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THERAPEUTIC DRAMA AND PSYCHOLOGICAL HEALTH: AN EXAMINATION OF THEORY AND PRACTICE IN DRAMATHERAPY

by

LUCILIA MARIA OLIVEIRA RODRIGUES VALENTE

University of Wales College of Cardiff

Ref. 8454
Instituto Superior de Psicologia Aplicada
BIBLIOTECA

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Ao Núcleo AISPA pelo trabalho e fimeinismo da realização dos ENCONTROS "O SENTIR E O SENTIDO" Dezembro
Lucilia Valente

DECLARATION

I hereby declare that this thesis has not been presented previously either wholly or in part for any other degree and is not being concurrently submitted for any other degree.

Lucia Valente

Candidate

Director of Studies

6-12-91

Date

STATEMENT

I hereby certify that this thesis is entirely the result of my own independent investigation. The various sources to which I am indebted are clearly indicated in the Bibliography.

.....

Candidate

.....

Director of Studies

DEDICATION

To my Mother and Father,

who gave me the precious gift of life;

and

to Julio and Daniel

.....the precious gifts life gave me.

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ABSTRACT

The Study investigated the role that dramatic processes can play in the development of psychological health, focusing specifically upon dramatherapy, the medium which intentionally employs drama for psychotherapeutic and personal developmental ends.

In the first stage of the investigation an extensive survey of the literature was carried out to formalise present thinking on dramatherapy, on its historical origins, and on its links respectively with drama, psychological theory and practice, psychotherapeutic techniques, and children's play.

The next stage involved semi-structured interviews with a panel of dramatherapy experts to ascertain their views on the current theory and practice of dramatherapy in the UK. After transcription, the interviews yielded an extensive Item Bank of statements which, after submission to the panel of experts for approval and comment, was allowed to yield a questionnaire designed to establish the relative values which dramatherapists attach to the theoretical and practical issues defined by the panel of experts. With the support of the British Association for Dramatherapists, this questionnaire was then circulated to all its full and

associate members, and also to students following the five U.K. courses of professional dramatherapy training.

An overall response rate of 56 per cent was obtained from the full and associate members, with a rate of 86 per cent from those actively engaged in dramatherapy practice. The resulting data were then analysed to identify mean levels of importance, frequency of use etc. attached by respondents to the variables concerned. The result was the first comprehensive survey of current dramatherapy theory and practice as recognized and applied by dramatherapists in the UK.

The survey reveals for example the major importance of psychodynamic and client-centred theories and practices in underpinning and informing dramatherapy, and also sheds light on client variables, assessment, therapeutic methodology and process, the role and qualities of the dramatherapist, and the relationship between dramatherapy and other important variables.

These results and many others relating to dramatherapy theory and practice are discussed fully, and the current condition of dramatherapy and of its links with psychology and with special needs children are examined. Finally, a range of suggestions is made both for the further development of dramatherapy and for future research.

CHAPTER ONE

INTRODUCTION: AIMS AND OBJECTIVES OF THE RESEARCH

Introduction

Drama as a Therapeutic Agent

From prehistoric times drama has been used as ritual and as magical incantation, but since the time of the Greeks and their concept of catharsis it has been recognised also as a therapeutic agent in the sense that it can help individuals deal with and express emotions, improve their inter-personal communication skills, assist them in their personal development, and enhance the quality of their social behaviour.

Over the centuries since the Greeks, drama has in addition become accepted as one of the central mediums of artistic expression, and great dramatists (for example Shakespeare in Britain, Goethe in Germany, Moliere in France, O'Casey in Ireland, Lorca in Spain) have become recognised as major embodiments and shapers of national culture.

However, drama has remained for the most part an author-audience-actor process, using prepared scripts, with only a small minority taking an active part, and with the majority remaining in a physically and vocally passive role. In recent years, some movement away from this passive audience role has begun to take place, led by theatre directors who see the audience as an integral part of the dramatic process. This move towards audience participation is also

seen in such things as street theatre, and in the use of role play in professional and managerial training.

Nevertheless, in spite of these attempts and of the long-standing recognition of its therapeutic and educational role, the full possibility of drama as an activity-oriented agent of personal and social change has not yet either been fully recognised or fully utilised. At a therapeutic level, it is true that psychodrama, sociodrama, dramatherapy and the 'acting out' techniques of gestalt therapy are currently providing us with a number of interesting innovations, but this work is still largely at an experimental stage, and is still struggling for professional and academic acceptance.

It is true also that within formal education drama in education teams have sprung up in a number of local education authority areas in the U.K. during the 1960s, but their existence is a precarious, informal one, subject to financial constraints and to fluctuating policies within the schools and the local education authorities themselves. Meanwhile drama teaching in schools, particularly where it is not linked to the academic study of English literature syllabuses, remains a cinderella subject, relegated in the minds of many teachers and politicians to fringe (or luxury) areas along with fine art and music.

Drama and Special Needs Children

Even within special education, where constraints imposed by academic examination-orientated syllabuses need not apply, there is scant evidence that drama is being allowed to fulfil its potential role as a facilitator of personal and social growth. McClintock (1984a), when carrying out one of the few studies concerned with drama in special education in Britain, found that, with particular reference to mental handicap, two-thirds of special schools had no teacher with any specialist knowledge of drama, and only 15 per cent of special schools offered drama as a regular time-tabled subject. She also found a widespread misunderstanding of drama among special education teachers, a lack of knowledge of how it could best be used with special needs children, and often a rejection amongst teachers of even its relevance to these needs. And this in spite of the fact that many authors have insisted in their writings that remedial drama has for many years demonstrated that 'used as a psychotherapeutic tool with those who are handicapped or at risk of emotional illness ..... (it) ..... can reveal with startling clarity and great force hidden conflicts, untapped impulses, dormant wishes and fears' (Irwin 1979).

It is also relevant to point out that although certain of the creative arts (particularly perhaps music and painting) have traditionally long found a relatively secure place within special - and indeed mainstream - education, there is

little explicit consensus on why they should be there, and on what they can be expected to achieve in terms of the personal growth and development of children and (and young adults). This neglect is particularly regrettable at the special education level, since children with special problems, whether these be physical handicap or mental handicap, or personality or behaviour problems, may be especially in need of the therapeutic and educational benefits that the creative arts can bring.

Discussing drama in the context of children with special problems, Irwin (1977) and others (Jennings 1981, Aach 1981; Davis 1981, Martin 1981) point to the fact that children with special difficulties face problems of physical movement, of emotional expression and control, and of social interaction and communication which are often far greater than those experienced by 'normal' children. All problems which would seem to be particularly susceptible to benefit from engagement in the process of drama.

The Background of the Therapeutic Use of Drama

This whole area will be examined in full in Chapter 3 and 4. For present purposes, it is sufficient to point out that little co-ordinated material is available on the historical background of such drama as has been intentionally used for therapeutic and educational purposes, or on its theoretical underpinnings from within the creative arts and from within

psychology and related disciplines. And little reliable evidence is available on the way such therapeutic drama has been accommodated and practised, or on aspects such as the qualifications of those involved in this practice, and the techniques, the processes, and the evaluation and assessment criteria employed by them.

This is emphasised by the fact that when in 1984 Connie Naitove, an experienced creative arts therapist and dramatherapist, developed a multi-modal evaluation instrument for use in the therapeutic use of the creative arts, her initiative was enthusiastically supported by the editors of one of the main journals in the creative arts field in the USA. In an introductory note to her work they wrote that: 'Creative arts therapists are hampered in communicating their skills because of the limited availability of reliable and valid assessment instruments in our disciplines' (Naitove 1984).

Evaluation is indeed a particular problem in the therapeutic and educational use of the creative arts and nowhere more so than in drama. This is especially obvious both within special and normal education. However, one cannot develop valid and reliable assessment instruments until one has first clarified more fundamental issues such as the exact influence drama can have upon human behaviour, the aims and objectives of those involved in its therapeutic use, the

major psychological influences bearing upon their work, and a host of other related topics. This therefore provides a strong reason for the existence of studies such as the present one, which aims to research into these fundamental issues. There is a similar need for a study that attempts to identify variables related to the techniques used by, and the professional/personal qualities of, those who employ the creative arts therapeutically. This also the present study seeks to do.

Drama and human psychology. Drama can be looked at in one of two principle ways, either as literature or as psychology. There is a sense in which the difference between these two ways, at a philosophical level, is more apparent than real. Both literature and psychology are concerned with human behaviour, and with the thoughts, emotions, and social relationships that motivate and express themselves in this behaviour. However, at a methodological level, there is a very significant divide between the two. The literary approach is concerned primarily with a critical appraisal of the use of dramatic language, with the acting ability of those involved with dramatic presentation, and with general matters of production and staging. In other words, primarily with drama as performance.

Psychology, on the other hand, is of necessity more concerned with drama as an expression of psychological

creativity and, particularly in the context of psychology as the study of and initiator of human behavioural change, with issues related to emotional expression (and general affect), to communication, to self-insight, to social interaction, and to a widening and broadening of the individual's personal and social experience. In contrast to a concern with drama as performance, psychology is more concerned with drama as participation.

The emphasis of the present study is firmly psychological. As a professional trained and experienced in the psychological use of the creative arts with special needs children and adults, the present author has long been convinced that active engagement in creative activity is one of the most powerful ways of initiating desirable psychological change in people. Her broad aim in the present study is to help towards the formalisation of our thinking on the psychological role and benefit of the creative arts - with a special concentration upon drama - in the hope that this will provide impetus to further studies of this kind in the future. Within the psychological literature, there is a surprising neglect of the psychotherapeutic use of drama - perhaps because few psychologists have had the benefit of training both in drama and in psychology - and it is hoped that the present study will help generally to open up the field for further psychological research and investigation.

Due to the scarcity of psychological source material on the use of drama as an agent of human change - a fact which will become clear in the Review of the Literature (Chapter 3 and 4) - it will be necessary to range widely during the theoretical sections of the study, but the focus will remain clearly psychological. Besides providing a clear overview of the field, it is hoped that this wide-ranging approach will be of value to psychology in that it should open up a number of tributaries which may help nourish the future development of psychological thinking in both the areas of therapy and of human creativity.

The study is in addition educational in the sense that education is also concerned with human change, and it is within the formal educational setting - both special and normal - that drama could perhaps most fruitfully be used as an agent of this change. But it must be made clear that the study is concerned with education in its psychological and not in its curricular sense. Space - and the focus of the study - will not allow any attempt to discuss the place of drama in the school timetable, or the assessment of drama as an academic subject. Neither will it allow any extended discussion of the role of drama in relation to the National Curriculum, nor a research methodology which includes surveys of the work or of the opinions of drama teachers in normal education.

Some Assumptions and Concerns of the Present Study

Of necessity, any study which seeks to research into an area as broad and as ill-defined as the use of drama as an agent of therapeutic psychological change must contain an assumption as to the aim of such change. This aim could in itself be a subject for major debate, but the author considers it best to define it generally as the promotion of psychological health. It is accepted that the definition of 'psychological health' could be another area of major debate, but clearly in broad terms the psychologically healthy individual is one who can lead a personally and socially fulfilling life, relating successfully both to him/herself and to others.

Fontana (1990) and the present author (Fontana and Valente 1991a), influenced by Allport (1961) have discussed psychological health in terms of the development of four abilities. Namely the ability to work (to engage in useful and rewarding activity), to love (to engage in mutually satisfying and sustaining social relationships), to play (to engage in relaxing and recreative non-serious activity), and to pray (to develop a mature philosophy of life, whether religious or not). It would also be possible to discuss it in terms of Maslow's hierarchy of needs (Maslow 1962) or Erickson's learning tasks (Erickson 1963).

Dramatherapy and Psychological Health

In the educational context, children's psychological health has received much less attention than their academic progress, and this in spite of the fact that within the creative arts both painting and music have long been been seen not only as conducive to this health in themselves, but also as capable of furnishing direct therapeutic techniques. To these two well-established creative therapies a third has recently been added. Known in Britain as dramatherapy (one word) and in the United States as drama therapy (two words), this technique is central to the present Study, since it embodies the intentional use of dramatic participation by clients as an agent of personal change and growth, and this is what I mean by therapeutic drama in the context of the present Study. An earlier technique which also calls upon the use of drama, psychodrama, is also of relevance, but (for reasons that will be discussed later in the Study) it is less appropriate to the educational setting which provides part of the focus of the present research.

In order to examine the links between dramatherapy and drama in education, something needs to be said about the way in which drama is conceptualised by writers who see it as an agent of psychological health within the formal educational context. The main point to emphasise here is that such writers, the bulk of whose work was produced during the 1960s and 1970s, express aims which overlap with the aims

which dramatherapists claim to follow in the therapeutic situation. For instance, the basic philosophy of dramatherapy practice is that audience and performance are not important, and the same philosophy is to be found in the literature of drama in education. This point is so crucial that it requires further development in the next section.

Drama in Education

The drama in education movement (as opposed to the more formal drama teaching approach) laid emphasis right from its inception upon the promotion of self development. The work of Peter Slade (1954) - which is of such importance that it will be dealt with fully in Chapter 3 - together with the rapid expansion of new educational theories and practices in the U.K. in the late 1950s and the 1960s, provided suitable philosophical support for this emphasis. The result was a rapid expansion of drama work in schools, with particular attention paid to the concepts of individuality, creativity, emotional expression and discovery learning.

But this brought with it its own problems, primarily the need for teachers who could teach drama in a personal-growth oriented manner. As Slade points out (personal communication with the author), many teachers observed by him during the 1960s and after were still exploring their

own personal growth while actually working with children. Not surprisingly, some of the practices used at the time therefore look chaotic and uncontrolled to us now, and this unfortunately didn't help the argument for the therapeutic use of drama. A second problem was the absence of research designed to develop and assess teaching techniques in drama suitable for use as agents for children's personal growth (an absence which still persists today, hence the need for studies such as the present one). As a consequence, the upsurge of interest in educational drama during the decades of the 1950s and 1960s actually did little to capitalise on the therapeutic potential of the subject.

This was unfortunate. However, more unfortunate still are the changes in educational fashions since the 1960s, changes which mean that education is now penetrated by different values, values which render drama in education no more a fashionable subject, and which have culminated in its exclusion from the National Curriculum. One can speculate on the many reasons for this, but such speculation lies outside the scope of the present Study. And whatever these reasons, the philosophy which currently underpins education in the U.K. appears no longer to hold drama as a tool for personal development.

Those who consider this philosophy to be mistaken feel in consequence that there is a pressing need for new

initiatives involving a thorough examination of how and to what extent drama can be put to use as an agent for the development of psychological health. Which brings the point of focus back once more to the fledgling subject of dramatherapy, since dramatherapy is the only set of currently fully available techniques which seeks to use drama in the service of this end.

Drama and theatre. I have mentioned that in both the drama in education movement and in dramatherapy, the emphasis is upon participation rather than upon performance. However, drama, both as a concept and as an historical fact, is closely linked to performance, and through performance to the concept of theatre. If one is fully to understand drama as a process in human behaviour, one must therefore of necessity examine, at least briefly, the relationship between drama and theatre. This necessity becomes particularly clear when one begins to study dramatherapy, since dramatherapists stress strongly that it is essential to have some understanding of the one in order fully to understand the other.

Drama traditionally takes place within a theatre, that is within a setting that enhances it as an experience, and allows it to operate as performance and attract the attention of an audience. Some authors (e.g. Hornbrook, 1989) point out that one of the problems arising from the

approach of Slade within the drama in education movement in the 1960s was that he split the concept of drama from that of theatre. Slade's defence is that from the angle of child psychology and child psychological health, the historical antecedents of drama are of secondary importance. He reacted - and still reacts (personal interview with the author) - strongly against the practice of drama in schools which is concerned only with putting on plays for school concerts. He advocates instead an approach based on children's natural play, rather than upon theatre, an approach which takes its raison d'etre from psychological rather than from literary (what we might call proscenium) concerns.

A criticism made of Slade by others involved in educational drama (e.g. Yardley and Honess 1979, Ball 1983) is that he has separated drama from theatre, and from the clear objectives provided by the concept of performance, without putting anything clearly in its place. Another criticism of Slade's approach is that it leads to drama as a therapeutic tool carried out by teachers without having sufficient knowledge of psychology to know what 'therapeutic' in this context actually means (Ball 1983). Thus they are unclear as to what their therapeutic objectives are, what techniques drama as therapy should embrace, and what forms of assessment it should use. It could be said that this lack of a sufficiently psychological

grounding has grossly hindered the full development of drama as a tool for therapeutic use.

In spite of these criticisms, the work of Slade and others did seem at one time to have gone some way towards persuading educational authorities of the importance of drama in education as a means towards psychological health. For instance The Newsom Report in 1963 expressed concern over the educational system's apparent failure with less able children, and gave credit to the psycho-therapeutic role of drama in countering the 'social maladroitness and insensitivity' of 'less gifted' young people. According to the Newsom Report, the arts - and educational drama in particular - should be regarded not as 'frills', but as a way of helping young people to come to terms with themselves. In the words of the Report, 'By playing out psychologically significant situations, children can work out their own personal problems' (The Newsom Report, 1963, page 157).

However, as indicated earlier, the climate is now less favourable towards sentiments of this kind. Indeed, much of the Newsom Report's general concern with personal problems is apparently now considered inappropriate (see e.g. Hornbrook 1989). Approaches like those of Slade, of Brian Way (e.g. 1967) of John Allen (e.g. 1979) and of Stabler (1979) among others, are now criticised for their lack of

clear rationale and for their rather vague aims. For example, it is claimed, rather along the lines of the criticism with which I concluded the last section, that they fail to define the subject content of drama for personal development, to say how we know whether its aims are achieved or not, to explain what the processes it involves actually are, and to clarify what such terms as 'practice living', which Brain Way uses to define drama, actually mean.

These criticisms were first heard as long ago as the late 1960s and early 1970s (e.g. Pick 1967, 1970, 1973; Clegg 1973).

Hodgson went so far in 1972 as to suggest that people writing and working in the area seldom have clear cut aims and objectives or goals, while Davies (1983) suggests that the trouble is the 'generality of their observations'.

Davies goes on to argue that drama in education has need of conceptual analysis, though he does concede that since the publication of Slade's Child Drama in 1954 a few attempts have indeed been made to provide a rationale in the field. These attempts appear to include many different and sometimes conflicting trends and emphases however (e.g. Way 1967, Courtney 1965, 1968, Barnfield 1968, Robinson 1975, 1980, Bolton 1979, 1984, Wagner 1979, McGregor et al 1977,

Stabler 1979, Wootton 1982, O'Neill and Lambert 1982, Norman and Day 1984, Byron 1986, Nixon 1987). The result is that the field still remains very confused, and a quarter of a century after Slade the discussion on the key issues of drama as an agent of psychological health is still in its relative infancy.

The Need for a Framework to Therapeutic Drama

In the meanwhile schools are still full of children who show a variety of psychological problems which affect their personal development, their social integration, their academic progress, and many other vital aspects of their lives. Even studies which suggest that drama in schools can play a significant role in raising self-esteem - a quality in children which is known to influence their school progress, their ambitions, and their sense of well-being (Coopersmith 1967, 1968) - have been largely ignored by those responsible for educational policy and its implementation (see e.g the scant influence upon policy of the work of such as Mosley 1987a and Bennett 1982).

What is needed in order to end this unsatisfactory state of affairs appears to be the establishment of an adequate practical and conceptual framework for the therapeutic use of drama, both within education and within psychological

therapy in general. Such a framework would clarify what the therapeutic use of drama actually means, not just for experts but for the broad spectrum of those who practise its use. The problem with the writings of many experts in the field is that their work can be very individualistic. It thus can show what McGregor (1976) called the 'my way of doing it' approach, an approach which hinders rather than assists the development of an appropriate level of consensus. Hence the need in any study such as the present to consult the experts certainly, but also to sample the views of practitioners. Such a sampling should be designed to reveal what these practitioners are actually thinking and doing.

The present Study is in fact the first endeavour, either in Europe or in the United States, to embrace such a research design, and indeed the first study of any kind in the field to invite practitioner participation at a significant level.

The broad aim of the Study is therefore to explore the meaning and use of drama as an agent for psychological (specifically psycho-therapeutic) change as conceptualised by experts and by practitioners. Psychological growth is an imperative of any good therapeutic process and of any good educational process, and if drama is to gain credence as a therapeutic tool it must show it can accommodate itself to psychological parameters.

Aims and Objectives of the Study

In the light of these general concerns, the Study has three main aims, namely:

1. To review the literature on the use of drama for personal (psycho-social) development in both therapy and education.

2. To identify the principles and practice behind the use of drama in a therapeutic context, in particular within the context of the therapeutic processes subsumed under the term dramatherapy.

3. To discuss the extent to which such principles and practices are applicable within drama in education, within the education of children with special needs and within the training of drama teachers.

In order to achieve these three aims, a number of objectives of varying importance must be identified. These objectives are derived in the main from the standard range of questions that any form of psychotherapy might be expected to answer,

though two of them are specific to dramatherapy. These are objective 1, which is designed to explore the important issue refered to earlier in this chapter of the link, if any, between drama as therapy and drama as performance; and objective 2, which is intended to explore something of the relationship between drama as therapy and the therapeutic use of the other creative arts.

1. What is drama as an agent of psychological change as opposed to drama as performance?

2. How do those who use drama as a specific agent of psychological change (i.e. dramatherapists) conceptualise their subject? In particular:

    a. What are the most important theories and most important authorities that influence both their practice and their understanding of dramatherapy, and to what extent can these be seen as psychological?

b. To what extent are other creative arts (e.g. music, dance, writing) used in support of dramatherapy?

3. How can drama be most effectively used as an agent of psychological change? In particular:

a. Which people benefit most from dramatherapy?

b. What are the more important aspects in the initial assessment of clients in dramatherapy?

c. Which techniques do dramatherapists most frequently use and to what extent do these draw upon psychology?

d. What are the most important aspects of a dramatherapy session?

4. What are the most important aspects of the role of the dramatherapist? In particular:

a. what personal qualities should dramatherapists possess?

5. How does dramatherapy operate as a process, and what are the most important aspects of this process? In particular:

   a. How is group progress assessed in dramatherapy?

   b. How is individual progress assessed in dramatherapy?

6. What personal qualities conducive to psychological health appear capable of development through dramatherapy?

The Study thus seeks through these objectives to resolve fundamental issues related to the therapeutic use of dramatherapy as actually conceptualised and practised. Arising from the resolution of these issues, it is intended that in the light of the third Aim identified earlier, some recommendations as to the future use of drama as a means towards psychological health be made, particularly in the context of its use with children with special needs. It is also intended that suggestions be made for further research in the area.

Finally, as a broad area of concern, it is also intended to present biographical data on the composition of the population of U.K. dramatherapists. Such a profile of this population which is not currently available elsewhere, will include details of qualifications, experience, present post, age and sex. These data will also allow cross-tabulations to be carried out in order to identify whether there are significant differences in response between men and women dramatherapists to the issues raised in the research.

CHAPTER TWO

LITERATURE REVIEW: THE HISTORICAL BACKGROUND

Rationale

The Review of the Literature is divided into four chapters. In the first three chapters the aim is to review respectively:

* The historical background

* The psychological and educational background within which the therapeutic use of drama can be contextualised

* The psychotherapeutic background.

The chapters are rather long, as there is no overall structure to the extensive literature available.

In the three chapters an attempt is made to provide structure of a sort, as a first step towards the general formalisation of thought on the influences that have led to the development and current state of dramatherapy.

In the fourth chapter of the Review of the Literature, attention is turned more specifically to research into dramatherapy itself and educational drama, and to the

techniques and skills which the literature indicates are employed by dramatherapists.

Historical Context of Drama as a Therapeutic Tool

In order fully to explore the potential of drama as a therapeutic tool, we must now say something about the nature of drama itself. What are its origins for example? what is its history? what are its aims, its principles and its functions? These essential questions will be dealt with in this chapter and returned to where necessary in subsequent chapters.

The most obvious place at which to start is the historical context, setting this as far as possible within the inter-relationship between drama and, respectively, psychology and education. Of necessity discussion of this extensive area will have to be very brief, providing the merest skeleton of a proper examination of the many issues involved. Nevertheless, even in this abbreviated form, this examination should help to set the scene for much of what follows in this study.

Drama is as old as man. It could be said that human development and drama go hand in hand. Jean Louis Barrault points out that:

> Drama is as old as man: it is as closely linked to him as his double, for the theatrical game is inherent in the existence of any living being.
>
> (Barrault 1972, page 17)

Other authors make statements to the same effect, such as Courtney (1974) who claims that:

> The history of drama is the history of the human race. But, instead of being told in actual events, it is the story of man's developing mind.In this way sociologists consider the development of intelligence is related to the changes in language, myths, dramatic rituals and the social life as a whole.
>
> (Courtney 1974, page 156)

The above statements suggest that the development of human history and of drama are inextricably linked, a suggestion which in and of itself strengthens the argument that drama may provide a valuable aid towards human change and personal and social growth.

The four epochs of western civilisation. The history of humanity up to and including modern times is sometimes for convenience divided by historians of ideas into three major cultural groupings, namely pre-historic or primitive, Eastern civilisations, and Western civilizations. The last named, which is also known as European or Hellenic and which serves as the main focus of concern in the present study,

can be sub-divided into Classic (10 BC to 500 AD), Medieval (500 to 1500 AD), Modern (1500 to 1800 AD) and Contemporary (1800 AD onwards).

The first of these epochs was dominated culturally and imperially by the Greeks and Romans. In the second there was a predominance for 10 centuries of Christian Europeans. In the third various European countries including Portugal, Spain, France, Italy, Britain, and Germany dominated by turns, while in contemporary times it is the Americans and to a lesser extent some European nations who have largely proved most influential.

In terms of education and the arts, in the classic era music, dance, poetry, gymnastic (movement) and theatre were highly considered by the Greeks, with music accorded the most importance for the soul, and gymnastic for the body.

During the medieval period, no one art dominated to any great extent, though the emphasis was probably more on literature, with the century of St. Thomas Aquinas forming the golden age. In modern and contemporary times the written word perhaps still remains the most influential, but there is a spread of interest across all the arts, mainly through the influence of the audio-visual media.

In contrast to earlier times, in the contemporary era people have come to be seen increasingly as 'actors' or 'doers' of art, rather than simply as members of an audience. Art is now considered something to be experienced at first hand, a fact which has had an important influence not only within the artistic world itself but also within the fields of education and of therapy. We will return to this issue later in the chapter, but for the moment it is relevant to stress that this move towards greater participation has also led to considerable differences between the way that the relationship between art and education has been conceived in the past and in contemporary times. While the Greeks for example saw art as <u>in education</u>, today some experts talk more about the possibility of <u>education through art</u> (most notably Read, 1943, whose influence,if not widely recognised, has been profound, and Santos 1977).

History of Drama as Therapy

Jennings reminds us that:

> Drama as healing is not new. Healing rituals as old as civilisation abound in oriental and occidental cultures.
>
> (Jennings 1983, page 3)

In the earliest days of recorded humanity, this healing role manifested itself (often in conjunction with other creative arts such as music) in rituals which, individually and

severally, covered a wide range of purposes. Not all of these purposes were therapeutic. Many had to do with highly practical things such as ensuring success in the hunt and invoking rain and fertility, while others had more to do with appeasing the gods or with devining the future or preparing for war. But others of them, from the evidence of surviving artifacts and pictograms, seem to have had at their centre the notion of transformation, so essential to both psychological and physical healing. For example, we see in early cave paintings in both Europe and the America humans dressed up as animals, suggesting the notion of endowing men with the qualities (courage, wisdom etc.) which the animals concerned symbolised. One of the earliest drawings ever discovered was executed on cave rock by Paleolithic man, and depicts a figure dancing in a buffalo skin (Feder and Feder 1981).

Drama as religious ritual. Early rituals (describable as dramatic rituals in the sense that they were concerned with 'acting out') were also used therapeutically as magical incantations for altering or influencing behaviour, as invocations of helpful spirits, and as exorcisms for the casting out of evil ones. Such rituals appear to have been intended for functional rather than aesthetic purposes, serving as vehicles for the expression and transmission of fear, sadness, anger, and joy, and as vehicles through which the gods could work their healing powers within the minds of

men. This religious function of dramatic ritual is referred to by Gilbert Murray:

> Drama was in its origins a religious ritual intended to secure the continued life of the community or to avert the consequences of unpurged pollution or the wrath of the dead.
>
> (quoted by Jennings, in Burr 1986, page 190)

Although we do not have explicit knowledge of these early Paleolithic rituals, it is known that Neolithic people made rhythmic movements accompanied by sounds, because we have evidence from cave paintings and artifacts that date back to this period (Feder and Feder 1981). They probably used the body itself as an instrument and as the earliest form of self-expression 'in which humans related their own beings to the constantly changing world in which they lived, a world filled with rhythm of movement, of the days, and of the seasons' (Feder and Feder 1981, page 2). On the basis of our knowledge derived from anthropology, it is thought Paleolithic man believed healing energy came from the gods, and that dramatic dance and songs stimulated this energy and facilitated the healing process.

Art, ritual and religion. So intricate and important is the relationship between drama and religion that it requires more extended discussion. As Herbert Read puts it, 'The relation between art and religion is one of the most

difficult questions that we have to face. We look into the past and see art and religion hand in hand from the dim recesses of pre-history' (Read 1949). Harrison (1913), who studied in depth the origins of ancient art and ritual, suggests the relationship between religion and drama was so close that ' It is at the outset one and the same impulse that sends a man to church and to the theatre' (page 9).

For Harrison it could be said in fact that drama comes almost exclusively from religious (particulary Dionysian) ritual, and increasingly from the drive to meditate on the questions of human existence and destiny. Coggin (1956) takes a similar view, pointing out that in these early years drama was intrinsically religious, and the actors were in a sense ministers of religion, with both participants and onlookers seen primarily as spiritual beings with the power to discover their own individual destinies.

Harrison takes us further and points out that ritual and art also developed from this common root, and that in consequence we cannot understand one without the other. She suggests that if we want to know what art and ritual have in common, we should look at Greek philosophy in order to get an explanation (and recognise that not only in Greece were art and ritual closely linked, but also in ancient Egypt and Palestine).

Harrison tells us also that the foundation of both art and ritual exist at an emotional level. In his Republic, Plato says that art is imitation, the artist imitating natural objects which are themselves copies of higher realities. In the same way, says Harrison, ritual also involves imitation, but here the intention is not to reproduce an object but an emotion. As Harrison puts it, 'art and ritual are at the outset alike in that they do not seek to copy a fact but to reproduce, to re-enact an emotion' (Harrison 1913, page 47).

But whether reproducing an object or an emotion, ritual suggests something based on action. The Greeks called it a dromenon, 'a thing done'. However, as Harrison points out, there is a sub-group within these 'things done' which we can call a rite. One element of the rite is that it is done collectively, by a number of persons feeling the same emotion. For instance, a meal eaten alone is not a rite, but when taken in common, under the influence of a shared emotion, it may well become one. Collectivity and emotional tension are therefore the two elements that can turn a ritual into a rite.

In the religio-therapeutic context rites are clearly of more significance than mere rituals, and as such bring us closer to what we can formally recognise as drama, 'an acting out', 'an imitation', 'a thing done', which has the specific

objective of influencing the participants in some way, and which involves the expression (and stimulation) of emotion.

How rite passes over into drama. To understand more fully how rites become drama, it is useful to see what John Murphy (1927), a particularly perceptive expert of primitive cultures, has to say. Murphy makes reference to the ritual dances of primitive tribes in which they represent the life-process of the food-animal, or the death of winter and the coming of spring. Like Harrison, he points out that action and emotion are part of the ritual, thus turning it into a rite, but he doesn't yet call it dramatic. For Murphy, a further ingredient is necessary, namely the attitude of the spectators. Referring to the particular case of the dance he comments that:

> Even when the action is delegated to a special class, the rest take part by rhythmic swaying hand clapping or singing, and share the frenzy of the dancers. The increase of small tribes to great nomadic hordes would make delegation to a small number imperative, and leave many in the position of spectators who tend to be more and more detached from the ritual action .....
>
> (Murphy 1927, page 291)

Harrison also refers to the development of the concept of spectators in rituals and rites, and shows how this concept relates to the development of art:

> The spectators are a new and different

> element, the dance is not only danced but is watched from a distance.It is a spectacle; whereas in old days all or nearly all were worshippers acting, now many, indeed most, are spectators, watching, feeling, thinking, not doing. It is in this new attitude of the spectator that we touch on the difference between ritual and art, the dromenon, the thing actually done by yourself has become a drama, a thing also done, but abstracted from doing.
>
> (Harrison 1913, page 91)

Commenting on Harrison's concept of the development from ritual to drama, Murphy points out that the actual transition from ritual to drama was mainly due to a decline of faith in the magico-religious process as a way of affecting natural phenomena. 'Religion in its earliest forms is practically all ritual, that is, magico-religious action to secure the ends of life' (Murphy 1925, page 291).

But as Harrison (1913) points out, 'It is a fact of cardinal importance that the Greek word for theatrical representation, drama, is a cousin of their word for rite, dromenon. Drama also means "things done".' (page 35) Thus the Greeks had realized that to perform a rite you must do something. You must feel something certainly, but you must also express it in action. In psychological language, we could say that we must not only receive an impulse, but we must react to it.

In the origins and definitions of these two words, dromenon and drama, we have a vital clue to an understanding of the real nature of drama, and how it relates to ritual and art. Drama like ritual - but unlike some other art forms - is in fact based upon action, and thus through drama we are potentially in touch with ritual aspects of the life of our ancestors.

The Greeks and the Whole Person

Drama, as action, has important formative links not only with ritual however. It also has links with other forms of art, in particular music and dance. In classical times, music, dance, poetry and theatre were all highly regarded by the Greeks, with music being given pride of place. I mentioned earlier that the Greeks talked about gymnastic for the body and music for the soul, and in their understanding of the relationship between body and soul they also clearly saw a link between music and medicine. Their approach to preventive medicine was conceptualised in terms of the harmonious inter-relationship of mind, body and soul, and Plato actually talked about music as 'a medicine for the soul'.

However, the Greek's use of music was more centred upon the calming effects of listening to music rather than upon making music. In rites of passage and in other religious

rites, the music was provided not by the audience themselves but by the chorus or choreia, which thus provided a spectacle - and as we saw a moment ago, 'spectacle' is an integral part of dramatic activity. Harrison, talking about the evolution of the relationship between music and drama, says:

> It is in the relation between the orchestra or dancing-place of the chorus, and the theatre or place of the spectators, a relation that shifts as time went on, that we see mirrored the whole development from ritual to art - from dromenon to drama.
>
> (Harrison 1913, page 124)

From this statement we can better understand how drama in its origins was something of an all-embracing art. The Greek chorus was actually a band of dancers and singers in religious ceremonies and dramatic performances, a band who increasingly took over the acting out (the 'thing done') from the audience, leaving the audience with a more and more passive role analogous to that of the audience in the modern theatre.

Greek theatre. Not surprisingly, therefore, the chorus played an integral part in the development of the first known theatre, that of the Greeks. As Lyman (1975) explains in his The Drama of Social Reality, our word 'theory' is derived from the Greek term for 'theatre', a derivation

which suggests that the method appropriate to theorising was, from the beginning, the method of drama. To the Greeks, 'to theorise' meant to represent reality, to report on the world, and most significantly, to elucidate the seen but unnoticed features of this world. The theoria who visited an oracle undertook a search for 'divine communication and (for) an interpretation of that (divine) message' (Lyman 1975, page 2).

It is therefore perhaps not surprising that in the West, the symbol of art, culture and education is Epidauros, the site of the best known theatre in ancient Greece. Koltai (1981) points out that 'few people realize that this blossom of culture grew out of, and because of, man's eternal and most basic desire to purify and heal himself and to strive for spiritual, intellectual, and physical wholeness' (page 197). Koltai also suggests that the roots of our modern Western medicine and psychotherapy can be traced back to the same seed. She tells us that:

> Epidauros reminds us that the arts, particularly those of theatre and dance, grew out of man's natural instinct to exist in harmony with the universe, to heal and rejuvenate himself. They are not separate external or 'fringe' techniques applied to the art of healing.
>
> (Koltai 1981, page 198)

Asclepius the god of healing and the eclectic approach in

therapy. Epidauros pays homage to Asclepius, the Greek god of healing, who saw no dichotomy between the educative and the therapeutic processes, since when the Greeks used drama as a form of education they did so primarily for the dissemination of religio/philosophical knowledge aimed at the development of the whole personality.

The healer disciples of Asclepius also appear to have been good scientists and astute observers of their fellow men and women and of their relationship to the environment. For them:

> An integral part of the healing process was to create beauty and harmony around and inside the person, and enable him not just to be a passive spectator but to experience and understand himself as a creator and participant in the living process of beauty and harmony ..... They, the healers of the Asclepia, looked at the whole person, assessed the need, and only then did they apply or suggest a method. Surgery, prescription, miracles, dreams, "shock treatment", song, mime, poetry, exercise, and martial arts coexisted as compatible approaches to treatment.
>
> (Koltai 1981, page 198)

If, many centuries later, we would emulate this enlightened approach, we need also, as Koltai (1981) points out, to rediscover the true meaning of eclectic and of a team approach in therapy. Religious ritual, music, dance and drama happened in the time of the ancient Greeks as a unity,

and this is the perspective of drama with which the present writer is most experienced and is most closely identified.

Plato and education based on play. Plato, however, was not entirely in sympathy with the an approach which linked education to religion, therapy and the arts. He considered that education (the 'drawing out' of the individual) must be based upon play and not upon the compulsions associated with religion. Although he divided his education system into two parts, 'musical' and 'gymnastic', he did not see it as connected with 'theatre'. For Plato, mystical and traditional ideas of purification needed to be re-defined in terms of what we would now describe as psychological processes. For Plato, the theatre distances us from these psychological truths because of its role as an imitator of reality. An actor imitates a character, and to imitate is to trespass. Plato argued that the ultimate aim of education must be the idea of beauty, a progression from the perceptual to the conceptual, from the sensuous to the non-sensous. In spite of this rationalism, it must be remembered, however, that Plato claimed that the final answer to fundamental questions lies not in reason but in a mystical vision of reality itself.

Plato's criticism of the theatre was answered in due course by Aristotle. Aristotle was more concerned with the real world than was Plato, and advocated the importance of what

can be called (a surprisingly modern concept) 'the theatre of reality'. For Aristotle, imitation is natural to the human race, and therefore partakes of reality rather than trespasses upon it. Like Plato, Aristotle emphasised the importance of play in education, but saw it as an activity which can be pursued for its own sake, and which must therefore be distinguished from other educative activities which are means to an end.

The Aristotelian Theory of Catharsis

Aristotle is also important for our survey in that it was he who introduced the idea of catharsis (or purgation), a process in which the emotions are acted out rather than used in earnest. He wrote:

> Tragedy is an imitation of an action that is serious, complete and of certain magnitude, in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play: in form of action, not of narrative, through pity and fear affecting the proper catharsis or purgation of these emotions.
>
> (Quoted by Butcher 1902, page 23)

Thus catharsis is seen as a means of purification and exaltation of the emotions of pity and fear (a metaphor taken incidentally from the Dionysian ritual, and showing

the continuing importance of the link between religion and drama).

Aristotle believed that it is not desirable to kill or starve the emotions of the soul - an interesting precursor to the Freudian condemnation of emotional repressions - but that 'to regulate indulgence of the feelings serves to maintain the balance of our nature'. In putting forward this argument, Aristotle created a metaphor by applying the argument to the body in order to describe a treatment that touches the soul, once again acting as a precursor to modern therapeutic thinking - in this case to the body-mind link in disease.

In our discussion of catharsis, we can now briefly leap across the centuries to recent times, since the concept of catharsis experienced in fact little development during these intervening years.

New developments of the theory of catharsis. In the 19th century, attention was focused again upon catharsis by a German named Jacob Bernays who in 1857 published a pamphlet that firmly established catharsis as a medical metaphor, thus contributing to its attractiveness as a concept to the psychoanalytic movement, which was not slow to incorporate it into its model of the mind (incidentally, Bernays was the

uncle of Freud's wife, which in part may explain this incorporation).

We can infer from Bernays's interpretation that catharsis represents psychic energy which needs to be expressed, and which can be released by participating as observers in dramatic experience, in particular in tragedy, which excites strong emotions such as pity and fear. This accords with Aristotle, who when first introducing the notion of catharsis had held that:

> Tragedy is an event for the particular emotions of pity and fear. In the first instance, it is true its effect is not to tranquillise but to excite. It excites emotion, however, only to allay it. Pity and fear, artificially ..... expel latent pity and fear which we bring with us from real life, or at least, such elements in them as are quite disquieting. In the pleasurable calm which follows when the passion is spent and emotional cure has been wrought .....
>
> (Butcher 1902, page 24)

During the 1930s, Moreno put this notion of cathartic cure to full effect when he established the practice of what he called psychodrama, and from Moreno onwards drama has, by extension, also come to be recognised as a way of dealing with the emotions, of improving inter-personal development, and of influencing social behaviour.

Cathartic cure, according to Wright (1979), is 'assumed to be the sine qua non of the psychodramatic process' (page 4), but Moreno claimed he took catharsis beyond Aristotle's position by acknowledging the primacy of the effect of performance not just upon the audience but upon the actor him or herself. Maintaining the Aristotelian preference for action not narrative, Moreno placed his clients on the psychodramatic stage, where they could experience at first hand the cathartic effect of the dramatic process. So important is psychodrama to the concerns of the present study, that a separate section will in fact be devoted to it later.

The Middle Ages: Performing Arts as Profane Art

Picking up the strands of our historical survey again, we can go back to the Middle Ages, where we see the Greek philosophy of the unity of mind and body becoming eclipsed as Christian theologians (particularly Thomas Aquinas) developed mind-body dualism as the received orthodoxy. In propounding this philosophy they showed a determination to exalt the spirit by 'reviting and chastising the human'. For them the body was a 'dung heap', and even St. Francis referred to it as 'poor brother donkey' (Feder and Feder 1981, page 6).

Not surprisingly in the light of this dualistic thinking, the arts came to occupy an ambiguous position. While the role of non-performing arts such as music, painting and sculpture was seen as being mainly to serve God, the performing arts such as dance and theatre were seen as profane - and even as instruments of Satan. Although in some places (e.g. Italy) certain dances like the 'tarantella' (a kind of convulsive dance that provided catharsis and cure for nervous disorders) persisted, even these were seen by some authorities as a perpetuation of ancient rites, and arguments against them were put forward on the grounds that the church could not assimilate this 'dancing mania' and the orgiastic rites of the 'cult of Dionysus', (Feder and Feder 1981, page 7).

