I take a contrasting pathway and consider the expansion of human experience and perspective through engagement with the dramatic and theatrical structure. Drawing on inspiration from Artaud, in particular, as well as contemporary anthropology, I suggest that ritual is an important and

necessary part of the healing process. The metaphysical model is seen as often working from the ‘outside in’, through larger-than-life masks and effigies.

Many people reading this book will want to ask the question, ‘What is the difference between psychodrama and dramatherapy?’ Anna Chesner addresses this question in [Chapter 7](#). She explores the importance of the centrality of the drama (see Cattanach below) to both methodologies, which is what they share in common. The differences are explored through fictionalised case history sessions, with observations of method, philosophy and technique. She suggests that psychodrama is a more defined technique whereas dramatherapy can draw upon any structure or method in drama and theatre. She contrasts the direct, protagonist-centred approach of psychodrama with what she describes as the oblique, metaphorical, group-centred approach of dramatherapy.

Ann Cattanach, in [Chapter 8](#), provides the links and synthesis between these two fields that are often seen as disconnected. She discusses the prime focus of the play therapist and the dramatherapist. Play therapy is seen as the integration of the part that is ‘me’ and the disengaging from the parts that are ‘not me’, whereas the dramatherapist is more concerned with the issues of life and death and a place in the world outside. She emphasises how the play and the drama are *central* to the therapy rather than a stimulus for talking or interpretation. Cattanach illustrates with clinical material how the play and the drama can ebb and flow within a single session, thereby emphasising the importance of practitioners understanding the wider view.

In [Chapter 9](#), Steve Mitchell describes an innovatory piece of practice known as ‘[The Dramatherapy Venture Project](#)’. This chapter is a detailed case study of a residential group working in dramatherapy on the edges of Dartmoor. It demonstrates how the dramatherapist can set up and prepare a time-intensive project which can encompass working both indoors and outdoors. Mitchell works in this project within a para-theatrical rationale of dramatherapy and uses ritual processes to generate healing images. This chapter continues his own exploration of the interface between theatre, therapy and healing.

[Chapter 10](#) is rather different from the others in that I employ a series of interviews with well-known practitioners and ask them the question ‘What is dramatherapy?’ The various people—Gordon Wiseman, Robert Landy, Mooli Lahad and Pamela Mond—talk freely of the areas that they come from, the journeys they have made through drama, theatre and dramatherapy, and openly acknowledge the areas where there are still question marks. They all reflect on the fact that dramatherapy still needs a lot of research and investigation and will no doubt continue to need it in the future—such is the complexity of its process.

The final chapter, by Brenda Meldrum, looks at the way that dramatherapists assess and evaluate their practice. She first discusses the work of dramatherapists who use story-making and second, the assessments of dramatherapists working within the National Health Service. There is not a large number of research publications in the literature, but research into dramatherapy practice is growing. Meldrum describes five very different published research programmes and examines current research and evaluation with groups and individuals. She

then looks briefly at some research programmes that are now in their planning stage. While arguing that dramatherapy is not, nor should it become, 'scientific', Meldrum believes that dramatherapists, the majority of whom work in the National Health Service, will have to come to terms with demands of managers to budget, evaluate and assess their practice. She urges debate within the profession to find a truly dramatherapeutic way of approaching these demands.

Finally there is a brief Epilogue which looks forward, and echoes Meldrum's emphasis on encouraging greater expansion of the diversity of dramatherapy method and application. I believe we are approaching a renaissance in dramatherapy with the very rapid expansion of trainees and practice which could provide a potent force for change in the future.

The Appendices include a brief résumé of 'What is dramatherapy?', the Codes of Practice and Ethics of the Institute of Dramatherapy, and a useful list of addresses of professional bodies and training programmes.

The authors hope that this book will move the reader forward too, with ideas and imagination, but wish to emphasise that the written word here is no substitute for active engagement in the process.

## REFERENCE

Wickham, G. (1985) *A History of the Theatre*, Oxford, Phaidon.

# Chapter 1

## Historical background and overview of dramatherapy

*Brenda Meldrum*

### INTRODUCTION

This introduction to what dramatherapy is, where it comes from, who does it, where and why they do it, is a somewhat breathless dash through the current state of dramatherapy practice. I hope that it will show the complexities of the profession, born of its different approaches, influences and models. I shall begin with a very brief history of its origins; I shall then proceed to give some definitions of dramatherapy and the status of the profession in the early 1990s; finally, I shall consider some of the models underlying practice.

### A BRIEF HISTORY OF DRAMATHERAPY

The profession of dramatherapy is new and evolved in Britain in the 1960s from drama in education, theatre in education and remedial drama. This chapter is concerned mainly with the development of the profession in Britain.

During the early 1960s, when so much of the establishment, including the certainties of psychiatry, was under attack by the newly liberated young, arts therapy groups began to be formed in Britain and in Continental Europe. They were influenced by the optimism of the times, when it seemed that new ideas and radical approaches to learning and the arts would really change society.