Drama was thus forced to abandon its therapeutic role. Throughout the Middle Ages, therapy (psychological and medical) consisted exclusively of prayer, incantation, exorcism, bleeding and crude surgery. Even the visual arts were seen as conferring spiritual rather than psychological benefit, and as far as drama was concerned, Courtney (1974) tells us that 'The Church fathers condemned (it) out of hand' (page 12). Rome in fact issued strictures forbidding theatre performances, and threatening severe punishments for those clergy who entertained actors. The Church opposition was based in the grounds that:

Roman mime had satirised the Church, and

> so there was an emotional objection; many of the Pagan folk customs had a mimetic and dramatic element, and so there was a religious objection; and as their thought was based on Neoplatoninsm, with its conflict between the world of spirit as well as the tradition of Plato's own opposition to the theatre, there was a philosophical objection.
>
> (Courtney 1974, page 12)

However, Greek civilisation was in due course rediscovered by the Moslems, and in the 14th and 15th century this led to a revival of interest in ancient philosophy and mathematics, an interest which helped lead up to what has been called a time of 'social grace and creative energy', the time in fact of the European Renaissance.

The Renaissance: The Renewal of the Concept of Therapy

During the Renaissance (14th - 16th Centuries), a renewal of interest in the arts and in the concept of 'therapy' (as opposed to the exorcism etc. practised by the Church) accompanied the growing interest in philosophy and mathematics. During this period, there was also a rediscovery of classical literature.

> The first large dramatic influence was the Roman Academy of Pomponius Laetus in the middle of the fifteenth century: an association of scholars, they performed Latin plays and reintroduced Plautus into Italy ..... Great prominence was

> given to games, play and, particularly, physical activities.
>
> (Courtney 1974, page 13)

Generally, learned men and women of the Renaissance avoided narrow specializations, and each scholar researched and investigated in numerous fields. It was common, for example, for a physician to appreciate and play music, while also being interested in the Greek beliefs concerned with the relationship between art and health. To a considerable extent, the essence of medical thinking during the Renaissance harked back to the ideas of Empedocles (490-430 B.C.), physician and philosopher. Empedocles suggested that the four elements earth, air, fire and water from which the universe was constituted, had their equivalent in the fluids or humours constituting the body. The four humours of Hippocrates and Galen, blood, phlegm, yellow bile and black bile, were believed to be correlated with four personality types, namely sanguine (cheerful), phlegmatic (calm), choleric (angry) and melancholic (sad). A fascinating adjunct to these medical beliefs was the fact that Renaissance thinkers also recognised an alleged relationship between the four cosmic elements and the musical counterparts of bass, tenor, alto and soprano. Physicians of the time conjectured widely on the relationship between the humours and music, and this thinking led to a revival of interest in the relationship of the arts to therapy (Feder and Feder 1981, page 9).

The scientific revolution which also arose in this period further reflected this thinking. For example many physicians investigated the pure physiological effect of music through such things as the relationship between bodily and musical rhythms, (as for instance in pulse and musical beat). Changes were also taking place in other fields of learning. The whole climate in fact was one of change, a change in which, in the centuries following the Renaissance, the so-called 'naturalistic movement' played an important part, as we will see in the next section.

A Climate for Change - The Naturalistic Movement

The centuries following the Renaissance saw the growth of what has come to be called the naturalistic movement in philosophy, art and education. The name of Rousseau is inseparably connected with this movement, which had enormous influences on education. Rousseau deserves a section to himself.

Rousseau and the natural instincts in man. The great importance of Rousseau (1712-1778) for the context of the present study is that, under his considerable influence, philosophers, artists and educationalists began to emphasise the importance of 'nature' and of the development of 'natural instincts' in man. Individuals, from childhood

onwards, should be seen as having their own ways of seeing, thinking and feeling, and in this sense children should never be seen merely as young and imperfect adults.

In his Emile (1762) for example Rousseau writes:

> Love childhood, promote its games, its pleasures, its delightful instincts ..... you must consider the man in the man and the child in the child...Nature desires children to be children before being men.
>
> (quoted in Coggin 1956, page 222)

Ideas such as these provoked a 'revolution' in the way education was conceptualised and practised. Rousseau was also the first authority to apply contemporary scientific ideas to education, and to substitute activity and experience for book-learning. As Coggin states:

> The characteristics of the speculative philosophies from Plato down to the Renaissance, was that experience seems to have played a comparatively minor part in their formation. In Rousseau and Goethe, experiences becomes the dominant factor.
>
> (Coggin 1956, page 222)

After Rousseau's Emile, modern pedagogy, influenced by authorities on education such as Pestallozi (1746-1827), Froebel (1782-1852), and Montessori (1870-1952), placed increasing emphasis upon the child's pleasure, engagement and experience as the basis of education. Later, 19th century writers such as Decroly (1871-1931) and John Dewey

(1859-1952) also contributed to a decisive re-evaluation of education which attempted to integrate it with a democratic conception of society. In this re-evaluation of education, the arts had a role to play. Pestallozi for instance recommended the use of national folk songs in education, and specialist societies were formed to discover and record the songs of peasant and country populations. In Emile's education, Rousseau proposed to sing songs, sometimes without words.

The 19th and Early 20th Centuries

The eighteenth century has been called the Age of Enlightenment. But things were to change, particularly in Britain, in the nineteenth century. As Feder and Feder put it:

> To the degree that a frank and unabashed recognition of the human body and its functions are concerned,it was indeed an age of enlightenment. In contrast, the English and American Victorians of the next century subjected the body itself to a debasement that may be unparalleled in history. Not only was the body itself denied and banished from speech and sight, but words and objects that even suggested the body were transformed.
>
> (Feder and Feder 1981, page 11)

Inevitably, this led to a set-back in therapies that worked

upon the body in order to promote health. This period of stagnation lasted through much of the nineteenth century, and was only brought to an end by an upsurge of creative thinking on the part of such men as William James and John Dewey in the United States in the late nineteenth and early twentieth centuries.

John Dewey deserves a special mention because his theory related art directly to experience. Dewey founded the philosophical school of Pragmatism (with Charles Sanders and William James), and is well known as a philosopher, psychologist and educator. Indeed in many senses he is the outstanding thinker of the so-called progressive movement in American educational reform during the end of the nineteenth and the first half of the twentieth centuries. As Smith (1970) remarks, one of the most important of Dewey's beliefs was that 'aesthetic experience is a model for all experiences' (page 1).

This belief of Dewey led him to emphasise that the main task of aesthetics is to renew continually the links between art and the every day events that are universally recognized as constituting experience. One outcome of these ideas and others - which in many ways were inspired by and harked back to the 18th century naturalistic philosophers - is that they encouraged artists to place a new emphasis upon peasant, folk, and primitive art. Painters like Gaugin

(1848-1903), Matisse (1869-1954) and Picasso also drew attention to the neglect of art produced by primitive societies , and the disciplines of archaeology and anthropology likewise turned their attention to the art of the caveman, and became aware 'that unsophisticated art had an appeal of its own' (Coggin 1956, page 224).

All these movements helped ferment in turn a new interest in children's art, which has persisted until the present day, and which has played an important part in our thinking about creativity and self-expression in the young. Sir John Adams (1857-1934) in fact introduced the term Paidocentric Education (or education conceived from the child's point of view) and laid emphasis upon an active pedagogy, in which childhood was considered as a phase of life having a meaning in and of itself.

In addition to childhood, other spheres of human nature were re-evaluated during the 19th and early 20th centuries. Freud and psychodynamic psychologists for example showed the importance of emotions, while other thinkers demonstrated a growing if belated interest in the ideas of the late eighteenth and early nineteenth century German philosopher Immanuel Kant (1724-1804), who saw education as the development of natural gifts. Kant had claimed that:

> There are many germs lying undeveloped in man. It is for us to make these germs grow, by developing his natural

> gifts in their due proportion, and to see that he fulfils destiny.
>
> (In Coggin 1956, page 225)

The Contemporary Context

From the 1920s onwards, the emphasis upon the emotions as a crucial factor in educational development and psychological health increased under the influence of Freudian and later neo-Freudian thinkers such as Jung, Adler, Horney, Fromm, Winnicott etc., all of whom will be referred to in subsequent sections of the present study. For our purposes we can now move forward to the 1960's which were another period of great change - new musical ideas, Beatle-mania, flower-power, and - most important of all for the present work - experimental theatre.

Experimental Theatre

In terms of this theatre, the contributions of Stanislavski, Brecht and Artaud are regarded as the greatest innovations in the development of the theatrical arts in the modern era. Landy (1986) puts it that:

> Three theories that have profoundly influenced twentieth century theatre and that are related directly to a conceptual understanding of dramatherapy are those developed by Constantin Stanislavski in Russia, Bertold Brecht in Germany, and Antonin Artaud in France.
> (Landy 1986, page 82-83)

Dramatists such as Grotowski and Peter Brook were also of importance in this development. They, along with the other three just mentioned, and who we shall be looking at individually in a moment, are vital to the present study in that their methods for training stage actors are built upon the principles of inner personal development and of self-study, issues which are central to the present writer's concerns and essential for an understanding of the therapeutic and educational use of drama.

Constantin Stanislavski. Stanislavski (1863-1938) is perhaps the most important of the three big names mentioned above by Landy. A Russian stage director and author of An Actor Prepares (1936) and Building a Character (1968), Stanislavski developed a complex system of training based on the inner and outer work of the actor himself, and on the actor in his part. Based on psychological studies of the unconscious and of memory, Stanislavski's 'method' demanded that his actors start within the given circumstances of their role character's life, times, place, dress etc., and then ask themselves how would this character react, move or feel given these sets of circumstances (see Stanislavski 1924, 1981).

Stanislavski is particularly renowned for his technique of emotional memory, which consisted of sensitizing his actors

to re-enact emotions experienced in their own life, and which would be necessary ingredients of the emotional reality of the character they were playing. This technique is similar to abreaction, a psycho-therapeutic technique in which the patients relieve past feelings surroundings traumas which are otherwise repressed or buried.

Stanislavski's actors were taught to project their own feelings onto their characters in order to create an aesthetic and emotional naturalism, and thus although Stanislavski's main objective was at an aesthetic level, in his productions his audiences often experienced therapeutic catharsis.

The therapeutic relevance of the experimental theatre of Stanislavski, and to a lesser extent Brook and Grotowski, is thus easy to see. Discussing its influence upon dramatherapy, Landy (1986) emphasises the extent to which dramatherapists make use of experimental theatre techniques along with those borrowed from psychodrama, employing 'naturalistic techniques of role-playing and psychodrama to uncover psychological issues' (page 84).

Bertold Brecht. Somewhat surprisingly, since they are so often mentioned in the same breath in connection with experimental theatre, Brecht rejected the psychological naturalism of Stanislavski and his disciples. Instead, he

created the epic theatre, based upon the use of less realistic and more distancing theatrical techniques (see Willet 1977). We see the influence of Brecht within the therapeutic use of drama most clearly perhaps in the work that dramatherapists do using dolls and puppets, and which allows clients to project themselves onto the actors so to speak, rather than identifying with them.

Antonin Artaud. The third important influence mentioned by Landy is that of Antonin Artaud, whose Theatre of Cruelty Manifesto is strongly linked to theories of the unconscious in psychology and psychiatry. Artaud's theories, which were later developed by Peter Brook, and which like those of Stanislavski and Brecht also had a strong influence on many aspects of modern performance theatre, stressed the importance of physical imagery, and the expression of the emotions through gesture, movement, and other non-verbal means (Artaud 1958). In this way he allowed a recognition of the crucial place of emotional behaviour in human life to become an integral part of the dramatic process.

The warcry of Artaud was,'Theatre must be thrown back into life' (in Roose-Evans 1989, page 30).

Jerzy Grotowski. Although not one of Landy's 'big three', individual mention should also be made of Jerzy Grotowski, director of the Polish Theatre Laboratory during the 1960's,

who carried out important experiments trying new forms of theatre which emphasised the actor's experience rather than just that of the audience. Grotowski stressed the use of the body and of the instincts, arguing that the spontaneous creativity of the body is a response to psychic impulses. He also abolished the separation between actors and audience, laying great stress upon the creativity of ordinary people, in the expression of which creativity he wished to rediscover the experience of drama as a ritual. His concern was to create 'a theatre of sources', leading to the 'sources of life' and thus to the direct primeval experience, or 'organic experience' as Grotowski called it (Grotowski 1969).

As Fowler (1985) describes it, Grotowski's work can be divided into four distinct phases: Theatre of Performance (1959-69); Theatre of Participation (1969-75); Theatre of Sources (1976-82); and Objective Drama (from 1983). During this development of his ideas, Grotowski came to believe that make-up, props, costumes and particulary technical effects have been overly relied upon in drama at the expense of actual participants. His argument is that the actor and spectator are the only two 'ingredients' needed for theatre to be an organic, seminal experience. For each performance of his productions, a new space is therefore designed for actors and spectators.

Contemporary Changes in Therapeutic Thinking

Not only have there been these important developments within drama, there have also been major changes in therapeutic thinking itself in recent years which have bearing on the use of drama in therapy. In psychiatry, these changes are particulary linked to the work of Ronald Laing (1965, 1985). Laing's writings and research draw attention to the importance of the family and of society when looking at mental illness, and to the logic of the verbal and non-verbal signals exhibited by those with psychiatric problems. The theories of Laing and of those involved in the so-called anti-psychiatry movement (e.g. Berke 1979, Cooper 1971) challenge the whole concept of mental illness and have helped, together with the work of Maxwell Jones (1968), to develop the concept of therapeutic communities, communities which focus on the need to help the whole person and not just to treat the individual's symptoms in isolation from their social context.

The new thinking during the 1960's has also had a significant influence upon progressive education, in particular in terms of emphasising self-expression instead of outside discipline. The 'formal' approach to education is seen by progressive education as leading to the repression of creativity, and the 'informal' as evoking creativity. The cultural atmosphere in the 1960s was also conducive to new legislation in education and to an

educational system within which drama teaching could be seen as providing a valuable opportunity for creative expression.

Developments in the 1960's also gave rise to new humanistic psychological techniques for personal growth and development that departed from traditional psychoanalytically based approaches (see e.g. Schultz 1967, Rogers and Coulson 1969). Many of these techniques are particularly open to the use of fantasy, physical activity and role-playing, and thus have obvious affinities with the therapeutic aspects of drama.

The Emergence of Dramatherapy

Dramatherapy emerges from the relationship between therapy and theatre (including educational drama), thus developing from both creative and mental health disciplines. In Britain it was Peter Slade, in the 1950's, who first put together the words 'drama' and 'therapy' in a paper called 'Drama as an Aid to Becoming a Person' (1956). (The work of Peter Slade and of other educational dramatists is discussed fully in Chapter 3). Meantime in the U.S.A., a new generations of actors, influenced by experimental theatre, developed work in schools, hospitals, prisons and other special care establishments. Some of this work was acknowledged as therapeutic, and in 1979 the American National Association for Dramatherapy was established.

Contemporary with this in the United States, Winifred Ward (1957a, 1957b) began applying theatre techniques in children's education.

A common factor amongst these pioneers was an emphasis upon the process of creative drama rather than upon the product. This factor also under-pinned such emerging therapeutic practices as play therapy, which used role-playing and pretend games to help children contact and express their emotional problems. During the late 1950s and 1960s, drama came to have growing importance in Britain also, mainly in schools where there was an expansion in the use of drama as a means of working with children with problems. Sue Jennings (e.g. 1984, 1987a, 1990) is one of the British pioneers of dramatherapy particularly involved in this early work with children, and who helped found the Remedial Drama Group in 1962 with other teachers and actors. As there was no training in dramatherapy at the time, the members of this Group trained in analytic group psychotherapy and other forms of psychotherapy, and found there the theoretical basis for their practice. The work of the Group with special school children, discharged psychiatric patients, and later with school groups of all ages, produced results which influenced other European countries such as Germany, Belgium and Holland.

During the 1970's the training of professional dramatherapists for work in hospitals, schools and special units began to develop, and the Dramatherapy Center (an evolution from the Remedial Group), and later the British Association of Dramatherapists (with the support of the Central London Polytechnic), began to provide two year courses and weekend and summer schools. Dramatherapy Consultants was also formed, offering specialised courses for professionals. In 1978 the College of Ripon and York St. John began a qualifying course for dramatherapists, and in 1980 the South Devon Technical College established a similar course (Jennings 1987a).

Dramatherapy Training

At present there are four training centres in the U.K. with C.N.A.A. recognition offering training courses in dramatherapy, These are the above two courses and the postgraduate course at the Hertfordshire College of Art and Technology, St. Albans (the largest centre of training currently with 36 students), and the recently inaugurated course at the Institute of Dramatherapy directed by Sue Jennings. Since October 1990 Hertfordshire College of Arts is offering a Master of Arts in Dramatherapy.

In addition to these courses, there is a further course of relevance to dramatherapy run at Sesame, located currently at the Central School of Speech and Drama. Sesame is an

organisation which offers courses in 'Drama and Movement in Therapy', and which came into being in 1964 under the auspices of Radius, a Registered Charity. Sesame ran the first short course in drama and movement for occupational therapists, and for a short period in 1965-1966 the group P'Rang, led by Sue Jennings, joined the organisation. In 1971 Sesame became a registered Charity in its own right, becoming part of the Central School of Speech and Drama. Although Sesame was the first organisation to set up courses, it is still waiting for recognition as a qualifying course for dramatherapists.

The problem for Sesame is that the approach it follows is different from the four CNAA recognised dramatherapy courses in that more emphasis is placed upon movement.

Dramatherapy Now

Sue Jennings claims that the aim now is to place dramatherapy on the same level as other psychotherapeutic practices (Jennings 1987a). For that purpose the British Association of Dramatherapists is currently in discussion over the need for the kind of supervision that obtains in others therapies for practising full members. Much theoretical work and clarification is still needed in the field of dramatherapy however. Sue Jennings points out that:

> Dramatherapy as an emergent field is

> endeavouring to find ways to define and re-define itself.
>
> (Jennings 1987a, page xiv)

Recently she has advanced proposals towards this definition when she states that:

> Dramatherapy is an art form, and as an art form has the potential for healing. It has the potential for allowing people to view and experience the unhelpful stages of their lives and transform them.
>
> (Jennings 1990, page 12)

CHAPTER THREE

REVIEW OF THE LITERATURE: THE PSYCHOLOGICAL AND EDUCATIONAL BACKGROUND

PART I: DRAMA AND PSYCHOLOGICAL GROWTH

Introduction

Part I of this chapter is essentially a rationale for the use of drama as an aid towards children's personal development and general psychological growth, while part II looks more specifically at children with special education needs. The Chapter is important to the Study in that it sets the scene for some of the major concerns that follow. There is a vast wealth of information, produced for the most part from the creative arts rather than from psychology itself, but containing important psychological concepts, that argues the extent to which dramatic experience can form a vital aid towards individuation and socialisation (Bolton 1979, Robinson 1975, Watson 1980, Shuman 1978, Pemberton and Clegg 1965). But the literature goes even further than this. It suggests in effect that much of the child's natural activity is a form of drama in that it contains such dramatic components as fantasy and acting out (McCaslin 1974, Wood 1981). A survey of this literature should be sufficient to alert both psychologists and educationalists to the extent to which drama can be used in the service of the child's development towards maturity.

The wide range of the literature available and constraints upon space render selection and presentation difficult matters. However, the most appropriate point at which to

start, for reasons which will be explained in a moment, is probably children's play. From play we can then proceed to look at play as psychological development and play as aesthetic experience. From there we can go on to such issues as anthropological and recapitulation theories of play, and look briefly at relevant aspects of the work of Freud, Jung, Stanley Hall and Piaget. Finally we can survey the links between play, drama and education, touch on topics such as improvisation and myth, and look at the work of some of those writers most influential in emphasising the potential of drama as an aid towards therapeutic change and personal development.

Aesthetic Psychological and Therapeutic Aspects of Play

Play could be argued as the central background concern for two major reasons.

1. Play and child drama are inextricably linked; therefore in any discussion of the therapeutic use of drama within education play must assume particular importance.

2. Play and developmental psychology are inextricably linked; indeed there has been far more psychological investigation of play than of

drama, and this investigation provides us with some of the psychological context within which to set the present study.

Various authors have studied play, and give evidences of its therapeutic and pedagogical value (see e.g. Lowenfeld 1967, Winnicott 1971, Axline 1947, Bender and Schiller 1952, Millar 1968, Isaac 1929, 1933, Walder 1933, Moustakas 1973, Piers 1972, Herron and Sutton-Smith 1971). Play is a universal feature of human activity and creativity, manifesting itself at all levels of human existence. Play is the natural activity of children (see e.g. Piaget 1962, Read 1943, Slade 1954), and through it they learn about the world and about their place in it, and also develop much of their sense of individuality and of social relationships (Smilanski 1968, Erikson 1965, Bruner 1976). There is also a strong argument (put forward for example by Huizinga 1949, Koestler 1964, and Phenix 1964, Slade 1954, Read 1943) that art itself begins in children's play.

As long as 20 centuries ago, Plato put forward in the Republic the idea that play is the best way of teaching children:

> Avoid compulsion and let your children's lessons take the form of play. This will also help you to see what they are naturally fitted for.

Schiller (1913) was another who emphasised the importance

of play in children's learning, seeing it as the first phase of their aesthetic education. He talked of play as free-activity, that is as activity characterised by enjoyment for its own sake. He saw it as determined not by necessity but as arising from what he called a 'reserve energy', and pointed out that young children share this reserve energy with many species of young animals, with the result that play is not simply a human activity. The young of many species, because they are protected and fed by their parents, are not concerned with self-preservation, and therefore have this reserve (or surplus) energy which they can put to use in play (see Grossmann 1971).

Schiller's theory proved highly influential with other educationalists. For example Rousseau (1979) who saw play as a means of learning, Spencer (1873) who saw play as an energetic exercise, Groos (1901) for whom play was a way of apprenticeship for the serious business of life, Stanley Hall (1904) who considered play as a recapitulation of human primitive activities, Claparede (1951) who considered that children's play is work, and Jean Chateau (1946) who claimed that play is an affirmation of the self.

Other great educators to point out the importance of play were John Lock (1964) Robert Owen (1857), Froebel (1887) who wrote that 'Play is the purest, most spiritual activity of man at this stage', Dewey (1961) who claimed that 'play and

work shall be conducted with reference to facilitating desirable mental and moral growth', Mead (1934) who saw play as a way of developing the self, and among others Dorothy Gardner (1956), Hartley et al (1957).

Amongst these authorities, Huizinga was one of those who read deepest meaning into play. In developing Schiller's idea that play is the first stage in a child's aesthetic education, Huizinga maintained that it is essentially a cultural phenomenon that 'demands order, absolute and supreme'. For Huizinga, the recognition that play is an aesthetic experience allows us to see a close relationship between play and art in a very wide sense. He points out for example that many of the terms relevant in play such as tension, balance, contrast, variation, resolution and solution also belong to aesthetic experience (see Smith 1971). Bolton (1983) argues that these terms are also 'the very elements of theatrical form'(page 59).

As seen above, Schiller believed that art begins in man's impulse to play. For him, art is an integral part of the evolution of mankind. Two of the major figures in aesthetic education who attached similar importance to play as did Schiller were John Dewey (1958) and Herbert Read (1943). Like Schiller, they supported implicitly or explicitly play as a form of aesthetic education that brings man into an inner harmony by allowing a fusion of body and spirit,

intellect and intuition, self-interest and moral concern. Dewey's most important observation was that 'aesthetic experience is a model for all experiences'(see Smith 1971). Dewey argued indeed that all forms of knowledge are basically aesthetic, and therefore may be grasped through aesthetic experiences designed to both clarify and motivate learning.

Herbert Read (1943) adopted the same approach, seeing art as the basic framework for all education. He described this framework as an education through art, and placed great stress on the importance for the learner of active participation in the artistic process, and in the education of the senses and feelings associated with it. Through this participation he saw education as fostering spontaneous creativity, and the development of intuition and imagination. Read also formulated the concept of 'expressive form', which is similar to Susanne Langer's view that art form is a symbolic presentation of the 'ideas of feelings' (Langer 1953). Langer means by this that art forms have a cognitive value in that they educate feeling by giving it a symbolic representation. As she says:

> Self-knowledge, insight into all phases of life and mind, springs from artistic imagination. That is the cognitive value of the arts. But their influence on human life goes deeper than the intellectual level.

(Langer 1966, page 11)

Further on Langer stresses:

> Art education is the education of feeling, and a society that neglects it gives itself up to formless emotion.
>
> (Langer 1966, page 12)

It is for this reason, Langer says, that art education must not be neglected and left to chance.

The above philosophers advanced their views many years ago, and yet we are far from putting their ideas into practice. It remains no more than an inspired thesis that if we had an education through art we would have a happier society and therefore less need for psychological therapies. Elsewhere (Valente 1990a) the present author has urged the importance of providing opportunities for play and creative experience as a form of pre-therapy, and one of the suggestions put forward (based upon the present research) is that if there were more good drama teachers at school level there would be less need for therapy. The same could perhaps be argued for good teachers of most or even all the other creative arts.

Another point emphasised by the philosophers referenced above is the importance for the development of creativity in both children and adults of a relaxed non-judgemental atmosphere in which to operate. An atmosphere that

encourages original, unconventional experience and action. Such an atmosphere is also necessary in the therapeutic situation, where it is argued by writers such as Masters and Houston (1973) that it serves to develop in participants, values, attitudes, beliefs and behaviours that reflect independence of mind, openness, and flexibility. These qualities are, in the submission of the humanistic therapists discussed in Chapter 4, identifiable with psychological health and also (incidentally but interestingly) with social and political non-conformity. As Masters and Houston stress,

> ...a free art has always been subversive in that the creative process is untamed and amoral, and the artist thus tends to be seen as the enemy of the republic.
>
> (Masters and Houston, 1973 page 18)

The point made by Masters and Houston has interesting counter-implications for the notion that society educates people to maintain the status quo.

Play is important not only in the aesthetic sense but, as Fontana points out:

> (It) appears to have important implications for all areas of the child's psychological life.
>
> (Fontana 1988, page 29)

This perspective on play is highly significant in psychological terms, and has relevance for the particular concerns of the present study. Firstly because play has powerful affinities with drama - so much so in fact that much drama could indeed be described as a form of play. And secondly because of the importance of play as a psychological activity. This second point is strongly emphasised for example by Bolton (one of the educational drama writers and practitioners most intent on building bridges between psychology and drama) who argues indeed that play should be examined primarily as a mental activity (i.e. psychological) activity (Davies and Lawrence 1986). In support of his argument, Bolton refers to the work of Vygotsky, who held that play is a step in the direction of abstract thinking since the meaning created in and through it is something other than simply the actions and objects present in the child's immediate field of perception. Vygotsky wrote:

> In play action is subordinated to meaning, but in real life, of course, action dominates over meaning.
>
> (Vygotsky 1933, page 551)

As Bolton (1983) puts it, one of the purposes of play is this 'seeking of meaning'. Play therefore is a step in the direction of abstract thinking and mental development.

From Play to Drama

In view of the close link between psychology and play on the one hand, and between play and drama on the other, it is not surprising that when discussing the nature of drama, many drama educators and teachers refer also to both psychology and play. Like Bolton (quoted above) they also discuss the cognitive and developmental aspects of play. Yardley for example maintains that:

> The spontaneous play of early childhood involves the child completely, and he invests all his faculties and resources in pursuit of it. As a result, play becomes an act of concentration at times so completely absorbing as to render the child oblivious to all else. Play is also developmental, and from babyhood to maturity it follows a pattern as clearly defined as any other aspect of the child's development. It is, moreover, orchestrated in relation to all other developmental patterns, and what affects the child's play affects his total growth.
>
> (Yardley 1978, page 283)

It is this <u>total involvement</u> of the child in playing that Slade (1954) calls <u>absorption</u> and <u>sincerity</u>. He recognises that these qualities of play appear to be also the very qualities which characterise drama, and when referring to the first years of the child he in fact uses the terms 'play' and 'child drama' interchangeably. He goes further, and states categorically that child drama (which it must be remembered he always presents with initial capital letters -

i.e. 'Child Drama') is one of the natural forms of children's play.

Slade believes that play is an 'inborn' and vital part of young life, and is in fact life itself. He continues to define and re-define this concept, referring elsewhere to play as the root of child drama. Through the 'doing' of this play, says Slade, the child discovers life as a personal and group experience. Slade suggests that the child's self-confidence, self-concept, and independence are tied up with the process of finding his personal rhythm through play. Not surprisingly, he therefore claims that the understanding of Child Drama lies in the understanding of two key concepts connected with play, which he calls personal play and projected play.

Personal play and projected play. In these two concepts lies the key to one of the major aspects of Slade's philosophy, namely the idea that man's activity is divided into two main parts or forms which he describes respectively as:

a) Personal Play is obvious drama; the whole person or self is used. It is an activity form where man takes on the personal responsibility of doing something, of being someone, indulging

in accurate communication, playing a role in special situations of authority and generally using the whole body in an active physical sense.

b) Projected Play is drama too, the whole mind is used, but the body not so fully. It is a passive form where man infuses his mind into objects, symbols and cyphers outside himself and brings them to life.

Slade considers that Personal Play and Projected Play constitute valid distinctions within play. The two forms of play, he argues, develop different qualities in the individual.

> In Personal Play, the tendency is towards noise and physical exertion on the part of the person involved. In Projected Play, the tendency is towards quietness and physical stillness; and if there is not quiet, some physical stillness is there.
>
> (Slade 1954, page 35)

Ideally, a human will find the correct admixture for his life of these two ways of using energy. In this context, Child Drama assumes great importance as a means of balancing the personality needs of the individual, and aiding his

natural development. Slade maintains that among the arts, drama is the only one that contains both Personal and Projected Play.

Slade developed his theory of personal play and projected play during field work observation of children at play during the early thirties. He still insists (various conversations with the present writer) that his whole philosophy of child psychology depends upon an understanding of this theory.

In the admixture of these two ways of using energy 'The child is actor and audience in one because of the delicate balance of out-flow and in-flow in the realm of experience and knowledge' (Slade 1954, page 58). In-flow is 'the taking-in of ideas and experiences', and out-flow 'the pouring out of creative forms of expression' (ibid, page 13).

However, as Cox points out:

> It is impossible to be sure when Slade conceived his concepts of Personal and Projected Play, nor does one know definitely of particular influences in his thinking. There is however some superficial similarity, acknowledged by Slade, between his Personal Play types and Jung's extrovert and introvert,but this seems to be mainly a matter of symptoms rather than causes.
>
> (Cox 1970, page 256)

Slade further says:

> Another characteristic of child play is the circle, and we find it appearing in many old traditional dances of this and other lands. Often it is associated with hunting and the chase, and we even find it in the rings of the target in archery and modern shooting, thus associating it with the very weapons of the chase. In African tribal dances you find stamping, clapping, the circle, the journey and also considerable audience participation; smear and pattern make-up too, as well as masks. All pertain to Child Drama.
>
> (Slade 1954, page 85)

Nowadays, 36 years after Slade wrote this, one can say that it is still pertinent. In studying Slade's writings, the present writer found that if they were re-written in more contemporary language they would still constitute interesting and relevant material for psychologists, anthropologists and dramatherapists. It was Slade in fact who coined the term 'dramatherapy', which makes it surprising that he is no longer considered a prime reference for dramatherapists, or is considered only as an historical reference with a 'romantic' view of the child. However, in the view of the present writer, it is Slade, with his concept of Child Drama, who provides one of the most important links between drama (particularly dramatherapy), psychology, and education.

From a very different direction, Jung also emerges as an important link. Indeed, as the present research eventually reveals, he emerges as the psychologist with the greatest influence upon dramatherapy theory and practice. He also served as a major inspiration for Slade himself, particularly in terms of the links forged by the latter between education and dramatherapy. Again as the present research eventually reveals, other dramatherapists place great emphasis upon the importance of the Jungian archetypes, and upon Jung's use of the language of metaphor and symbol. (In the next section these Jungian ideas will be more fully explored in order to seek clues for the construction of a possible model of drama as psychological therapy which also includes play.) They would indeed be in broad agreement with Feder and Feder when they put it that:

> Jung's most original and untraditional formulation was that of a deeper level of the unconscious, one of primordial imagery that is common to all humans. This collective unconscious is a storehouse of the accumulated memories and influences that have been inherited from past generations.
>
> (Feder and Feder 1981, page 29)

Jung himself wrote (the quote is a long one but its importance merits its presentation in full) that:

> The psychic life is the mind of our ancestors, the way in which they thought and felt, the way in which they conceived of life and the world, of gods and human beings. The existence

> of these historical layers is presumably the source of the belief in reincarnation and in memories of past lives ..... There is no reason for believing that the psyche, with its peculiar structure, is the only thing in the world that has no history beyond its individual manifestation. Even the conscious mind cannot be denied a history extending over at least five thousand years. It is only individual ego-consciousness that has forever a new beginning and early end. But the unconscious psyche is not only immensely old, it is able to grow increasingly into an equally remote future. It forms, and is part of the human species just as the body, which is also individually ephemeral, yet collectively of immeasurable duration.
>
> (Jung 1939, quoted by Byrne 1974, page 46)

In support of this argument Jung pointed to the evolutionary sequence of our anatomy that is recapitulated from conception to birth. As the fetus grows within the womb, it resembles other species and even develops during the gestation period such specific features as gill slits and tail. This is a biological principle, namely that phylogeny recapitulates ontogeny, first put forward by Ernest Haeckel following Charles Darwin's theory of the evolution of species. In observations of a human embryo from a state of fertilised egg (zygote) to fully-formed baby, there can be recognised the stages respectively of fish, amphibia, bird, mammal and finally the human shape.

Freud also read Haeckel's work, and immediately after doing so wrote Totem and Taboo (1912), and published an article

in the the Journal Scientia in which he said 'On a recemment realise dans le cadre du travail psychanalytique que la phrase" L'ontogenese est une recapitulation de la philogenese" doit etre applicable a la vie mentale' (quoted in Jalley 1981). Freud also claimed that within the life of the adult we see a recapitulation of personal history in dreams and neurosis, where the child re-emerges with all the particularities which characterise her/his way of thinking and feeling. He also noted a historical recapitulation in that we find in dreams and neuroses the primitive and wild man who we know today through archaeological and ethnographic research.

The biogenetic principle became with Freud a psychogenetic principle which involved a prescriptive view of the nature of the human mind, a kind of historical fatalism. This archaeo-pychology of the mind offered an explanation of the child-like psyche, and an explanation of the phylogenetic origins of the libido, in certain stages of animal evolution. At the same time, Freud's approach paved the way for a number of speculations about a human mystique in play (folklore, habits, songs, stories, dreams and symbolism). One of these possible applications was taken up by Jung, who shared with Freud the idea of an unconscious with historical origins (Jalley 1981), but who differed from Freud in presenting the alternative interpretation of the unconscious (namely the collective unconscious) detailed above.

Jung says in his Memories, Dreams, Reflections that:

> Just as the human body has an anatomical pre-history of millions of years, so also does the psycho system. And just as the human body today represents in each of its parts the result of this evolution,and everywhere still shows traces of its earlier stages, so the same may be said of the psyche.
>
> (Jung 1963, page 381)

This means that each of us is really a synthesis of our ancestors, and that our lives are influenced by all the centuries behind us. This is further emphasised by Jung when he says that :

> There are factors which, although we don't know them, nevertheless influence our lives, the more so if they are unconscious. Thus at least part of our being lives in the centuries .
>
> (Jung 1963, page 111)

Jung held that the evolutionary sequence of experience can be recapitulated in the individual human, and retained by him or her as unconscious memories common to all humanity. He pointed out further the fact that virtually every culture tells stories that are remarkably similar, such as stories of divine beings who come to earth to mingle with humans. Or stories of the angry mother, and tales of wicked witches, cruel step-mothers and she-devils.

For Jung these stories and the characters they contain are manifestations of shared racial memories. Collective concepts designated archetypes which are expressed in metaphors, in themes repeated in art and literature, in folklore and mythology, and in religion and philosophy. As we shall see in due course, this Jungian emphasis upon mythology, religion, philosophy - and upon the rituals associated with them - has had great influence upon dramatherapists.

Jung believed that humans can benefit from developing an increased awareness of the accumulated wisdom stored in their collective unconscious, and much of his therapy was focused on facilitating this awareness.

For Jung, the unconscious is not only the accumulation of repressions but also the wellspring of creativity and the source of inner guidance. Because of this regard by Jung for imagination and for creativity as healing forces, Jungian psychotherapy, even more than Freudian psychoanalysis, constitutes a rich source of approaches for the practitioner in the expressive arts therapies. Jung's emphasis on active imagination techniques, in contrast with Freud's rather passive use of free association, encourages the patient to fantasise and to explore. In Jungian therapy, feelings are expressed and examined through a variety of approaches, including painting, sculpture, music, and movement.

Furthermore, Jung's concept of the collective unconscious, the psychic heritage of mankind, is fundamentally a concept of the communication of images from generation to generation. It demonstrates Jung's search for the common language of imagery, unencumbered by cultural, dialectal and geographical determinism, and it is this search that creative arts therapists apparently find so attractive in his work. The projection and development of images through nonverbal means generates for the creative arts therapist a treasury of diagnostic and therapeutic instruments. Moreover, Jung's concept of 'individuation' is also a creative and imaginative one, and provides further stimulus for artistic creativity and for the therapies based upon this creativity.

The rising interest not only amongst creative arts therapists but also among therapists of humanistic persuasion in mystical and occult themes may well also be due to Jung's influence, in particular to his acceptance that such themes, whether or not they represent elements of external reality, indicate deep areas of concern within the human psyche.

It is appropriate to extend just a little further the discussion of recapitulation theory, as this appears to link directly with the dramatherapist's concern with play. Peter Slade (personal communication with the author, 1988) insists

that dramatherapy demands an understanding of child drama, which in turn relies on a knowledge of child play. Recapitulation theory has it that in the development of children's play (the so-called ontogenic component) there can be recognized successive patterns of man's history (the phylogenetic component). In the first decade of the twentieth century, this theory came to particular prominence in the writings of the American psychologist Stanley Hall. Hall was one of the first Americans to sympathise with psychoanalytic ideas, and argued that, in playing, both children and adults recapitulate the earlier history of the species. To paraphrase Hall (1904), the toddler runs through puddles in memory of his or her amphibious ancestor, progresses to climbing and swinging - the monkey stage - and, at about the age of ten, goes on to delight in group camping and outdoor pursuits in imitation of the activities of primeval men and women.

Hall's concept of children's play was both physiological and evolutionary, and various American writers developed his recapitulation theory, having themselves identified stages in children's play such as:

1. The Animal Stage - children imitating, climbing, swinging, hanging, paddling.

2. The Savage Stage - hunting games, tag, hide-and-seek, throwing sticks.

3. The Nomad Stage - keeping pets, running away, playing in huts at the bottom of the garden.

4. The Agricultural/Patriarchal/Early Settlement Stage - dolls, gardening, digging, sand play, modelling.

5. The Tribal Life - team games.

A parallel can be drawn between these stages and the stages the normal child goes through in child drama, in that in child drama the child also shows preferences for clearly determined quasi-evolutionary stages.

For example the first stage considered by Slade in Child Drama is from birth until five years old, and marks the beginning of drama as enacted through play. Many of of the child's actions take on a circular shape, whether through movements of the whole body or of individual limbs. In psychological terms, Slade sees the circle as the individual's life-space, and refers to the remarks of William Stern who said in 1908 that 'Every man experiences himself as the centre of the space surrounding himself, but this space is only conquered by steps' (quoted in Slade 1954, page 26).

The next stage from years five to seven is the period of dramatic play. The child begins to make distinctions between his own space and the space of others. The child's enactments tend to be more social, and are characterised by free expression in an open space. The third stage, from years seven to twelve, Slade calls the 'dawn of seriousness', marked by the development of the moral sense of right and wrong and the formation of tight cliques of friends. It is the stage of drama and play, of free improvisation in movement, and of the development of speech. The final stage, from years twelve through fifteen, is characterised by a breaking up into small group circles and congregation at one end of the room (which Slade sees as a natural progression towards work on a stage). This new focus marks the readiness of the child to engage in theatre, directing his attention towards an audience.

On the basis of this work by Slade and others, the present author finds it interesting to hypothesise that in the therapeutic situation it may be helpful to assess whether or not the child or the adult with problems can experience these different stages, and thus provide the therapist with the opportunity to identify what may be lacking in his or her life.

Cox observes that:

> A particularly interesting aspect of

> this part of Slade's philosophy is the link with Piagetian symbolic views concerning the role of symbolic play and imitation in the child's mental development. According to Piaget, symbolic play allows a child the pleasure of evoking past experiences through a process of assimilation: it is the type of play which helps a child to master its own experiences, and may comprise both Projected and Personal Play in the Slade sense.
>
> (Cox 1970, page 258)

Cox goes on to say that eventually this type of play develops into conscious dramatisation. Imitation proper, on the other hand, does not depend on the assimilation of the new into the old, but on the accommodation of the old into the new. Cox sees this imitation as a sign of adaptive intelligence, an intelligence which involves a new concern for realism. It therefore indicates that the make-believe play of the junior school child has lost its egocentricity, allowing drama at this stage to offer scope for further development of inter-personal relationships, and of the child's powers of perception and of understanding.

Further Developments of Drama Theory and Play

Wilks (1973) takes these cognitive and social issues further. He suggests that:

1. Play permits the exploration of the 'shared world'. This leads to a closer relationship with the environment, and an acceptance of the 'real' world.

2. Play provides the opportunity for the practice of skills, both physical and mental.

3. Play permits the exploration of fantasy in a 'safe' manner.

4. Play gives rise to the discovery of self and non-self; it enhances the defining of self and the understanding of identity.

5. Play is a rehearsal for life.

6. Play provides a harmless outlet for otherwise dangerous impulses.

7. Group play is a means of socialisation. In play there is the opportunity to learn to adjust, allow, assert, and interact in a contained and safely controlled situation with others.

8. Play is a means of therapy ... of 'letting off steam' ... of acting out 'blocked feelings and frustrations'.

9. Play is a form of recapitulation; that is, each child lives out the history of the culture within which he lives; the desire to make dens deriving from the ancestor's need for shelter etc.

This recognition by Wilks of the fact that child drama is a bridge between education and therapy (in particular dramatherapy) lends support to Slade's previously mentioned concepts, and allows us to see them as providing an even stronger bridge between drama (as child drama) and psychology. Another plank in this bridge is the recognition by Wilks that drama is preventative of psychological problems, and thus can serve as a form of pre-therapy (see

also Fontana and Valente 1991a). In a sense it allows us to suggest that the whole process of child drama can be seen as therapeutic in that its main aim is the development of a well-balanced, emotionally-stable personality. Slade presented just such a notion in a lecture given by him to the Guild of Pastoral Psychology in 1958. Slade said:

> Drama falls into three main divisions ..... a) conscious and intended therapy, b) constructive education, and c) prevention. By conscious and intended therapy is meant all forms of carefully applied drama, such as psychodrama, and what I have called dramatherapy; by constructive education a wide and wise educational system, which includes not only the three R's, but which allows time and opportunity for aesthetic discovery and practice, for training of the elimination of unnecessary suffering by more thoughtful and knowledgeable behaviour on the part of parents towards children, and adults towards each other. Drama has a part to play in all these as an aid to confidence, hope, feelings of security, discovery of sympathy, and to concentration.
>
> (Slade 1958, page 5)

Elsewhere, Slade emphasises however that we must not make the mistake of equating child drama with adult theatre. He writes (1954) that theatre in the accepted sense is an adult concept that cannot be 'watered down for the young child's consumption, because it assumes certain aspects not yet arrived at in the child's natural development'. For the child, drama is 'a creation ..... It is born of play and

is nurtured, guided and provided for by the wise parent and the able teacher.' He goes on:

> Drama means 'doing' and 'struggling'. It is the great activity: it never ceases where there is life; it is eternally bound up with mental health. It is the Art of Living.
>
> (Slade 1954, page 25)

The adult concept of theatre, with such adjuncts as a proscenium stage, is inappropriate because it interferes with the child's natural acting, encourages showing-off and destroys two of the great qualities of child drama, namely absorption and sincerity. Slade (1954) sees absorption as 'being completely wrapped up in what is being done or what one is doing, to the exclusion of all thoughts, including the awareness of or desire for an audience' (page 12) and sincerity as 'a complete form of honesty in portraying a part, bringing with it an intense feeling of reality and experience' (page 14).

Adult theatre also spoils the natural development of child drama because it introduces the ideas of script and of judgement. It can also get in the way of the balanced development between projected play and personal play, of inner self and outward material, of in-flow and out-flow.

Child drama, in Slade's contention, can only develop into adult drama when it has gone sequentially and fully through each of the respective stages of play, dramatic play, improvisation, polished improvisation, some words written down, stories and dialogues copied from films, radio and life experiences, improvised expression (coming from language flow), and improved writing ability mixed with improvisation. Out of this last stage comes a tolerably good written play (circa the age of thirteen years onwards). Thus although child drama itself doesn't include script work, it is a stage towards its development and its eventual enjoyment and internalisation. If a child is progressively stimulated in the proper way, he or she will eventually approach the level at which the proscenium and the audience become appropriate.

This argues not only the importance of play, but also the importance of improvisation. Slade argues that improvisation can also be an important link between drama used as an aid in child development and the other creative arts such as dance, art and music. Improvisation does of course have a long tradition and did not originate with Slade. Others were using it in education and theatre during the first three decades of this century (e.g. Cook 1917, Finlay-Johnson 1920, Stone (in Stewart 1968), Dalcroze 1973, Brecht (in Willet 1977), Mawer 1934, Driver 1936, Spolin 1963). But Slade was one of the first to emphasise its

psychological value to the growth of young chidden. He was also the first to present the concept of a developmental approach towards the use of improvisation related to the stages of healthy child development. In doing so he showed a respect for each child's rhythm of development, and a golden rule of child drama for him was not to hurry up this rhythmic process of growth.

He further emphasises the sense of a developmental, rhythmic process by his use of the word fluid to characterise child drama. Fluid means for him 'moving and changing readily, not solid or rigid or stable ..... One of the chief characteristics of child play is the journey; there is no permanent place of rest, all is fluid; but as the child grows older it slowly imposes upon itself a more rigid and static form' (Slade 1954, page 84).

This concept of a journey carries with it of course therapeutic connotations, and further emphasises the link between child drama and therapeutic experience. He thus sees it as an essential concept in dramatherapy, emphasising that (personal communication with the author) 'an understanding of the normal development of child drama is particularly important for the understanding of dramatherapy'. He stresses further that journeys are full of different kinds of stimuli, and thus that both child drama and dramatherapy are in fact integrative disciplines

for all the arts, and that both child and adult will arrive at this integration if natural development is allowed to occur. The key essential is to encourage this natural development, rather as the gardener encourages the natural growth of a garden.

In this context, it is interesting to note Slade's constant and unfashionable use of the word 'happiness'. His liking for this word leads some authors to consider him a romantic writer (e.g. Ball 1983, Hornbrook 1989). More appropriately, though, one can consider him as deeply influenced by psychodynamic concepts such as those of Jung, in particular in his identification of the importance of symbols in children's play and in their drama. One example of this is the way in which, as Bolton (1984) points out, he explores children's use of the circle or ring. In doing so, Bolton considers he expanded and refined the power of symbolic shapes earlier identified by Lee (1915) who wrote that:

> There is in the ring game the sense of belonging to a social whole ..... We feel and care about the ring itself. There is a sense of personal loss if it gets broken - to have it squashed in one side gives a sense of impaired personality ..... and we hasten insuch case with much squealing, to mend or round it out again. The ring is now a part of us, as we of it .....It is an extension of ourselves, a new personality; we act now not as individuals, but as the ring; its success is our success and what hits us.

> The ring, like the family, is a social whole.
>
> (Lee 1915, page 139)

Bolton suggests that Slade was mainly concerned with the child's 'personal circle' that goes along with his path of individuation, rather than with the collective experience of standing together with others. Bolton argues further that it was this emphasis which led Slade (and those who followed him) 'to focus on the symbolism of the clinic rather than of the theatre', thus beginning the trend by drama teachers to see part of their function as that of therapist (Bolton 1984, page 31).

Slade was also responsible for stressing the importance of the use of myths in therapy, and these now feature very prominently in the work of many dramatherapists. He notes the very close comparison between child drama and the ancient Egyptian Passion Play of Osiris, which lasted for three days and processed from place to place. He also stressed the importance to drama of ritual, and pointed out that ritual has always accompanied the human race. We find in it ceremonies, in wars, in journeys, marriage, death, vengeance and resurrection. All of these are also typical of children's play, even down to the audience participation which was a feature of the three day Osiris Passion Play and which involved the watching crowds joining

in spontaneously, 'uttering piercing shrieks, the women beating their breasts at the entry of the body into the temple' (Slade 1954, page 85).

As a point of incidental interest, Slade informed the present writer that he first discovered the therapeutic implications of drama during his own adolescence in the late 1920s. At that time he had the strange experience of belonging to a peer group the members of which suffered to such an extent from disaffection and depression that they frequently spoke of committing suicide. It was only by introducing them to drama and to athletics that he was able to help them pass their exams and find the will to make something of their lives. Later Slade worked with what he called at that time 'backward' and disturbed children, both in and outside the classroom, and also worked in close co-operation with the medical profession, refining further his ideas of the link between therapy, the creative experience and the educational process.

Drama in Education and Personal and Social Development

Often influenced by Slade, a number of other pioneers of drama in education also contributed, albeit in a number of different ways, to the development of this link. Those who supported the idea of drama as 'theatre' stressed that the

main importance of drama to children is that it involves them in the intrinsic value of 'acting'. In other words, that children's personal development is enhanced simply through the activity of playing different roles in imagined situations. These ideas derive from theories of acting which suggest that in order to portray characters realistically and in depth the actor has to act as if he were the character himself. The actor creates an image of the character by improvising situations which he feels his assumed character might experience (this is the approach of Stanislavski as will be detailed later in this thesis). In doing so, he naturally explores and develops or controls certain aspects of himself.

These ideas have formed the basis for much educational drama, and the advocates of them have done a useful job in stressing the need within creative education for action in both physical and verbal senses. They have thus made movement an important feature of drama in education. But movement of course means many things to many people, and, together with the varying concepts of drama that underpin all theoretical approaches, this has led to the development of a number of different conceptualise of what educational drama actually means, particularly when it is employed as a means towards personal growth.

One approach for example is movement and mime; another is the acting out of mythical or historical stories through teacher-directed role play (Slade called this 'imagination training'). This latter type of drama involves the acting out of a story such as that of Theseus and the Minotaur. Every child plays Theseus, and acts out the story while the teacher is narrating it, often to the accompaniment of suitable music.

Another example of the different approaches relevant to personal development is the acting out of contemporary social issues through teacher-directed role play and child-centred group improvisations in which the emphasis is on the subject matter chosen by the children themselves. Way (1967) describes this approach as the use of games, where children work within rules rather than create them.

Another example is the study of literature or related subjects through drama. This is the approach of many secondary schools where drama is seen as part of the English syllabus, and where the literature itself carries an impact upon the way in which the child thinks about himself and his life. Yet another example is the study of drama as a training for 'theatre'. In this approach there is a set syllabus including a study of the history of theatre, stage management and the producing of unscripted performances, and sometimes including formal examinations (e.g. GCSE Drama),

though unless made explicit the personal development aspect can easily be lost sight of here. 'Theatre in Education' teams are yet another way in which drama (in this case in the form of professional theatre) can be used to engage children at personal and emotional levels.

All the above approaches, including usually even the last-named, involve the participation of pupils through acting. That is, they stress the importance of 'doing', and are based on the premise that everyone can act - and can learn from the experience of acting - if the environment is a generally non-competitive and supportive one.

Bolton (1990) takes the issue of personal development further when he lists the specific aspects of what he calls 'the maturing process' which are helped through the educational use of drama. These include sensitivity, commitment, confidence, self-assertion, eagerness to learn, the development of positive thinking, and the acquisition of wisdom. Each of these, Bolton maintains, is a 'kind of natural outcome of drama activity over a long period' (page 11).

Bolton also stresses the value of drama to the child's social development, an area closely linked to that of personal growth, and identifies the objectives here as the encouragement respectively of group awareness, of listening

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skills, of respect for others, of leadership and follower qualities, and of belief in democracy.

Referring to the work of educational drama practitioners such as Bolton and Dorothy Heathcote, Landy (1986) stresses that 'Although their aims are educational, their thinking about drama and their applications of drama to the needs of special populations borders upon the field of dramatherapy' (p.88). That is, they demonstrate the absence of a boundary between (educational) drama for personal development on the one hand, and drama as therapy on the other.

Landy goes on to say that:

> In working through a more superficial technique - that of creative dramatic exercise - educational drama provides a model for treating the short term or the severely disabled client in dramatherapy. Further,the use of simple drama exercises and games such as mirroring, sensory awareness, and transformation of objects, applies to warm-up procedures helpful in beginning any dramatherapy session.
>
> (Landy 1986, page 88)

Bolton, on the other hand, has reservations about the fact that 'Art educators have been expected to pose as guardians of emotional development' (Davies and Lawrence 1986). He concedes that people who object to the notion of emotional development as central to education might well be prepared to acknowledge a function of the arts as that of a 'safety-

valve' (a view no doubt influenced by the affinity Freud observed between the neurotic and the creative processes), but goes on to maintain, somewhat ambiguously, that 'art educators generally do not wish to be thrust into the therapy role, and yet they often see their subject as dealing with deep personal expression' (Davies and Lawrence 1986).

Ross (1974) takes a similar line when he says that:

> The expressive arts in school are not about reactive expression. Nor are they 'basically' therapeutic in the sense of compensating for or relieving the damaging consequences of chronic emotional deprivation ..... nor is arts education concerned with the purging of otherwise socially disruptive energies.
>
> (Ross 1974 page 42)

Bolton further emphasises the point by contending that the concern should not primarily be with art as a treatment, although it can certainly be a helpful means to this end both in special situations and in mainstream education. For particular children, he even accepts that the experience of art may be an escape or cathartic release, but remains wedded to the idea that the class teacher should not be a clinician 'monitoring his class in terms of potential sickness'.

These views show something of the present divergence of opinion as to the therapeutic role of drama and the arts within education, but even differing from each other as they do they all support the view that artistic experience has a therapeutic impact upon psychological growth.

Ball (1983) suggests it may be helpful to see them in fact as posing between them three main questions:

1. How can educational drama best be used as a process of self-expression?

2. How can educational drama best be used as a method of acquiring different forms of knowledge.

3. How can educational drama best be related to the theatre arts?

Ball then goes on to present a fourth equally important question - and one which touches even more closely the concerns of the present study, namely if and how drama can be used as therapy. She expresses certain reservations.

'Evidence ..... (reveals) that one of the worst features of drama in education is that it can lead to therapy and ideology masquerading as education and art.' (Ball 1983, page 338).

Ball's worries about unprepared teachers using drama for such delicate purposes as dealing with personal problems are understandable. These worries would seem to suggest the necessity for teachers to have a personal experience of drama orientated therapeutically, together with a special interest in this area of intervention. Not all drama teachers will want this experience or want to use drama as therapy with their students, but it will be relevant for those teachers who want to act as facilitators of personal development to know what dramatherapists have to tell us about this form of dramatic experience. This knowledge will help them in the use of drama as a means towards self-expression, a utilisation of drama which need not of course be in contradiction to other more formal uses of the subject.

Relative to this interrelationship of teaching and therapy Jennings says:

> Whilst teachers are obviously not equipped to replace the psychotherapist, it cannot be denied that there are over laps in the responsibility of all professions concerned with the overall mental, physical and emotional well-being of the population. Furthermore

> there are skills and techniques in specialised fields, such as group dynamics and role playing, which can be used by all 'caring' disciplines.
>
> (Jennings 1984, page 6)

We need therefore at this point to review examples of these techniques and skills as practised by those who, although they may not call themselves therapists, use drama in a way which is deliberately aimed at producing change and developing self-awareness in young people.

Dorothy Heathcote. Heathcote's highly influential work is presented in some of her own writings but best summarised by Wagner (1979) in her book Drama as a Learning Medium. The title says something of what is one of the fundamentals features of Heathcote's approach, namely that drama is a tool for learning. Heathcote uses the method of 'teaching-in-role', in which the teacher assigns herself a role in the scenario which although it guides the content nevertheless demands supportive participation from the students. For Heathcote, theatre is a by-product rather than an end product of dramatic activities, and the essence of her method of teaching bears a close resemblance to some of the techniques employed in sociodrama, even though her objectives may not always be similar.

Dorothy Heathcote, as Wagner explains, does not use children to produce plays. Instead she uses drama to expand their

awareness, and to enable them to look at reality through fantasy. She believes that the dramatic act helps us to explore the feeling of an experience, and thus both decrease any anxiety we may have towards that experience and increase our control over it.

For Heathcote (1972), the teacher's aim is to use drama 'in the way in which it will most aid him in challenging children to learn'. The techniques Heathcote most frequently advocates for this is improvisation, which I have already discussed in some detail earlier in this chapter. Through this improvisation, the pupils learn to make decisions and to solve problems that affect their own and other's lives, as much of the content of the improvisation that develops when working with children usually has a moral basis. Heathcote says:

> I am concerned, in my teaching, with the difference in reality between the real world where we seem to 'really exist', and the 'as if' world where we can exist at will.I do live but I may also say, 'If it were like this,this is how I would live'. <u>It is the nature of my teaching to create reflective elements within the existence of reality</u>.
>
> (Heathcote 1972, page 149)

Heathcote quotes Brecht who calls this 'visiting another room', and then goes on to claim that:

> Dramatic activity of whatever kind, can be said to provide us with metaphors to

> our real lives, which in turn allow us to reflect about our life's experience'.
>
> (Heathcote 1972, page 149)

'Metaphor' and 'reflection' emerge in fact as very important concepts in Heathcote's concept of drama in education. As we shall see in due course, these are also very important concepts for the practice of dramatherapy, and this therefore helps to further one of the aims of the present thesis, namely to establish bridges between drama in education and drama in therapy.

From this brief summary of Heathcote's work we can see how meaningful her perspective can be for dramatherapists. Her work is intuitive and creative, and uses techniques and situations which allow the students to make most of their own decisions, with neither the teacher nor the class knowing exactly what will happen next. In Heathcote's approach, the teacher takes risks, but is never so risky that the class are unable to sense her authority and her leadership.

It is interesting to refer to Wagner's description of how Heathcote sees teacher training.

> In teacher training Heathcote is not in the business of giving how-to gimmicks or little tricks of the trade help (students) through a lesson. Instead she is helping them to know why they're doing what they are doing. She wants them to learn to be vital,alive, tolerant, patient, observing people who

> trust themselves and are capable of creating a good working relationship with others. She wants them to be aware of the potential and limits of their personalities and values.
>
> (Wagner 1979, page 218)

Wagner bases this summary in part upon her own experiences of working with Heathcote, and asserts that such experiences 'helped me to act on my basic beliefs and to assume a role with conviction, thereby revealing a flexibility I never knew before' (ibid page 224).

This perspective on training may well be equally relevant to the training of dramatherapists.

Gavin Bolton. Bolton (1979, 1984) worked for many years with Heathcote and elaborates upon her techniques in his own writings. Both he and Heathcote view drama as a profound means of experiencing and reflecting upon experience. Stressing the cognitive nature of drama as a means to think through an issue, they posit the dramatic as a central method of learning all subject matter content. Bolton advocates different types of drama, one of the most important being 'drama for understanding', which reflect a particularly cognitive approach. He holds that:

> In play and in drama there is obvious learning potential in terms of skills and objective knowledge,but the deepest kind of change that can take place is at the level of subjective meaning. The

> learning ..... has to be felt for it to be effective.
>
> (Bolton 1979, page 31)

Thus Bolton claims that in education the creation of a drama is 'an opportunity for the child to express his feelings about the objective world' (Davis 1985).

Bolton describes this kind of drama as the connecting of the individual participant's internal and external realities. Referring to dramatherapy, Jennings (1986a) also stresses the need for this linking of the internal and external realities in order to attain the objective of self-awareness and insight. Jennings points out the particular importance of this objective when working with people who have difficulties with self-perception, such as the mentally disabled, and she Bolton and Heathcote all worked extensively with emotionally disturbed and developmentally disabled populations in schools and institutions.

Talking about Bolton's work and how it evolved over the years, Davies and Lawrence (1986) note that the essential feature of it is its treatment of the actual experience the learner has in drama. It shows a movement away from direct experiencing to a shifting dialectic between experience and demonstration. In other words, for Bolton the dialectical unity of drama is made up by the experience itself and the

reflection upon that experience. This kind of emphasis is meaningful for dramatherapy, where reflection - and the sharing of that reflection with others also plays an important role (e.g. Gersie 1987).

The work of Heathcote and Bolton in spite of their theoretical objections to the use of the term 'therapy' suggest to me a return to the roots of drama in education, that is to its use in personal development and in the therapeutic functions proposed by Slade. Like Slade, they see drama as a 'living through' what is happening in the life of the student at the time, not an artificial acting out (see Bolton 1978).

But Bolton and Heathcote go further in that they tend to focus upon individual and social issues by creating a complex and dramatic representation of the reality within which the participants can relate their dramatisation to everyday life. Bolton believes that 'when drama is a group sharing of a dramatic situation it is more powerful than any other medium in education'. Heathcote goes even further still in that, as Hare (1988) puts it, she 'moves from Bolton's drama for understanding to drama for empowerment' (page 25).

Richard Courtney. A founding member of the American Association of Dramatherapy, Courtney started his career as

a drama teacher. Among his many books and articles in the field Play Drama and Thought (1974) is particularly distinguished. For Courtney, drama is a universal activity, and the total expression of mind. He insists that drama is the external representation of what takes place internally, and as such is not partial but inclusive of all aspects of our inner life including cognitive, affective, aesthetic, psychomotor, and moral aspects.

As a result, he sees drama as providing confidence, feelings of self-worth, positive attitudes to the self, and a sense of mastery and success. He considers that 'Spontaneous drama helps people to live. It is a vital and dynamic way of adjusting to existence' (Courtney 1981, page 1), functioning in both the cognitive and the affective domains at the three levels of personal, social and cultural. Thus for every child, 'creative drama is to a certain extent therapeutic' (Courtney 1965, page 1).

Courtney (1987) considers that the use of dramatic action is appropriate in a variety of practical situations including:

1. Educational drama (for learning of all kinds).

2. Dramatherapy (for "helping" others including those with mental and physical dysfunctions).

3. Social drama in a variety of forms such as improvement of interpersonal and social relationships (communication), the codification of beliefs and behaviour (ritual), social status (rites of passage), understanding and working with complex systems as in business and the space program, (simulation) and acculturation (cultural drama).

4. Theatre where players present dramatic action to an audience who understand the experience in metaphoric and symbolic terms while being entertained.

Courtney considers that the above points acknowledge that dramatic action is valuable in both life and art. He defines the drama of everyday life as a mode of mediation that creates meaning between the personal and the social. The first two of the above four points are the ones of particular relevance to the present Study.

Many other writers also stress these aspects of self-awareness and self-expression, and the distinction that can be made between drama used to achieve these ends and drama used more formally. Barnfield sums this up in a way when he says that 'Free drama is essentially a form of personal expression', as opposed to formal drama which is 'a personal

form of artificial expression' (Barnfield 1968, page 24) Overall, it seems therefore that we can conclude that, in spite of the divergences over details, and in spite of the somewhat exaggerated claims made on occasions, a wide range of influential authors seem agreed that, used in certain specific ways, drama can be an important aid towards the psychological and social growth of the individual.

PART II: CHILDREN WITH SPECIAL NEEDS

Drama and Special Educational Needs

The current position regarding the use of drama and, more broadly, of the creative arts with children special educational needs in the UK is, on the basis of the present writer's contacts with the relevant authorites, highly unsatisfactory. As part of her research, she approached all the bodies in Britain identified as likely to be involved, in one way or another, in the use of the creative arts with special needs children. These bodies included:

Department of Education and Science
Special Educational Needs Advisory Council
National Association for Drama in Education
National Association of Drama Advisors and Teacher Educators
National Association for Remedial Education
Society of Teachers of Speech and Drama
National Council for Special Education
National Association for the Teaching of Drama
British Theatre Institute
Drama and Theatre Education Council
Young Theatre Association
British Theatre Association
Befordshire Service for Hearing Impaired Children
British Association of Teachers for the Deaf

National Association of Drama with the Visually Handicapped
Forum for the Advancement of Educational Therapy.

In addition universities such as the University of Liverpool and the University of Bristol with particular links with special education were also contacted, together with appropriate special schools throughout Britain.

A representative sample of the letters sent to these bodies is given in Appendix I A, but the aim behind them was to identify centres where interesting relevant work was being carried out, or where suitably knowledgeable individuals could be visited and interviewed. The results were somewhat disappointing.. The bodies concerned were meticulous in replying and responded with great courtesy, but although there appeared to be pockets of good work going on in some parts of the country, it was clear that there was nothing that could usefully be recognized on a national scale.

Nevertheless, the use of the creative arts with special needs children is generally acknowledged as desirable. For example, Wilson and Evans (1980) show clearly the relevance of the creative arts in the education of children with behaviour problems in special schools when they state:

> Creative activities often seem to express and communicate strong feelings, relieve tension and give satisfaction we know that many disturbed children have intra-psychic conflicts and suppressed

> anger or distress which might be better expressed in symbolic form than in aggressive behaviour.
>
> (Wilson and Evans 1980, page 178)

All expressive activities (music, drama, dance or craft) would therefore seem to the authors to have particular importance in the process of helping children towards a better understanding of themselves. With special needs children, as with other children, methods of work must however be adapted to individual needs and characteristics.

Since the expressive arts in schools are concerned mainly with methods of individual expression, they do in fact offer an important way of satisfying these needs and of providing an appropriately varied and wide-ranging set of opportunities. Morris recommends 'using as wide a variety of stimuli as possible so that all the senses are stirred into response' (Morris 1978, page 193).

One difficulty is the sheer size of the problem. Ramasut (1989) points out that 'The Warnock Report (1978) concludes that up to one in five children are likely to have special needs at some time in their school careers and up to one in six could be expected to be having difficulties at any one time' (page 8). The daunting size of these numbers shows how serious the challenge posed by special needs children actually is, and brings home to us the urgency of

finding a way of translating the general recognition of the value of the creative arts in special education into teaching methods which will allow theory to be translated into effective classroom practice.

Self- Esteem and Dramatic Experience

Extended discussion of the reasons for the large incidence of children with special needs lies outside the scope of the present Study (for a discussion of these reasons see e.g. Douglas 1964, Reynolds 1982, Galloway, 1985), but it is fair to say that the problem is a multi-causal one involving family, school, teachers, and society in general. It might thus be appropriate to talk not only of children with special needs but also of teachers with special needs, parents with special needs, schools with special needs and even society with special needs. This would allow an interesting change of emphasis, but for present purposes it is more important to draw attention to the wide range of problems covered by the term 'special needs', and ask if there is one common factor which appears to underpin many of them, and which may be particularly susceptible to treatment through the therapeutic use of the creative arts.

Such a factor appears to be the inability to value oneself, or, put more simply, low self-esteem. This fact is pointed out by Fontana (1989) who writes that 'It is sometimes said

by psychotherapists that the single most important cause of psychological problems in the individual is the inability to value oneself ..... in the school context, both the isolated and the delinquent child suffer at the psychological level from the same basic lack of any real sense of personal worth' (page 177).

Galloway (1985) makes a similar point when he suggests that two fundamental aims for any school might be enhance pupils' self-concepts and to promote a feeling of developing competence in place of the low self evaluations present in most special needs children. As we shall see in due course, one of the findings of the present research is that in the view of practitioners dramatherapy helps to develop self-esteem, and it will be suggested therefore that the enhancement of self-esteem is an area where dramatherapy appears to have major scope for therapeutic intervention.

As Fontana puts it:

> Like it or not, from the moment they enter infant school until the moment they leave the high school, children are faced with the language of success and failure. Not just as expressed in marks and grades, but also as expressed in teacher comment and in general attitude ..... The inevitable result is that while some children receive a continuing boost to their self-esteem, others receive a continuing assault upon it.
>
> (Fontana 1989, page 180).

And it is of course children with special needs who particularly notice the success achieved by their more able peers, and who are most likely as a group to contrast it with their own depressed performance.

The peer group further serves to lower self-esteem in many children. Galloway (1985) sees the power of the peer group as effective in both inducements to disruptive behaviour and also in supporting motivation to learn. Fontana (1989) also recognises this fact, and emphasises the practical part that the teacher can play in enlisting the peer group for positive ends. 'Since most low self-esteem children and young people suffer low esteem in the eyes of their classmates (or can only attract high self-esteem through toughness and disruptive behaviour), the wise teacher will see to it that the success offered to such children is public success ..... a word of praise here, an approving comment there .....' (page 181).

The enhancement of self-esteem within the context of the hidden curriculum of peer and pupil-teacher relationships is an area where work in drama can have a particularly important role to play. Dramatherapy, with its purposeful use of drama for therapeutic and personal development, clearly has a great deal potentially to tell us about this work.

An area where lack of self-esteem has effects and which is particularly important for children with special needs, is academic achievement. There is extensive evidence indicating a positive correlation between self-esteem and academic achievement (Purkey 1970, Burns 1979). There is some discordant research as to whether self-esteem has a causal predominance over achievement (Shavelson and Bolus 1982) or achievement over self-esteem (Caslyn and Kenny 1977), but Lawrence (1985) claims that the phenomenon is not uni-directional, and that in practice attention should focus equally on both self-concept and achievement skills. The research of Lawrence is of particular importance to the present Study as his experimental design included the use of drama with special needs children.

Lawrence conducted his experiment with 374 eight-year-old retarded readers, using the Distar reading programme (Direct Instructional Teaching Technique). The children were allocated to four different treatments - Distar, Distar plus counselling, Distar plus drama, and non-special treatment, and it was found that Distar plus drama and Distar plus counselling produced higher gains in both reading skills and self-esteem than did the non-therapeutic treatments.

The dramatic activities used by Lawrence were structured to allow children to take risks and experience success through the use of role-play. A subsidiary aim was to give them the

experience of 'risk taking'. It was hypothesised that these children would benefit from being helped to take risks in drama role-playing experiences and so appreciate that risk-taking does not always result in failure.

The experience of success is a very important aspect of the work with special needs children. Fontana (1981) stresses this fact: 'It is one of the golden rules of the remedial teacher that the classroom must be so structured that each child can experience success, no matter how low his personal level of ability happens to be' (page 32).

Lawrence (1985) explains that the individual with low self-esteem cannot easily take risks either physically or in the sense of using the personality, since he or she is afraid to allow others to see the 'real person'. Consequently such a person tends to adopt a mask as a defence against self-disclosure. Through role-playing and other dramatic activities, the low self-esteem child is allowed to deny any hint of personal involvement (and therefore self-disclosure), but at the same time to have practice in expressing feelings and showing confidence. This practice renders the child more likely to behave with this emotional freedom and self-confidence in the future.

Lawrence also emphasises the importance of the child's perceptions of others. Commenting on the group who were

provided with Distar plus counselling in his experiment he says that it was inferred that the children's perceptions of themselves changed as the counsellors were perceived as valuing them more positively.

The fact that low academic achievement is often due to a child's definition of himself as a non-learner was first demonstrated by Lecky as long ago as 1945. Other studies such as that carried out by Shavelson and Bolus (1982) also show that self-esteem is positively related to academic performance. Their research, which is related to the hierarchical multifaceted nature of self-concept and to the causal relationship between self-concept and achievement, leads them to conclude that the self-esteem of child in school is a crucial factor in his/her learning at all levels of success. Dramatherapy, with its specific intention to facilitate self-development and self-change, has always been upheld by its apologists as offering a methodology for developing such positive self-esteem. Jennings puts it that:

> Through enactment and re-enactment man is not only capable of personal growth and change, he is in fact maintaining his social and individual identity.
>
> (Jennings 1983b, page 3)

The methodology of dramatherapy as outlined by writers such as Jennings, together with the research findings yielded by

the present Study, will allow the present author to offer in her concluding chapter some guidelines on an appropriate dramatherapy curriculum for use with special needs children. And here it must be stressed that when the term 'special needs' is used in the present Study, it covers not only those with severe problems but also those with mild or moderate emotional and behaviour disorders and learning difficulties.

When discussing children who fall into these mild or moderate categories, it must be acknowledged that there is no absolute standard for a child's normal or abnormal behaviour. We rely primarily upon subjective social norms (Upton 1983), and as Fontana (1988) points out, it is the parent and teacher expectations arising from these norms that very often determine whether a child's behaviour is categorised as problematic or non-problematic, together with parent and teacher 'tolerance level'. This suggests there is an extent to which the home and the school 'manufacture' the children who fall into the mild and moderate categories. The implications of this are profound, since as some studies (Chazan 1964, Rutter et al. 1979) show, even mild learning difficulties appear to render children more susceptible to emotional and behavioural disorders.

Chazan (1964) implies that the difficulties encountered by these children can in fact be largely avoided if a more

therapeutic approach towards them is adopted, a point which is also taken up by Gulliford (1985) who suggests that one of the forms this approach should take is the provision of a teacher-child relationship which encourages and sustains pupil's hopes and motivation. The development of such a relationship is an area in which the creative arts - and dramatherapy in particular - can potentially play an important role, since the creative arts offer opportunities for children with mild and moderate as well as with severe difficulties to express their feelings in a positive way instead of building up repressions and tensions, and to operate as equals amongst their peers, thereby building self-esteem. By having their ideas accepted by both teacher and peers their anxiety over their cognitive abilities can also be reduced, and they can thus be helped to believe they have the potential to progress (see Mosley 1987a and Hossent 1987).

Yet in spite of its potential benefit for special needs children, dramatherapy is currently very little used with them. When Mosley (1988) approached Evans and Wilson (1980) co-directors of the Schools Council Project into the 'education of disturbed children' as to whether they had discovered any practical drama initiatives she was told that:

> During our survey we gave considerable thought to the use of dramatherapy with disturbed pupils as theoretically it

> should be of great value to them. We had discussions with well-known workers in the discipline and with workers during our visits. We also had the evidence of responses to our various questionnaires. In fact we found that dramatherapy was hardly used at all.
>
> (Mosley, 1988, page 10)

Although in its seminal roots dramatherapy comes from education there is today more emphasis upon its clinical than upon its educational application. In addition even Sue Jennings, the most prolific author in the field, who initially worked in remedial education and wrote a most informative and inspiring book based on that experience (Remedial Drama 1984), is presently producing most of her writings on the anthropological and theatrical perspectives of dramatherapy (see e.g. Jennings 1990). Such a perspective appears to lend itself more to work with highly intelligent adults (who understand the anthropological issues and the relevant theatrical works upon which Jennings' therapeutic approach is now based) than to work with special needs children. The programmes of the conferences most recently organised by the British Association of Dramatherapists contain very litlle in the way of papers or workshops dealing with education or work with children (see Appendix II). This sits oddly with the findings of the present research reported in due course (in Chapter 8), that in the view of most practising

dramatherapists special needs children are the group who benefit most from dramatherapy.

In the view of the present writer, there is the risk that in searching for professional recognition within the family of psychological therapies dramatherapy is desregarding the areas of both children and adults with special needs, and seeking to distance itself from education per se. It seems that there is a marked desire amongst those who set the pace in dramatherapy to avoid the risk of dramatherapists being seen as simply rather specialised remedial teachers. This is understandable up to a point, but it not only robs dramatherapy of one of its most potent formative influences, but also robs special needs children and adults of one of their most potent educational resources.

As Mosley puts it:

> Even though there is a current renewal of educational interest in and a concern to explore the practical imperatives from self-theory, there has been little attempt in the recent associated literature to establish, or even acknowledge, the unique relevance of drama methods to the development of positive self-concepts.
>
> (Mosley 1987b, page 15)

Unfortunately the absence of this attempt is not confined to educationalists, but extends to many leading dramatherapists themselves.

Mosley has it that dramatherapy's

> 'own proponents have failed to establish a forum for the discussion of its methods within the firm theoretical frameworks offered by such well-respected theorists as Mead (1934) and Rogers (1951, 1959, 1969, 1983). It is precisely because there has been a lack of any systematic theorising that drama claims regarding self-development, have been increasingly discredited by powerful voices like Hornbrook's (1980 page 187), have been able to urge to 'depsychologise drama'.
>
> (Mosley 1987b, page 15-16)

In the view of the present writer to depsychologise drama would result in our ignoring altogether the psychological processes associated with drama, and the psychological benefits that can stem from its intentional therapeutic use. Mosley takes a similar view stressing that we need not to depsychologise drama, but to repsychologise it - and to do so within the social psychological and humanistic psychological contexts represented by authorities such as Mead and Rogers.

Drama with the Disabled

Another important way in which we can explore drama as therapy is to look at how it is used with those suffering from various forms of physical or mental disability.

The power of the creative arts as vehicles for enhancing life and enriching learning for people with physical emotional, and sensory limitations has been addressed in the work of several authors (Behr et al 1979, Jennings 1984, Schattner 1967, Shaw and Stevens 1979, Leaf 1980, Bachelor 1981). The primary aim of drama with the disabled, as with other populations, is personal development. Through the process of participating in creative drama activities children and adults can become more aware of and capable of using their senses, voices, bodies, emotions, imagination, intellects, in addition to developing social skills (Jennings 1981a), self-esteem and self-concept (Mosley 1987b).

The issue of when drama with the handicapped and within special education generally becomes dramatherapy has been discussed by several authors. For example Irwin (1979) and Landy (1986) both make an intentional distinction between 'dramatherapy with the handicapped' and 'drama with the handicapped'. Irwin feels that many drama activities are

therapeutic, but not necessarily therapy. She claims that 'drama used as therapy ..... refers to its utilisation as a specific treatment tool to aid in remediation, rehabilitation, or personal or social adjustment'. She goes on to say however that in therapy 'drama/theatre techniques are used in a planned way as a specific form of intervention to bring about intrapsychic, interpersonal or behavioural changes' (Irwin 1979, page 21).

Landy makes a similar point when he says that 'There is a fine line between drama therapy and drama/theatre with the disabled. The difference often seems to be one of degree rather than kind, attributable to the intentions and training of the group leader' (Landy 1986, page 40). Other authors (e.g. Mosley 1987a, page 7) agree that dramatherapy can be distinguished from drama by the training of the participants who, from the outset, should enter into verbal or written agreement concerning the purpose of the sessions.

Johnson also stresses the importance of intentionality in dramatherapy when he claims that:

> Dramatherapy refers to those activities in which there is an established, therapeutic understanding between the client and therapist, and where therapeutic goals are <u>primary</u> and not incidental to the ongoing activity.
>
> (Johnson 1982, page 83)

As Gay (1986) notes in her survey of the American

organisations working with the handicapped, 'not every one would agree that all of the groups mentioned practise dramatherapy. However, because their ultimate goal is to improve the conditions of the participants with the help of drama', she found their work could legitimately be included in her survey on the background of dramatherapy. The present writer fully agrees with this position, and for the same reason will include some relevant work on drama in this literature survey.

Although this work is not particularly extensive, some interesting studies do exist. For example Gay's research referred to above (1986) surveys drama work carried out in the U.S.A. with disabled populations. This work is performance-orientated and stems from organisations such as The National Theatre of the Deaf, The San Diego Theatre for the Disabled, The City of Las Vegas Children's Theatre, Theatre Unlimited, and The National Theatre Workshop. Some of these organisations integrate normal subjects with the disabled. The present writer sought to discover similar work being developed in Britain, and identified such projects and organisations as L'Arche, Southill Parks Centre in Bracknell, Carousel, Rock Place Studios in Brighton, Strathcony Theatre Company, the Social Education Company in Middlesex, and Shape in London.

Finding little about the work of these organisations in the literature she travelled to Edinburgh to visit and interview Peter Clerk, who has responsibility for the Special Needs Projects of The Theatre Workshop Edinburgh. The Drama Worker (the section of the company dealing with the work for the disabled) operates in special schools, hospitals, and special play schemes. The work is not solely performance-based, and contains participatory elements aimed at stimulating and extending the children's involvement. The company also has a close connection with a theatre company of some 40 mentally handicapped adults, Lung Ha's Theatre Company.

The researcher also visited and interviewed one of the workers responsible for the Jabadao Project at Bradford, an organisation which carries out creative and therapeutic projects in the community in hospitals and in special schools. One of the interesting aspects of the project in Bradford is that the main creative art used is dance, but drama is also involved, along with other crative arts, as the aim is to achieve an integration of creative experiences. The work is educational and recreational, the stated aim being to 'improve the quality of life for participants both inside the group and in their lives outside' (personal communication to the researcher).

Another organisation approached by the researcher was The Royal Institute for the Blind, who have developed interesting work in drama with the blind, and who have produced an interesting video called 'Dreams into Action'. When observing the experiences here and in Edinburgh and Bradford, the researcher wondered however whether we can call them therapeutic in intention. Peter Clerk in Edinburgh for instance did not mention the term 'therapy' throughout his discussion with the researcher, though it would appear to the observer that much of his work has a definite therapeutic effect.

Drama with the Mentally Disabled

There are some similarities between mainstream drama in education and drama for the mentally disabled as far as principles and learning objectives are concerned. The main difference lies in the particular application of these principles and techniques. Mentally disabled people tend to repetitive and anti-social behaviours. By introducing new areas of experience, helping relaxation and growth in self-awareness drama, can be used to help break these patterns of behaviour. Here the teacher or therapist's attitude is of fundamental importance. He/she must be careful not to adopt a patronising attitude towards the disabled - for instance towards the anger and frustration that many disabled people show and which can be released through drama. Jennings (1984), one of the pioneers of the use of drama with

disabled populations, says:

> If properly handled the drama session can provide the means not only for expressing pent up frustrations, but also for examining them. This could result in the child or adult realising how much belongs to his fantasy notions of authority and how much he has legitimate cause to be angry. Some people are very afraid of their aggressive feelings and the drama session can help them realise that their destructive fantasies cannot actually kill.
>
> (Jennings 1984, page 73)

Other existing literature suggests that drama gives permission, in a safe environment, for the participants to act out even the more aggressive and destructive fantasies without real consequences.

In the field of disability, most of the pioneer work shows that body-work and movement seem to be the starting point, even when they are intended primarily to lead to other forms of expression. One of the pioneers of body-work and movement in this context was Veronica Sherborne, whose work mostly with mentally disabled people will be referred to below. Sherborne stresses that bodily experience helps the mentally disabled to develop specifically in terms of social relationships, concentration and attention skills.

If we consider Sue Jennings's Remedial Drama, much of the activities she exemplifies are also based on movement. As

she points out, 'for his mental, physical and emotional well-being, man has to rediscover his cultural roots by actually experiencing them in some form, and being able to recreate them himself and not just observe this from others. The most important medium for this is man's own body ' (Jennings 1984, page 49).

Work in drama with the mentally disabled can usefully focus on aims such as self-awareness, acknowledgement of feeling, improved social behaviour, and less stereotypic or purposeless activity. Basic activities, generally called sense awareness or warm-up activities, are built upon a foundation of multi-sensory stimulation. As Cotrel (1979) has pointed out, sensory input precedes emotional response and ideation, which may be expressed through movement and verbalisation.

A feature of the work with the mentally disabled is an integrative approach towards the creative arts. The investigation in the literature carried out by the present author indicates this tendency in the very titles of projects such as: 'Integrative Arts Activities for the Severely and Profoundly Handicapped' (National Committee, Arts for the Handicapped , Washington 1980), and 'Creative Movement for Retarded Children' (Crumbliss and Wenger, 1978).

Rosenthal (1978) points out that movement, together with art music and drama, are utilised in therapy not primarily as art forms but as tools to increase spontaneous expression, and thus to provide opportunities for the subject to project conflict away from himself and reveal his latent creative talents. The researcher's own experience with mentally disabled children bears this out and has shown her the validity of an integrative approach of the arts as tools for expression (see also Wadeson 1975). The variety of stimuli provided by the integrated approach also helps the child to explore and respond in a variety of ways.

Her experience has shown her in addition that play is the best medium through which to use this integrated approach, and the literature supports this view. Both mentally handicapped children and mentally-handicapped adults learn to play by imitating sounds and movements, which as they are internalized give place to make-believe or symbolic play, which in turn gradually develops into role-taking, dialogue and story-making (see Meersman 1969). This process of play is critical to human development, enabling individuals to grow socially, emotionally, intellectually and physically (see Cherry 1976, Pulaski 1979, Wolfgang et al 1981), and in working with disability it is important to bear in mind normal development, not only because those with disabilities often mirror this development (albeit in their own way and at their own pace), but because comparisons with normal

development can help us to assess what is missing in the disabled client. As Warger (1985) emphasises, 'children with physical and sensory limitations may not have been provided with adequate early sensory stimulation ..... they may have lacked the ability to effectively interact with others, thus limiting their play development (page 289).

At school level, Petrie (1974) suggested some years ago that drama can provide an alternative way of learning, complementing the prescribed curriculum for use in the special school. He refers to the importance of drama in mainstream education, and discusses the transference of some of its significant areas to special education. He stresses, as do many others (e.g. Jennings 1984) that drama is not a set of techniques, but essentially a set of attitudes through which the teacher establishes his/her relationship with the group.