Peter Slade, a gentle man with a mind of flexible steel, was encouraging children to express themselves through drama, but his message to adults—parents and teachers—was that they should listen to their children. We adults, he said, usually spoil our children's absorption in their tasks and deny their creativity by our attempts to control their actions. Listen to children? It was a radical message in the 1960s!

At the same time, Peter Brook, the great international theatre director, was experimenting with different theatrical forms such as Artaud's 'theatre of cruelty', culminating in theatrical productions like Peter Weiss's *Marat-Sade*, which had a much greater influence on theatre practice in Britain than the whinings of Jimmy Porter around the mythical kitchen sink.

In Poland, Jerzy Grotowski's experiments with his laboratory theatre were producing extraordinary actors who were trained to think of themselves and

their work as ‘a paradigm of human kind’—a new role, indeed, for the actor used to playing ‘as cast’! In the laboratory theatre, the process for the actors was a form of analysis, of therapy for them and for the spectator.

In education, Dorothy Heathcote brought drama into the realm of the pursuit of knowledge; Heathcote’s approach was truly child-centred: ‘unlike the kind of progressive teacher who abandons the child to its own resources, she accepts that teaching is an act of benign interference in the lives of children’ (Johnson and O’Neill 1984:12). Heathcote’s innovation was that, instead of directing the children and keeping her distance as a teacher, she entered the drama by taking a role herself.

The encounter with the role may be intense and absorbing for her pupils, but it will also be objective and reflective, since experience alone without reflection will not lead to learning.

(Johnson and O’Neill 1984:12)

In 1982, O’Neill and Lambert, two of her many disciples, wrote:

The most significant kind of learning which is attributable to experience in drama is the growth in the pupils’ understanding about human behaviour, themselves and the world they live in. This growth of understanding, which will involve changes in customary ways of thinking and feeling, is likely to be the primary aim of drama teaching.

(p. 13)

Alas, this radical message frightens the establishment. They do not want children to think in new ways. Drama, perhaps because it is so subversive, is not even included in the core curriculum and instead of looking at different ways of experiencing, we are encouraged to return to what is loosely termed and never defined ‘traditional values’. Teachers are prevented, sometimes by law, from giving their pupils the opportunity of learning about alternative religious experiences and different family and sexual relations.

In the early 1960s these radical approaches in drama and education influenced Sue Jennings (the co-ordinating editor of this volume) who formed the Remedial Drama Group which used drama techniques developed in education in clinical areas. The Group developed into the Remedial Drama Centre in Holloway Road in London, and became the first centre specialising in the training and the practice of creative and expressive drama with adults and children with special needs. In 1970, the Centre called itself the ‘Dramatherapy Centre’, and by 1972 it had expanded into a private consultancy offering training and group work with adults and children. In parallel, Billy Lindqvist began the Sesame organisation which eventually opened a full-time training programme in Drama and Movement at Kingsway College.

By 1977, dramatherapy was becoming known in the arts therapy world as an alternative to psychodrama, and the Hertfordshire College of Art and Design

decided to expand the work of their Art and Psychology division by taking its first group of dramatherapy students. In the following year, a research fellow in dramatherapy was employed by the College of Ripon and York St John and a course in dramatherapy was begun. By 1980, a third diploma course was initiated in the South Devon Technical College.

Out of Dramatherapy Consultants came the Institute of Dramatherapy in 1988, with a theatrically-based diploma in dramatherapy. There are now five postgraduate training courses in Britain, which are discussed in greater detail below.

## WHAT IS THE DEFINITION OF 'DRAMATHERAPY'?

To state the obvious, 'dramatherapy' is the synthesis of two massive processes: that of 'drama' with 'therapy'. I shall begin by defining what 'drama' is and what 'therapy' is and then turn to the definition of 'dramatherapy' itself.

### What is drama?

The *Shorter Oxford Dictionary* defines drama as:

A composition in prose or verse, adapted to be acted on the stage, in which a story is related by means of dialogue and action and is represented with accompanying gesture, costume and scenery, as in real life.

Drama does not, however, need a stage, nor does it need costume, props and scenery. What drama does need is an individual or a group of people who use themselves—their bodies and their minds—through action and often through speech to tell a story.

'Drama' in ancient Greek meant something that is acted out, or lived through. I may talk about the story of my life, or the drama of my life which, although I am focusing on myself, is set in a social context of my interaction with others. Drama is 'essentially social and involves contact, communication and the negotiation of meaning. The group nature of the work imposes certain pressures on the participant, but also brings considerable rewards' (O'Neill and Lambert 1982).

Very young children take an empty beaker and 'pretend' to drink; before they can speak they imitate sounds—not randomly, but in a context: the soothing noises mother makes when her child is crying are imitated by him as he plays with a toy. The child is developing an essential requirement for human beings—the ability to take the role of the other. Humans recognise the emotional responses of other people, because they feel what the other person feels. Dramatic activity is 'the direct result of the ability to role-play—to want to know how it feels to be in someone else's shoes' (Heathcote, in Johnson and O'Neill 1984).