The credibility of such work in schools depends in part upon the ease with which it can be integrated into the rest of the curriculum. Little research on ways of effecting such integration have been carried out. However, of some relevance is a report published in 1975 by the Educational Drama Association (Slade, Laffitte, and Stanley) describing work carried out with institutionalised patients with mental disabilities. This work was essentially based on Laban

principles and Slade's Child Drama, and emphasised the need to engage patients in movement and sound experiences as a way of developing fantasy and imagination. As Slade puts it in the introduction to the report 'one cannot help but feel there may be in fantasy and imagination an untapped realm of communication, sympathy and understanding which could bring us closer to many of those less fortunate than ourselves' (page 4).

The experiment was conducted with a group of 16 patients who showed considerable improvement in communication and social skills when compared with the control group, and both the methodology involved and the results obtained indicate that an approach of this kind might also be successful in schools.

The work of Veronica Sherborne. An organisation already referred to in this thesis, Sesame, was established 27 years ago with the purpose of providing movement and drama for the 'sick and handicapped'. Many of the earlier pioneers of drama with the disabled work with Sesame. One of these practitioners was Veronica Sherborne, who died recently. As mentioned above, her work emphases movement as the starting point for drama activity, and carries relevance for both dramatherapists and dance therapists. The importance of movement and physical expression is also emphasised by Jennings (1983) who stresses that 'we must be more efficient

at understanding the body ..... we need to develop the creative arts as therapeutic forms both in re-education and treatment' (page 48).

Writers such as Sherborne and Jennings emphasise that physical expression alleviates the anxiety in our bodies created by the non-physical culture in which we live, and which leads to problems of self-awareness and self-image. In the case of a disabled person who lacks physical co-ordination, this emphasis upon physical expression carries particular importance. Work with space awareness, direction, distance and boundaries is basic to this expression, and referring to the whole field of re-habilitation Jennings (1983) says that 'some kind of physical re-education programme will be necessary for achieving normal posture and confidence in the previously cowed body' (page 49).

Sherborne (1983) puts it similarly when, referring to her work with retarded and disturbed children, she says that 'It is possible to help developmentally retarded children to relate to their bodies, to become more self-aware and more confident. It is possible to help them to form relationships, and it is possible to help them to focus attention, to concentrate' (page 68). As Sherborne explains, movement can develop very easily into dramatic play, and into dance, singing and sound-making. She

describes exercises for experiencing body weight, the flow of body weight, and the experience of body weight in water. Through these activities the child experiences himself as a whole, and Sherborne considers that they precede in him the development of a more conscious sense of identity. Her techniques require a total physical involvement of the adult with the child, and the basic aim which underpins them is the development in the child of a basic sense of security.

In her work, Sherborne uses the ideas of both Jung and Laban. Both these authors have been discussed in this survey, and Sherborne stress in particular Laban's use of the so-called eight basic efforts: dobbing - flicking - floating - gliding - pressing - thrusting or punching - slashing - winging (see Laban Techniques in Chapter 5).

Work of this kind with disabled children is extremely demanding of course, and as Sherborne (1983) stresses this means that 'teachers of disturbed children need physical and emotional stability themselves; they need to be secure enough in themselves; they need to be in good relation to their own strength and firmess, and to know something of their own aggression'(page 89). Kirby (1984), who researched into Sherborne's techniques, considers her approach of great value to all teachers in training, particularly teachers in special education.

Writing of this approach, Sherborne (1983) says:

> I think one of the most important things I do is to consider their (the students') mental health. I've got to help them to re-create themselves before I start teaching them. I can tell the mood they come in at once, whether they come in all sprightly or whether they come under stress. And I've got to get them to change that mood before I can start doing anything useful. I think I am a therapist for them, to some extent.
>
> (in Kirby 1984, page 42)

The perspective that training should help the therapist to know himself will be discussed further in this thesis. The literature shows that many other authors share Sherborne's views - for example Merith-Jones (1982) who believes that any therapist needs 'a thorough understanding of their own movement behaviour ..... we cannot observe unless we know that we are observing .....' (page 10), and Wethered (1973) who was also responsible for pioneering new techniques for the use of drama and movement in therapy.

Dramatherapy with Autistic Children

Dramatherapy has been practised with favourable results with autistic children by Lindkvist, founder and honorary director of the Sesame course in Britain. In her research project undertaken in 1974 she describes the symptoms of autism, and then suggests that one method of facilitating communication and relationships with these children is through drama and movement (Lindkvist 1981). Lindkvist

stresses the importance of using these techniques to work gradually towards goals, and

> ...not, in one's enthusiasm, (to) rush into situations which can prove to be dangerous to patient and helper alike. As well as progressing slowly, it is important to control movement with pauses and constant changes in direction, speed, and in levels.
>
> (Lindkvist 1981, page 100)

She then goes on to discuss case studies, and in her conclusions points out that:

> Although it would be unrealistic to claim that dramatherapy and movement in therapy are a cure for mental and physical disorders, it seems clear that they can be used as a means of communication, for developing relationships, increasing body awareness, and for minimizing stereotypes if that is considered desirable. They can give satisfaction to the doer, and encourage verbalisation as well as group awareness and a sense of sharing a creative experience. They can also increase confidence.
>
> (Lindkvist 1981, page 109).

Programmes for Use in Portugal

The general neglect of the therapeutic use of drama with special needs children mentioned at the beginning of this chapter is not of course restricted to the UK. It is even more marked, for example, in my own country, Portugal. In Portugal there is in fact a particular need for guidelines

on how the creative arts can be utilised with special needs children, since special education - a relatively neglected and under-financed area in Portugal - currently appear to lack any ability to make use of their therapeutic potential. In a recent study Peixoto (1990) reports research which shows that few teachers in special education in Portugal have received any appropriate training in the creative arts.

Another study carried out by Dokter (1990) with European students trained in the creative arts therapies in the Hertfordshire College of Arts and Technology at St. Albans, UK. is also of relevance. Dokter found that a sample of the Portuguese students undertaking this training encountered difficulties when they tried to implement creative therapies back home. The sample recognised that the main scope for the development of such therapies in Portugal is with special needs children, since Portuguese special schools already make use of therapies such as occupational therapy, speech therapy and physiotherapy, yet still encountered a lack of the right opportunities to put their skills into practice.

Apart from the educational setting it will in any case be very difficult to implement the creative arts therapies in Portugal, since the clinical world is a very closed one, monopolised by psychiatrists and a small though growing number of clinical psychologists. At present, it is

unfortunately not easy to see such professionals as receptive to therapeutic approaches which lie outside medical orthodoxy (see Valente 1991b). However, once the creative arts therapies are firmly established (and shown to be efficacious) within the educational setting, it is possible that the entrenched attitudes which underlie this situation will be more open to change.

General Comments

The literature shows a paucity of recent references to the therapeutic use of drama with special needs children. This is in many ways an extraordinary state of affairs, not least because one might have supposed that dramatists themselves, conscious of the psychological power of their subject, would have done more to bring it into the sphere of those with special needs. It would be interesting to speculate upon why they have not done so. Certainly there have been many plays written about people with special needs, but hardly any written for them. Is this because they are considered too small an audience to be worth bothering about? Or because they represent no source of financial return? Or because dramatists are uninterested in them as a group?

The answers to such questions lie outside the scope of the present Study, but it is pertinent to wonder why education - and in particular teacher training - has not done more to explore the use of drama for the personal and social

development of special needs (and of course mainstream) children. Is it because teacher educators are not themselves interested in this area? Is it because students are uninterested? Is it because there it is felt that schools do not look for the relevant expertise when making teaching appointments? Is it because politicians and administrators show scant interest in (and understanding of) the potential of drama for effecting psychological change? Is it because there is insufficient funding available? Is it because not enough has been done to draw the potential of drama to the attention of those responsible for decision-making? Is it a combination of all these issues, plus perhaps several more besides?

The present Study is not designed to research into these issues, but they do provide a background against which some of the research findings can usefully be seen. And they will be mentioned again when, in Chapter 10, the implications of these findings for special education come to be discussed.

CHAPTER 4

REVIEW OF THE LITERATURE: THE PSYCHOTHERAPEUTIC

BACKGROUND

Dramatherapy and Psychology

We have now seen how dramatherapy is, in its way, a natural development from the preceding centuries, centuries during which drama has come, step-by-step, to be accepted as a force for therapeutic change. In the present chapter, we can therefore look specifically at dramatherapy, and examine the way in which it links in with - and is influenced by - recent and contemporary thinking within psychology. The literature indicates in fact that dramatherapists base their work on a wide range of psychological (and neo-psychological) sources, and in the next sections these sources will be reviewed. Though brevity is attempted for the most part, in some places more extended detail is needed, because certain of the concepts and terms concerned re-emerge in due course in the research results (Chapters 7 and 8).

Some preliminary examples of the diversity of these psychological sources (see Karasu 1984), will become apparent if we mention respectively the work of dramatherapists such as Irwin (1976, 1983) who adopts a psychoanalytic perspective, Wethered (1973) who uses a more educational orientation, Jennings (1987a) who introduces an anthropological dimension, and Gersie (1990) who explores the uses of story-telling based on myths and legends. But

perhaps we should start at one point further back, and point to the widely differing emphases found within the psychological therapies themselves.

Some of these therapies deal for example more with actions (e.g. bioenergetics), while others deal more with thoughts and feelings (e.g. cognitive therapy). Some concentrate on verbal interactions (e.g. transactional analysis), while others explore both verbal and non-verbal behaviour (e.g. neuro-linguistic programming). Some place their emphasis on exploring the past (e.g. psychoanalysis), while others deal more particularly with the present (e.g. gestalt therapy).

Yet again, some therapies are primarily based on non-directive processes (e.g. client-centred therapy), while others are more directive (e.g. rational-emotive therapy). For some therapies the best method of gaining control is emotional and intellectual insight (e.g. analytical psychology), while others believe more in counter-conditioning or in modification by the use of schedules of reinforcement (e.g. behaviour therapy).

Within such a diversity, it is somewhat difficult to identify any areas of common ground. So perhaps the best point of departure is with psychodynamic theories, since these not only pioneered the field, they also influence much of what followed, and provide us with a psychotherapeutic

vocabulary which has permeated the literature. But first, we need to say a little about the term 'psychotherapy' itself, since this term is currently in such common use wherever psychological therapies are under discussion. In particular, we need to say how it is understood and used in the present study.

Models of Psychotherapy

Brown and Pedder (1979) define psychotherapy essentially as conversation which involves listening to and talking with those in trouble, with the aim of helping them understand and resolve their predicament. The term 'psychotherapy', they claim, is sometimes used in specific ways, but in its general meaning it includes all forms of treatment for emotional and psychiatric disorders that rely on talking, and on the relationship with the therapist, rather than on physical methods. In a sense 'everyone who tries to encourage a despondent friend or to reassure a panicky child practises psychotherapy' (Alexander 1957).

In recent times, numerous systems and methods have emerged under this general heading, most or all of which can be classified according respectively to their theoretical and ideological bases, their practical techniques, and their aims and indications. Each of these varying approaches is

based on some implicit or explicit assumptions about the nature of man and of his ills, and on the concept of pathology and health and the mode of change from the former to the latter. And between them, the approaches cover the whole gamut of psychological theory, from the psychodynamic and the analytical, the behavioural and the cognitive, to the humanistic and the experiential.

Thus there is a sense in which 'psychotherapy' is too general a term to admit of close definition. Within psychology, it is perhaps better to regard it as a blanket term analogous to 'medicine' or 'surgery' and it is in this all-encompassing way that it is understood in the present study.

Let us now turn, as suggested earlier, to psychodynamic psychotherapy.

Psycho-Dynamic Psychotherapy

Psycho-dynamic psychotherapy is based primarily on the Freudian thesis that mental phenomena are the result of an interaction of forces, namely the thoughts, feelings, instinctive drives, and past life experiences of the patient (see e.g. Freud 1962). In studies of hysterical patients, Freud claimed to show that apparently irrational symptoms are meaningful when seen in terms of painful memories repressed into the unconscious and striving to find

expression. Neurosis was then seen as the result of a faulty resolution of the consequent conflicts. For Freud, there appeared to be a logical continuity in the mental life of the individual, and therefore symptoms were not mysterious incursions from without but rather exaggerated expressions of processes common to everyone, and which revealed the specific stresses of the patient who developed them. Freud believed these causes of neurosis could be uncovered by 'psychoanalysis', a therapeutic task which essentially consists of making conscious what is unconscious, and which evolves over a period of time (and psychoanalytic sessions) into the process of transference.

The psychoanalyst encourages this evolution primarily through the technique of free association carried out in a one-to-one situation with no physical mobility. In this method the patient tries to relax and say whatever comes to mind in response to a stimulus word (often taken from one of the subject's own dreams) no matter how absurd, unpleasant or obscene these thoughts might appear. The theory is that during the association, powerful emotional drives sweep uncontrolled thoughts in the direction of the psychic conflict which exists between instinctive energies and ego defensive repressions. Where specific memory associations connected with presenting symptom are uncovered, painful emotions - frequently found to be related to sexual experiences in childhood - are drained off. The

psychoanalyst (in theory) remains entirely neutral throughout the treatment, and the patient's attitude towards him then develops towards transference, a key concept in psychoanalytical thinking.

Like psychotherapy, the term transference has both general and special meanings. In its general meaning, it refers to the way we respond to every new relationship according to patterns from the past. We transfer to these relationships feelings and attitudes developed in earlier similar experiences, especially when there are no particular clues available as to how we should react. In its special meaning, it stands for the fact that in a therapeutic relationship patients may begin to experience feelings towards the therapist as if he/she were a significant figure from the past. Transference then becomes a tool which helps the patient, under the promptings of the psychoanalyst, to investigate his or her forgotten and repressed past. The consciously forgotten past in other words becomes re-enacted in the process of transference. This re-enactment has been called the 'private theatre' of transference (Pontalis 1974).

Closely related to transference is the concept of countertransference. Again this has various meanings, but typically it refers to the feelings of the therapist towards the client. As in the development of the concept of

transference, countertransference was at first thought by Freud and his disciples to be an obstacle which leads the psychoanalyst to contaminate the field with his own problems. Any strong feelings which he may have towards the patient were thought to represent his own unresolved conflicts and problems from his own past or present life transfered onto the patient. Heinmann (1950) was among the first to suggest another way of looking at countertransference, namely as an important tool in therapy providing the psychoanalyst with an understanding of what is at first incomprehensible, since the countertransference feelings of the latter may be a reflection of what the patient feels about himself, or is doing with his own life.

By putting himself empathetically in the other's shoes, the psychoanalyst thus allows himself to feel what the patient has been unable to acknowledge in himself, such as anxiety or grief. Or to experience feelings appropriate to the person the patient is transferring onto the psychoanalyst - for example a protective or rejecting parent.

The emphasis on patient talk during psycho-analysis stems from Freud's emphasis on finding meaning where there had previously been ignorance and confusion, since the patient's deep fears motivate him to avoid or disown significant experiences and wishes. However, in recent years some schools of psychotherapy, notably encounter group therapy,

psychodrama, gestalt, bioenergetics, and primal therapy have attempted to avoid the defensive use of rational talking by inducing direct confrontation between the client and himself, and by encouraging the physical expression of feelings and relationships.

These therapies will be referred to later in more detail, but the most important point in the discussion at this point is that, by contrast with psychoanalysis, the methods in these new therapies involve such active techniques as catharsis, re-enacting, touching and bodily expression, and often promote very intensive experiences which require a more obviously active and directive role by the therapist. They can sometimes reach people for whom talk is not an easy medium, or who use it predominantly defensively. Such therapies emphasize doing rather than thinking, and thus avoid the danger of defensive talk and rationality, but run the obvious converse risk of defensive doing and feeling (Brown and Pedder page 78).

Brown and Pedder (1979) contend that 'each one of these new therapies picks up and inflates one of the elements in the work of Freud and of mainstream analytic psychotherapy' Brown and Pedder page 179). For example, they suggest that Rogers emphasised frankness through client unburdening and through unqualified acceptance by the therapist. Perls stressed intimacy, Reich emphasised the importance of the

discharge of pent-up feelings and sexual energy, while Janov took the view of infantile emotional trauma and carried it to such to an extreme that virtually everything else is excluded.

Relevance of psychoanalytic psychotherapy to dramatherapy

Freud discovered that personality is most clearly revealed when the intellect is exercising least control, and is not presenting socially-controlled behaviour. This is of great relevance to dramatherapy, where the atmosphere created aims specifically to help the client abandon over-controlled social behaviour (see e.g. Jennings 1990, Landy 1986). As with Freud, dramatherapy takes the view that such things as dreams, slips of the tongue, and events that the client unaccountably forgets tell more about him/her than does referred socially controlled behaviour.

Another way of seeing the relevance of Freudian theory to dramatherapy is to consider the material brought up by clients in dramatherapy sessions. Some of this material is seen by the dramatherapist, as by the psychoanalyst, as the cause or part-cause of the client's problems, and as stemming from the unconscious. The unconscious is seen in dramatherapy, as in psychoanalysis, as creative and impulsive, using a language made up of feelings, associations and symbols. As in psychoanalysis, the child's early experiences, sensations and impressions are seen as

not forgotten, and as part of the psyche and therefore responsible for much of the individual's characteristic ways of behaving and feeling.

As the individual develops, dramatherapy, like psychoanalysis, sees these psychological variables as translating into complex bodily, emotional and cognitive processes. It sees repressed material as information we have once known consciously but which we have apparently forgotten, and which remains in the unconscious where the forgetting is maintained through the use of emotional energy (the ego defence mechanisms). Again like psychoanalysis, it sees this repressed material as subject to emergence in the form of inadvertent behaviour, or of physical symptoms such as headaches, fatigue, depression.

Finally, dramatherapy (see as previously Jennings 1990, Landy 1986 and also Robbins 1989, Irwin 1985) recognises very much the same ego defence mechanisms as does psychoanalysis. For example in addition to repression it recognises (and attaches great importance to) projection, and also to denial, reaction-formation and regression. All in all therefore, it is fair to say that dramatherapy is substantially under-pinned by psychoanalytical theory, and that it appears, at a case study level, to substantiate a number of point of Freudian doctrine.

Neo and Post-Freudians

Although the Freudian approach is of enormous influence and historical importance, many of Freud's followers parted company with him on a number of key issues, and present us with a range of different and sometimes conflicting neo- and post-Freudian theories. Particular examples are presented by Adler, Horney and Jung respectively. Adler christened his approach 'Individual Psychology', and used methods based largely on reasoning with the patient. From Adler (1965) came the ideas of 'inferiority complex', and of the 'will to power', both of which crop up in the dramatherapy literature. Karen Horney emphasized the conflict of the individual in the 'here and now', rather than the residues left over from infancy, and her concern was with self-analysis, rather than with analysis by the therapist.

But of the neo- and post-Freudians it is Carl Jung who deserves particular attention, since together with Freud he would seem to be the psychologist most frequently refered to by dramatherapists.

Carl Jung, like Freud, held that insight into the unconscious is the agent of therapeutic change, but he added new techniques to those developed by Freud. For example he pioneered the use of word-association as opposed to free association, a technique in which the subject is presented with a list of individual words and asked to respond to each

with a word of his own. The rationale is that these response words will give clues to underlying pre-occupations, both conscious and unconscious. Jung had been an associated of Freud in Vienna, but basic disagreements (particularly over Freud's pan-sexualism) persuaded him to part company with Freud in 1913, and to establish his own therapeutic methods now known as analytic (or analytical) psychology. In analytic psychotherapy, the client proceeds through defined stages leading him eventually to an understanding of both his personal unconscious and the archetypes in his collective unconscious, an understanding which results in a discovery (or a re-discovery) of essential wholeness within his personality.

For Jung there are three levels of personality, the conscious, the personal unconscious, and the collective unconscious. Jung shared with Freud the concept of conscious and unconscious, but he added the concept of the collective unconscious which he saw as formed by impulses and fantasies - forms, personages, stories and themes - which all men share with one another as a condition of their human nature. Jung defines these universal fantasy contents as 'archetypes'. These archetypes are primordial images which all of us inherit in our genetic constitution.

Jung deduced the existence of the collective unconscious from four major factors:

1. Instinct, which is inherited.
2. The unanimity of themes in the mythologies from different cultures.
3. The common occurrence of primitive and universal symbols, such as those found in myths and legends.
4. The delusions of the insane, which contain many symbols (like those of death and rebirth) which are also found in mythology.

For Jung, collective symbolism is the real language of the human soul, and is related to the rituals of our ancestors. Central elements of the singing cure are ceremonial dances and dry painting, or sandpainting, which are almost exclusively symbolic and bring to mind Jung's archetypal images.

Jung's structural model of man's psyche contained the concepts of 'ego', 'self', 'shadow' and 'persona' respectively. He frequently referred to the persona as 'the mask of the actor', seeing it as 'a segment of the ego which has been divided out in the course of the individual's social development'. It was therefore to him an example of the workings of the creativity which he saw as one of the five instinctive forces in man.

As Feder and Feder point out:

> Jungian psychology is a rich source of significant ideas for both psychological understanding and for the creative process, a duality that makes Jung's ideas particularly attractive to the expressive arts therapies. In particular, the Jungian concern with the manifestations of the archetypes has laid the ground-work for much work done in visual arts therapy. The archetypal images such as transformation, death and rebirth, the hero, struggle, the father-god, the great-mother and the divine child, are expressed differently within each culture, but they are persistent and prevalent.
>
> (Feder and Feder 1981, page 30)

The manifestation of the archetypes is also the ground-work for a technique widely used in dramatherapy, namely story telling and storymaking (see e.g. Gersie and King 1990). Myths are the ancient tales which describe what happened in the beginning of time, and as such:

> they contain the seeds of all that can be known about the events in the beginning ..... Each story is an emblem of existence, the symbolic representation of someone's interpretation of reality, of the interaction between inner and outer world. Although stories may be the containers of ideas, knowledge, experience and insight, more than these, they connect with our longings, dreams and need for hope.
>
> (Gersie and King 1990, page 31)

I return to the subject of stories and myths later, but for

the moment the point to stress is that it is one of the areas in which Jungian psychology is particularly meaningful for dramatherapy practice.

Jung was influenced by teachings from the Orient on the mystical aspects of mind. He considered adulthood a period of potentially great growth towards spirituality and maturity, and argued that the task of therapy is to help the patient to achieve these goals (Jung 1933). Another important aspect of Jungian therapy is that it emphasises not only insight, but also self-realisation. Jungian analysts are consistently more participatory than Freudian psychoanalysts, and this is perhaps another reason for his influence upon dramatherapy, since therapist participation is seen as fundamental to dramatherapy.

In Jungian psychology, the idea of the consciousness of man grows through 'the inner confrontation of the opposites'. However personal the client's conflicts may seem, they are in fact part of the universal conflicts of these opposites. Hegelian philosophy used similar patterns of thought: a mutual dependence exists between opposites - there is no good without evil, no trust without error, and tensions lead towards the necessity of achievement of a higher unity.

The energy underlying all life, said Jung (1963), both in the external world and the inner world of the psyche,

proceeds from opposition - polarity is inherent in all living things, and consciousness itself develops through confrontation with opposites. Through this dialectical process, man comes to know his limitations and the true extent of his powers.

In discussing these powers, Jung claims that uniqueness and limitation are synonymous in that:

> In knowing ourselves to be unique in our personal combination, that is, ultimately limited, we possess also the capacity for becoming conscious of the infinite, but only then.
>
> (Jung 1963, page 300)

(It is interesting to note at this point certain parallels between these ideas and those advanced in reversal theory (e.g. Apter 1989), another psychological model which is attracting attention amongst drama therapists (see e.g. Fontana and Valente, 1990a, 1991b). Like Jungian psychology, reversal theory also considers the personality as composed of bi-polar opposites between which the psychologically healthy individual can reverse as the need arises. These psychological reversals are in essence a confrontation of opposites in and through which the consciousness is able to grow.)

Behaviour Therapies

We now need to turn from psychodynamic approaches and take a quick look at another set of theories which, although markedly different in content and style from them, also have apparent relevance for dramatherapy, namely behaviour therapies.

Behaviour therapies are based upon learning theories and thus upon the work of authors such as Pavlov, Watson, Thorndike, Skinner, Bandura and others. Behaviourism (a term coined by Watson) is too well known to require extended discussion here (see e.g. Fontana 1984). Suffice it to say that as a movement it reacted - and still reacts - against the more introspective, subjective and intuitive approaches of Freud and Jung. The goal of behaviour therapies is to extinguish undesirable behaviour such as anxiety, depression, and masochistic tendencies, and to replace it with desirable, positive behaviours. The practical techniques involved derive from results obtained in psychological laboratories. Broadly speaking, behaviour therapists view the therapeutic process as best taking place through direct conditioning and training of the manifest actions of the client, and the historical reconstruction and insight so emphasised in psychodynamic therapies are seen as largely irrelevant.

Implications of behaviourism for dramatherapy. Referring to

the implications of behaviourism for dramatherapy, Landy (1986) points out that 'although the behaviourist position of objectifying behaviour and minimizing subjective experiences is not consistent with the more phenomenological position of the creative arts therapies, there are several areas of research that relate directly to dramatherapy' (page 33). Landy supports this argument by identifying the dramatic processes of imitation and identification as particularly related to behavioural research, while from within the camp of behaviourism itself Bandura and Walters (1965) view role-playing (now much used by dramatherapists) as an effective means of behaviour therapy. According to Bandura and Walters, 'Role playing may be a particularly effective means of producing behaviour change, since ..... the role-player dependently accepts the assigned role and then is usually reinforced by approval for reproducing the behaviour model' (in Landy 1986, page 33).

Referring further to the applications of the behaviourist approach to the creative-expressive therapies, Landy recognises that 'it does offer another perspective on such representational processes as imitation, identification, and role-playing and, most important, it provides a further understanding of how and why the total person functions' (page 34). Further aspects of the link between dramatherapy and behaviourism are explored in Fontana and Valente (1989).

Humanistic Therapies

Another set of psychological therapies of great relevance to dramatherapy are those which can be grouped generally under the heading of humanistic. Such therapies have their foundation in a phenomenological view of man which emphasises the unique qualities of each individual. They take into account the client's visions of him or herself in various key life settings, and range in type from variant offsprings of psychoanalytic theory and applications of existential philosophy to 'a host of unorthodox therapies like Daniel Casriel's 'scream therapy' or Paul Bindrim's 'nude marathon' (Feder and Feder 1981, page 43).

All these new therapies have a direct or indirect link to the existential movement in philosophy based on the work of Kierkgaard (1967), Heidegger (1962), Husserl (1964) and Sartre among others, and which concentrates on understanding existence in contrast to the earlier Cartesian preoccupation with thinking; on being in fact rather than on knowing In a sense it asserts sum ergo cogito as opposed to cogito ergo sum (Heidegger 1962).

Existentialist thinking has particularly influenced those psychiatrists and psychotherapists (e.g. May et al 1958; Laing 1965) who put conscious awareness on the self and others before any consideration of unconscious processes or of biological aspects of human behaviour.

Humanistic psychologies have been described as a 'third force ' between psychoanalysis and behaviorism, a force that rejects the deterministic approaches of both these older schools (that is, the determinism that stresses within psychoanalysis the role of inherited instincts and drives, and the determinism within behaviourism that stresses the influence of early conditioning).

The American Association of Humanistic Psychology defines the thrust of humanistic therapy as:

> primarily an orientation towards the whole of psychology rather than a area or school. It stands for respect for the worth of persons, respect for differences of approach, open-mindedness as to acceptable methods, an interest in exploration of new aspects of human behavior. As a 'third force' in contemporary psychology it is concerned with topics having little place in existing theories or systems: e.g. love, creativity, self, growth, organism, basic need-gratification, self-actualisation, higher values, being, becoming, spontaneity, play, humour, affection, naturalness, warmth, ego-transcendence, objectivity, autonomy, responsibility, meaning, fair-play transcendental experiences, peak experience, courage, and related concepts.
>
> (Severin, 1965 pages xv-xvi)

According to Landy,

> the image of man as alone, alienated, and despairing proved too gloomy for the American positivists. They turned, rather, to a more optimistic philosophy,

> grounded in the early work of John Dewey (1966) and William James (1948),but exemplified most directly in the non-directive therapy of Carl Rogers (1961).
>
> (Landy 1986, page 27)

Client centred therapy. The best known of the humanistic therapies is Rogers's client centered therapy. Carl Rogers came to psychology from a theological background. He viewed man as having a core self that is basically whole and good, and with this optimistic view he believed in the individual's capacity for growth and self-realisation when provided with enabling relationships. He has been a major influence in non-directive counselling techniques, basing his approach on three main characteristics of the therapist namely accurate empathy, non-possessive warmth, and genuiness. The main role of the therapist as seen in client centered therapy is to reflect and paraphrase the client's words, aiming with these methods to lead to greater self-acceptance by the client himself.

In client centered therapy, the therapist's personality and the extent to which he is interested and involved are key factors. Research work has shown that the 'empathy, warmth and genuiness' implicit in the Rogerian approach are therapist characteristics which predispose towards a favourable outcome. These factors are probably relevant in some degree to all types of psychotherapy, but it is only

client centered therapy that provides them with maximum emphasis.

Later Rogers pioneered the encounter movement, an approach which influenced many aspects of the subsequent human potential movement, and which, with its emphasis upon spontaneous and open social interaction, also currently is influencing dramatherapy theory and practice. (Encounter groups are discussed more fully below.)

The human potential movement. The most important departures in client centered and other humanistic therapies from established psychotherapeutic practices are respectively the nature of the therapist-patient relationship, the move from talk to action, and the emphasis on expression rather on understanding. Since humanistic psychology is more readily perceived in educational than in medical terms, the role of the therapist as a healer is minimized. Instead, he or she is usually known as a 'facilitator', and even operates at the level of a partner or fellow group member.

In humanistic therapies, feelings are considered more important than thoughts, and expressing them (catharsis) more important than reflecting upon their origins.

The key term in humanist therapies is here and now. To 'feel', to 'sense' and to 'touch' are important verbs in

these new therapies, and their relationship to dramatherapy is thus relatively clear. At their heart are the concepts of self improvement and personal growth. The stress is on educating and helping individuals to attain their unique potentialities, and to work towards self-actualisation and self-development. To sum up, these therapies emphasise:

* 'body language' and the unity of body and mind

* treatment in the here and now

* the therapeutic impact of the real I - thou engagement between therapist and client.

An offshoot of humanistic therapies which have particular relevance to dramatherapy is the t-group and encounter group movement. This movement combines cognitive and experiential learning, a combination which it is claimed leads to improvements in interpersonal communication and relationships, and to personal growth and development. Coming to terms with oneself and learning through experience are part of the psychotherapeutic process for the t-group leader as well as for participants. In encounter groups the basic encounter is often facilitated by techniques such as guided daydreams, group fantasies, and role-playing, all of which again have obvious relevance for dramatherapy.

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these new therapies, and their relationship to dramatherapy is thus relatively clear. At their heart are the concepts of self improvement and personal growth. The stress is on educating and helping individuals to attain their unique potentialities, and to work towards self-actualisation and self-development. To sum up, these therapies emphasise:

* 'body language' and the unity of body and mind

* treatment in the here and now

* the therapeutic impact of the real I - thou engagement between therapist and client.

An offshoot of humanistic therapies which have particular relevance to dramatherapy is the t-group and encounter group movement. This movement combines cognitive and experiential learning, a combination which it is claimed leads to improvements in interpersonal communication and relationships, and to personal growth and development. Coming to terms with oneself and learning through experience are part of the psychotherapeutic process for the t-group leader as well as for participants. In encounter groups the basic encounter is often facilitated by techniques such as guided daydreams, group fantasies, and role-playing, all of which again have obvious relevance for dramatherapy.

Other Psychotherapies Relevant to Dramatherapy

Other psychological theories and psychotherapies which are mentioned from time to time in the dramatherapy literature include the following.

Object-relation theories. Balint 1968, Fairbairn 1952, Guntrip 1961, Winnicott 1965 all suggest that the primary motivational drive in man is the drive to seek relationships with others. Rather than the individual finding satisfaction through different means at different stages (beginning with the oral stage), the individual seeks relationships with others (first the mother or primary care-giver) using different means at different stages appropriate to the given stage of development.

General systems theory. General systems theory (von Bertalanffy 1968) has been developed over the last few decades to study and explain interactions in a wide range of fields from cybernetics to sociology and more recently psychiatry. It defines a system as a set of interacting elements within a hypothetical boundary open to mutual influence with the environment; an influence which in sociology and psychology is seen as largely effected through informational communication. Systems theory allows us to think more clearly about the fact that the nature of a setting determines what happens inside that setting, and the

fact that the part cannot be understood without considering the whole.

Systems Theory thus has it that we cannot explain a person's condition fully without taking social phenomena into account, and it therefore allows us to conceptualise an organisation as influenced by several interacting social levels. This allows us in turn to clarify where we can usefully concentrate therapeutic intervention, since systems theory postulates that every system tends towards an equilibrium which determines by its constituent parts what function within it best serves the goals of the system as a whole.

According to Davies (1987) systems theory offers a more transdisciplinary approach in dramatherapy. In the context of psychodrama (discussed more fully below), Davies relates Moreno's concept of 'cultural atom' to an open system of roles 'through which the individual participates in larger open systems, the family, the working group, the recreational group, etc.' The system itself must then respond to its environment, which is another open system, and so on. This picture of social networks of ascending order might be described as a kind of social molecular structure composed of Moreno's 'cultural atoms' (Davies 1987, page 115). It is therefore not surprising, as Shuttleworth (1987) indicates, that one of the situations in

which the systems approach is most used by dramatherapists is when working with the family.

Psychodrama

Psychodrama is very closely linked to dramatherapy Formulated principally by Joseph Moreno (1946, 1953, 1959), psychodrama is better established in the general field of psychotherapies than is dramatherapy, and is recognised by the medical profession as a valuable technique for both individual and group work, helping clients to overcome blocks in both expression and communication. Psychodrama is also accepted as particularly helpful in hospital settings for those who are psychologically and socially inhibited, or who find verbal expression difficult. It capitalises on the potential extroverted qualities in a client, and probably appeals particularly to therapists of the more extroverted kind.

In some psychiatric units, occupational therapists have developed special skills in psychodrama which become part of their range of expressive techniques used in conjunction with art and music therapy, themselves useful in helping patients become more spontaneous and outgoing. Psychodrama related role-playing exercises are also used in family therapy, and in training staff to appreciate what it feels like to be a patient or a member of a disturbed family. They have also been integrated with Gestalt therapy, which

is discussed in the next section. The essential feature of psychodrama is that the client is put into a role by the therapist (perhaps a role drawn from his/her past experience), while the other group members act supporting roles or serve as an audience (see Moreno 1956, 1959).

Psychodrama and dramatherapy. Psychodrama developed from the fact that, Jacob Moreno had become frustrated with the traditional Freudian analytical model of group psychotherapy, which he found psychologically static and over-reliant on verbalisation. In psychodrama, Moreno proposed that theatre could be used for curative purposes, in the belief that by allowing people to engage in active role play they would obtain far more insight into their problems than if they remained in the static state used in traditional group psychotherapy.

The theory behind Moreno's belief is an existential one focused upon the 'here and now' (Badaines 1977). Some of the key concepts emphasised in psychodrama are: spontaneity, creativity, situation, tele (exchange of sympathy), catharsis (in the Aristotelian sense), and insight, and one of the basic claims is that through spontaneity training and the other psychodramatic techniques, man can live a freer existence.

The essence of the psychodramatic experience is direct work with autobiographical material which the protagonist plays him/ herself. It also places great emphasis on body language, and in this and other ways has influenced many of the so-called 'new therapies'. However as Marrone (1979) points out, 'no matter how interesting some of these new therapies are, we must not lose sight of the fact that psychodrama assigns vital importance to awareness and historical reconstruction, and therefore comes close to the analytical stance'. For Moreno, dramatic enactment has an essential 'as if' quality about it, and operates therefore primarily at a symbolic level.

The importance of this from the point-of-view of the present study is that it indicates that through psychodrama dramatherapy further strengthens its links with psychodynamic principles. In spite of the closeness of these links, it is important to point out however that many authors claim that psychodrama is not dramatherapy (e.g. Nichols, 1975), and have attempted to establish the distinctions between the two approaches. Nichols sees this distinction primarily in the fact that:

> in dramatherapy the experience of drama itself is emphasised; dramatic exercises of one sort or another are set by the leader on the assumption that these hold therapeutic potential. For example a reduction in social inhibition and the acquisition of certain social skills may result from such work. Psychodrama, on the contrary, is a specific form of

> group therapy and depends on the use of enactment of past present or future situations in an individual's life, but the dramatic experience itself is not of primary importance. The main objective is for people involved to gain understanding and knowledge of their own behaviour, perceptions and feelings. It is hoped that they will develop a similar understanding of the other people in their life and an empathy with the experience that these others have in the various situations dealt with. The overall aim of psychodrama, therefore, is to facilitate change and personal growth in the participants.
>
> (Nichols 1975, page 214)

It could be argued that distinctions such as that proposed by Nichols are not very clear, since dramatherapy also aims to facilitate personal change.

Courtney stresses that the distinction between the two therapies is that psychodrama is more structured.

> Psychodrama is a highly structured method, based on formal therapeutic ends. Moreno gave precise directions for practice which modern psychodramatists are inclined to follow. In contrast modern dramatherapists do not exclusively psychodramatic methods they draw from virtually all kinds of dramatic practice. Psychodrama and dramatherapy, however, share the use of dramatic action as a vehicle for their purposes.
>
> (Courtney 1987, page 4)

The issue of the relationship between the two therapies has also been dealt with by the British Association of

Dramatherapists, but their conclusion is that psychodrama is part of dramatherapy(!)

A clearer distinction is drawn by Langley (1988), who defines drama as a continuum starting with movement and going through ritual- play- games - role play - to theatre. She argues that the psychodramatherapist is confined to the structure of theatre, a director, actors, audience and script. Although the script is impromptu and the play created spontaneously, theatre forms the framework. 'Thus psychodrama can be seen as a form of theatre. Yet, within that structure, the psychodramatist may call upon all of the other areas of the continuum, so using dramatherapy as psychodrama ..... ' (Langley 1988, page 72). On the other hand, the dramatherapist, says Langley, may employ any element from the continuum of drama and still be doing dramatherapy, using theatre, if appropriate, or not as the case may be.

Langley further considers that although psychodrama and dramatherapy are similar in that both follow the pattern of warm-up, action and closure, in psychodrama a protagonist is selected after the warm-up, and the action revolves around him or her, whereas dramatherapy does not necessarily single out one individual from the group, but is more likely to work with the group as a whole. Another difference is that in psychodrama there is a verbal sharing of experiences

during the closure, whereas in dramatherapy the sharing of experience does not have to be verbal, as sometimes sharing the actual experience itself during the action phase is enough. Also in psychodrama one doesn't work from written scripts, whereas in dramatherapy play reading script and theatre are frequently used (see Jennings 1990).

It is clear that psychodrama follows a very specific set of rules established by Moreno, while dramatherapy is a much more flexible subject, as made clear in this literature review, and is subject to many more influences than the experimental theatre which served as the basis of Moreno's work. It seems likely that each dramatherapist has much more freedom in his/her own work than has the psychodramatist, and is much more guided by the particular influences within dramatherapy which he/she considers the most important. Now that formal training courses are established in dramatherapy the position may change however, with much more common ground evident among practitioners. One of the aims of the present research is to establish the nature of this common ground.

In future psychodrama may also change, this time in the direction of greater flexibility, as practitioners work more with a larger variety of client groups, including mentally disabled, and not just with reasonably articulate people. For instance, as Langley makes clear, it was only in the

late 1950s and early 1960s that psychodrama arrived in Britain, and only in 1974 that a permanent training programme was established in Britain (by Marcia Karp, who trained with Moreno. Recently Karp has made a contribution to the literature in the field, Holmes and Karp 1991). And it was only in 1984 that the British Psychodrama Association came into being. There are now some people trained in psychodrama who are modifying their practice 'to a specific set of circumstances', using group processes similar to the ones in dramatherapy. And Langley's expectation is that 'perhaps in the future we may not see psychodrama as part of dramatherapy and dramatherapy as part of psychodrama, and each as part of the whole' (Langley 1988, page 76).

In the literature there are already many reports by dramatherapist who use psychodrama at some stages of their work. For instance dramatherapists Bannister and Prodgers (1983) report the treatment of mothers and fathers who sexually abused their children. Psychodrama enabled them to look in depth at their own childhood, as most of them had been abused themselves in their early years. Through dramatherapy and psychodrama, the cathartic experience released the subjects' repressed feelings against their own parents, and allowed them to practise new behaviours within the safety of the group.

Another example that illustrates the interest in psychodrama shown by some dramatherapists is on a recent publication by Gale (1990), a trained dramatherapist. According to Gale: 'Much of the growth of interest in psychodrama came from people who first experience psychodrama in dramatherapy'(Gale 1990, page 89).

Gestalt Therapy

Gestalt therapy is one of the best known therapies of the humanistic or personal growth therapies, and is largely the creation of Frederick (Fritz) Perls, a German-born psychoanalyst. Perls become dissatisfied with the traditional view of psychoanalysis, and rejected the role of the unconscious and the theory of repression, preferring to focus his attention on the concrete and the obvious rather than the abstract, and preferring to stress the need to deal with immediate problems and present solutions rather than to spend time uncovering past experience.

Gestalt therapy has some theoretical parallels with the psychology of the same name developed in Germany in the early 20th century. In German 'gestalt' means form or configuration, and gestalt psychology was based on the way people perceive the world, in particular on their tendency to see patterns, to complete pictures from fragmentary data, to 'make whole'.

The greatest value of gestalt psychology lies arguably in the insight that the whole is greater than - and in a sense determines the meaning of - the parts. This contrasts with the more orthodox assumption adopted for the most part by behaviourists that the whole is merely the sum total of its elements. In Gestalt therapy the main goal is to help the client perceive himself as an organic whole, with complete integration of his cognitive, affective, and motor functions. This concept of 'completion' is in Perls's words what Gestalt therapy seeks, especially 'to fill in the holes of the personality to make the person whole and complete again' (Perls 1971, page 2).

Gestalt therapy can be used with individuals but is more frequently conducted in group sessions, with the therapist taking an active and and highly directive role. In this respect it differs substantially from the non-directive approach of many of the humanistic therapies. The Gestalt technique is intended to be primarily an action orientated, emotional method based on dramatic techniques in many ways similar to the ones developed in psychodrama by Moreno. For instance Perls often used an empty chair which represented another person or a part of oneself with whom or with which the client has unfinished business. Through a dialogue with the empty chair in the here and now, the client expresses his feelings towards that person or part of himself, often thus freeing concepts, attitudes etc. which previously he

has been unable to face. Emotional expression is of primary importance in Gestalt therapy, and many therapists work toward large cathartic moments. Perls also engaged in much dream work, again using a dramatic approach by having a client take on the roles of various characters or objects which occurred in his dreams (Landy 1986).

Gestalt therapy and dramatherapy. Gestalt therapy is closely related to dramatherapy in its practice, particularly for example in the empty chair exercise, in the enactment of dreams, and in the general emphasis upon movement and spontaneity. However, as Landy (1986) puts it, philosophically it is not particularly close, as shown by its denial of transference, of historical experience, and of dialectical struggles between the unconscious and conscious forces of the psyche. 'It moves away from the essence of drama which is inherently about tensions between past and present, conscious and unconscious, self and role' (Landy 1986, page 29).

Evidence for the Effectiveness of the Above Psychotherapies

Few studies of the effectiveness of the various psychotherapies outlined above have taken into account all the relevant variables such as level and type of psychotherapy, the sort of clients and their problems, the personality and the skill of the therapist, and the relationship between client and therapist. It is difficult

to measure the relevant changes in human adjustment, and to standardise for research purposes treatments which by their nature involve unique human experiences at many different levels (ibid Landy 1986). This uniqueness extends also to each session. Controlled trials of psychotherapy are therefore virtually impossible; the problems of matching relevant variables and allowing sufficient time for therapy and follow up have so far defied extensive and rigorous research endeavours.

Much of the data on the effectiveness of these psychotherapies depends therefore on case study material, but in the case of psychoanalysis in particular, a far greater volume of scientific research than is generally known does in fact exist. Fisher and Greenberg (1985), in summarising reviewing and discussing this research, affirm 'the basic soundness of Freud's thinking' (page 414) on a wide range of central psychodynamic theories, and lead us to conclude that in using these theories to underpin much of their own conceptual framework dramatherapists may have appropriated for themselves a sounder basis than behaviourists (for example) would readily acknowledge.

In considering the approach of the present research, it is helpful to bear in mind that psychodynamic therapy is in many ways more comparable to an educational than to a medical process. This contention that psychotherapy has

more in common with education than with medical treatment is lent support by Sloane et al (1975), who produce data to show that, despite the short time they spent in psychodynamic psychotherapy, his sample appeared to have internalized the learning process. That is, their experience in psychotherapy appeared to have initiated a process of learning which, on follow-up, was found to have developed its own momentum.

According to Strupp (1973), there are other ingredients integral to the learning process which are common to all psychotherapies and which are potentially helpful, such as the creation by the therapist of a helping relationship patterned after the parent-child relationship, a power base from which the psychotherapist can influence the client using psychological techniques such as suggestion, interpretation, and the manipulation of rewards. Again as with the learning process (and perhaps unlike many aspect of the medical process) these aspects produce best results if the client is well enough motivated to profit from the experiences they provide.

The individual's motivation to change is in fact of paramount importance in the psychotherapeutic process, as an effective psychotherapy must involve the voluntary cooperation of both the psychotherapist and the client. As psychotherapy proceeds, the client's motivation to change,

and his/her confidence in the possibility of change, both frequently increase, a factor which in itself may provide further evidence of the value of the psychotherapeutic process.

In spite of the difficulties, the problem of assessing outcome in psychotherapy remains an important challenge. It is unlikely to be adequately tackled unless methods are devised which match the complexity and sublety of human beings and of their problems, and the many variables in client psychotherapist and psychotherapeutic technique used. It is also unlikely to be tackled unless we can first define the outcome to which we can look forward when a client enters therapy.

Freud defined psychological health as the capacity to find satisfaction in work and love, to which Allport added the capacity to play (1961). The meaning of psychological health has been referred to by the author elsewhere (Fontana and Valente 1991a - see also Fontana 1990), and in her view the ability to undertake successfully these three tasks must lie at the heart of psychological health. Dramatherapy would certainly aim to assist clients to develop in all three of these areas, in particular perhaps in the areas of love (i.e. warm and honest human relationships) and play (i.e. leisure, relaxation, and non-serious activity).

The World Health Organisation in its Charter has it that 'Health is a state of complete physical, mental and social well-being', and although Brown and Pedder (1979) point out that 'such magical solutions psychotherapy cannot provide', they agree that 'at best it can help launch people in the direction of greater freedom and growth'. It is specifically claimed by for example Johnson (1982a) that dramatherapy can help towards such greater freedom and growth, using techniques which share similarities with other psychotherapies but which differ importantly from them in that they place special emphasis upon action methods. These action methods have in turn a very great deal in common with one of the first action methods evident in childhood, namely play, which was discussed at length in the last chapter.

Drama and Psychological Functioning

In addition to these more wide-ranging psychological issues, there have also been attempts to tie drama (and particularly drama in education) to specific models of psychological functioning. Referring for example to Ross's (1978) and to Witkin's (1974) theories of the function of the arts in education, Watson (1980) points out that many of the concepts and ideas advanced in these theories are strongly reminiscent of the ideas which inform the work the early exponents of 'creative drama' or educational drama in schools like Peter Slade. 'Slade's intuitive grasp of the concept that the arts were somehow based in the emotion and

feeling would appear to have been ably demonstrated by Witkin's theory' (Watson 1980).

Witkin's The Intelligence of Feeling (1974) does in fact provide a theoretical model which has clear affinities to Slade's ideas. In the course of presenting this model Witkin laments the imbalance between cognition and affect to be found in the education system, and advocates development of an 'intelligence of feeling' based on an education in the arts as a counter balance. Some authors (e.g. Watson ibid 1980), consider that Witkin was influenced by the genetic epistemology of Jean Piaget in his suggestion that the child's sensate experience runs in parallel to the development of logical thought, but Witkin's major concern was with the role that expressive activity plays in the development of the child, and he emphasises the absence of explanatory research in this area.

Like Witkin, Ross (1975, 1980, 1981,) viewed the pedagogical purpose of the arts as to do with an education of the emotions, whose growth he saw somehow as separate from intellectual development. However Ross (1984) also saw art as a means towards intellectual development in its own right. More recent authors (e.g. Ball 1983), commenting on Ross's work, consider that his conception of the place of the arts in education comes close to Slade's concept of drama as therapy (although Ross himself would deny this).

Not surprisingly in the light of their critical attitude towards Slade (see Chapter 3), such authors therefore charge Witkin along with Slade with a misunderstanding of the idea of the therapeutic use of the creative arts. They also consider that the misunderstanding of the use of terms like 'feeling' by Witkin have been a major obstacle in the development of drama in schools, though McGregor (1977) argues that the arts do function best when cognitive and affective development interrelate rather than remaining as separate educational functions.

Various authors within the drama and the theatre world have questioned the excessive emphasis by Ross and Slade and like-minded authors on subjectivity and self-expression in educational drama (e.g. Robinson 1980), and in doing so open up again the debate on whether drama is self-expression or theatre orientated. They fail to recognise that these two aspects do not need to be mutually exclusive, but can be complementary, and that the ways of linking them together should dictate some of the main aims behind the use of drama. It is important to find a place in education for drama as self-expression and therapy along the lines pioneered by Slade and developed by subsequent theoricians such as Witkin.

Therefore it is the present author's contention that instead of attacking the concept of drama for personal

development and discussing whether there should be more theatre and less drama as self expression, it is reasonable to argue that the value of both should be acknowledged, along with the different functions of each. There is a need for developing aesthetic understanding and values and a general knowledge of the arts, but for some children the need for drama just for personal and social development may be much more acute. There is therefore a need to find space in education for both these approaches. The problem is the absence of an appropriate understanding of what is the practical use of drama as therapy, and of how to plan more efficient and effective school programmes where social and emotional learning experiences are planned and not left simply to chance. It may be that the present research, by investigating the area, will help towards the satisfaction of these needs.

Drama for understanding. There is in fact surprisingly little real research available along these lines. Such research as does exist however appears to show an awareness among drama teachers of the place of drama in the psychological and social growth of their students. In research by Robinson (1975) for example it was found that although the development of theatre skills was thought important by the majority of drama teachers, they were not thought to be of prime importance. More statements were made by the teachers on the importance of the development of

the individual. The research showed however that although there is concern amongst drama teachers for this development, there is little idea of how to bring it about.

However Bolton in recent years has put forward a conception which he calls 'drama for understanding', based upon a psychological model of personal development. Bolton points out that through drama the pupil can experience 'ways of knowing'. He says that 'if drama is to be included in a school curriculum, then its principle purpose must be to do with change in understanding'. Bolton refers in fact to three distinct types of drama which he calls Types A, B, and C respectively. Type A is more concerned with exercises and games to foster concentration, physical skills, group cohesion, creative dances, songs, and the drawing of pictures. That is, with activities requiring a high degree of energy and concentration on the part of the participants. Type B is more concerned with dramatic play which includes features like fluidity, flexibility, spontaneity and hidden themes. Type C is mostly theatre based, sharing an event with an audience. Bolton proposes that to these three types we should add a fourth, namely Type D, which would be his 'drama for understanding', and whose purpose would be the aesthetic creation of meaning.

Models in Dramatherapy

Similarly Jennings advances four models for dramatherapy (Jennings 1983, 1990). These can be summarised as follows.

The creative/expressive model. In this model the emphasis is placed on the creative development and aesthetic experience of the participants. Apart from giving creative and aesthetic enjoyment, (the use of this model) provides stimulation, encouragement and a heightened experience of self. This model of practice is appropriated in most therapeutic settings. As Jennings (1983c) says the creative/expressive model 'acts as a strong stimulus for highly institutionalised groups. It is the least problem oriented model of dramatherapy staying very much with a health model'(page 4).

The learning model. The emphasis in this model is on learning the skills of everyday life. The main techniques employed are role-play, role repertoire and role flexibility with games, simulations and improvisations also sometimes used. The model is very goal oriented, and according to Jennings (1986) this is the kind of work more suitable for use in rehabilitation groups in prisons, psychiatric hospitals and children homes.

It is also valuable for social skills training and in educational programmes focussing on skills acquisition such

as hand/eye co-ordination through mime and social awareness through play.

The insight (psychotherapeutic) model. In this model dramatherapy is used as a form of psychotherapy in which both enactment and talking are used in a close group setting. 'The focus is on unconscious and latent material that is preventing individuals from healthy emotional functioning. Problems are not just 'acted out', but are reflected upon and integrated into the psychic life of the individual and the group' (Jennings 1983c, page 5).

Insight-type groups can also be set up for the benefit of particular clients such as acute admissions groups and those in family and marital therapy.

The integrated model. More recently Jennings (1990) refers to an integrated model, which integrates the previous three models. 'It is the purest model of dramatherapy where the focus is on the healing properties of the drama itself within therapy. It is the most recent model of practice to emerge within the vast range of methods and structures, and is the least written about'(Jennings, 1990 page 39). She describes it as a multi-dimensional, multi-metaphoric model whose success can be assessed through a theatre analysis such as that developed respectively by Stanislavski and Brecht.

As Jennings (1990) defines it, the integrated model 'may be appropriate within the widest variety of settings. It puts the greatest demands both on client and therapist alike' (page 39). She also has it that:

> The key concept in understanding the integrated, 'pure' dramatherapy is its transformative power, and the transformations are limitless. We may come to a pause, a rest on the journey, but the continuing path is there whether it is visible or not. The path is a humbling one, because although the dramatherapist may facilitate, structure, push, or hold back, essentially she or he is a channel through which creative energy may be linked. The creative process is a mysterious one, it is illusive and time out to reflect is essential for it to stay in touch.
>
> (Jennings 1990, page 40)

Both Bolton's and Jennings's models incorporate the notion of self-expression, an essentially therapeutic concept. This fits with the general idea of the function of the arts put forward by Ross (1978) who sees the power of the arts to generate self-expression as a powerful argument for their inclusion in the educational curriculum.

Drama and the psychology of personal constructs. The 'marriage' of drama and psychology through the therapeutic concept of self-expression and personal development is like an 'arranged' marriage, and different authors according to their field or their psychological beliefs put forward different suggestions for the 'contracts' of this arranged

marriage. For example social psychologists like Yardley (1978, 1982) emphasise the psychological dimensions of role enactment that need exploration in personal experience, and criticise the lack of confluence between the psychological intentions and the drama techniques used by authors such as Slade, who lack a rigorous psychological training.

Yardley (1978) also criticises the fact that the psychological model inherent in the work of Slade (and, we could add, of many other dramatherapists) is consistently Freudian, and thus has limitations for an understanding of educational drama because such a model 'assumes an "autonomous" man whose behaviour is largely a function of the interplay of instinctual forces'. Yardley advocates instead a model which emphasises a social man, who is the product of a purposive interaction with others. She also points out the lack of reference in most of the writers on educational drama to the need for individuals to self-reflect in order to be able to evaluate their own behaviour.

Such a lack may be remedied by a theory which helps illuminate how individuals can explore the potential goals of a drama class and achieve developmental goals. In Yardley's view, George Kelly's Psychology of Personal Constructs may provide just such a theory. Kelly's approach (see Kelly 1955, Bannister and Fransella 1971, Adams-Webber, 1979), is essentially phenomenological in so far as it

stresses that every person's view of the world is unique, and that in order to understand others, we must attempt to grasp their personal view-points. According to Yardley, in social interaction there is always an element of self-fulfilling prophecy involved. She explains that 'according to Kelly's scientist analogy, the child explores different representations of events, and evaluates the alternative representations ..... Such exploration, particulary the attempt to see the world from the other's perspectives, must lie at the core of any attempt at social education'.

It is interesting that Yardley mentions Kelly's theory in the context of this social education, and a help towards building a model to help us understand educational drama. Such a model may well be of relevance to the understanding of dramatherapy as well. Yardley also refers to Kelly's 'fixed role therapy', where the client is required to enact, or rather be, the person described in a specially prepared script, in order to experience the perspective of the other person and to experience the reactions of third parties to such a person (see also Bonarius 1970). Development for the client in construct theory psychotherapy 'proceeds largely therefore through enactment and reflection upon this enactment' (Yardley 1978). Some follow-up of Yardley's suggestions is evident in Davies (1987) and Grainger (1987), who makes use of Kelly's repertory grid as a way of

monitoring the way in which individuals change as a result of dramatic experience.

Dramatherapy and reversal theory. There are a number of other areas of psychology that are candidates for a marriage with drama, and in particular with dramatherapy. The present author has been involved recently in discussing the relationship between behaviourism and dramatherapy (Fontana and Valente 1989). But it is perhaps with Reversal Theory that the most interesting marriage can be arranged, and here again the present author has been involved in putting forward a number of suggestions (e.g. Fontana and Valente, 1990a, 1991b, 1991c,). Reversal Theory, a state-based approach to personality, has it that psychological health is characterised by an ability to reverse freely and appropriately between opposite ends of a range of personality dimensions defined in the theory (see e.g. Apter 1989).

Fontana and Valente (1991b) argue that dramatherapy achieves a major part of its therapeutic effect by helping clients who are over-located at one end of a dimension to reverse more freely to the other. For example the telic end of what Reversal Theory calls 'the telic-paratelic dimension' is characterised by purposive, goal-directed behaviour, while the paratelic end is characterised by behaviour in which the activity is and end in itself. Dramatherapy, when used to

relax social inhibitions, to encourage spontaneity, and to release emotional expression, can assist the telic-dominant individual to reverse into paratelic states. And when used to help develop more purposive behaviour it can assist the paratelic individual to reverse into the telic state.

Conclusion

The chapter shows the very wide range of influences from within psychology that are currently operative in the field of dramatherapy. This says much for the richness of the field, but of course raises the caution that unless dramatherapists are sufficiently well versed in psychology there is a danger that this very richness could lead to confusion. Many of the psychological influences concerned such as psychodynamic theories on the one hand and behavioural theories on the other, are source of conflict within psychology itself, and it is not clear how dramatherapists can be expected - or can expect themselves to reconcile such conflicts within the context of their own subject.

CHAPTER FIVE

REVIEW OF THE LITERATURE: CURRENT RESEARCH AND PRACTICE

Research in Dramatherapy

We now come to an examination of the research that has been done specifically into dramatherapy itself. Robert Landy considers dramatherapy is a new and emerging discipline grounded both in performance art and social science. Consequently there is a wide variety of research methods and strategies relevant to it, from the quantitative approach to the historical approach. However, the most suitable approach to research in dramatherapy remains in his view still to be found. As Landy points out:

> In its status as beginner, the field of dramatherapy is experiencing its own growing pains. Early descriptive writing in the field has been too general and subjective, praising the effects of the techniques without any criteria or conceptual explanation for how and why they work.
>
> (Landy 1986, page 217)

On the other hand, research based on social sciences strategies and using traditional psychological instruments and statistics to determine the effects of dramatherapy experience upon clients has also failed. It has proved unable to give meaning to a discipline which focuses upon non-observable subjective phenomena such as feelings, images, values and creative processes. Landy contends that 'Dramatherapy, as a hybrid discipline, needs to develop an

identity in terms of significant research strategies that acknowledge this reality' (page 217). He suggests further that:

> Like the researcher of psychoanalysis, the dramatherapy researcher needs to find a balanced position either within the therapeutic interaction or from without, observing other therapists at work. And, like his psychoanalytical counterpart, he needs to discover ways to characterize mental constructs without trivializing their complexity.
>
> (Landy 1986, page 218)

There is therefore still a big task in front of the dramatherapy researcher to identify both this balanced position and these mental constructs. In the next section, I will attempt to provide an overview of what has been done to accomplish this task.

Relevant Current Research in the USA

The present researcher carried out a computer search into the dissertation abstracts and found only two theses related to dramatherapy, both of them from the U.S.A. Seventy two theses were found however on drama and teacher training. These findings suggest that research in dramatherapy or in the therapeutic use of drama at a postgraduate level is almost non-existent. The titles of the two theses discovered were respectively 'Gert Schattner's Drama Sessions for Short-Term In-Patients: A Videotape and Report of the

Methods of a Founder of Dramatherapy in the U.S.A.' (Gay,1986) and 'The Effects of a Program of Dramatherapy on the Social Skills Behaviours of Institutionalised Mentally Retarded Adults' (1984). Both titles relate to the field of psychiatry rather than to that of dramatherapy as such.

More recently the present author traced two other pieces of research with implications for dramatherapy, namely Fink (1988) who identified the implications for dramatherapy of various approaches to emotion in psychotherapy and theatre and Elias (1989) whose Ph.D. studied transference in dramatherapy through the presentation o case studies.

In addition to the above thesis-based research, a number of practitioners have produced research and writings in the field. Most prominent amongst them are Robert Landy, David Read Johnson, Eleanor Irwin, Renee Embank, Nancy Breitenbach.

Robert Landy. When one moves from postgraduate research to research carried out by dramatherapists themselves, the name of Landy is prominent, though both his research and that of his colleagues is based far more on case studies and personal observation than on more stringent research methodology. Landy directs the dramatherapy programme at New York University, the first to offer Master's and Ph.D. degrees in dramatherapy, and wrote what is considered the

first book examining dramatherapy as a discipline, 'Drama Therapy Concepts and Practices' (1986). Landy defines dramatherapy in terms of its objectives, rationale and training procedures. He claims that his book is not about '<u>drama in therapy</u>, the limited use of drama within an essentially non-dramatic form of psychotherapy. Rather it is about dramatherapy, a discipline in its own right with interdisciplinary roots, a theoretical base, a series of viable techniques, and a body of developing research' (page vi). Throughout the book, he shows a particular interest in the various disciplinary theories which can be applied to dramatherapy, and explains the need for a clear conceptual and theoretical framework through which students can understand the nature and therapeutic effects of dramatherapy.

Landy (1984) attempts to construct such a framework by borrowing from the related fields of psychoanalysis, sociology, educational drama, developmental psychology, performance studies, play therapy and role theory. He and finds that although educational drama as a theoretical model (is) somehow underdeveloped, the writings of Bolton and Courtney (reviewed earlier in Chapter 3) do, among others, provide a substantial body of theory. Landy goes further than Bolton and Courtney however in emphasising the concept of <u>distancing</u> in dramatherapy. He states (1983) that distancing is a means of separating 'oneself from the other,

bringing oneself closer to the other, and generally maintaining a balance between the two states of separation and closeness'. In his view, the distance can be 'physical ..... emotional ..... or intellectual ..... Distancing is a confluence of physical, emotional and intellectual elements.'

Landy also uses the sociologist Thomas Scheff's concept of catharsis (Scheff 1979) to characterize the balance of attention between overdistancing and underdistancing, arguing that in distancing the two extreme states of distance and closeness are balanced, and the participant is able to return to his/her past safely. By both remembering and reliving the past event, 'distancing enables the client to gain insight and become psychically whole'.

David Read Johnson. Landy considers David Johnson to be 'the most prolific researcher in dramatherapy (in the U.S.A.)'. The theory of object relations (Kernberg 1967) and the developmental psychologies of Piaget (Piaget and Barbel 1969) and of Erikson (1963) are among the several theoretical models that Johnson uses to provide a frame of reference for his research, and Landy considers that the developmental model of Erikson in particular provides both a view of the full spectrum of human growth and development from birth to old age, and a progressive movement towards change and self-actualisation.

One of the areas Johnson has been looking at is the effects of dramatherapy experience upon populations of schizophrenics (Johnson 1981), and he has developed a standardized test 'The Diagnostic Role Playing Test' (DRPT), elaborated further in several articles, for use with them (Johnson and Quinlan 1980, Johnson 1988). He has also developed a structural model based on role theory which categorises role play improvisation in terms of impersonal, intrapersonal, extrapersonal and interpersonal conditions. This role-playing model allows Johnson and his collaborator Quinlan to differentiate between groups of paranoid and non-paranoid schizophrenics, and the Diagnostic Role Playing Test is now widely used to study the individual's representations of interpersonal situations. The subjects taking the test must enact five roles in the following order: grandparent, bum, policeman, teacher, lover. Their task is to represent and articulate these roles socially. Scores on the test are measured by the frequency of contamination, confabulation and fabulized combinations the individual shows. Johnson (1980a) also applies a socio-political model in his research with psychiatric patients, but this takes us a little too far from our primarily psychological theme.

Eleanor C. Irwin. Irwin is another prolific investigator largely refered in previous chapters who has generated research adopting a psychoanalytical model based on the play

therapy model of Anna Freud, Melanie Klein, and Margaret Lowenfeld. According to Irwin, this model is applicable to research in dramatherapy because it provides an explanation of how and why repressed feelings take on a symbolic form in playful, spontaneous enactment. A more qualitative research method developed by Irwin and her colleagues, however, is the 'Drama and Puppetry Interview' (Irwin and Shapiro 1975; Irwin and Rubin 1976). This allows exploration of the effects of projective techniques such as puppetry, sand play, and story-telling with emotionally disturbed and communication-impaired children. Quantitative empirical research methods have also been used in studies of emotionally disturbed children by Irwin, Levy and Shapiro (1972) and by Dequine and Pearson-Davis (1983), and in studies on schizophrenic adults by Johnson and Quinlan (1980) referred to above.

Importantly, Irwin and her colleagues have come to the conclusion that dramatherapy is an effective modality compared with two other types of group programmes, namely active psychotherapy and recreation psychotherapy. Irwin used several tests such as the Rorschach Index of Repressive Style (RIRS), the Measure of Verbal Fluency, the Semantic Differential and the Parent Competence Scale in order to arrive at this conclusion. She suggests that the use of measurable tests in dramatherapy is a step in the direction of combining art with science, and of making dramatherapy

acceptable to health professionals. Her work also indicates that dramatherapy produces measurable improvement with the physically handicapped.

In 1974 she and McWilliams used the Illinois Test of Psycholinguistic Abilities to score the creative dramatic activities of pre-school cleft palate children as part of a creative dramatic programme to facilitate language stimulation, and trained observers found that 'the children's communication skills improved significantly during the course of the programme'. In the last eight of 32 one-hour sessions the children began to use complex linguistics structures and the authors conclude that 'creative dramatics,under proper clinical supervision, can be helpful for understanding the dynamics of a child's inner world' (Irwin and McWilliams, 1974).

But the main thrust of Irwin's research work has been with emotionally disturbed children, and a dominant issue within it has been the effects of projective techniques upon the development of children's self-esteem. In 1975 Irwin and Shapiro described a technique using puppets as a projective and diagnostic tool, and showed that puppets can in fact be helpful in giving the therapist a picture of the child's inner world. They point out that 'The dramatic material demonstrates the nature of the children's emotional conflicts'. Irwin also demonstrates that puppets are an

effective tool for 'distancing', because the child can psychically 'hide behind the story'. The form of the story can thus yield clues about the child's ego state and his cognitive and creative abilities, while the content of the story can be examined for clues to his underlying conflicts (Tisza, Irwin and Zabarenko 1969).

Renee Emunah. Emunah (1983) develops a different approach using theatrical performance as dramatherapy with ex-psychiatric patients. The plays she produces are usually improvised and reveal the personal lives of the patients. Although the work which she carries out in institutions is not focused on the product, the work on performance she does with her own company 'Beyond Analysis' gives us some insight into the question whether it is or is not important to make performances with patients. Emunah considers that although the performance does put pressure on the patients, 'however the applause and the gain in self-esteem make performance worthwhile. The patients turn their lives into something which is acknowledged and accepted rather than suppressed, restrained and kept secret (San Francisco Chronicle, June, 1980 in Gay page 31). This work is presented in Emunah 1983, Emunah and Johnson 1983.

Nancy Breitenbach. Currently based in Paris Nancy Breitenbach has concentrate her research on delineating the stages at which children construct 'facial compositions'

(see e.g. Breitenbach 1984). For example she describes how the stages of a child's psychological development is reflected in the complexity, colouring and patterns he or she employs when invited to make up his or her own face (Breitenbach 1979).

Relevant Current Research in the U.K

Research in dramatherapy. The computer search revealed no thesis on dramatherapy in Britain. The researcher therefore contacted individually the librarians of those universities where there were programmes of any kind running in drama. One Master in Education dissertation was found at Bristol University on' Dramatherapy in Education' (1987). The author, Jenny Mosley, had developed a practical three-term dramatherapy programme to test the hypothesis that dramatherapy has an important contribution to make to the education of all pupils and teachers. Her main contention was that if dramatherapy as conceptualised embraces the aim of 'personal development' it must have a valid contribution to make to present educational concerns. Her study focused on the evaluation of a dramatherapy programme initiated for 11 pupils showing 'disruptive' and 'withdrawn' behaviour. Drawing on data from empirical observation, interviews, written reports and case studies she gives evidence of

behavioural progress and of the enhancement of self-concept in her sample.

Mosley points out that despite the wide range of theoretical claims that drama is beneficial for social, emotional and cognitive growth, few studies have been undertaken to determine the effects of pupil participation in therapeutic drama. This is support by Hunstsman (1982) who conducted an E.R.I.C. search in the U.S.A. and noted that only 15 of the 120.000 drama papers were research studies. Mosley remarks that the position is similar in the U.K., and writes that she believe hers to be the 'first attempt at a practical study of the influence of dramatherapy on disturbed children'. She does, however, refer to an account of therapeutic drama in education reported by Shoobs (1944) in a monograph called 'Psychodrama in Schools', in which he describes his use of drama methods with a special class of 18 'maladjusted' boys assessed as being academically low achievers and possessing little self-control.

In the field of Mental Health, the present researcher traced a study by Grainger (1987) who gives experimental evidence that as a result of a course of sessions in dramatherapy, schizophrenic patients showed a tightening effect on their construct systems. He argues that the study may have relevance for the treatment of schizophrenic. Also of relevance is a study by Dokter (1990), who followed-up a

sample of U.K. trained European dramatherapists, and establish the social and cultural factors that have influenced their attempt to practise dramatherapy in their own countries.

Research on drama in education. There are, however a number of studies in the U.K. which, although not designed specifically to explore the therapeutic use of drama in education, do look at its more general educative effect.

The first major study to be considered looked at the development of drama in education from 1900 to 1944 (Cox 1970). The main point to emerge from this work was that the notion of dramatic play emerged as the central activity of drama in the primary school during the late 1920s through to the 1940s. In contrast to this, during the same period the formal study of scripted plays as an adjunct of English teaching was the accepted practice in secondary schools. Cox notes that there is little evidence of any serious attempt to provide a rationale for drama in education during the first forty years of this century. Cox concludes that this is why the work of the teachers whom he calls pioneers has assumed such tremendous importance in the development of drama in schools. (Some of these pioneers such as Peter Slade, Heathcote, Bryan Way have already been mention earlier in Chapter 3.)

Cox attempted to prove in his thesis that during the first 40 years of the 20th Century there was a developing awareness on the part of increasing numbers of people that drama had an important role to play in the schools of the U.K. However, the first appointment of a drama organizer under a Local Education Authority was not made until 1944. As part of his findings, Cox reported that 'of the Universities, Liverpool was exceptional in its establishment of a lectureship on the art of the theatre as early as 1921' (Cox 1970, page 288). Cox outlines how different opinions about the role of drama in education developed. 'For some, drama was a teaching-aid; for others, it remainded an art form'. What he considered as perhaps the most interesting development lay however in the fact that 'there were those who while recognizing these two roles also, saw that drama provided, or might provide, a means by which a person could develop his uniqueness as an individual within a social framework.'

Cox (1970) concludes by stating however that although it may seem rather ironical, nevertheless 'the emphasis placed on personal development through drama by Peter Slade tended to call in question the alliance between education and the theatre which had been approved hitherto'.

This raises the question as to what should be the aims of drama in education. Robinson (1975) addressed this issue,

and found that the concern of drama teachers was 'the development of the individual in relation to social groups.' But one of the most relevant pieces of research on aims was an empirical study carried out by Watson (1980) who looked on the aims and classroom practice behind drama in secondary schools. His work, though small-scale, constitutes one of the first attempts to carry out empirical research on drama in education, and his findings led him to conclude that the practice of drama in schools at the time showed concern for the personal and social growth of pupils. The three teachers he observed shared some common aims which could be said to represent the nucleous of what McGregor has called a 'common philosophy of approach to drama in education'. A philosophy which emphasises the autonomy of each individual within a clearly social context.

Studies by Crompton (1978) and McGregor (1975) have also shown that the idea of personal development or 'the development of the child as an individual' is a basic philosophical tenet of drama in education. In her study which, like that of Watson, looked at the practice of a small sample of three teachers, McGregor concluded that:

a) all the three teachers regarded social learning and the development of imagination and creativity as important aims of drama.

b) the regular practice of drama in education apparently enhances pupil's qualities and skills in terms of their ability to generate new and original ideas.

However Mcgregor et al (1977) strongly repudiate the notion that drama in schools is in any sense 'therapeutic', arguing instead that the arts function best when cognitive and affective development interrelate.

Watson (1980) draws attention to studies which have examined issues other than aims and objectives, such as historical or socio-scientific ones. Discussing some of these early studies which appeared in the 1950s and 1960s, McGregor considers they demonstrate an 'I-did-it-my-way' approach, while Crompton (1978) notes the tendency for authors of books on drama in education to write in what he calls a 'messianic style' (Crompton 1978). Crompton himself stresses the importance for all authors in the field of recognising the difference between the concept of 'drama as play' and 'drama as plays', and draws attention to the frequency with which the theme of the child 'discovering himself and developing his own individuality' occurs in the literature. Crompton also comments on the lack of 'enjoyment' evident in the work of contemporary theorists of drama, and argues for a rationale for drama in education. Other authors have commented on a rather different omission,

namely the lack of rigorous analysis in drama teaching (e.g. Allen 1972).

However, this does not mean that rigorous analysis has necessarily been missing from the work of researchers. Robinson (1975), researching for the Schools Examination Department of London University for example carried out a large scale statistical analysis of drama teaching, the first ever undertaken.

His results showed that drama teacher were concerned to develop in children the following:

* control of the body (physical communication)
* control of the voice (clarity of speech/diction)
* self confidence
* sensitivity/understanding
* imagination/creativity
* awareness of others
* co-operation
* self-awareness of others
* understanding of theatre
* theatre skills (make-up, Lighting etc.)
* interest in literature
* acting skills

He also discovered that when defining drama his sample of drama teachers felt it variously to be:

* a subject
* a method
* a method of developing themes in English
* a medium of growth and development
* an all embracing experience
* a link between different modes of expression
* an approach to organising experience
* a method of communication
* a dynamic educational experience
* a means of understanding experience

The overall impression gained from the research reviewed in this section is that the great majority of investigators have focused on drama within the context of children's personal development. This accords with the present researcher's view that it is within the personal development area that drama has most to offer in formal education.

Techniques and Skills Employed in Dramatherapy Practice

Part of the intention behind the present Study is to identify the relative frequency with which the skills and techniques associated with current dramatherapy practice are actually employed by practitioners in their professional work. In order to render this part of the investigation more meaningful, brief explanations of some of the skills and techniques most frequently discussed in the literature, and therefore most likely to emerge in the course of the present research, are given below. Communication games. These can be verbal or non-verbal, and the intention behind them is to allow clients to convey meaning to each other. For example, clients can be asked to express a feeling but without using words, or mime a colour, or give voice to some wish or dream or hope or frustration.

Communication games constitute a very wide category, but the common feature - as implied by the term 'game' - is that they formalise play according to a number of set rules. Courtney (1974) uses terms such as 'theatre play', 'dramatic play', and 'games' to distinguish between the various versions of these rules, but under all of them the leader has scope for personal interpretation.

The games generally involve movement, and can put emphasis on things such as sharpening the senses, speed and control of reaction, emotional sensations, and improvisation (see Barker, 1977, for a comprehensive account). They are frequently used to help clients build confidence and trust within the group, and to help them break barriers and inhibitions in a non-threatening way. At the same time communication games can be fun, and thus can help to create a more relaxed atmosphere for the dramatherapy session. With a little bit of imagination they can be used to explore most therapeutic situations depending upon the level and depth of trust in the group. Accordingly they can vary from the simple communication of a mechanical action of everyday life (such as shopping or eating) to the communication of emotions.

In the form of communication games which Courtney refers to as theatre games a number of the techniques used in an actor's training are employed, such as physical skills, vocal skills, mimetic skills, and exercises to stimulate imagination and improvisation. Manuals are available which detail the exercises involved, such as Improvisation for the Theatre by Viola Spolin (1963) which is still a key reference for dramatherapists. Indeed some of them use the term 'Spolin Approach' to refer to this particular area of communication games.

Myths and Rituals

One could say that the approach which many dramatherapists seem to be more identified with is that in which the dramatherapist is a kind of shaman working in the realms of myth, ritual and symbol and offering work in the tradition of ancient healing ceremonies. McNiff (1981) adopts this shamanistic approach when he states that:

> The continuity of art healing practices through the ages has convinced me that the modern artist-therapist has more in common with the aboriginal shaman than the medically trained therapist, whose methods are more often than not antithetical to the artistic process.
>
> (Mcniff 1981, page 234)

McNiff further explains the metaphor:

> Psychotherapy,like shamanism, is a process of 'empowerment'. In this regard, all art is therapeutic and shamanic....we are artistic alchemists and twentieth century shamans, who have discovered that in a time of emotional estrangement the arts offer a very old and predictable hope in sanctifying life through creative enactment.
>
> (McNiff 1981, page 234)

Myths and legends are the very stuff of this therapeutic shamanism. They represent tales which, though fictional in themselves, represent some of the ancient eternal verities of human psychology. Psychodynamic psychologists in both Freudian and (particularly) Jungian traditions have made

extensive use of these mythical themes, recognising them as a way of rendering articulate material which might otherwise remain repressed or misunderstood by the client.

Myths and legends usually have their origins in the remote past, though as Jung (1959) points out, the age-old themes behind them can often become re-expressed in modern terms. One of the prime examples of a body of myths of enduring power is the Grail Legends (see e.g. Emma Jung and von Franz 1986) though in both psychotherapy and drama-therapy clients are often encouraged to invent their own myths (i.e. to construct stories which appear to symbolise their lives and their future aspirations), either for discussion or for acting out (see Gersie 1983).

Script work

In a similar way to this invention of personal myths, clients in dramatherapy are often encouraged to write their own scripts, or to take scripts from existing dramatic or other literature. By acting out a chosen character from the script it becomes possible for them then to explore their individual conflicts and dilemmas. Jennings (1990) suggests that when working for example with a client group intent on exploring problems between father and daughter themes from 'Romeo and Juliet' can be used. Or themes based on the relationship between Hermioni and her father from 'A Midsummer Night's Dream' or on Ophelia and her father in

'Hamlet'. Alternatively, a theme can be taken from classical literature, as for example Antigona and her uncle Creon.

Similar to script work is what dramatherapists call story work, the only difference being that in the latter clients narrate a role instead of acting it out.

Laban techniques

Under this general heading dramatherapists usually refer to movement techniques based upon the work of Rudolph Laban (see e.g. Laban 1947, 1973). These techniques are based upon the exploration of:

* body (which is seen as operating within a spherical personal space).
* space (the high, medium and low levels into which the body can move).
* shape (the various configurations which the body can adopt).
* relationships (the communication between the body and persons or things in the environment).

Laban held that the respective qualities explored through movement are dabbing (fine sudden direct movement), fliching (fine sudden flexible movement), floating (fine sustained flexible movement), gliding (fine sustained direct movement), pressing (strong sustained direct movement), thrusting or punching (strong sustained direct movement),

slashing (sustained sudden flexible movement), and wringing (strong sustained flexible movement).

Laban's system of evaluating and describing movement is concerned with two major components: the 'shape' of bodily movements within physical space, and the 'effort' of bodily movements (i.e. their rhythm, or energy). Dance and movement therapists have either adopted this standard 'effort-shape' movement notation system as it stands, or have adapted it to their own categories of assessment. As McNiff (ibid 1981) remarks, 'In terms of movement, dance therapists have made important contributions to psychotherapy through the adaptation of the movement notation and observation techniques of Laban to the psychodiagnostic process' (McNiff, page 124).

In Laban's approach, the movements of the body are especially valuable sources of diagnostic information in that they are tangible and objectively manifest behaviours as opposed to the highly speculative, projective, and symbolic sources of diagnosis used in traditional psychotherapies. The basic presupposition behind the use of movement as a diagnostic indicator is that a person's outer movement, or lack of movement, will be a direct extension of inner feelings and the more general personality structure.

Spectograms

According to the dictionary a 'spectogram is a record obtained with an apparatus for photographing or otherwise reproducing spectra'. In parallel terms in therapy the spectogram is a visual representation, like a photograph, of what is happening within the individual or the group at a particular moment in time. As such it can be considered a projective technique, in the tradition of such techniques Lowenfeld's 'Little World'. For example Jones (1984) describes how she used spectograms with hearing-loss people in order to look at change in relationships. She used wooden blocks, and the clients were asked to arrange them to show how they saw themselves in relation to others in the group. She found that when her clients had something outside themselves to focus on it was easier for them to discuss their feelings about a potentially sensitive area. By moving the blocks, the clients were able to illustrate different situations, such as how they positioned themselves in the family before the hearing loss and after. This procedure was used in conjunction with other methods such as interviews. As Jones concludes, 'Spectograms provide an unthreatening yet powerful way for people to talk about their relationships' (Jones 1984, page 11).

Jennings and Gersie refer to the value of spectograms along with that of life pictures and mapping, and suggest clients be encouraged to use them (emphasising colour and shape) in

the visual representation of issues such as 'my life now' (if dealing with the present life) or 'the path of my life' (if exploring the past or future life) (Jennings and Gersie 1987 page 172).

Sculpting

Sculpting is another visual representation technique used by dramatherapists. Its similarity to spectograms is clearly stated by Jennings (1986b) when she says that spectograms belong to the family of sculpts, and suggests that this family consists of visual representations of situations 'which make an individual's path seem clearer' (Jennings 1986b, page 24). Clients can use in their sculpting and in their spectograms objects from around the room, objects from their pockets or bags, or objects from a special box provided by the dramatherapist and containing small items such as buttons, beads, rosettes, buckles etc. The chosen objects can be used to represent not only people but also ideas, important places (such as a house), feelings, ambitions.

Jennings (1986a) reminds us that participants should be encouraged not to be too literal in what they select their objects to represent. Nevertheless, sculptures and spectograms should accurately represent what is happening in an event or in a situation within the group rather as does a photograph. Jennings tells us that the client can

choose other members of the group to make a sculpture of a particular scene concerned with the problem he/she is exploring in the therapeutic situation, or the whole representation can be carried out by one and the same individual him or herself, using doubling and role reversal. Similarly, the representation can be directed by one individual (individual sculpt) or by the whole group (free sculpt).

In a free sculpt for example the group could be asked to represent,in an area in the room which represents the group, how they are feeling in the moment. The material obtained can then be developed further through role play. Group members can either work through metaphor (more usual in dramatherapy) or representationally (more usual in psychodrama). Shuttleworth (1987) explains how he uses sculpting in his work in family therapy. One example he gives is of Sue, who has a problem relationship with her partner Bill. In the sculpting exercise, Sue chooses two members of the group and makes a sculpture of a typical evening at home. She places the two group members in chairs facing a television set. Through successive 'doublings' she first takes over the role of Bill and then the role of herself, thus building a complete picture of the situation. As the session proceedes the therapist asks her to extend the sculpture to include other members of the family, and the sculpture is then recreated in the following

therapeutic sessions, with other elements added as appropriate.

Play

Woltmann (1952) and Ekstein (1966) were among many who recognized the clinical value of dramatic play in working with children. Irwin (1987) in fact places so much emphasis on the importance of play that she actually defines dramatherapy through dramatic play: 'Drama therapy refers to a form of counselling in which the spontaneous dramatic play, in the context of a therapeutic relationship, is used to help individuals achieve relief from anxiety and resolution of conflict, resulting in growth in personality' (page 277).

Since play is discussed at such length in Chapter 3, little more need be said about it here except that in both children and adults dramatherapists see play (non-serious activity) as releasing creativity, emotions, and repressed aspects of the self. Object play can also be used as a way of helping the client project outwards issues which he or she cannot express subjectively.

Improvisation

Improvisation consists of unscripted, unrehearsed, spontaneous actions in response to minimal directions from the therapist, (often confined to statements as to who one

is, where one is, and what one is doing). Improvisation is a very old artistic form, as the study of ancient and primitive cultures shows, and serves as a basis not only for much dramatherapy but also for much modern dramatic training (as e.g. used by Stanislavski).

Improvisation features also of course in dramatic play, as we see not only in modern theatre but also in primitive tribes, and in children's games such as 'mothers and fathers' and 'cops and robbers'.

Hodgson and Richards (1974) claim that improvisation is a means of training people to think. It aims at the inculcation of clear mental habits and training in the expression of thoughts in a concise and orderly way. Because it places people in a human situation involving other people, it calls for fairly quick thinking and at times for different levels of thought at one and the same time. Decisions have to be made by the individual in the situation, and since it is an experimental situation, he can learn by his errors. So important in fact is improvisation both as a therapy and as a way of learning that Hodgson and Richards (1974) claim that 'the central activity of acting is improvisation' (page 10).