Drama is thus a separation of the self and the non-self within a particular time and space. The child who is 'pretending' to give her teddy-bear a drink from a plastic beaker is operating in a dramatic reality. What she is doing is in real time

but also in imaginary time. It may be the middle of the morning, but she is pretending it's tea-time. She may be sitting in the garden, but she is pretending she is at Buckingham Palace having tea with the Queen. Dramatic distance allows the person, whether as actor or as spectator, a passage back and forth between two planes: the subjective and the objective.

This experience is most obvious in the theatre. 'Theatre is a direct experience that is shared when people imagine and behave as if they were other than themselves in some other place at another time' (Neelands 1990:4).

As audience in the theatre we allow actors to stand in for us, but we still maintain our own separation or distance. When we identify with the characters the actors are playing: 'We accept our kinship with monsters: we enlarge the domain of our being' (Wilshire 1982:10). The actors do not become the characters they are playing, but they bring themselves and their own experience to their interpretations of the roles in the text. The actors, too, are experiencing both the subjective and the objective reality through the aesthetic distance of the drama.

So drama is a social encounter in a special place and in a special time. The actors and the spectators move between real time and imaginary time, from existential reality to dramatic reality.

### What is therapy?

The word 'therapy' is derived from the Greek, meaning 'healing'. So a 'psychotherapy' is the healing of the mind and 'dramatherapy' is healing through drama. 'Dramatherapy' is not simply the use of drama techniques in psychotherapy: dramatherapy is a discipline in its own right with its own professional body and research. It would be useful at this point to look at some definitions of psychotherapy and see how they relate to dramatherapy.

Cox (1986:45) defines 'psychotherapy' as:

A process in which the patient [*sic*] is enabled to do for himself what he cannot do on his own. The therapist does not do it for him, but he cannot do it without the therapist.

The role of the therapist, then, is one of a facilitator, helping the client to act. Hence, the therapist/client relationship is a dynamic one.

Holmes and Lindley (1991:7) quoted by Doktor (1992:9) define psychotherapy as:

The systematic use of a relationship between therapist and patient—as opposed to pharmacological or social methods—to produce changes in cognition, feelings and behaviour.

This definition states that the relationship between the therapist and her client is in itself the therapeutic medium.

Yalom (1985) encourages therapists and clients to speak freely, to shed all internal censors and filters save one—the filter of responsibility: ‘In the therapy group, freedom becomes possible and constructive only when it is coupled with responsibility’ (Yalom 1985:225). The therapist’s responsibility is to the client and to the task of therapy. The therapist sets a therapeutic process in motion and his or her responsibility is to this process and not to put him or herself in the central position. The role of the therapist is that of the responsible facilitator, concerned with the process of the client’s journey and not of his or her own.

The initial goal of therapy is the relief of suffering. Therapy is of its nature interpersonal, whether it be work with one client or work with a group. The therapist’s first relationship with the client is to help relieve suffering and mental distress; then the goals of the therapy change ‘from wanting relief from anxiety or depression to wanting to learn to communicate with others, to be more trusting with others, to learn to love’ (Yalom 1991:7).

Therapy is not merely emotional catharsis. It is both an emotional and cognitive experience. The client feels something strongly; he or she tries to understand the implication of the experience and the emotions attached to the experience and this process has a direct relevance to his or her existential experience in the here-and-now.

Yalom (1985) provides clear research evidence that what distinguishes a successful experience of psychotherapy is the cognitive component which is at the core of the therapeutic process. Thus insight and understanding are essential for therapeutic change. The client assumes responsibility for her or his life predicament: ‘As long as one believes that one’s problems are caused by some force or agency outside oneself there is no leverage in therapy’ (Yalom 1991:8). Then the problem becomes one of moving from an intellectual appreciation of a truth about oneself to some emotional experience of it. ‘It is only when therapy enlists deep emotions that it becomes a powerful force for change’ (Yalom 1991:35).

Thus, therapy concerns strong emotions, insight, intellectual appreciation and change. Central to therapy is a relationship with the therapist or relationships with the therapist and the group, which helps individuals to do what they have not been able to do for themselves alone. They are empowered to experience life as it is happening now.

### **What is dramatherapy?**

Definitions of what dramatherapy is stress the influence of the creative and expressive in contrast with, say, psychoanalytic psychotherapy, whose stress is on the relationship between therapist and client and the working through of conflicts and tension within that relationship. These processes are labelled ‘transference’ and ‘counter-transference’. Enhancing the client’s creativity and expressive ability using drama structures is allowing non-verbal and symbolic expression of emotion, which is in contrast with the talking psychotherapies. Of course, dramatherapists encourage verbal emotional disclosure, but may do so through the drama itself, not necessarily directly.