Masks

The mask has a powerful transformational quality in

dramatherapy which stems from its anthropological and theatrical sources. According to Landy:

> Mask work in dramatherapy is a literal representation of the notion of double, the split between individual and archetype, body and spirit, the hidden and the revealed. The mask transforms a person to a persona. Though the persona is a type, an idea, it also embodies images charged with feeling. The mask as a persona is dialectical, embodying individual and society, dream and reality, myth and autobiography. As such, it is a device of distancing that aids the person in moving toward balance, toward an exploration of the self through role.
>
> (Landy 1986, page 145)

Many cultures, Western and non-Western alike, use the mask for ceremonial purposes, for communing with the spirit world, for influencing the future, and for playing and releasing feeling. Susan Smith (1984) delineates a number of functions of masks in drama, namely the expression of the satiric and grotesque, the representation of the foolishness and bestiality of mankind, the embodiment of the heroic, the representation of the nobility and godlike quality of mankind, the expression of dreams, the representation of the psychological, often fragmented projections of mankind, and the embodiment of social roles. As Landy (1986) observes, all of these 'functions can apply to dramatherapy' (page 142). Jennings (1990) further emphasises the importance of masks when she says that 'No

account of dramatherapy practice is balanced without an understanding of the use of masks. Mask work can be very powerful both in theatre and therapeutically' (page 110).

The use of masks is even more powerful when the masks are actually constructed by the client. The present writer had the opportunity to attend a workshop (in the context of The NADTA, Washington) on the creation of masks and puppets in psychotherapy led by a medical doctor, C. Raimundo, which explored the power, in clinical terms, of these client-constructed masks. The rationale for this work, derived from Moreno's theory, is that in society we relate through roles which are based on a psychological self (wider than the ego) which can be contracted or expanded in relation to our emotions. When it is over-expanded - as is common in politicians and in religious people, the individual takes on a highly artificial role which is not in contact with their psychological self. Many people only relate through these artificial roles, and in psychotherapy it is important that they be helped to incorporate the roles into their ego. Masks and puppets allow this integration to take place, as they free the client from confronting directly his or her actual problem.

In his technique Dr Raimundo asks the client to build ten masks in ten sessions, and there is a gradual progression from masks with no eyes to those with two eyes, and from

holding the mask in the hand to actually using it on the face. From the fourth session onwards a mirror is used so that the client can actually see his or her mask. Later, another element is added, the use of just two colours, black and red. In the final session, the client puts a title to each of the masks he or she has made.

Role play

There is a vast literature available and a multitude of connotations, meanings and definitions surrounding the term role play. For example, in his extensive analysis of role theory Biddle (1979) defines role play as the imitation of behaviour, and the practising of roles that one sees performed by others. Kipper (1986) however remarks that although such a definition is congruent with developmental psychology, it is limited in that it excludes all those acts that represent spontaneous expression on the part of the role player.

A less limited definition is that offered by Geller (1978) who has it that role play is 'as if' behaviour. Even this, though broad to the point of vagueness, does not satisfy Kipper, who claims that any definition must include the fact that role play contains both realistic and unrealistic components, and thus represents 'as it is' behaviour as well as 'as if' one (Kipper 1986, page 28).

Another view of role play is that put forward by Blatner who writes that:

> ...most professionals would consider role-playing to be more superficial and problem oriented. Expression of deep feelings is not usually part part of most role-playing operations. Rather the goal of role-playing tends to be working out alternative and more effective approaches to a general problem. Industry, school, and professional contexts are likely to utilize this modality in meeting tasks such as developing interviewing skills, dealing with difficult children, handling customer relations, and so forth.
>
> (Blatner 1973, pages 11-12)

An amalgam of the above descriptions would suggest that role play is at base essentially acting-out, imitative behaviour, (Biddle, 1979), representing an 'as if' situation (Geller 1978) - whether this situation be derived from realistic or imaginary experience (Kipper 1986) - and best suited for dealing with superficial, problem-solving issues (Blatner 1973).

However, among psychodramatists a distinction is often made between this superficial, task-oriented, problem-solving role play and psychotherapeutically oriented role play. The latter is said to be more appropriate for psychodrama, and also for group facilitators working in the areas of

enhancing self-awareness, social and communicative skills, and group processes.

In dramatherapy, role-playing experiences tend to follow the psychotherapeutic model, but to be pursued at a basic level, for example in the exploration of feelings of anger towards parents or other authority figures. When working with children, each child for instance can be asked in turn to assume a teacher's role and to answer questions put by other children. Or when working with adults, each individual can be asked to take the role of a boss, or of an angry spouse, or of a rebellious son or daughter.

However, dramatherapists can and do use role play to explore other dimensions. Jennings (1986a) presents two main types of role play, namely exploratory role play and goal specific role play. She defines the former as essentially open-ended and based upon improvisation, a technique which for her is the core of creative and expressive drama work. Exploratory role play includes making stories from single sentence themes, or re-enacting or completing a story told by the therapist. According to Jennings, it is important in exploratory role play that the dramatherapist encourages clients to 'become' the roles which they are portraying - to allow the roles to 'inhabit' them - and thus to go beyond the pretence inseparable from 'enacting' a role.

The other type of role play identified by Jennings is goal-specific role play, a role play performed according to clearly defined goals. This is the kind of role play used for example in social skills training, where the individual rehearses new and modified roles which will later be put into practice in real-life situations. As such it is very similar to a behavioural simulation exercise. Kipper (1986) recognises this similarity, stressing that both goal-specific role play and behavioural simulation are concerned with the replication of reality. But Kipper also points out the differences. Simulation implies that a particular kind of behaviour has been identified and the client is now being asked simply to imitate it. Simulation is thus more suitable to forms of training such as management training, and to instances where precise mathematical and computerised models of interaction or intervention or decision-making are being applied. Goal-specific role-play, on the other hand, allows the client space to explore his or her own way of reaching a specified goal, and is therefore much more suitable for use in the therapeutic context.

Simulation

Dramatherapists do however make some use of simulation exercises per se. In dramatherapeutic simulation, the character is not used by the protagonist as a way of expressing something about him or herself, as in the other forms of dramatherapeutic role play already discussed. As

in more formal simulation, the character portrayed stands for him or herself. But the objective behind the work differs from that behind formal simulation in that it is to use simulation largely as a way of increasing the client's empathy towards the character he or she is playing. Thus for example a client may take the role of his or her boss, and is so doing become more aware of the constraints under which the latter labours. Or social workers may take the role of their clients, or nurses the role of their patients, or children the role of their parents or of their teachers.

Role Reversal

A variant of role play, the role reversal technique is one of the most important and potent strategies used in therapeutic intervention. It is also probably the most studied and researched technique, and also one of the most widely used. A search through the literature show that it is employed in clinical settings (Alperson 1976, Blume 1971), teaching and education (Carpenter 1968), industrial training (Kelly et al 1957, Shaw et al 1980, Speroff 1955), in the training of interpersonal communication skills (Johnson 1971), and in developing procedures for the understanding of intergroup processes (Johnson 1967).

The technique itself is very simple. As described in psychodramatic language, it involves two people switching their roles for a brief period of time so that A becomes B

and B becomes A. This role reversal then provides opportunities both to the participants and to the auxiliary (a third person or persons looking on and learning) to see how their roles can be played more convincingly. This is helped by the fact that in the role reversal technique, the two participants actually switch physical positions with which other and assume each other's postures, mannerisms and mental and psychological states.

Landy (1986) points out that 'role reversal provides breathing space through a shift in perspective. The protagonist who is too closely identified with his role, and thus too much the actor, achieves distance as he takes on the role of the other and becomes an observer of himself' (page 126). During the enactment of a given scene the protagonist may reverse roles with the auxiliary back and forth several times if necessary. Overall, role reversal, as Landy tells us, is a means of helping one's own limited perspective become more properly distanced and thus expanded.

Double technique

Another variation of role play is the double technique which is often referred to as the alter-ego technique. Drawn from psychodrama, the double technique has become an important component in many forms of psychotherapy that employ behaviour simulation procedures, for example behaviour

modification (Sturm 1971), Adlerian therapy (Starr 1977) and group psychotherapy (Goldstein 1971). Essentially in this technique an auxiliary is assigned to portray a specialized role, one that duplicates that of one of the protagonists. The auxiliary plays this role simultaneously with the protagonist, and thus attempts to become his or her 'psychological twin', to serve as his or her inner voice and conscience, reflecting his or her feelings, uncovering hidden thoughts and concerns, and assisting the protagonist in expressing these fully and openly.

In practice the role of the double is apparently rather complex. The double usually stays right behind the protagonist, and may even heighten rapport by occasionally placing one hand on the protagonist's shoulder. Some authors prefer the double to be placed behind but slightly to the side of the protagonist, and facing him or her at about a 30 degree angle (e.g. Blatner 1988). The aim is to help the double to establish a close psychological identity with the protagonist, and to help him or her to imitate the latter's every physical posture and gesture. If the protagonist sits, scratches his or her head, plays nervously with the fingers, screams, laughs, whispers etc., the double tries to repeat these behaviours exactly.

This imitative behaviour is however only the first step in a process leading towards the development of what Kipper

(1986) describes as psychological 'oneness'. In the early stages of doubling, the double tries to paraphrase what the protagonist is most consciously trying to express, but in the course of time, as rapport is increasingly established, he or she may go on to amplify, express, dramatize, and in other ways extend the doubling to functions such as verbalizing, nonverbal communications, and the physicalisation of words. Later still, he or she may go on to support the protagonist, to question him or her, to contradict expressed feelings, to defend against expressed feelings, to self-observe, to interpret, and to carry-over the action into other relationships, either present or imaginary. The protagonist will then talk with his or her double 'as if it were an internal conversation', in which the protagonist has to let the double know whether he or she agrees or not with the double's reflections. In this way the double elaborates his or her role to become what Zerka Moreno (1965) describes as 'the link through which the patient [protagonist] may try to reach out into the real world' (page 80).

The notion of doubling as a therapeutic process is theoretically congruent with the Rogerian approach, especially in terms of the importance of the concept of empathy (e.g. Rogers 1975). In his turn Kipper (1986) explains that the notion of role reversal stems from the existential approach in philosophy, especially in terms of

the concept of 'encounter', and refers to the fact that in 1914 Moreno actually described the idea of encounter, i.e. role reversal, in his philosophical poetry.

Mirroring

Mirroring is another role playing technique based upon behaviour simulation. Kipper (1986) and Blatner (1988) both offer descriptions of the mirroring technique in the psychodramatic perspective as a technique performed by an auxiliary who portrays the behaviour of the protagonist who steps out of the scene and observes. The auxiliary's task is to replicate the protagonist's behaviour, but occasionally he or she may introduce a slight exaggeration of certain aspects of this behaviour. The auxiliary's function is therefore that of a 'psychological' mirror, and group consensus is sought by the director to assure that the auxiliary's ego behaviour is a fairly accurate portrayal of the protagonist's nonverbal behaviour.

In principle, the mirror techniques serves the same functions as a video tape in providing the protagonist with live feed-back, and afterwards the protagonist receives feed-back as to how he or she has been behaving, and some possible ideas as to how this behaviour might be changed. The director then encourages the protagonist to repeat and replay the scene. The mirroring technique is, it seems, particularly indicated when the protagonist is reluctant to

follow the therapist's instructions, or has a lack of insight into his/her own actions, or is unable to interact with others appropriately. Essentially, the technique is based on the role of the self-confrontation concept in psychotherapy, and therefore we are warned that it is costar-indicated with protagonists who are too defensive and sensitive, particularly if they are demonstrating low self-esteem.

Session-evaluations

This technique needs little elaboration, and refers to the 'de-briefing' that, as in most other therapies, comes at the end of a session or a series of sessions. In dramatherapy session evaluations, clients are encouraged not only to give their own reactions but to share their feelings and thoughts towards each other.

Mime games

Mime, as practised by celebrated mime artists such as Marcel Marceau, is a highly sophisticated acting technique. But in essence, mime is simply acting without words. It is an expression, using gesture and movement and possibly supplemented by non-verbal sounds, to express one's own actions or feelings or those of the characters and events which one is attempting to portray.

Self-reports

As with session evaluations, these follow a similar pattern to those used in other therapies. Clients discuss with the therapists or with the group their own progress, both in terms of specific behaviours and more general feelings and self-concepts. In dramatherapy, they are also encouraged to use other art forms such as painting and music if they find this helpful.

Dream accounts

The attitude of dramatherapists towards dreams is strongly influenced by psychodynamic theories. Dreams are seen as a way of rendering articulate the unconscious, and in dramatherapy sessions clients are encouraged to act out as well as to discuss their dreams. The literature does not indicate that dramatherapy, as a discipline, recognises any particular form of universal symbolic language in dreams, or that it attempts in-depth psychodynamic dream interpretation. The intention seems simply to use dreams as a way of helping clients to recognise and to relate more closely to their feelings, and to bring unconscious fears and wishes into the open.

Costume

Costume helps the client not only feel their way into the character they may be portraying, but also shed some of their own inhibitions (indeed some of their own persona).

In dramatherapy, costumes are apparently usually simple, often symbolic, and the client is encouraged to supplement them with the power of imagination.

Make-up, another technique used in dramatherapy (and particularly popular with children) is similar to costume work, except that it gives the client even greater freedom to create his or her own appearance as a way of expressing some aspect of his or her life.

Conclusion

A final point relating to some of the techniques we have been discussing is that they at one and the same time create a medium through which clients can express their problems and allow clients to put some distance between themselves and these problems, thus operating in effect as observers of them. These techniques, some of which are unique in application to dramatherapy, must surely therefore be regarded as together forming one of the most valuable and innovative approaches available in psychotherapy, an approach which provides a clear alternative to the verbalisation and discussion of problems characterising the majority of other well-known psychotherapeutic approaches.

One of the aims of the research is to identify the relative degrees of importance which practising dramatherapists attach to each of these techniques and to any others which the research may reveal as in common current use.

CHAPTER SIX

THE METHODOLOGY OF THE STUDY

Preliminary Note

Before the commencement of the research proper, a brief preliminary exercise was carried out in order to introduce myself and my work to dramatherapists, and to obtain an outline picture of the abilities thought to be developed in clients involved in dramatherapy and of of some of the principal techniques used. This preliminary exercise does not form part of the study, although the results produced by it were taken into account when designing certain aspects of the wording and terminology used in the questionnaire. However the exercise is of some interest in itself, and the preliminary questionnaire and the results accruing from it are therefore given in Appendix IV. These results were sent to all respondents.

Design of the Investigation

As indicated in Chapter 1, the overall aim of the investigation was to explore the application of drama as an agent in psycho-social change. Psycho-social change is an important goal for the majority of therapeutic approaches within psychology, and drama is used specifically as the medium for procuring this change in the therapeutic process known as dramatherapy.

Within this overall aim, the specific objectives of the study were:

1. To review the literature on the use of drama as an agent of psycho-social change.

2. To identify the principles and practices behind the use of drama in a therapeutic context, specifically the use of drama within the therapeutic context subsumed under the generic term dramatherapy.

3. To make recommendations on the extent to which such principles and practices are applicable to the education of children with special needs and the training of drama teachers.

The implementation of these objectives required a two-stage research design

Stage 1. In Stage 1, it was necessary to establish the kind of specific questions that needed to be put to those involved in the therapeutic use of drama. As indicated in Chapter 1, no satisfactory research tool incorporating these questions currently exists in the U.K. The idea of simply devising a questionnaire from the literature was clearly unacceptable, partly because of the incomplete nature of the literature and partly because, since dramatherapy is a young

and rapidly expanding discipline, the intention was to explore what is actually being done currently by practitioners rather than what has been published in the past, and what may well now no longer adequately represent contemporary realities.

Stage 2. Stage 2 required the development of a questionnaire based upon the information elicited in Stage 1. This questionnaire could then be distributed to the population of dramatherapists (and those associated with dramatherapy) in the UK., thus eliciting a nation wide picture of theory and practice.

In order to implement Stage 1, it was necessary to identify a suitable research tool which could then be used with an appropriate sample of dramatherapists, and it was decided, for the reasons given below, that the most suitable one was the interview.

Stage 1: The Interviews

Interview as a research tool. As a research tool the interview has a long history. In one sense, we can say it dates back to the time when one person sought to gather information by the simple method of asking others. As Gordon puts it:

> Since the dawn of civilisation, man's survival in organised groups has depended upon his ability to ask a question and elicit an answer..... Even ancient civilizations did systematic interviewing to obtain a crude census, but it is likely that more systematic analysis of the communication process has been done in the last 30 years than in preceding centuries.
>
> (Gordon 1975, page 32)

In modern times the demand for scientific approaches to human problems is growing rapidly. Gordon goes on to say that:

> This demand results from the accelerating rate of social change coupled with the growing acceptance and success of applying the basic canons of scientific methods to the study of human behaviour.
>
> (Gordon 1975, page 3)

This advance in knowledge on information gathering would appear now to be not a luxury but a necessity for the ordering and even perhaps the survival of complex civilised societies.

Several authors have pointed to the importance of interviewing as a recognised method of gathering information in the social sciences (e.g. Powney and Watts 1987, Breakwell 1990). This is partly because a certain disenchantment with the applicability of quantitative

research methods to the social sciences has set in, with a corresponding emphasis upon qualitative methods of research such as that represented by subject-responsive techniques such as interviewing.

The development of the modern, more scientific research interview can be traced through the techniques involved in such fields as psychoanalysis, the counselling interview, anthropology, and viva voice examinations. This development has received further impetus from the needs generated by rapidly growing research initiatives in the social sciences, many of which demand new strategies of data collection which the interview is able to provide.

Gordon (1975) draws attention to the complexity of these initiatives and to the need for new research strategies to support them when he says:

> For example, social psychology has seen a shift from the description of external environments, artifacts, and behavioural patterns to analysis of the subjective meaning of these for the members of the culture. In social psychology there has been a gradual shift in empirical studies from observation of external forms of behaviour, where high reliability is relatively easy to obtain, to more theoretically meaningful categories of human phenomena that tend to have greater predictive value but which present more difficult problems of data gathering.
>
> (Gordon 1975, page 4)

Therefore, considerable effort has been made over the past two decades to improve data gathering methods, and one of the results has been a substantial, research-based advance in knowledge about interviewing.

Nevertheless, in spite of this advance, there is still no single right way of doing a research interview. The present writer started exploring research interviewing armed with her great willingness to know more about the field, her own powers of communication and her reflections on the relevant literature, and for her the interview stage of her research constituted for her a very enriching learning experience. As will be described in due course, each interview was taped, and this allowed her to learn a great deal about this research methodology, learning which she hopes to put into effect in her future research endeavours.

Interviewing skills. As Oppenheim (1966) puts it, the advantage of interviewing over simple reliance upon a mailed questionnaire is that 'the richness and spontaneity of information collected ..... is higher' (page 32). Interviews vary in both form and intention (Breakwell 1990), but their essential ingredient is talk, the gathering of data through direct oral interaction, and it is this apparent simplicity, coupled with the interview's flexibility and accessibility, that has led to the mistaken

notion that anyone can conduct it effectively for research purposes. But as Powney and Watts (1987) remind us, the ability to interview effectively cannot be taken for granted. Gordon (1975) in fact enumerates three important human qualities which the successful interviewer must possess, even before he or she begins to consider which interviewing technique to use. These are the ability to:

empathise

participate

observe

On the strength of these abilities, many different information-gathering methods, techniques, and procedures can be devised to fit the nature of the attempted research and the conditions under which the information must be obtained. The interviewer then needs to undertake what Gordon refers to as careful preparation, practice in developing social and recording skills, and in the analysis and evaluation of the data collected. He emphasises that these 'skills are not innate but need to be acquired, explored and practised' (page 9).

Powney and Watts emphasise in addition the abilities of the interviewee:

> each interview is dependent on the skills of the interviewer and the willingness of the interviewee. The interview is just one incident of social interaction which depends on the co-

> skills of the interviewer and the willingness of the interviewee. The interview is just one incident of social interaction which depends on the co-operation of all participants. In the end the limitations on the information collected in an interview are those imposed by the interviewee.
>
> (Powney and Watts 1987, page 51)

Varieties of interviewing. Gordon proposes a helpful classification of interviews.

> One aspect of interviewing style is the dichotomy between standardized and nonstandardized interviews. The standardized interview is designed to collect precisely the same categories of information from a number of respondents; and the answers of all respondents must be comparable and classifiable. Thus, we can be sure that any differences in the answers are due to differences among the respondents rather than to the question asked.
>
> (Gordon 1975, page 60)

Gordon goes on to identify two sub-types of the standardized interview, the schedule and nonschedule. The schedule interview not only specifies the questions in advance, but also uses the questions in the same order with each respondent. The nonschedule interview by contrast gives the interviewer some choice as to the order of the questions, freedom to attempt alternative wordings of the same question, and freedom to use neutral probes if the first response to a question is not clear, complete or relevant.

The nonstandardized interview does not pose all the same questions to all respondents, and there is no way the information can be statically summarized to reflect the aggregate response of the group or to compare one individual's response with another's.

The independent nonstandardized interview is not preparatory to the standardized interview but has an independent function of its own. It is used in situations where there is no need either to compare one set of responses with another, or to summarize the response of a sample of respondents. Strangely, very little has been done systematically to study the strategy, tactics, or techniques of the nonstandardized interview. Richardson speculates that this is because its methodology is more varied, more complex, more difficult to make explicit, and more difficult to develop into a set of routine practices (quoted in Gordon 1975, page 62).

A more common way of classifying the research interview (and one which to some extent parallels that proposed by Gordon) is into structured, semi-structured and unstructured (see e.g. Borg 1983, Powney 1987, and Breakwell 1990).

The structured interview. Typically the structured interview takes the form of a standard set of questions which are presented in the same form to each individual

member of the sample. The interviewer him or herself takes no role in the proceedings beyond presenting the questions in a suitable manner (usually warm and encouraging) and recording the answers, and plays no part as a variable in the experimental procedure. The questions usually can be answered either 'yes' or 'no', or by selecting one of a set of choices. The respondents' answers are not followed up to obtain greater depth, and the level of structure is such that the data could be collected quite satisfactorily with a mail questionnaire. Borg (1983) tells us that:

> The main advantage of (the structured) interview over the mailed questionnaire ..... is that the interviewer is likely to get responses from more of the persons in the sample selected, and will get fewer "don't know" and unstable responses than would occur on a questionnaire.
>
> (Borg 1983, page 442)

The disadvantages are that the structured interviews produces stereotyped information as there is no opportunity to go beyond the previous specified information. It also lacks flexibility, and is unresponsive to the interviewee's special knowledge.

Examples of the structured interview are seen in market research and in opinions collected in public-opinion polls.

The unstructured interview. Beyond an overall objective (which may be relatively unspecific) the unstructured interview is an open-ended, free-floating technique designed to open up an area for more specific later investigation. Typically it is used in situations where there are no specific data on what the problem under investigation might be. The unstructured interview can be best illustrated by the client-centered approaches used in clinical psychology and psychiatry. In this type of interview, Borg (1983) tells us, the interviewer does not use a detailed interview guide, but has instead a general plan and usually asks questions or makes comments intended to lead the respondent to give data relevant to the interviewer's objectives. Borg has it that:

> Unstructured interviews are generally called for in situations where the type of information sought is difficult for the subject to express or is psychologically distressing to the individual. ..... this procedure must constantly adapt to the respondent and is highly subjective and time-consuming.
>
> (Borg 1983, page 443)

The advantages of the unstructured interview are that it contains no presuppositions by the interviewer. He or she is at the initial stages of an investigation, and has no specific notion of where that investigation is likely to lead. This kind of interview therefore, in theory, gives the interviewee free reign to bring in whatever material he

or she deems appropriate. Each question by the interviewer can be influenced or even determined by the interviewee's previous response.

The disadvantages are that much depends upon the relationship between the interviewer and the interviewee, and upon their shared empathy, trust and respect. As Borg intimates, it is of course uneconomic in terms of the interviewer's time, and also raises problems of interviewer subjectivity and of subsequent analysis and quantification of the data obtained. In practice, it is therefore most appropriate (as already indicated) in the early exploratory stages of an investigation, and in clinical practice. It can also be useful with very small children, where the aim of the investigator is to elicit speech rather than direct information.

The semi-structured interview. The semi-structured interview ideally combines the benefits of the structured and the unstructured. It contains clear objectives drawn up by the interviewer as to the kind of information required, but no attempt to adhere to a rigid set of previously determined questions. There is a prepared list of questions, but they are simply an aid to the direction of the interview, and the interviewee is allowed to introduce themes and directions of his or her own. The aim of the interviewer is to prompt the disclosure of information

within a broadly defined area, but to allow also the emergence of new paradigms within that area. Borg (1983) puts clearly the advantages of the semi-structured interview:

> The semi-structured interview has the advantage of being reasonably objective while still permitting a more thorough understanding of the respondent's opinions and the reasons behind them than would be possible using the mail questionnaire. .....It provides a desirable combination of objectivity and depth and often permits gathering valuable data that could not be successfully obtained by any other approach.
>
> (Borg 1983, page 442)

Semi-structured Interviews in the Present Investigation

In the present investigation, Stage 1 of the research was designed to clarify and identify the broad area of activity under investigation, namely the use of drama as a process for psycho-social change and development. Since a close examination of the literature showed that such clarification and identification had not hitherto been carried out on any major scale in the U.K., it was concluded that Stage 1 could only be successfully attempted through extensive field work. The methodology chosen for this field work was the semi-structured interview, since for the reasons already given

it was felt that this most met the needs dictated by the above intentions.

It was felt particularly that the semi-structured interview would stimulate the discussion and allow scope for the raising of new issues essential in a study such as the present one where the issues are not clear, and where in fact a main aim of the research was precisely the identification of these issues. The semi-structured interview would also do the following.

1. Allow respondents to fulfil their own roles as experts, rather than pre-determine topics for them.

2. Allow respondents to explore verbally their own concepts, theories and practices about the therapeutic use of drama.

3. Allow the development of a very rich learning process for the researcher herself, and the discussion and clarification of key issues she has been reflecting upon for some years as a result of her studies, of her personal experience as a creative arts teacher and therapist with both normal and special needs clients, and of her experiences as a teacher trainer.

The conduct of the semi-structured interviews. Reference to the literature identified a number of questions that could form the basis of the semi-structured interviews. These questions were then discussed and refined with the supervisor of the research. They were intended to:

1. prompt discussion

2. maintain the direction of the interviews

3. indicate to the interviewee some of the areas deemed relevant.

In keeping with the principles of the semi-structured interview, the questions were designed to explore issues in response to the direction taken by each expert rather than to stick rigidly to the interviewing schedule. They were also designed in such a way as to enable the interviews to be conducted with the maximum of informality. The researcher was clear that her role was to be less of an interlocutor than of a participant in the discussion which arose from the initial questions. This kind of approach was considered likely to generate as much data as possible and to allow new questions and issues to arise, though inevitably it made the subsequent task of transcribing and codifying all the information obtained more difficult.

These concerns, together with the exploration of the literature and the researcher's own interests, indicated that the interview questions should seek for information in the following main areas.

1. The theoretical influences upon dramatherapy.

2. The philosophical underpinnings of dramatherapy.

3. The methods used in dramatherapy.

4. The goals of dramatherapy.

An obvious opening question was the interviewee's own definition of dramatherapy, and this was followed by the questions listed below.

Semi-structured interview questions (stage 1 of the research):

1. Theory of Dramatherapy

   a. How do you define dramatherapy?

   b. Which psychological theory or theories (if any) do you consider have most relevance to dramatherapy?

   c. What are the differences between drama and dramatherapy?

   d. What are the differences between the following terms 'dramatherapy', 'drama in therapy', 'therapy through drama'?

   e. Do you think we can propose a model for dramatherapy which identifies various stages in the client's progress ? If so, what are the stages?

2. Practice of Dramatherapy

a. Do you think a common framework can be usefully employed in dramatherapy sessions despite the differences that exist between participating groups? If so, what are the main features of this framework?

b. From your experience, which people fail to gain benefit from dramatherapy? Why is this?

c. Do you think that dramatherapy is appropriate for seriously physically or mentally disabled persons?

d. Which groups do you most enjoy working with?

e. Do you face any problems with the emotional release experienced by clients ?

f. What methods and materials do you use?

3. Training of dramatherapists

a. What is the best training for a dramatherapist?

b. Is a good dramatherapist born or made?

c. Can a drama teacher do dramatherapy, or hould it be left to the experts?

4. Assessment

a. What are your methods of diagnosis and evaluation?

b. How do you assess a client's progress when in dramatherapy?

c. How do you recognise progress in a group?

5. General

a. What people do you think are currently doing the most interesting work in dramatherapy?

b. Which aspects do you think are most important when designing a dramatherapy programme for mentally disabled children?

c. How do you see the future of dramatherapy?

The above questions were the starting points for the interviews. In the event, some of the questions were asked to all members of the sample of dramatherapists interviewed, while others (depending upon the individual dramatherapist's experience and interests) were asked only to certain of them. A great deal of further information arose during the interviews, in accordance with the intention to collect as wide a range of information covering as many of the main aspects of the theory and practice of dramatherapy as

possible. Differences between the number of questions posed to each dramatherapist were permissible in the present instance, since comparisons between the responses of the individual members of the sample was not part of the research intention.

The Sample Used in the Interviews

As the aim behind Stage 1 of the research was to establish the specific questions that needed subsequently to be put to those involved in the therapeutic use of drama (see page 244 where the stages of the research are specified), it was necessary to select for interview a sample of acknowledged experts in the dramatherapy field. Only from such a sample would the appropriate issues in both range and depth be likely to arise.

Accordingly, the researcher started by interviewing Peter Slade, the person who put together the terms 'drama' and 'therapy' to coin the term 'dramatherapy'. Although currently retired from practice, Slade's views have great historical importance (hence the extensive coverage given to them in Chapter 3), and in the event the interview with him allowed the researcher to obtain a clear picture both of the current parameters of dramatherapy and of the pattern of development since its first inception. The researcher then

contacted those dramatherapists who have at the present time leading responsibilities in the field either as directors of each of the qualifying courses in dramatherapy currently operating in the U.K., or as people currently defining dramatherapy theory and practice through their written work. The identification of these leading dramatherapists was made possible by the researcher's studies in the field and by guidance provided personally to her by Dr. Sue Jennings, the acknowledged doyen of dramatherapists.

The sample was completed by the inclusion of dramatherapists drawn from the range of settings within which dramatherapists currently practice, such as hospitals, special schools, private practice, and community work. The researcher thus ensured that her sample was fully representative of current dramatherapy theory and practice at all relevant levels.

The full sample, which consisted of 12 individuals, and which is henceforth referred to as the Panel of Experts, is given in Table 1 below. (For professional reasons, actual names are not given).

Table 1

Panel of Experts, by Main Occupation

	Female	Male
Course director	3	1
NHS	2	3
Private Practice	1	1
Retired	-	1
Total	6	6

All the 12 panel members have published work either in book form or academic journals

Establishing contact. Contact was established with each of the Panel of Experts by one of the following means:

1. A letter from the researcher's supervisor, and a follow-up phone call, or a letter from the researcher.

2. Personal contact by the researcher at appropriate dramatherapy conferences and workshops.

3. A letter to the main organisations using dramatherapy.

4. A letter to the Colleges offering the training courses in dramatherapy.

Agreement was thus obtained from each member of the Panel for the interview, and the clear impression given throughout to the researcher was that the Panel members were prepared to talk freely and openly about their subject. In most cases they appeared to welcome the opportunity to talk in this way, and in the process to formalise their own thinking.

Anonymity was assured in each case, though none of the sample insisted upon this. The interviews were conducted at various locations throughout the U.K. In addition to those carried out at conferences and workshops, the researcher also visited for interview purposes York (The College of Ripon and York St.John), Hull, London (Central School of Speech and Drama, London Hospital Medical College, special schools), St. Albans (Hertfordshire College of Art and Design), Torquay (South Devon College of Arts and Technology), Cambridge (Addenbrooks Hospital) Totnes (Dartington College of Arts), Bradford (Jabadao Dance Project), and Edinburgh (Theatre Workshop for the Disabled). A great deal of time, effort and expense were involved in travelling to these locations, but the interviews could only take place at times and places determined by the individual members of the Panel.

Since the aim of the interviews was to elicit a body of information rather than to make comparisons between the responses of individual Panel members, no time limit was imposed for each interview, and it was allowed to proceed either until the interviewee terminated it because of a subsequent engagement or until it was mutually agreed that all the issues had been explored. The average duration of each interview was 2 hours.

The Transcription of the Tapes

Approximately 20 hours of relevant taped material was yielded by the interviews. These tapes were then played back by the researcher and carefully transcribed. This was a lengthy and very time-consuming process, taking many weeks of concentrated effort, since it was necessary to play the tapes over and over again until it was clear that all relevant information had been extracted from them.

After the transcription was completed, it was decided to re-interview a small sub-sample of the Panel for the following reasons:

1. Further clarification of the points made in the first interview.

2. The generation of any further data which could then be integrated into that already obtained.

Three Panel members, who made up a representative sub-sample in that they covered respectively published expertise, dramatherapy training course expertise and occupational expertise, were selected for this purpose. It would of course have been valuable to re-interview all the members of the Panel, but considerations of time (both of the Panel members and of the researcher) rendered this impossible. Hence the decision to restrict the sub-sample to representatives of the three main areas of expertise currently apparent in dramatherapy theory and practice.

These re-interviews were also taped and transcribed. Excluded from both sets of transcriptions were:

1. Clearly irrelevant material (such as social pleasantries).

2. Repetitions, either within or between interviews.

3. Sideways conversation which arose within the discussion and which, although they could be

interesting, did not fall within the aims of the research.

4. Opinions given by Panel members and by the researcher on subjects in which the latter had a personal concern, but again which were not relevant to the research.

The transcription of the tapes therefore started the process of qualitative content analysis of the data.

Powney and Watts put forward a number of relevant considerations relating to the process of transcribing and analysing taped data such as that collected by the present researcher.

> Whatever the approach, the basis for the analysis should be be made as explicit as possible. Yet whilst the analysis has to be authentic, able to be substantiated by an explicit data base, it is not simply descriptive. Analysis also involves interpretation and is thus a creative process, with the analyst as an accountable goal ..... Part of the creative process in analysis, is to impose a structure on the accumulated material.
>
> (Powney and Watts 1987, page 10)

Hull considers this process to be an 'exact art', comparable to literacy analysis.

> Judgements are made at every point as to what material is relevant, and what irrelevant, to the research project ..... Deliberate selection is necessary at all stages ..... much material is therefore lost.
>
> (Hull 1985, page 25)

Powney and Watts conclude by saying that whatever the analysis, the important thing is that the interpretations, conclusions, and any implications drawn, have a firm foundation.

In fact the researcher soon became aware that the task of transcribing and analysing the data imposed a constant act of selection and of structuring the material produced by each interview.

The first step in the selection procedure was, as already indicated, the process of transcription itself, since only material meaningful for the research project was included. Such material was, however, still in a raw form.

The second step in the selection procedure was to refine these raw data by studying each of the transcribed statements and discarding further material according to the four criteria detailed in the last section.

The third involved the re-interviews with the three sub-sample members of the Panel. The researcher took with her

to these individual re-interviews the statements selected from the transcriptions of the first interviews furnished by each of the three experts concerned. These statements, in written form, were then presented to each of the three experts with the request that they judge whether their own statements, as transcribed, properly represented their views. A list of possible implications arising from each of these statements was also given to each expert.

The purpose of drawing these possible implications from the statements was to allow the expert being interviewed to consider what his or her statements might actually mean in terms of the dramatherapist's theory and practice. The opportunity was also thus provided for the interviewee to correct any erroneous implications which might be read into his or her own statement. For further clarification and elucidation, supplementary questions arising from the possible implications were also posed as appropriated.

For example:

Statement from first interview: "The root of dramatherapy is drama."

Possible Implication: Therefore the dramatherapist must have a knowledge of drama and of dramatic techniques.

Question Arising for the Second Interview: How extensive does this knowledge need to be ?

*

Statement from first interview: "Creative arts, psychodynamics, anthropological and developmental influences can also be recognised in dramatherapy."

Possible implication: Therefore the origins of dramatherapy are multidisciplinary.

Question Arising: To what extent does the dramatherapist need to have knowledge of the disciplines associated with these origins?

*

Statement from First Interview: "Dramatherapy presents life in a more manageable way, through transference and dramatisation."

Possible Implication: Therefore dramatherapy finds transference an essential process.

Question Arising: To what extent does transference in dramatherapy differ from transference in psychodynamics?

*

Statement from first interview: "If we had more teachers teaching drama well, we might have less need for therapists."

Possible Implication: Therefore drama has a preventive (pre-therapeutic), and dramatherapy a curative role to play.

Question Arising: Does drama therefore work at both the inner and the social levels, as does dramatherapy?

*

In order to make these further interviews, the researcher travelled again to York, Hull and London respectively.

The Item Bank

The statements transcribed from the original interviews, together with relevant additional material from the re-interviews, produced 350 clear statements as to the meaning, nature and practice of dramatherapy. These statements were found to group themselves under two main headings, one relating to the Theory of Dramatherapy and other to The Practice of Dramatherapy, each of which also contained several sub-categories. The first draft of the Item Bank is given fully in Chapter 7 (Part II). The final Item Bank includes 357 statements (see Appendix V). It was upon this

Item Bank that Stage 2 of the research (see page 245) would be based.

The item bank was then sent to all members of the Panel for their comments, as explained in more detail later in the chapter. This procedure was a modified version of the so-called Delphi Technique, described briefly in the next section.

The Delphi Technique. This technique, although it employs questionnaires, differs somewhat from the typical questionnaire survey. Developed by the Rand Corporation in the early 1950s as a method of predicting future defence needs, it can be used whenever a consensus is needed from persons who are knowledgeable about a particular subject. For example, it can be used to identify problems, define needs, establish priorities, and identify and evaluate solutions.

In simplified form,the first step in a typical Delphi study is to prepare a set of questions or statements for evaluation.

Based on responses to these initial questions, a revised set of questions is then circulated, and respondents asked to revise their original evaluations as they see fit. This

procedure is repeated (ideally for four rounds) in an effort to obtain a well-thought-out consensus.

The Delphi technique has several advantages. Issues are clarified, and the final results are likely to reflect much more careful thought than would be obtained from a single questionnaire. Since each respondent is called upon to re-examine his or her position as many times as possible, the method tends to build consensus.

In the present research, the Delphi Technique was employed in a modified form, not only by conducting the re-interviews but also by submitting the Item Bank produced from the interviews and re-interviews to the full Panel of Experts for:

a. verification of content

b. verification of word accuracy

c. addition of further comments.

No indication was given to the Panel as to ask which statement had originated from which expert, and the Panel members were simply asked to comply with the instructions as set out in the letter reproduced in Appendix IB.

As dramatherapy is now practised widely in the United States, it was felt that it would be helpful to have comments on the Item Bank from American experts. Accordingly it was sent to Robert Landy and to David Johnson, with the request that they make any observations they considered relevant. Since it was hoped to make recommendations arising from the research for the use of drama in special education, the Item Bank was also sent with a similar request to a sample of dramatherapists currently working with children (Anne McClintock, Pat Brudenel, Jenny Mosley, and Vicky Gardiner).

After an interval of six weeks, follow-up letters and telephone calls were made to those experts who had not responded, and this procedure was continued until each member of the Panel had made his or her contribution.

After the Item Bank was returned from the Panel of Experts and from the personnel detailed above, it was carefully re-analysed (see Chapter 7 part II), and those items marked by Panel members as irrelevant noted. Since there was no unanimity amongst the Panel on these items, a criterion was needed to decide whether they should be eliminated or not. The criterion decided on was to eliminate all items judged as irrelevant by three or more Panel members (see Table 3, Chapter 7). Some of the Panel members had misinterpreted the instructions, and instead of putting a cross against the

irrelevant items had rated them on a 4-point scale. This was dealt with by considering as irrelevant all items which had been rated as unimportant.

In spite of the elimination of a small number of items as irrelevant, the Item Bank still remained very large, particularly as there was some augmentation as a result of the further comments supplied by the Panel of Experts. As an Item Bank of this size would yield an unmanageably long questionnaire, it was decided, in consultation with the research supervisor, to discard some of the sub-sections completely, and retain only those which were of most relevance to the research objectives and which could successfully be quantified in terms of a Likert Scale. Where appropriate, however, some of the items contained in these sub-sections were included elsewhere in the questionnaire. Full details of this procedure are given in Chapter 7 (Part II).

Stage 2: The Questionnaire

As detailed earlier, Stage 2 of the research was to construct a questionnaire from the Item Bank for distribution to all practising dramatherapists and dramatherapy associates in the U.K. The intention of the questionnaire would be to establish a picture of existing dramatherapy theory and practice.

After discarding items and sub-sections as mentioned in the last section, the statements contained in the item bank were put into a form suitable for inclusion in the questionnaire. The format used was to ask respondents to rate each item on a 4-point scale from 'most important' to the theory and practice of dramatherapy down to 'least important'. The questionnaire is given in full in Appendix VI.

Piloting the Questionnaire

The questionnaire was then sent to six dramatherapists before distribution to the full sample, with the request that they identify any areas of ambiguity or difficulty in the instructions or in the wording of the items. On the strength of this pilot exercise, a small number of minor changes in wording were made. The pilot sample expressed themselves otherwise satisfied with the questionnaire as it stood. Telephone conversations were held with each member

of the pilot sample in order to be absolutely certain that full understanding was reached on any necessary changes.

Distribution of the Questionnaire

Full support for the research was obtained from the British Association of Dramatherapists, who kindly agreed to distribute the questionnaire to all their members and associate members with the December 1989 issue of their official journal Dramatherapy. The result of this was that the questionnaire was sent to all 250 members of the Association (full and associate members). A supporting statement, signed by the Association's representative on the Arts Therapies Research Committee, was also provided by the Association and distributed with the questionnaire (see Appendix IC).

Questionnaire Returns

Dramatherapists were asked to return the questionnaires by the 15 January 1990, and by that date a total of 90 had done so. A period of grace was given until the end of January, at which point the researcher established contact by telephone with representative dramatherapists from the north, south, and London regions of the Association in order to ask them to prompt their colleagues to return the questionnaire.

A follow-up letter was then sent at the beginning of February 1990 to all those dramatherapists who had not responded. A list of their addresses was kindly provided by the Association. This exercise was both costly and very time-consuming, but the researcher was very aware of the small population of dramatherapists available, and therefore of the necessity for obtaining as full a response as possible. The follow-up letter, which was sent to 162 dramatherapists in the U.K., is given in Appendix ID.

Full details on the final numbers of returned questionnaires are given in Chapter 8.

The Samples

The main sample (hereinafter called the Sample of UK Dramatherapists) was in theory the UK population of Dramatherapists as contained in the membership list of the British Association of Dramatherapists for April 1989. The questionnaire was distributed to all members of the Association, namely 115 full members and 135 Associate members. As defined by the Association, full members are divided into two categories. Practising Full Members are those full members who have satisfied the supervision requirements for the relevant membership year, while Full Members are all members who have successfully completed a

training course deemed suitable by the British Association for Dramatherapists as offering full membership, and who therefore hold the qualification of Registered Dramatherapist (RDth).

Associate members are those who are not qualified dramatherapists but who express an interest in the aims of the Association, and students who are currently in training as dramatherapists.

For the present study, both full (practising and non-practising) and associate members were included in the sample because it was considered useful to identify whether the two groups held different views on dramatherapy theory and practice, a finding which would have implications for dramatherapy training in the future.

In the course of the analysis of the questionnaires it was found that some members held dramatherapy qualifications but preferred to remain on the associate list of members (perhaps because of the lower rate of subscription). This indicated to the researcher that it was inappropriate, when analysing results, to adhere to the three categories of membership operated by the Association. A more appropriate classification was as follows:

1. Practising members which includes all dramatherapists who state they have dramatherapy qualifications.

2. Associate members who are interested in dramatherapy but without formal qualifications.

3. Student members who are currently in training. (The distribution of the questionnaires to this sample was done separately through the training course directors, as explained below).

A fourth sample (hereinafter called the Overseas Sample) was also sought. This was necessarily bound to be a very small sample, since - with the exception of the USA - dramatherapy is not yet fully established abroad. Generalisations from such a small sample can only be made with extreme caution, nevertheless it seemed appropriate to explore whether overseas dramatherapists differ markedly in their interpretation of theory and practice from those in the U.K.

The Overseas Sample. Consisted of some of the population of dramatherapists trained and practising in Greece and Israel (contacted through their training course directors) and in the USA (contacted through the Chairperson of the America Association of Dramatherapy). The Greek and Israeli courses were set up by British course leaders, and it was these individuals who suggested the value of an approach to these

countries. A letter explaining the aims of the research was sent first, with subsequent follow ups. The letter is given in Appendix IE.

Student Sample. All the centres training dramatherapists in the U.K. were contacted, and distribution of the questionnaires to the students concerned was agreed with the respective course directors. It was considered whether it would be desirable to develop a special students' version of the questionnaire, but after discussion with the course directors it was decided that the full version was appropriate for student use, particularly if it could be distributed as late as possible in their training course.

These centres are:

* Hertfordshire College of Art and Design, St Albans

* College of Ripon and York St. John, York

* South Devon Technical College, Torquay

In addition to these centres two other organisations connected with the training of dramatherapists were contacted, these were:

* Sesame, a centre for the training of drama and movement therapists.

Although Sesame trained students are not regarded as qualified dramatherapists by the Association, they are nevertheless regarded with respect, and recognised as representing an alternative trend in the training of dramatherapy skills. The Sesame course is located at the Guildhall School of Speech and Drama.

A list of the 12 therapists trained at Sesame in the previous year was also provided by the course director.

* Institute of Dramatherapy, a more recent training centre founded by Sue Jennings, and now recognised by the Association for full membership. Twelve questionnaires were sent to be distributed to students.

Full details of the student sample are given below.

Table 2

Sample of UK Dramatherapy Students

Dramatherapy Training Centres	Number of students
Hertfordshire College of Art & Design (St.Albans)	36
College of Ripon & York St John (York)	12
South Devon College of Arts and Technology (Torquay)	12
Sesame (London)	15
Institute of Dramatherapy (London)	12
Total	87

Analysis of Questionnaire Returns

The 273 variables contained in the questionnaire were analysed using SPSS as detailed in Chapter 8. The Statistical tests used were Kolmogorov Smirnov (K-S), Spearman and Pearson Correlations, and Chi-Square. These will be referred to at the appropriate points in Chapter 8.

CHAPTER SEVEN

STATEMENT OF RESULTS: THE INTERVIEWS AND THE ITEM BANK

PART I: THE INTERVIEWS

The presentation of the results obtained in Stage 1 of the research (the interviews and the construction of the Item Bank) and Stage 2 (the construction and application of the research questionnaire), will be dealt with in two different parts. The present Chapter will deal with Stage 1, while Stage 2 will be covered in Chapter 8. In both chapters, preliminary discussion of the results will be offered, and attention drawn to particularly relevant findings. An overall discussion will be given in Chapter 9.

Analysis of the Interviews

As explained in the methodology, Stage 1 of the research was intended to explore, through interviews, how dramatherapists conceptualise their subject and what they are currently doing in their practice.

In the first phase of Stage 1, 20 hours of interviews were transcribed, producing a wide range of statements covering various aspects connected with dramatherapy theory and practice. Because of their length, these transcriptions will not be given in full in the thesis.

In the second phase of Stage 1, a content analysis was made of the interviews, and those statements collected which were

relevant to the aims of the research. Minor modifications were made in order to clarify the wording where necessary, and care was taken to avoid overlapping statements. These statements were then classified according to content, and the following categories of classification emerged:

1. Definition of Dramatherapy
2. Models of Dramatherapy
3. Distinctions Between Drama in Education and in Therapy, and Between Drama and Dramatherapy
4. Psychotherapy and Dramatherapy
5. Theoretical Influences upon Dramatherapy
6. The Role of the Dramatherapist
7. The Process of Dramatherapy
8. The Training of the Dramatherapist
9. The Assessment of Client Progress in Dramatherapy
10. Identification of those Unsuitable for Dramatherapy

The total statements, grouped for each panel member, are listed below in terms of these 10 categories.

Categorisation of Statements

1. Definition of Dramatherapy

Panel member 1

* Dramatherapy, by definition, uses drama skills to help people help themselves.

* Action is the unifying principle. Dramatherapy must involve people doing, and taking responsibility for themselves. The therapist responds to the initiatives of the client.

* Dramatherapy must operate within the context of a particular discipline.

* Real healing potential works at a number of levels. For example analytical techniques can emerge in a group that is working at a primary level.

* Dramatherapy is defined by context and setting. For example with psychotics the behaviour of individual clients is viewed in the light of their treatment programme.

* Communication between the therapist and the medical staff must be in medical language, therefore the therapist looks for such things as affective states, communication, initiative, presence or absence of delusions, strengths and vulnerabilities, and how performance relates to case notes and previous group work.

Panel member 2

* The practical core of dramatherapy is the dramatic experience, dramatic engagement, dramatic imagination, all of which operate in drama unlike in any other way.

* It is the dramatic metaphor that constitutes drama. The further we get from this metaphor and the nearer to actual reality, the less we are working with drama.

* Drama makes life more manageable, dramatherapy uses the same device, through transference and dramatisation.

* There is no distinction between theatre and drama.

Panel member 3

* All therapy is a way of working towards an improvement in a client's functioning and well being, as perceived by:

    1. the client

    2. significant others in his life (or her) life

    3. the therapist.

* Dramatherapy can be conceived in terms of either individual dramatherapy or group dramatherapy.

Panel member 4

* Drama as a process is therapeutic, even in its most formalised form. Drama is a medium through which it is possible to achieve therapeutic action.

* People naturally employ dramatic processes to explore their lives and relationships. Dramatherapy refines this process and directs it in ways the client may not do on his own.

* We have to talk about drama in the language of metaphor not of science. Analysis is possible in terms of:

    1. the effect I want my language to have

    2. the range of approaches to the same act

    3. the identification of clients' needs

    4. the variables (linguistic and methodological) which succeed in putting people into roles

    5. the identification of when people are doing certain things and why.

Panel member 5

* Drama is the doing of life. Dramatherapy is a way of

building up courage, balancing personality, and understanding the difference between personal and projected play. In projected play you project yourself into a character. In personal play you become the subject, you take responsibility. It is the only way in which a disturbed child can be and do.

Panel member 6

* Dramatherapy is the intention to be involved in drama with a therapeutic end.

* Individual work can be used with those who can only relate to one person. But as in group therapy, I would only work with an individual to get them to a state where they can work with the group.

Panel member 7

* Therapy is a situation in which problems can be remedied and in which the person meets (finds) him/herself. The best way to do this is in a like-minded group. Because they are like-minded they communicate with others and find themselves through others. Therefore this is a form of self-communication.

* A group is necessary, but it need only be one other person. The therapist sets up the parameters in which

this happens. Parameters should be small - one problem at a time.

* In therapy people have to learn how to enjoy. Others help by also enjoying what you do. Some handicapped people are just nouns, some maladjusted people are just verbs. Therapy helps you to do something and accept it.

* A theatre is a little world within which drama takes place. Drama is the putting up of certain values and then questioning them. Theatre is a place where play happens. 'Game' is play in which the rules are set socially. Individual play is when you are outside these rules. If you can only do the latter you are maladjusted. Children's play is not drama.

* Drama is a moment of confrontation - you confront an idea. The problem is that it may only repeat back what you want it to reflect; this is narcissism and escapism. You should meet the mirror and go through to the person behind. In drama you put up values, meet them and go through to the person behind, you find yourself through them to find the adult behind. This is individuation. Many people don't do this. You should <u>mature</u> through drama.

Panel member 8

* Dramatherapy helps relationships, and to come to terms with conflicts, isolation, etc. It helps individuals to relearn, to explore envy, guilt, goodness etc. It allows them to share emotions with each other without fear; it allows them to accept and to see emotions they don't need to block by fear. Group members confront each other (with anger etc.). Using metaphors, symbols they learn the awareness to be able to deal with particular difficulties.

* The process allows you to express anger etc. and then to sit down and explore where it comes from. Express the emotion when appropriate and you will see it doesn't destroy or get out of control - act, and then talk about the action.

Panel member 9

* Dramatherapy is a way of using the art form of drama for an individual to find a sense of wholeness.

2. Models of Dramatherapy

Panel member 4

* Models have more to do with one's own therapeutic

standpoint and one's understanding of human beings. The questions that identify the model are:

1. what can I learn through the drama process?

2. what do I want to learn?

Panel member 9

* A model for dramatherapy is very much connected with play. I think there are stages as a group process and there are stages for the individual. The stages depends on the sort of group.

Panel member 8

* The stages in my dramatherapy practice are:

1. the group initially are in it together, and the therapist has the tools to get them better, he is the healer.

2. then transference occurs, the therapist becomes the 'bad' person.

3. the group then start to fight, confront each other ('you annoy me .....' etc.)

4. then the group starts accepting some of the bad things in others - they have a right to reject things others are saying etc. Also they start accepting themselves. Together they interact with each other. Then they can leave.

3. Distinctions Between Drama in Education and in Therapy, and Between Drama and Dramatherapy

Panel member 1

* Various different psychological traditions feed into dramatherapy, e.g. gestalt and analytical techniques.

* There is a big overlap between drama and dramatherapy. The later is the application of drama for healing, the former is a social, multi-roled art form. But for example Chekhov's plays (e.g. 'The Three Sisters') may provide a therapeutic experience related to peoples' ability to articulate and socialize.

Panel member 3

* The dramatherapist works with understanding, not with explanations.

* Dramatherapy engages humans at many levels. So the dramatherapist must have lengthy training.

* The dramatherapist is working with dynamics etc., the drama teacher with imparting knowledge.

* But if we had more teachers teaching drama well, we might have less need for therapists.

Panel member 4

* At school level drama could/should enter into all subjects. The urge to compartmentalise prevents this.

* In drama certain things are not dealt with; they are contained by the script, by dramatic structure, the characters as written by the author etc. In dramatherapy the therapist provides his/her own boundaries.

Panel member 5

* The distinction between drama and dramatherapy is very slight. Dramatherapy is an essential purposeful use of constructive drama which you select to help a person in a particular advanced condition.

* Therapy is God-given in Child Drama, and people who come through this don't need dramatherapy. Dramatherapy is for those with a special emotional difficulty.

Panel member 6

* Drama as a learning experience, drama as a therapy. Intentionality is the difference, and also the approach that stems from this intention.

Panel member 8

* Drama and dramatherapy are totally different. The former is about getting people to create, make ideas, imitate, think about characters, performance, theatre, working towards an end product (performance), techniques, expression. Dramatherapy gets its base knowledge from all this, but the difference is you are dealing with a disease. The major problem is that the individual wants to change, he/she is motivated to change their own being, the spirit, the inner being, not the rational but the irrational, the illogical, the out-of-control expression. You then need to deal with them in a way that allows the individual to come back to reality.

4. Psychotherapy and Dramatherapy

Panel member 8

* In the former a group sits in a circle and meets weekly etc. and talks through problems. In dramatherapy you re-enact, mime, express symbolically, express dramatically these problems. The working towards a state of well-

being is what unites the dramatherapy group, whereas in drama it is the performance. Learning about myself unites the former.

* All therapists try to make people more spontaneous, creative, open. The methods differ. In dramatherapy we use transference, projection and an understanding of psychodynamics.

* Dramatherapy is more phenomenological than cognitive. Some dramatherapists are very eclectic, others more cognitivist (e.g. in a social skills group).

5. Theoretical Influences upon Dramatherapy

Panel member 1

* Various different psychological traditions feed into dramatherapy. E.g. gestalt and analytical techniques.

* Projective play relies on the work of Lowenfeld, Winnicott and Klein.

* The analytical approach is useful because some of the group are operating in very primitive states. Also some of the group can represent to the group feelings etc. which others can't articulate.

Panel member 2

* The root of dramatherapy is drama. The core of dramatherapy is the dramatic experience, dramatic engagement, dramatic imagination, all of which operate in drama unlike in any other way.

* Creative arts, psychodynamics, anthropological and developmental influences also can be a recognised influence.

Panel member 4

* The theoretical base is client-centred. Maslow, Rogers, Jung, Heidegger, Bergson, Humanistic Psychology, modern physics (the observer effect), Eastern philosophies, Taoism.

* Most of dramatherapy is subversive and therefore not bound by standards laid down by others.

Panel member 5

* Jung is the most relevant influence.

Panel member 6

* Stanislavski is the link between drama and dramatherapy. Stanislavski and Moreno were developing their ideas at the same time (drama on the one hand, psychotherapy on the other).

* The therapist needs to have a knowledge of all the basic theories - Freud, Jung, some techniques from psychodrama.

* I don't think anyone has a theoretical model on which dramatherapy can be based. You use different models with different people, you need a knowledge of all models.

* Dramatherapy is a group experience. In working with severely mentally handicapped or severely psychotic there's no need to ask them 'what was that all about?' If you are working with verbally able people however you would share the experience. It is all a question of levels.

Panel member 12

* None of the psychological theories which support dramatherapy is absolutely true. Dramatherapy is not possible if people are too categorical. Dramatherapy is not a set medium.

* Theories are important, but drama and the personal must be experienced from inside a group. Theory can underpin practice, but once you practise, theory can get in the way.

6. The Role of the Dramatherapist

Panel member 1

* The dramatherapist should facilitate people in the development of personal symbols which relate to basic issues - life, death, religion, power of metaphor and symbol.

* The therapist sees society as alienated from its collective symbols which used to bring it together. Dramatherapy is a misleading term perhaps.

* The therapist also uses painting, writing, games, sensitivity exercises. He makes choices within these possibilities.

* The therapist must acquire new skills experentially. Space in which to respond creatively to clients.

* The role of the therapist with the group is to act as a facilitator.

Panel member 2

* The dramatherapist works with understanding not with explanations.

7. The Process of Dramatherapy

Panel member 3

* Group dramatherapy uses three functions:

    1. the strength of the group

    2. the strength of interactions

    3. the strength of drama.

* Individual dramatherapy uses 2 and 3. Dramatherapy is also about the understanding and use of these functions. Client, therapist and group are all in role relationships (e.g. the role of the therapist).

Panel member 8

* In individual therapy, you cannot try and test as with the group, because the therapist remains the therapist - transferences are stronger, and you work through them, which is longer term.

* The therapist is not involved at the role play level. The dramatherapist asks the person to play the part of the person who is causing the problem. He role plays, and thus begins to think through for himself ('I can role

play this person, why is it that it can cause me so much anxiety ?). The therapist may say more than in group work. The individual can gradually say more in the session - you work for a transfer of responsibility for the session, so the individual understands they can do things on their own, the therapist becomes obsolete, and then the work is achieved.

* Dramatherapy is not used much as an individual method. The group process is the valuable aspect of dramatherapy. The dynamics are different. The group reflects society.

Panel member 5

* The therapist needs to know Child Drama, because the sick adult goes back to childhood. The therapist needs to find out which developmental stage of Child Drama the client is in, then build him up slowly from there. At age 13+ he is ready to go into formal theatre. To go into formal theatre without preparation is cruel. When teaching drama, therapists treat the clients as grown-ups but make constant reference back; doing the things that are likely to be seen in an infant school. Grown ups, given a free but guided atmosphere, do the same things as children.

* It is important to suggest what to do not how. All this work reminds them what children are like.

* Not all drama teachers can do dramatherapy. But child improvised play is natural therapy. The therapist is needed for special cases.

Panel member 6

* A drama teacher cannot do dramatherapy unless she has a psychotherapeutic background.

* Skills in teaching drama and therapy are very similar, the way you use them makes the difference. Some teachers instinctively are working therapeutically, but formally they are teachers. It comes down to intent.

Panel member 7

* The job of the therapist is to trigger the doing, doing something that surprises you. Usually we do in cliches. The skill of the therapist is in knowing how to trigger you, but only to trigger you into what you can manage to handle. You must know that you are in control.

* The therapist then must accept what you give him. Not label it, but put it in context. This helps you to have a dialogue with it. The context becomes the third person, watching the client:

1. touch and understand feelings

2. move through the feelings to the thought behind

3. place the thought in context.

E.g. the client has a feeling he says is like walking through snow; I then show him a Breugel painting of people in snow, and say 'there is your thought'. He then decides whether this applies to him.

* Empathy helps provide the space in between which allows me to put the client's thoughts in context.

* The parameters of society are defined by 'normal' behaviour. The artist stands outside these and questions then. But therapy is about containment, out of which you learn to express.

8. The Training of the Dramatherapist

Panel member 2

* The dramatherapist must have lengthy training. Two years in a closed group exploring inner and social worlds.

Panel member 7

* The therapist must train in a craft - but one main craft,

with other subsidiary ones. By knowing your craft you know the experience of success and failure.

* Drama teachers can do therapy, but therapy is really a specialisation. One wants craft and therapy.

* Dramatherapists should regularly attend courses in drama, and teachers should have courses in therapy to know what the dramatherapist is trying to do.

Panel member 10

* Fundamental to the training of the dramatherapist is that he/she should:

1. experience his/ her own chaos - experience him or herself

2. have an understanding of anthropology, sociology and drama

3. have broad life experience.

Panel member 8

* Personal and emotional growth are the most important aspects of dramatherapists' training.

* The therapist needs to have supervision.

* The therapist must continue the growth process in herself, perhaps through psychotherapy. If you are working with the disturbed, you have to realise who is the patient.

9. Assessment of Client Progress

Panel member 1

* Verbal interpretations are important, especially as they may generate metaphors which the client can translate into life.

* Typical developmental features within one session are:

    1. the growth of confidence

    2. the intention to continue the work once outside the therapy

    3. the ability to make deep-level disclosure - that is to disclose material which has not previously even been disclosed to oneself.

* The client needs the ability to confess attitudes about the therapist and about the group, and the ability to use the group (e.g. to explore transference relationships).

Panel member 3

* Therapy is a way of working towards an improvement in a client's function and well-being as perceived by:

    1. the therapist

    2. the client

    3. significant others in the client's life

* The therapist's assessment is formative. The therapist formulates aims for a particular skill. Also the client formulates aims, as do the significant others in his life. Therefore aims are derived from all three. The negotiation of these aims is the first stage of intervention. The assessment interview is often enough here.

* Healing begins the moment the encounter between therapist and client begins.

* Assessment is by:

    1. self report ('I am better')

    2. observation by others('his behaviour is better')

3. exploration (which introduces other areas of difficulty and sees if the well-being is maintained).

* Diagnosis is selective, as in all remedial diagnoses, and is based on:
  1. observation
  2. intuition
  3. checking

* The philosophical basis for assessment is firmly phenomenological.

* There is no unbiased observation. There is no behaviour that is uninfluenced by being observed.

* The information you want during observation is:

  1. where is the client's well-being ? (what is she/he capable of?).

  2. where is the client's unwell-being (which of his/her capabilities is he/she at present not achieving).

* There are scales that can help, e.g. scales of dramatic involvement, descriptive scales, self-assessment scales,

sociometric scales, self-report forms, social interaction scales.

Panel member 4

* Therapy is about change. So anything we say about having changed is a statement about the therapeutic product. But there is change that happens without the client being aware of it, or being able to articulate it.

* Many psychotherapies stress insight, but ignore action, and the symbolic structure which allows us to be inside an action.

* Dramatherapy focuses upon action (not just insight as in psychotherapy). Within this action the client can:

1. experience emotional nuances and shifts of balance

2. change his/her understanding of the world

3. reassemble the self in a way that is slightly different

4. construct a 'vessel' to carry his emotions, symbols, metaphors through life

5. make sense of the world in a way that gives scope within it

6. reconstruct the rituals, myths etc. which have become discarded/impoverished in modern society.

Panel member 5

* In assessment look to see if children speak more openly, eat and sleep better, have a light in their eyes (the skin under the eyes changes), become non-aggressive, cease bed-wetting, and become pleased to be with you.

* The therapist should avoid criticisms.

Panel member 6

* Assessment is always very subjective. With very demented people we should have small goals, like somebody recognizing or remembering a bit of a game they have done before.

* It is also important to have feedback from other members of the staff, who observe that the behaviour of patients has changed. This could be simply because they are given more attention. This is what they were like when I started, this is what happened, this is what they are like when I have finished. Clinical description before, during, and after.

* Progress in a group can be measured by cohesion, involvement and level of work. 'Level' does not

necessarily mean it is better to be intensive. This might not be appropriate (e.g. if you are working in a social skills group).

* Level in a psychotherapy group is the depth of inner experience that's being revealed. In another group it is about concentration or working together.

* Enjoyment is important - it helps people to want to come again. Enjoyment can of course mean tears, catharsis etc.

* The dramatherapist should be able to work from severely mentally handicapped to the psychotherapy level. In practice most are appointed to more specialised work.

Panel member 9

* I think in dramatherapy we assess mostly by observation. We do reports of the sessions, setting out what we did, where it takes place, when it takes place, what the aims are in the session and what we observe, what is actually going on in the session and where to go next.

Panel member 10

* Drama and the personal world must be experienced from inside a group.

Panel member 8

* In practice you come down to assessing in a way that suits you. I don't think it can be objective, because I don't believe things are that positivistic.

* You assess by asking the relevant questions (about family background, relationships, sex, age, etc.). Ask the clients what they see as their problem and what they want to do. I have to look at their thinking (logical, realistic, focused). Also what do I feel about them, do I like them? am I angry with them? do I feel bad about them? Then I say can I work with them? are they motivated? do they want to change? Also what therapy have they had before? If they have had drama experience, often they are not right for dramatherapy.

* You look for expression, for unhappy relationships, for neurotic not psychotic states, for depression, anxiety, panic, long-term problems but not serious ones. You expect them to be fit, healthy, not on long-acting drugs that may affect their view of reality (except that drugs might be okay in an in-patient psychiatric hospital).

* You expect clients to be quite strong, reasonably articulate, not with acute insight or likely to leave - those who have had some sort of relationship. I have to ask will they fit in with the group? Are they

interested? (self-selection may be useful here - give them a taste and see if they want it). Ultimately can I work with them?

* I use interviews. The initial one clarifies dramatherapy to the client. In the second interview two weeks later the client says the effect the first interview has on him/her - how they see dramatherapy. In the group you then look at the processes of the individual's journey. How are they achieving growth?

* I allow them to express their difficulties; I look at:

    1. self-diagnosis (can/cannot make relationships)

    2. relationships with self

    3. physical things (e.g. are they looking more attractive?)

    4. use of language

    5. risk-taking with the group, breaking boundaries.

* After three to six months into therapy they may have moved on from general difficulties in relationships to specific difficulties. You then re-negotiate, e.g. with

their difficulties in expressing anger I help them work towards expressing the anger. I evaluate the process behind this. The client also makes an evaluation. So diagnosis, implementation and evaluation come from the client as well as from the therapist. Re-diagnosis is taking place throughout. The objectives can be set (e.g. the client can decide to have an argument with the spouse or to go and live alone).

* The re-negotiation takes place in the group, not just between therapist and client.

* Common problems are expressing and accepting (particularly with negative emotions), low self acceptance, low libido, self-rejection, shyness, inhibition, poor self-concepts, and seeing themselves as failures, or everything in the world as 'bad'.

10. Identification of those Unsuitable for Dramatherapy

Panel member 1

* People who don't benefit from dramatherapy are:

    1. people who would be better in a specialist group (e.g. alcoholics)

2. people who find groups frightening

3. people with limited intelligence who cannot understand group activity or communicate.

Panel member 4

* Everyone is a dramatist. Impossible therefore that anyone can't gain benefit from dramatherapy. But variables are:

    1. how much does the client allow himself to be a dramatist?

    2. how able is the client to work within the many pathways contained in dramatherapy? For some clients we need 'minimal' art.

* The dramatherapist should be able to find the right process for each individual. What is possible and what is not? The answers come from the therapist's own experience.

Panel member 5

* People who don't benefit are only those who don't get the right stuff (i.e. who don't get the right therapy).

Panel member 8

* In dramatherapy we can work with the severely handicapped, but the approach should be different. The setting and the therapist play a part; at times what you are doing may not look like dramatherapy with certain groups. We are not dealing with the same possibilities of insight. But there is the possibility of growth through music, movement etc. which is important. You don't ask them to provide the language, you listen in a different way. It is a creative drama approach rather than dramatherapy. You can do dramatherapy with the severely handicapped, but you are not doing it psychotherapeutically.

* Dramatherapy can treat most effectively those who suffer anxiety, but it can be used right across the field of physical-handicap, low self-esteem, low feelings of achievement, and depression.

* In dramatherapy we don't give a drug to take the pain away, we are going to encourage and increase that pain, inter-relating with the patient. We give them the right to explore their problems. But some people don't want to change, they prefer to remain ill. And drugs are better for them. You won't get anywhere with them. May take between two and four sessions with a very neurotic

person before you know if she/he is unsuitable or not for dramatherapy.

Panel member 12

* I work with all sorts of people, even with the handicapped. The setting in which you are working plays a part.

Points Emerging from the Statements

* An analysis and interpretation of the above information allows us to elicit some general affirmations relative to the different categories. These are shown below.

1. Dramatherapy is a non-directive technique.

2. Dramatherapy is a client-centered technique.

3. Dramatherapy operates through metaphor not through actual representations of reality, and works with theatrical truth not actual truth.

4. The roots of dramatherapy must be in theatre as well as in drama.

5. Dramatherapy can be conceived in terms of either individual or group therapy.

6. All drama is therapeutic.

7. Dramatic processes are a natural part of psychological functioning.

8. Dramatherapy models are dictated by one's therapeutic stance rather than by anything intrinsic to dramatherapy.

9. Understanding, not explanation, is the important element of dramatherapy.

10. The roles of the dramatherapist and of the drama teacher are fundamentally distinct from each other.

11. Drama teaching is preventative (pre-therapeutic), dramatherapy is curative.

12. The origins of dramatherapy are multidisciplinary.

13. The dramatherapist must have specialist training.

14 . In the dramatherapy process client, therapist, and group must be prepared to enter into roles and role relationship.

15. Dramatherapy is not just a matter of acting; the client needs to translate metaphors into life.

16. Dramatherapy is an existential therapy, therefore assessment must be done at a phenomenological level.

17. Transference is essential in dramatherapy.

18. Assessment in dramatherapy is subjective.

19. Assessment is done mostly by observation.

20. Everybody can benefit from dramatherapy.

Some of the statements of the panel members listed above raise interesting issues which it would be valuable to pursue further if space allows. For example, a statement such as 'Dramatherapy is not possible if people are too categorical' raises the question: can one be categorical about what is and is not dramatherapy? And if not, how can one define and defend the profession?

Another example is the statements that infer the dramatherapist in practice operates partly at a subjective level. This must raise the question of how therefore does he or she monitor client progress with the necessary therapeutic objectivity?

Follow-Up Interviews

In order to clarify, where possible, questions such as the above and to confirm that panel members agreed with the transcription of their statements, follow-up interviews were carried out with some members of the sample. These interviews also allowed the researcher to ensure that the condensation of statements into the language necessary for the development of an Item Bank was acceptable to panel members. The construction of such an Item Bank was the last phase of the Stage 1 of the methodology. Where further relevant statements or terms were generated by the follow-up interviews, these were integrated into the Item Bank.

PART II: THE ITEM BANK

The Item Bank (first draft)

This first draft of the Item Bank (initial capital letters are used for the purposes of emphasis from here on) contained all those statements generated by the interviews with the panel of experts that were considered fundamental by the researcher and her supervisor.

It will be remembered that in Part I of the present chapter these statements where shown under 10 headings. These were:

1. Definition of Dramatherapy
2. Models for Dramatherapy
3. Distinctions between Drama in Education and in Therapy, and between Drama and Dramatherapy
4. Psychotherapy and Dramatherapy
5. Theoretical Influences upon Dramatherapy
6. The Role of the Dramatherapist
7. The Process of Dramatherapy
8. The Training of the Dramatherapist
9. Assessment of Client Progress
10. Identification of those Unsuitable for Dramatherapy

As a result of the responses made by the panel of experts during the follow-up interviews, together with our own judgement, some alterations were made in the wording of the above categories before the production of the first draft of

the Item Bank, and some amalgamation and amplification of categories was also undertaken.

For example a clear functional distinction did not emerge between the two categories of 'Models of Dramatherapy' and 'Dramatherapy Processes', and these were accordingly amalgamated into one category of 'Models and Processes'. The categories 'Psychotherapy and Dramatherapy' and 'Definitions of Dramatherapy' were both very small, and it was decided to integrate them into 'The Nature of Dramatherapy', though (as appropriate) some of the statements from 'Definitions of Dramatherapy', together with those from 'Identification of Those Unsuitable for Dramatherapy', were transferred to 'Dramatherapy and the Client'.

Th first draft of the Item Bank was therefore arranged into the 10 following categories:

1. The Nature of Dramatherapy
2. Therapy
3. Theoretical Orientations and Influences upon Dramatherapy
4. Drama and Dramatherapy
5. The Training of Dramatherapists
6. The Practice of Dramatherapy
7. Models and Processes in Dramatherapy

8. Dramatherapy and the Client
9. Supervision in Dramatherapy
10. Assessment in Dramatherapy

Certain individual statements under the 10 category headings were also re-categorised where this was seen to be appropriate. The result of all these various changes is shown in the following list, which formed the first draft of the Item Bank.

Item Bank (first draft)

The Nature of Dramatherapy

1. The roots of dramatherapy must be in theatre as well as in drama.

2. Dramatherapy refines natural dramatic processes and directs them in ways the client can not do on his/her/ own.

3. Dramatic processes are a natural part of psychological functioning.

4. Dramatherapy is a way of helping the client:
   a. build up courage,
   b. balance personality,
   c. relate to others
   d. come to terms with personal conflicts

e. come to terms with social isolation

f. explore values

h. share emotions without fear

5. Dramatherapy is a way of using the art form of drama in order to find a sense of wholeness.

6. In dramatherapy the client expresses problems dramatically rather than talking them through as in psychotherapy.

7. Therapy is intrinsic in child drama, and people who come through child drama don't need dramatherapy.

8. Dramatherapy allows the client to come back to reality.

9. The roots of dramatherapy are very much connected with play.

10. Dramatherapy is an essential purposeful use of constructive drama selected to help a person in a particular advanced condition.

11. Dramatherapy must operate within the context of a particular discipline.

12. Dramatherapy can be conceived in terms of either individual or group therapy.

13. Dramatherapy is more phenomenological than cognitive.

14. In dramatherapy the group must reflect society.

15. It is the work with symbols, images and metaphor that produces the inner shift of perception.

16. In dramatherapy you don't step out of reality into fantasy, but into another sort of reality.

17. Dramatherapy is as much to do with closure, with keeping one's own defences, as with opening up.

18. Other therapies can reduce passion, and make people be calm and ordinary. Dramatherapy accepts we need tension and anxiety, as long as they aren't self-destructive.

19. The power of the symbol is that it doesn't have a single definition. It is the opposite of reductionist one-to-one thinking.

20. Dramatherapy is good for people whose verbal expression is limited, because it gets them into the areas of the problem.

21. In the future, dramatherapy must align itself very quickly with psychotherapy.

22. Dramatherapy is a therapeutic approach to develop learning, insight and change through creative expression.

23. The dramatherapist is artist primarily before therapist.

Therapy

1. There is a difference between something being therapeutic and something being therapy. It only becomes therapy when you declare it to be.

2. Therapy is intention, therapeutic is potential.

3. Part of the process of art is to do with therapeutic action, with personal change.

4. Therapy is not different from learning, except that the learning in therapy is specifically to do with personal change.

5. If you are being creative you don't need therapy.

6. Creativity is the energy we draw on to live.

7. If people can be creative they feel better about themselves, care more for themselves, relate more, get in touch with their energy.

8. Therapy is about wholeness, not illness.

9. True therapeutic activity is helping to build up ego.

10. Dramatherapy should not dwell on what's wrong but identify what's right in the client.

11. Therapy consists of: being with the client, listening, supporting, questioning, identifying issues, confrontation, empathy, facilitation of change, uncritical acceptance, knowledge of disabilities, knowledge of the concept of shyness.

Theoretical Orientations and Influences upon Dramatherapy

a. gestalt psychology
b. psychoanalytical psychology
c. Margaret Lowenfeld
d. D. Winnicott
e. Melanie Klein
f. Abraham Maslow
g. Carl Rogers

h. modern physics

i. Eastern religions

j. Constantin Stanislavski

k. psychodrama.

2. Most of dramatherapy is subversive, and therefore not bound by standards laid down by others.

3. The analytical approach is useful to dramatherapy because most of the groups are operating at a very primitive level.

4. Jung is the most relevant influence upon dramatherapy

5. The dramatherapist needs a knowledge of all theoretical models, as he/she uses different models with different people.

6. Dramatherapy is not possible if people are too categorical; dramatherapy is not a set medium.

7. Theory can underpin practice, but once you are actually practising theory can get in the way.

8. Drama and the personal must be experienced from inside a group.

9. The theoretical base of dramatherapy is client-centred.

10. Models in dramatherapy are dictated by the therapist's theoretical stance rather than by anything intrinsic to dramatherapy itself.

11. Models in dramatherapy are very much connected with play.

12. It is very difficult not to involve a psychodynamic model in dramatherapy.

13. Most of the therapists are in the existential field.

14. Dramatherapy sometimes suffers from a sogginess by trying to be non-directive.

15. Dramatherapy is totally eclectic.

16. Anthropology, sociology, drama and psychodrama are the most important influences.

17. Dramatherapy does not need to involve a psychodynamic model.

18. We need a medical model for dramatherapy.

19. Dramatherapy needs to develop its own language.

Drama and Dramatherapy

1. Statements which most accurately describe the relationship between drama and dramatherapy:

a. There is a big overlap between drama and dramatherapy.

b. The difference between drama and dramatherapy is very slight.

c. Drama and dramatherapy are totally different.

d. There is a continuum rather than a radical difference between drama and dramatherapy.

2. Some plays may provide a therapeutic experience related to peoples' ability to articulate and socialise.

3. Drama teaching is preventative, dramatherapy is curative.

4. Drama is contained by the script, by dramatic structure; in dramatherapy the therapist provides his/her own boundaries.

5. The intention is different between drama and dramatherapy, and also the approach that stems from this intention.

6. Drama is about working towards performance, which implies an audience; in dramatherapy audience is not important.

7. Stanislavski is the link between drama and dramatherapy.

8. Drama stands outside society and questions it; dramatherapy stands inside and works with containment.

9. Skills in teaching drama and in dramatherapy are very similar; it is the way you use them that makes the difference.

10. Central to dramatherapy is a belief in the power of drama to change people.

11. All drama has a therapeutic essence to it; whether it is therapeutic or not depends on the person experiencing it.

12. Drama comes from the same root as religion - helping people to come to terms with self and life.

13. The power of dramatherapy is that therapy sets the boundaries, while drama puts us in touch with what is happening.

14. The therapist sets the objectives, the artist the methods.

15. Dramatherapy uses a broader range of materials than just drama.

The Training of Dramatherapists

1. Dramatherapy training must include a minimum of two years working in a closed group exploring inner and social worlds.

2. The dramatherapist must know child drama.

3. The dramatherapist must have some experience of psychotherapy.

4. Drama teachers cannot do drama therapy without specialist training.

5. Fundamental to the training of the dramatherapist is that he/she should experience his/her own chaos.

6. The dramatherapist must have a good knowledge of anthropology.

7. The dramatherapist must have a good knowledge of psychology.

8. The dramatherapist must have a good knowledge of sociology.

9. The dramatherapist must have a good knowledge of drama.

10. The dramatherapist must have a broad life experience.

11. One's own personal/emotional growth is the most important aspect of dramatherapy training.

12. The dramatherapist must have supervision.

13. The dramatherapist must continue his/her growth process through psychotherapy.

14. For training as dramatherapists we look for people who:

    a. can get in touch easily with their creativity
    b. who have had some trauma in their lives
    c. who fit with the group of students
    d. who have the academic ability to write a 10,000

word essay

e. who have broad life experience.

15. The dramatherapist is made not born.

16. The skills of the dramatherapist are not just with the group, but how he talks with professionals in other fields.

17. The following are vital elements in the training:

a. evaluating and assessing one's own work through observation
b. the generation of ideas
c. the contact with one's own feelings
d. the expression of one's feelings
e. interaction with others
f. the stimulation of imagination
g. the development of powers of communication
h. the use of the body
i. the development of the ability to co-operate
j. the generation of self-knowledge
k. the enhanced ability to handle one's emotions
l. a knowledge of child drama
m. a knowledge of puppetry.

18. The dramatherapist needs a solid theatre training.

19. Dramatherapy training should include an extensive knowledge of:

* psychodrama
* psychotherapy
* anthropology
* sociology
* social psychology
* psychoanalysis
* group dynamics
* music painting
* dance
* movement
* relaxation
* singing
* voice visual imagery
* craftwork
* ritual
* play
* symbolism
* metaphor
* games
* improvisation
* simulation
* puppetry
* masks
* story-telling

* role theory
* production
* projection
* theory of drama
* theory of theatre
* theories of imagination
* metaphysics
* theories of creativity
* theology
* philosophy
* theories of play
* theories of psychotherapy
* child development
* bodily functions
* anatomy and physiology
* dance techniques and choreography
* dance in education
* tai chi
* contact improvisation
* non-verbal communication
* Reichian bioenergetics
* ceremony

20. Dramatherapy training should include an extensive knowledge of the work of Laban, Stanislavski, Moreno, Reich, Alexander.

The Practice of Dramatherapy

1. The dramatherapist should use metaphor and symbol which relate to basic issues such as life, death and religion.

2. The dramatherapist sees society as alienated from the collective symbols which serve to bring it together.

3. Dramatherapy includes the use of painting, writing, games and sensitivity exercises.

4. The dramatherapist works with understanding, not with explanations.

5. It is important in dramatherapy to suggest to the client what to do, not how to do it.

6. The improvised play of children is natural therapy.

7. The job of the dramatherapist is to trigger client actions that surprise the clients themselves.

8. In dramatherapy the client must always remain in control of him/herself.

9. The practical core of dramatherapy is dramatic engagement and dramatic imagination.

10. Dramatherapy operates through metaphor not through actual truth.

11. In dramatherapy transference is essential to the therapeutic process.

12. Dramatherapy must involve people taking responsibility for themselves.

13. The dramatherapist responds to the initiatives of the client.

14. In the dramatherapy process:

a. the group initially accepts the therapist as 'healer'
b. transference takes place and the therapist becomes the 'bad' person
c. members of the group confront each other
d. members of the group accept each other's feelings
e. members of the group recognise their right to reject certain things in each other
f. individual group members achieve self-acceptance.

15. The dramatherapist works for a transfer of responsibility from therapist to client.

16. The dramatherapist should not take a role when working with a group.

17. In individual dramatherapy the therapist remains the therapist throughout.

18. The dramatherapist must accept what the client gives him/her without labelling it.

19. Once the client has touched his/her feelings, he/she must be helped by the dramatherapist to:

a. move through the feelings to the thought behind them

b. place the thought in context.

20. Enjoyment is an important part of the dramatherapy process.

21. Practice during a session should involve:

Warm up: (i) physical movement
(ii) breathing exercises

Main activity: (i) movement
(ii) drama

(iii) mime

(iv) scriptwork

(v) improvisation

(vi) characterisation

Grounding: ensure the client returns to the here and now and doesn't stay in character.

22. You can be equally good at dramatherapy whichever model you use.

23. The therapist contributes a great deal of material initially, but gradually less and less.

24. Transference will happen, but the therapist need not work with it.

25. Once the therapist has activated the emotional process it works for itself, without the need for verbal interpretation.

26. An essential feature of dramatherapy is how the symbolic role of a character relates to the individual's own experience.

27. Metaphors and symbols are the 'vessel' we construct.

28. A mistake to see performance as not a part of dramatherapy, though you don't work towards it specially.

29. Engaging people's creativity is what all dramatherapists should be doing.

30. Transference is helpful because it enables the therapist to re-parent the client.

31. It is appropriate for non-dramatherapists to use dramatherapy techniques.

32. It is acceptable to use a mixture of dramatherapy and psychotherapy.

33. In group therapy, the role of the dramatherapist is very similar to that of the theatre director.

34. The dramatherapist must take a provocative role during therapy.

Models and Process in Dramatherapy

1. A good deal of the work in dramatherapy is behavioural, whether we acknowledge it or not.

2. The things that go on in a dramatherapy group are the same as in any therapy group, though the ways of working are different.

3. The therapist chooses which model fits best with him/her.

Essential first stages in dramatherapy are to:

a. identify the problems of each group member
b. identify the expectations of each group member
c. build up a feeling of trust and safety in the group
d. make a contact between the therapist and the group
e. help group members to get to know each other
f. help the group to identify what is possible and what is not
g. identify what each group member brings to the group
h. help the group to share their differences with each other
i. help the group to find a common agenda.

4. Techniques regularly used in dramatherapy sessions:

* mime games
* breathing exercises
* stretching and/or shaking exercises
* relaxation exercises
* movement to music

* invited comments on how individuals have enjoyed the experiences of the session
* work in sub-groups
* comments on what I'm good at
* singing
* role play
* role reversal
* dream accounts
* scripted material
* myths
* symbols

5. In dramatherapy the internal enemies are fear and insecurity.

6. The ideal state in dramatherapy is aesthetic distancing, where the client is able to feel without being afraid.

7. The persona of the dramatherapist is a mask of father/mother, working through transference.

8. In the healing relationship the dramatherapist should shift regularly from intellectual role to active role by observing, participating, interpreting.

9. Dramatherapy can be used to explore attention span, creativity, life skills, social skills, catharcism.

10. Dramatherapy means different things with different groups - e.g. with the elderly it helps them to be in touch with their environment. Also it is about movement, creativity. With adolescents it's about drama and making sense of drama. But the methods (improvisation etc.) may be the same, though at different levels.

Dramatherapy and the Client

1. Everyone is a 'dramatist', therefore everyone can benefit from dramatherapy.

2. Dramatherapy is most suitable for those suffering from anxiety.

3. Clients who do not benefit from dramatherapy are:

a. specialist groups such as alcoholics and drug addicts

b. people who are frightened by group work

c. people with limited intelligence who cannot understand group work or communicate.

4. Two major variables determining a client's success in dramatherapy are:

a. the extent to which he/she will allow him/herself to be a dramatist

b. the extent to which he/she can work within the many pathways contained in dramatherapy.

5. The dramatherapist should be able to find the right dramatherapy process for each individual.

6. The only people who don't benefit from dramatherapy are those who are not given the right experiences by the dramatherapist.

7. Dramatherapy is suitable right across the full range of physical handicap.

8. In accepting clients for therapy the dramatherapist needs to know:

a. the client's background (age, sex, family background, relationships)
b. the client's previous experiences of therapy
c. that the client's motivation is high
d. that the client is willing to change
e. that the client is not on long-term drug therapy which may affect his/her view of reality
f. that the client is reasonably articulate

g. that the client is not psychotic

h. that the client will fit in with the other members of the dramatherapy group

i. that the client does not already have acute insight into his/her problems

j. that the client is not likely to leave therapy prematurely

k. that the client has already experienced some sort of meaningful social relationship(s)

l. that the therapist is able to work with the client

m. that the client can think in a logical, rational and focused way.

9. Individual dramatherapy should only be used in order to get the client ready for group work.

10. In dramatherapy the individual finds him or herself through the other members of the group.

11. Dramatherapy is possible with:

a. the severely mentally handicapped

b. the severely psychotic

12. With the severely mentally handicapped the dramatherapist uses a creative drama approach rather than a psychotherapeutic one.

13. The dramatherapist isn't trying to take the pain away but to encourage and increase pain by giving clients the right to explore their problems.

14. Dramatherapy allows the client to confront his/her life in manageable doses.

15. The person in the role establishes they have the potential to be like that.

16. The client doesn't need to be stable, but to learn to live and tap his/her instability.

17. Personal development can take place in dramatherapy without insight necessarily taking place.

18. You work at different levels with different clients - what is small in one group is 'big' in another, and vice versa.

19. The dramatherapist should strive not just for well-being in the client but for more being.

20. The role of the dramatherapist is strategical - to help people know what their social roles are.

21. The client must 'kill' the therapist and become his or her own director.

Supervision

1. It is essential for the dramatherapist to have supervision, though the kind of supervision is up the individual.

2. The supervisor acts as personal therapist and as working practice supervisor.

3. Supervision is once a week for the first year after qualifying. Subsequently it should be:

* once a week?
* once a month?
* two times a year?
* three times a year?
* not at all?

4. Ideally the supervisor should be someone who understands theatre.

Assessment in Dramatherapy

1. The dramatherapist should make verbal interpretations of client progress.

2. In dramatherapy, aims should be specific to particular client needs.

3. Healing begins the moment the encounter between therapist and client starts.

4. Assessment should be by:

* client self-report
* therapist's observation
* therapist's intuition
* exploration of new client behaviours.

5. All assessment in dramatherapy is subjective.

6. As a first stage in diagnosis the therapist must identify which of the client's capabilities is not currently being realised.

7. During therapy the client should:

a. experience emotional nuances and shifts of balance

b. change his/her understanding of the world

c. reassemble his/her self in a different way

d. make sense of the world in a way which gives him/her scope within it

e. construct a 'vessel' to carry his/her emotions symbols and metaphors through life

f. reconstruct at a personal level the rituals and myths which have become impoverished or disregarded in modern life.

8. The dramatherapist needs feedback on the client's behavioural change, from professionals or others who work with the client.

9. Progress in a dramatherapy group can be measured by the group's cohesion, involvement and level of work.

10. In assessing progress the therapist watches for the following signs in the client:

a. enhanced self-awareness

b. improvements in physical appearance

c. more extended use of language

d. greater readiness to take risks in his/her relationships with the group

e. movement from general to specific difficulties in relationships

f. greater freedom in expressing emotions

g. increased self-acceptance

h. fewer social inhibitions

i. more positive view of the world

j. more positive view of personal abilities

k. reduced incidence of depression

l. increased facility in assuming dramatherapy roles

m. enhanced ability to communicate

n. more initiative

o. fewer delusions

p. enhanced ability to make deep-level disclosures

q. increased self-knowledge

l. increased ability to share information about self

m. increased ability to trust another person

n. increased ability to express self in terms of awareness of others

o. increased ability to create an imaginary world and share it

p. changes in metaphor

q. the ability to leave therapy.

11. All the following are important in gauging the extent of the client's progress:

a. Therapist reports

b. Self-reports

c. Reports by significant others (where available)

d. Reports by other professionals (where available)

e. Reports by other group members

f. Client performance in new dramatherapy situations.

12. In dramatherapy how a client is growing is as important as that he is growing.

13. The most important thing in assessment is to look for changes in the client's behaviour.

Development of the Final Item Bank

The first draft shows the intermediate step between the statements of the panel members and the final Item Bank. Another five drafts were produced, in which statements were shifted or amalgamated in the interests of clarity, or disgarded in the case of overlap or ambiguity.

The material was examined in great detail and found to yield 354 clear statements as to the meaning, nature and practice of dramatherapy. These statements grouped themselves in the final Item Bank under the following general headings:

The Theory of Dramatherapy

The nature of dramatherapy

Theoretical influences upon dramatherapy

The uses of dramatherapy

Drama and dramatherapy

The Practice of Dramatherapy

Techniques and skills

The role of the dramatherapist

The process of dramatherapy

Dramatherapy and the client

Client suitability for dramatherapy

The supervision of dramatherapists

Assessment in dramatherapy

The Item Bank was then sent back to all members of the panel for their comments and observations. In particular they were invited to note any statements which they did not feel relevant to dramatherapy theory or practice (this final version of the Item Bank is given in full in Appendix V).

Responses to the Item Bank by the Panel

The final version of the Item Bank was sent to the panel members for comments and for identification of irrelevant statements. After three months and some insistence there were 100% returns.

The panel members were asked to:

1. Identify any items they felt would be irrelevant in the final version of the questionnaire by putting a cross by the particular item.

2. Make any comments or suggestions about the material

3. Identify any lack of clarity in any of the items

4. Enter, in the section 'others (please specify)' which appeared at the end of each set of questions, any item they felt have been overlooked and which should be included in the final version.

The analysis of the returns showed that:

1. There were no items graded as irrelevant by six or more of the sample members.

2. A number of helpful comments and suggestions had been made.

3. The wording had been clarified in some places.

4. Some additional items had been proposed.

Items Indicated as Irrelevant

From the total of 354 items only two were crossed as irrelevant by five members of the panel of experts, and only two were crossed by four members. Eighty-eight statements were crossed once and 34 were crossed twice. In Table 3 'full statements' are those which contained just one sentence - e.g. 'The roots of dramatherapy must be in theatre as well as in drama'. There was a total of 113 such statements. A further 22 statements contained several items - e.g. 'Dramatherapy is a way of helping the client:

* build up courage
* balance personality
* relate to others
* come to terms with personal conflicts
* come to terms with social isolation
* explore values
* share emotions and fear'

These items are listed in Table 3 as 'part of statement', and there were 241 of these part-statements.

Table 3

Number of Items Indicated as Irrelevant

	Number of crosses indicating irrelevance Statements				
	No 1	2	3	4	5
full stat.	113 35	22	12	1	2
part of stat.	241 53	12	6	1	-
Total	354 88	34	18	2	2

The result of the exercise indicates that there were no items considered irrelevant by 50% of the panel of experts.

Comments on the Item Bank by the Panel

Some of the panel members queried the categorisation which had in fact emerged from their initial statements (see page 287 to page 318). Three members pointed out that the document was long and the task they were asked to do was difficult. Three members commented that the Item Bank was very comprehensive and that it contained the core of dramatherapy.

Two members referred to difficulties in applying the statements to the full range of dramatherapy practice. One member pointed out that those sections in which there was a list of items were easier to answer (e.g. the list of techniques and skills shown in the section relating to the

training of dramatherapists) than were those containing individual statements (e.g. the statements included in the section on the nature of dramatherapy).

One member suggested it might be better to divide the theoretical influences upon dramatherapy into those important for the practice of dramatherapy and those important to the understanding of dramatherapy.

Clarification of Wording

Several statements were questioned by the panel of experts. To give an example, the word 'natural' in sentences such as 'dramatherapy refines natural processes', 'dramatic processes are a natural part of psychological functioning', 'the improvised play of children is natural therapy' was questioned. In other statements people wrote 'I agree' or 'I disagree', or 'it is a nonsense', 'may be', possibly', 'not necessarily', 'very important!','very good statement', 'very good list'. These kind of comments were difficult to judge, but they showed to the researcher the existence of controversy and tension within the field. One of the aspects that emerged early on in the interviews was in fact the existence of what we could term different 'schools of thought'. However, in the present Study the researcher aimed to find the common ground, the core of the dramatherapy field, and thus it would have been

inappropriate to eliminate terms to which a few of the panel of experts objected but which the others seemed happy to accept.

In the event, it was not found necessary to eliminate any terms during this stage of the exercise.

Additions to the Item Bank

Various additions were made by the panel in the sections 'others (please specify)'. All these additions were listed so that they could be taken into consideration during the second stage of the research, i.e. the construction of the questionnaire. The additions are presented below, under the respective sections of the Item Bank to which they refer.

2. Theoretical Influences upon Dramatherapy

* yoga
* Alexander technique
* psychoanalytical group therapy
* theories concerned with play and play therapy
* other creative arts
* cognitive psychology
* behaviourism
* object relations play

* analytic and archetypal psychology
* performance theory

3. People Influencing Dramatherapy

* Bertold Brecht,
* Grotowski
* Artaud
* Bettelheim
* Spolin
* Peter Slade
* Goffman
* Piaget
* Freud
* Richard Schechner
* Victor Turner
* Grotowski
* Bruce Wilshire
* Sue Jennings
* Dorothy Langley
* Peter Brook
* Murray Cox
* Gilbert Lewis
* Robert Landy
* David Read Johnson

5. The Uses of Dramatherapy

a. Dramatherapy can be used to explore:

* role repertory
* cognitive states
* affective states
* developmental states
* co-operation
* self-awareness
* self-esteem
* personal insight
* behaviour problems
* relationships
* vision
* potential skills and strengths
* communication skills

b. Dramatherapy is a way of helping the client:

* develop spontaneity
* be emotive with others
* increase role repertory
* learn to play a single role effectively
* take risks
* assume responsibility
* make decisions
* express latent creativity
* develop self-healing
* increase self-confidence

* increase self-esteem
* develop insight and change
* become empowered

10. For the Training of Dramatherapists we Look for People Who:

* are able to explore their own difficulties
* possess loose and flexible constructs
* are capable of behaving spontaneously
* have reflexive capacity
* have ability to empathise and identify with other people
* have stamina
* have energy
* have a sense of humour
* are fun-loving
* have humility
* have motivation
* have a strong theatre background
* have been a client in some form of psychotherapy
* are sensitive to the need of others
* do not panic if the situation goes wrong
* are specially intuitive about development
* have special imagination
* have generosity
* have spontaneity

* have the capacity to reflect
* have the capacity to relate to others at all levels
* are non-judgemental and sensitive

11. During Dramatherapy Training, the Student Should Develop the Ability to:
    * lead therapy groups
    * counsel individuals

14. Techniques and Skills Used in Dramatherapy
    * play
    * games
    * mask work
    * making a show
    * puppetry
    * mask making
    * story making
    * sculpting and spectograms
    * performance
    * voice work
    * group games
    * use of musical instruments
    * exploration of feelings

16. Important Stages in the Group Dramatherapy Session:

* closure
* relaxation
* preparation
* evaluation
* thoughts
* feelings
* business left over from previous sessions
* reflection

18. Professional Attributes of the Dramatherapist's Role:

* being a guide
* creating an atmosphere of calm or excitement
* group dynamics
* belief
* self-knowledge
* humility
* willingness not to know

21. Important Stages at Some Point of the Dramatherapy Process:

* transferences are understood and appropriately 'placed' in terms of first experiences
* transference of experience
* aesthetic development as healing

* creativity development
* imagination development

23. Important Processes to the Client during the Dramatherapy Process:

* building courage to face life
* developing creativity
* developing imagination
* drama
* healing of the spirit

25. Client Suitability for Dramatherapy

* people with aids
* homeless people
* chronically depressed people
* normal neurotic people
* those with marriage problems
* the neurotic
* those with phobias
* the delinquent
* school refusal
* those on the edge of breakdown
* those with psychotic disorders
* borderline cases
* those narcissistic disorders

* forensic cases
* rehabilitation
* stress groups
* ordinary people
* those with sexual problems
* those with maturation problems

29. In which Circumstances do you Consider it is Unnecessary for the Dramatherapist to have Supervision:

* none
* never
* only when an experienced dramatherapist is able to have at least co-consultation with a comparable worker.

30. Assessment Techniques in Dramatherapy:

* projective techniques
* Kelly's repertory grid

31. Initial Assessment of a Client:

Clients suitable for dramatherapy should show:

* willingness to play creatively
* willingness to play in role

* response to limits and boundaries
* willingness to use creative media
* a choice to work with the therapist
* understanding of the creative process

32. Assessment of Client Progress:

Client progress is apparent from the client's:

* developmental progress both verbally and emotionally
* capacity to expand dramatic repertory
* capacity to expand creative the process
* acceptance of limits (self-therapist-group-society)

33. Important Aspects in Assessment:

* clients use of diagnostic dramatherapy media

34. Progress of the Dramatherapy Group:

Progress in the dramatherapy group is evidenced by:

* the group's level of spontaneity and creativity
* the group's risk-taking
* the group's capacity to move from every day reality to dramatic reality

Sections Eliminated from the Item Bank

It was interesting to see that the only section to which panel members did not add additional items was Section 19 on the first stages of a dramatherapy process.

The Item Bank already contained a large amount of data generated by the interviews, and after the additions provided by the panel members these data were further increased. Some criteria for eliminating items were therefore felt to be essential, otherwise the questionnaire based upon the Item Bank would have become too unwieldy. The initial criterion adopted, in consultation with the supervisor of the research, was to eliminate all items marked irrelevant by two or more panel members.

In consultation with the supervisor of the research it was then decided, partly as a result of general comments made by panel members, and partly in order to narrow and focus the scope of the final questionnaire, to eliminate some sections altogether, as it was considered that these sections were either peripheral to the main aims of the Study or contained information which it would be difficult to render into appropriate questionnaire form. They consisted of:

* Section 1 (the nature of dramatherapy)

* Section 4 (containing part of the material on theoretical influences)

* Section 7 (drama and dramatherapy)

* Section 8 (part of the section on the training of dramatherapists)

* Section 13 (part of the section on the practice of dramatherapy)

* Section 17 (part of the section on the role of the dramatherapist)

* Section 20 (part of the section on the process of dramatherapy)

* Section 22 (dramatherapy and the client)

* Section 24 (part of the section on client suitability for dramatherapy).

Section 1 (the nature of dramatherapy), was eliminated with some reluctance. This Section was a largely philosophical one, and as such did not lend itself to presentation in the form of forced choice questionnaire items. Nevertheless, the material contained in it (generated along with the rest

of the Item Bank, it will be recalled, from the initial interviews with the panel of experts) is of considerable general interest to the present research, and a brief summary of the major points raised is therefore required. This summary is presented now rather than in the discussion of results (Chapter 9), allowing the latter to concentrate upon the questionnaire findings. This summary is presented in more detail in Valente and Fontana (1991).

The Nature of Dramatherapy

Our panel of experts consider that drama as therapy is not radically different from drama as drama. In their view, the distinctions that exist stem from the fact that drama as therapy contains the specific intention to facilitate personal change, whereas drama as drama is about working towards performance, whatever the aims behind that performance may or may not be. Drama as therapy is seen as a way of using the art form of drama in order to help the client find a sense of wholeness, or as one panel member put it as 'the purposeful use of dramatic engagement and creative expression in the service of learning, insight and personal change'.

As such, drama as therapy is not an isolated process which takes clients out of everyday life and puts them into something called therapy. A clear point to emerge from our panel is that dramatherapists do not see drama as divorced

from real life, but as essentially an expression of it. As another member of the panel puts it, 'in dramatherapy you don't step out of reality into fantasy, but into another sort of reality'. Dramatic processes, we were assured, are a natural part of psychological functioning, from the play of young children to the social roles adopted by adults, and from the creative use of the imagination to the expression of deep emotions and of inner and outer tensions and conflicts.

The panel pointed out that an important way in which drama as therapy differs from many other forms of psychotherapy is that it allows clients to express their problems through acting them out rather than through simply talking about them. This view is strongly supported in the literature, where for example Jennings (1990) puts it that dramatherapy is a re-working of experience through play, drama, ritual, theatre, role play, performance - 'all part of a process which is an intrinsically human propensity to dramatise, enact and re-enact life experiences in different forms, for different audiences at different times in our lives. Dramatherapy takes this essential human process and enables people who are stuck on their journey through life to find some kind of freedom' (page 13).

Our panel were agreed that through this dramatisation the client discovers that he or she has the potential to express

previously suppressed thoughts and feelings, to manifest psycho-social propensities that previously have been kept hidden, and to operate a different being-in-the-world from that operated hitherto. Through dramatic expression, the client receives permission to behave in apparently uncharacteristic ways, and to experience the self in a direct and insightful manner which helps lead towards integration and wholeness. This concept of self-discovery is again supported from the literature by, for example, Langley and Langley (1983) who put it that doing drama in a therapeutic way 'is not a matter of donning a mask and pretending, but of removing a mask and revealing' (page 102).

The nature of this revealing differs from client to client, but staying for a moment with the literature we find that Grainger (1985) considers that the 'liberating power' of dramatherapy lies in the fact that it includes the 'demonstration that roles can be taken up, laid down, exchanged: that we can be, and in fact are, a great range of people' (page 42). Grainger further insists that 'Dramatherapy alters the way in which people look at the world, themselves and other people' ..... and ..... 'far from going out of its way to achieve the kind of structured scenario which will be life-like enough to 'stand-in' for the real thing, prefers to regard social life itself as a kind of play' (page 42).

One of our panel of experts puts it that 'the roots of dramatherapy are very much connected with play', while another identifies further links between the non-serious activity of children and dramatherapy when he insists that 'therapy is intrinsic in child drama' and that 'the improvised play of children is natural therapy'.

These references to children show how potentially fruitful it is to draw comparisons between the nature of dramatherapy as revealed by the present research, and the use of drama to enhance children's psycho-social development within educational settings. Such comparisons are particularly relevant in the light of two of the findings from our panel, namely that dramatherapists consider 'drama teaching is preventative of psychological problems, while dramatherapy is curative', and that 'the skills used in teaching drama and in practising dramatherapy are very similar, differing from each other only in the way in which they are used'.

To summarise this part of our research in the words used by one of our panel of experts, drama when used as therapy 'helps the individual to identify and refine the dramatic processes that go to make up much of everyday life, and to direct them in ways which he or she cannot do unaided'. It is therefore a reflection of society rather than a mimicry. It does not differ from the learning processes available in ordinary everyday life except that the learning it offers

'is specifically to do with personal change', is 'not bound by standards laid down by others' and 'helps to build up the ego' instead of threatening it through social failure, and through enforcing repressions, self-denials and self-rejection.

CHAPTER EIGHT

STATEMENT OF RESULTS: THE QUESTIONNAIRE

The Questionnaire

After the exercise of elimination of certain items and sections of the Item Bank, the researcher set out to construct from the remaining items the questionnaire designed to assess the views and practices of the whole population of British dramatherapists and dramatherapy associates. Essentially, the purpose of the questionnaire was to achieve the aims of the Study by gauging the responses of dramatherapists to the issues identified as central and important by our panel of experts, and by exploring the extent to which the dramatherapeutic strategies nominated by our panel of experts are actually used in practice.

Presentation of the Biographical Data

The presentation of the results will consider separately the experienced members sample (made up of the full members of the British Association for Dramatherapists and the associate members respectively) and the student sample. It was decided to collapse the two categories of full and associate members into one due to:

1. the comparison of the ratings (rank order of means) produced by the two categories showed no

evidence of significant differences.

2. those 14 associate members who completed the questionnaire appeared, in terms of experience and qualifications, to differ only marginally from the full members.

In the light of comments made to me by the individuals concerned, it appeared in fact that the remainder of the associate members had little in the way of qualifications or experience in dramatherapy, and did not fill in the questionnaire because they felt themselves to have insufficient knowledge usefully to do so.

The presentation of results will commence with the biographical data in order to provide an overall picture of those members of the total population of members of the British Association for Dramatherapists who completed the questionnaire.

The total number of these respondents was 133, as shown in Table 4. This corresponds to a return of the total membership of the British Association for Dramatherapists (full and associate members) of 56%, which is not unreasonable. However, it contains an 86% response rate from the full members, which can be regarded as highly satisfactory. The sample therefore does appear to be very

representative of the population of qualified dramatherapists. As indicated, the 133 respondents contained 10 dramatherapists who have obtained their qualifications - and are currently working - abroad.

(N.B. in Table 4 and in subsequent tables, 'missing' refers to those respondents who failed to provide relevant information under a given heading.)

Table 4

Total Number of Respondents

Variable	Frequency	% of total
Qualified members (U.K.)	105	78.9
Qualified members (abroad)	10	7.5
Associate members	14	10.5
Missing	4	3.1
Total	133	100.00

Sex

There was a considerable imbalance between the sexes in the respondents, which reflects the imbalance in the profession as a whole. As Table 5 shows, females predominate in an approximate ratio of two to one.

Table 5

Number and Percentage of Respondents by Sex

Variable	Frequency	% of total
Female	82	61.7
Male	43	32.3
Missing	8	6.1
Total	133	100.0

Age

Table 6 shows the distribution of the sample by age groups. The greatest single percentage (41.1%) are aged between 30 and 40 years.

Table 6

Number and Percentage of Respondents by Age Group

Variable (age in years)	Frequency	% of total
20-30	25	18.8
31-40	55	41.4
41-50	26	19.5
51-60	13	9.8
60+	3	2.3
Missing	11	8.3
Total	133	100.0

Professional and Academic Training

The respondents were asked about their other qualifications and previous posts. One of the entry requirements for attendance at dramatherapy training is to have experience of work in the medical or paramedical professions, or in social work or in education. An alternative requirement is to have an academic qualification. The results (Table 7) show that the four main areas from which dramatherapists are drawn are graduates (26% - principally B.A. degree holders) followed by nurse educators (17.7%), trained teachers (14.2%) and trained drama professionals (9.0%).

Table 7

Number and Percentage of Respondents, by Professional Academic Training

Variable	Frequency	% of total
Training in drama	16	9.0
Nurse training	23	17.7
Teacher qualifications	19	14.2
B. A.degrees	35	26.3
Higher degrees	8	6.0
Social workers	6	4.5
Miscellaneous	8	6.0
Missing	9	6.8
Total	133	100.0

Other Qualifications

73 respondents mentioned a second area in which they hold qualifications as follows:

Drama	14
Nurse Education	3
PGCE	11
Counselling	3
B.Ed.	3
B.A	9
Postgraduate	7
Social Work	4

Miscellaneous	14
Psychodynamic	5

And 24 respondents referred to a third qualification, in which drama emerged as first (five members), with the other 19 distributed among the other areas listed above.

Present Post

In terms of present post, the largest single group consisted of freelancers (24.1%), with psychiatric workers coming second (21.8%) and teachers of one sort or another third (17.5%).

Table 8 shows the numbers and frequencies in each of the categories found. Miscellaneous is a category which contains a diversity of posts such as counsellors, psychotherapists, family therapists, probation officers, writers, trainers, and mime artists.

The dramatherapists working in psychiatric settings reported themselves as holding posts variously with Health Authorites, the social services, the general hospital service (including day centres and occupational therapy units), psychiatric hospitals, hospitals for the mentally handicapped, and homes and centres for the handicapped.

Dramatherapists holding teaching posts worked variously as drama teachers, university lecturers, tutors in continuing education and in adult training centre, teachers in normal schools, teachers of multicultural education, and teachers in special education.

Community work included work with the homeless, with youngsters, and in therapeutic communities.

Table 8

Number and Percentage of Respondents by Present Post

Variable	Frequency	% of total
Freelance	32	24.1
Psychiatric institutions	29	21.8
Teaching posts	23	17.5
Nursing	13	9.8
Community work	8	6.0
Social work	5	3.8
Occupational therapy	5	3.8
No present post	4	3.0
Miscellaneous	6	4.6
Missing	8	6.0
Total	133	100.0

Some respondents listed more than one post (often for example listing 'freelance' together with some other occupation). Twenty-one respondents refered to a second post as follows:

Drama teacher	3
Psychiatric institution	3
Theatre work	3
Nursing	1
Community work	1
Social work	1
Dramatherapy lecturing	1
Tutor in continuing education	1
Dramatherapist in special ed.	2

Three referred to a third post:

Counsellor	1
Tutor	1
Special education	1

The results suggest that dramatherapists occupy a very wide diversity of posts. This is perhaps due to the relative lack of current official support for the profession. Many dramatherapists retain the jobs they already had before training as dramatherapists, introducing dramatherapy techniques into these occupations. However, since the

present Study started, some advances have been made in gaining greater official support, particularly in the Health Services.

Previous Posts

Dramatherapists were asked to state their previous post. As Table 9 shows, teaching comes at the top of the list (21.1%) followed by nursing. Comparison with Table 8 (present post) reveals a big movement towards freelance work. Teaching posts top the list of previous posts.

Table 9

Previous Posts

Variable	Frequency	% of total
Teaching	28	21.1
Nursing	19	14.3
Social work	14	10.5
Theatre work	13	9.8
Psychiatric institutions	11	8.3
Freelance	6	4.5
Wholly employed as dramatherapist	6	4.5
Miscellaneous	13	9.8
No previous post	23	17.3
Total	133	100.0

Length of Qualified Experience in Dramatherapy

Most of the dramatherapists surveyed (57%) have five years or less experience in their subject. Table 10 shows that 21.9% have between six and 10 years, and 9.8% between 11 and 15 years. This is a predictable result as dramatherapy is a relative newcomer to the professional field.

Table 10

Number and Percentage of Respondents by Years of Qualified Experience in Dramatherapy

Variable	Frequency	% of total
0-5	77	57.9
6-10	29	21.8
11-15	13	9.8
16-20	4	3.1
21-25	3	2.3
Missing	7	5.7
Total	133	100.0

Place of Training

By far the largest group of dramatherapists in the sample trained at the Hertfordshire College of Art, St. Albans (57%). The next largest group (21.8%) trained at the College of Ripon and York St. John, at York (Table 11).

The 'grandparenting' category (7.5%) includes those dramatherapists who obtained the status of registered dramatherapist before training was available by merit of their work and experience. The 'abroad' category includes those registered dramatherapists trained on recognised courses in USA., Greece and Israel.

The 'miscellaneous' category includes those trained in various institutions such as Salford College of Technology, summer schools and weekend seminars, and those who trained in clinical psychodrama, creative therapy and the foundation course of the Institute of Dramatherapy.

Table 11

Number and Percentage of Respondents by Base of Training as Dramatherapists

Variable	Frequency	% of total
Herts College	50	37.6
Ripon & York College	17	12.8
South Devon College	8	6.0
Grandparenting	10	7.5
Abroad	10	7.5
Sesame course	11	8.3
Miscellaneous	22	16.8
Missing	5	3.8
Total	133	100.0

Date of Qualification

Interestingly, those respondents who had been longest qualified tended to be (and sometimes wrote to the researcher to admit to be) less confident at completing the questionnaire than did those who had qualified most recently, and who therefore felt themselves to be more in contact with theories and authorities relevant in the field. Table 12 shows this tendency.

Table 12

Date of Qualification

Variable	Frequency	% of total
1972	1	.8
1975	2	1.5
1976	2	1.5
1977	4	3.0
1978	1	.8
1979	2	1.5
1980	4	3.0
1981	5	3.8
1982	6	4.5
1983	7	5.3
1984	7	5.3
1985	5	3.8
1986	3	2.3
1987	11	8.3
1988	17	12.8
1989	31	23.3
Missing	25	18.8
Total	133	100.0

Table 12 shows a wide dispersion of dates. If we consider blocks of more than or less than five years, and the last

year by itself, we can say that the majority of the respondents have been trained in the past five years.

1972-77	9
1978-83	25
1984-89	76

Preferred Age of Client Groups

This question was an open question, and the responses showed a very wide variety of choices in terms of preference of client ages. The following categories emerged:

1 - Children (0-12)
3 - Adolescents (13-18)
3 - Young adults (18-30)
4 - Mature adults I (30-45)
5 - Mature adults II(45-70)
6 - Geriatric (70+)

Most respondents (60.8%) mentioned more than one group. And 30.1% declared no particular preference.

From the above categories, top of the list comes young adults (42.1%), followed by mature adults I (34.6%) and adolescents (27.8%). Table 13 shows the results. The total shown in the Table exceeds the number of respondents due to respondents mentioning more than one client group.

Table 13

Frequency and Percentage of Preferred Age of Client Groups

Variable	Frequency	% of total
Young adults	56	42.1
Mature adults I	46	34.6
Adolescents	37	27.8
Mature adults II	24	18.4
Children	20	15.3
Geriatric	7	5.3

This result suggests that dramatherapists show a preference for the adult groups.

We will now look at the results from sections 1 to 14 of the questionnaire.

Results of Sections 1 - 14 of the Questionnaire in Frequencies and Percentages

Dramatherapists were asked to rate on a four-point scale from 1 (most important) to 4 (least important) a range of

issues in these Sections relating to the theory and practice of dramatherapy.

The questionnaire was organised into seven main categories (with biographical details providing an eighth), namely:

I. Theoretical Influences upon Dramatherapy
II. Suitability for Dramatherapy
III. Initial Assessment in Dramatherapy
IV. Techniques and Skills
V. The Role of the Dramatherapist
VI. The Process of Dramatherapy
VII. Assessment of Group and Client Progress

Some of these seven categories contained more than one section, producing a total of 14 Sections in all:

I. Theoretical Influences upon Dramatherapy
    1. Theoretical influences upon dramatherapy
    2. Authorities influencing the practice of dramatherapy
    3. Authorities relevant to the understanding of dramatherapy
    4. Other creative arts relevant to dramatherapy

II. Suitability for Dramatherapy

5. Groups benefiting from dramatherapy

III. Initial Assessment in Dramatherapy

6. Factors relevant to initial assessment in dramatherapy

IV. Techniques and Skills

7. Techniques and skills in dramatherapy

8. Important stages in the dramatherapy session

V. The Role of the Dramatherapist

9. Role of the dramatherapist

10. Qualities of the dramatherapist

VI. The Process of Dramatherapy

11. Client behaviours in the dramatherapy process

VII. Assessment of Group and Client Progress

12. Assessment of group progress in dramatherapy

13. Assessment of methods used in dramatherapy

14. Client attitudes relevant to assessment in dramatherapy.

For the presentation of the results, these 14 Sections will be considered individually (full Questionnaire is given in Appendix VI).

Rank Order of Means

The mean rating on the 4-point scale was calculated for each item in each Section, and the items were then arranged in rank order according to their mean values, from that with the highest mean rating of importance down to that with the lowest mean rating. As will be pointed out, when interpreting these rank orders, it must be remembered that all the items are in fact of some importance, since they were designated as such by the panel of experts (see Item Bank Appendix V). For this reason, the 4-point scale did not contain a value of 'unimportant', the lowest ranking simply being 'least important'.

As the questionnaire yields categoric data, non-parametric statics are appropriate for the analysis. This might suggest that median rather than mean values should have been used, but the SPSS (Statistical Package for the Social Sciences package) used for data analysis does not provide for median rankings, and the researcher was advised both by statisticians in the computer centre and in the School of Education that mean values were perfectly acceptable for the data concerned.

The same exercise was carried out for the sample of dramatherapy students, and the mean values produced by them for each of the variables was found to be remarkably similar to those produced by the dramatherapists themselves, with

few of the differences reaching significance. In the tables that follow, only data for the sample of dramatherapists is therefore given, although possible reasons for the similarity between the dramatherapists and the dramatherapy students are given in due course. (Full data for the students are given in Appendix III).

Rank Order of Means for Sections 1 to 14 of the Questionnaire

Section 1: Theoretical Influences upon Dramatherapy

Table 14 shows that within the general field of therapies, psychological and social theories, respondents regarded group dynamics as clearly the most important theoretical influence upon dramatherapy. This is evidence of the extent to which dramatherapy is primarily thought of as a group process. Second to group dynamics comes psychotherapy followed by theories of play. The researcher gave major emphasis in the literature review to both these influences, and the results of the questionnaire confirm their importance.

Next comes theories of creativity. Although creativity is a complex theoretical issue, and future research may well need to examine more closely which specific creativity theories are most used by dramatherapists, this finding does confirm

the fact that dramatherapy belongs firmly to the area of creative arts therapies, an area where the research has tended to place it in her own therapeutic work.

Psychodrama is also well placed in the list together with theories of imagination. As indicated in the literature review, psychodrama pioneered the use of drama for therapeutic purposes, and one might indeed have expected it to be placed rather higher in the present list. But this finding does indicate that although influenced by psychodrama, dramatherapists do in fact see themselves as independent from it.

Ritual is another influence that comes into the top ten. This is also very much in tune with the literature in the field which contains so much on rituals and metaphors. Psychoanalysis is the third of the therapies to be mentioned, occupying 14th place together with social psychology, which perhaps provides some evidence of the equal importance for dramatherapy of individual and social approaches. Cognitive psychology is relatively lowly placed at 21st, with philosophy at 22nd, behaviourism at 23rd, and more esoteric disciplines such as yoga and theology, bioenergetics,and the Alexander Technique at 23rd, 25th and 29th respectively.

Table 14

Theoretical Influences upon Dramatherapy

Rank Order	Variable	Mean
1	Group dynamics	1.26
2	Psychotherapy	1.57
3	Theories of play	1.64
4	Theories of creativity	1.79
5	Child development	1.85
6	Client centered therapy	1.95
7=	Theories of imagination	2.02
7=	Psychodrama	2.02
9=	Ritual	2.05
9=	Disabilities	2.05
11	Child Drama	2.20
12	Theories of theatre	2.27
13	Educational drama	2.28
14=	Psychoanalysis	2.29
14=	Social Psychology	2.29
16=	Object relations play	2.40
16=	Gestalt psychology	2.40
18	Anthropology	2.50
19	Analytic psychology	2.61
20	Sociology	2.65
21	Cognitive psychology	2.95
22	Philosophy	2.96
23	Behaviourism	2.98
24	Existentialism	2.99
25=	Yoga	3.23
25=	Theology	3.23
27	Bioenergetics	3.27
28	Alexander Technique	3.43

In a table of mean values, it is important to attempt some general overall measure of whether the differences between means as one moves down the table are significant. This could be done by multiple t-test between each mean value and the values below it in the table. However, t-tests are

unsuitable for ordinal data such as the present, so the appropriate non-parametric statistic, the Kolmogorov-Smirnov (K-S) test was used instead. Since applying this test to each value in each of the tables yielded by the research would have been a very lengthy process, productive of vast amounts of data, it was agreed between the researcher, her supervisor and a statistician in the School of Education that a 7-step progression down through the table, comparing the first rank with the seventh rank, the seventh with the fourteenth, the fourteenth with the twenty-first, and the twenty-first with the twenty-eighth, would be adequate for Table 14.

This 7-step progression was chosen as providing four equal steps through the Table. In certain of the subsequent tables, which present data from shorter sections of the questionnaire and where the number of rankings is in consequence smaller than the 28 given in Table 14, two or three steps (dependent upon the number of rankings) are taken, with an 8- or a 9- step progression.

The results of the K-S test used in this way provide no more than a general picture of significance for each table. It is unlikely that the difference between each individual mean and those on either side of it reaches significance in all cases and in all the tables, and given the sample size it would not be expected to do so. However, where the K-S

values are significant, this does support the use of the tables of means as a way of identifying the relative levels of importance attached by respondents to individual items. (In view of the large number of items in each Section it would, of course, have been inappropriate to ask the respondents themselves to attempt to place them in rank order.)

The K-S test, as a non-parametric test, works from the frequencies themselves but the results yielded by it provides an accurate comparison between the means. The test produces D Max values (Maxium Deviation) for each comparison, and indicates the levels these values must reach if they are to be regarded as significant. Significance at the .05 or .01 level was established for the comparisons in Table 14, and these are shown in Table 15. The test therefore suggests a reasonable level of validity for the rank orderings concerned. The possible absence of significant differences between means in close proximity to each other does indicate however that a degree of caution must be exercised in interpreting the finer details of the ranking.

Table 15

Kolmogorov-Smirnov Test for Table 14

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 7	.363	.01
7 - 14	.17	.05
14 - 21	.256	.01
21 - 28	.256	.01

K-S values are similarly tabulated for each of the following tables.

Section 2: Authorities Influencing the Practice of Dramatherapy

Table 16 shows which people, within the field of dramatherapy, educational drama and psychodrama, have most influence upon the practice of dramatherapists. Sue Jennings heads the list followed by Moreno, Heathcote, Sherborne, Courtney, Peter Slade and Robert Landy.

When asked through the medium of the questionnaire to nominate the individual who had been of most influence upon the personal practice of respondents, Alida Gersie (Course Director of the training programme for dramatherapists at the Hertfordshire College of Arts, St. Albans) emerged in first place, followed by Sue Jennings and Jane Puddy. It must be pointed out that all the individuals listed in this

Section of the Questionnaire were nominated by the panel of experts. Alida Gersie was not so nominated, but is surely influencing greatly the actual practice of many dramatherapists as the training course operating at the Hertfordshire College of Arts is the largest in Britain.

Under the heading 'others, please specify' the name of David Powley (Course Director of the course of training at the College of Ripon and York St. John, York) was mentioned. This shows that the training courses leaders are playing an increasing role in influencing the dramatherapists they train. As shown in the biographical data earlier in the present chapter, the largest percentage of respondents were recently trained at the Hertfordshire College. Other course leaders who do actually appear on the list provided by the panel of experts are Dorothy Langley (South Devon College) in 8th place and and Marian Lindkvist (Sesame) in 16th place.

Robert Landy, the course leader of the training course at New York University, appears in 7th position, showing that his influence, due probably to his prolific writings, is not confined to the USA. It is interesting to note the high position of Dorothy Heathcote in 3rd place, Richard Courtney in 4th and Peter Slade in 5th, all of them individuals initially connected with educational drama. This supports the researcher's emphasis in the literature

review on the influence of educational drama in the development of dramatherapy.

Brian Way (12th) and Viola Spolin (14th) are authorites in the fields of both drama and theatre, and another point of interest is the relatively high placing of Laban (10th) and Veronica Sherborne (4th), both connected more specifically with dance and movement. Together with people like Heathcote, Courtney and Slade from educational drama, this indicates the extent to which dramatherapy is receptive to influences from other, related fields.

Table 16

Authorities Influencing the Practice of Dramatherapy

Rank Order	Variable	Mean
1	Sue Jennings	1.59
2	Moreno	2.08
3	Dorothy Heathcote	2.30
4	Veronica Sherborne	2.37
5	Richard Courtney	2.41
6	Peter Slade	2.44
7	Robert Landy	2.49
8	Dorothy Langley	2.61
9	Gertrud Schattner	2.64
10	Rudolf Laban	2.76
11	David Read Johnson	2.87
12	Brian Way	2.90
13	Gavin Bolton	2.98
14	Viola Spolin	3.07
15	Marian Lindkvist	3.11
16	Audrey Whethered	3.13

Table 17

Kolmogorov-Smirnov Test for Table 16

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 8	.444	.01
8 - 16	.316	.01

Section 3: Authorities Relevant to the Understanding of Dramatherapy

Turning to the 18 individuals identified as of particular relevance to the understanding of dramatherapy, Jung emerges in first place, followed by Winnicott, Rogers, Stanislavski, Peter Brook, Bruno Bettelheim and Bertold Brecht in that order. Rather surprisingly, Grotowski only occupies 11th place and Artaud 14th. It is interesting to note that Wilshire comes bottom of the list. In one of her latest books (Jennings 1990, page 10) Sue Jennings lists Wilshire amongst those she considers provide the basis for a theoretical knowledge and understanding of dramatherapy. Wilshire in fact was crossed out in the questionnaire by many people, showing they had not even heard of him.

The presence of Jung in first place is of great interest, and probably reflects the value not only of his contributions to psychotherapy but also to the study of

myths, rituals and symbols. Jung has taken a keen interest in the symbols and rituals adopted by mankind since the dawn of history, as discussed earlier in this thesis. Drama also, again as indicated earlier, has its roots in rituals, and dramatherapists in their work today appear to be coming back to these roots. It is not surprising therefore that Jung appears at the top of the list. Winnicott's high position is also interesting, reflecting no doubt his work with children, and the importance he gives to play, while names such as Stanislavski, Brook, Brecht and Artaud indicate the importance of experimental theatre.

Rogers' high position reflects the relevance to dramatherapy of client-centered therapy, while Bettelheim is probably there for his work with children and with story. Freud's strong showing (6th place) indicates that dramatherapy has not escaped the enduring fascination of psychoanalytical theory. Indeed, the researcher found that psychodynamic concepts - in particular transference, projection and repression - feature strongly in the language of most of the dramatherapists interviewed. (See Valente and Fontana, 1991, for an extended discussion of these issues).

Table 18

Authorities Relevant to the Understanding of Dramatherapy

Rank Order	Variable	Mean
1	Jung	1.96
2	D. W. Winnicott	2.03
3	Carl Rogers	2.12
4	Constantin Stanislavski	2.25
5	Peter Brook	2.26
6	Murray Cox	2.32
6=	Sigmund Freud	2.32
8	Bruno Bettelheim	2.38
9	Bertold Brecht	2.44
10	Melanie Klein	2.54
11	Jerzy Grotowski	2.59
12	Jean Piaget	2.65
13	Abraham Maslow	2.66
14	Erving Goffman	2.80
15	Antonin Artaud	2.95
16	Victor Turner	3.05
17	Margaret Lowenfeld	3.12
18	Bruce Wilshire	3.43

Table 19

Kolmogorov-Smirnov Test for Table 18

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 9	.233	.01
9 - 18	.496	.01

Section 4: Other Creative Arts Relevant to Dramatherapy

As Table 20 shows, dramatherapists appear to regard dance as the creative art of most importance to dramatherapy, followed by music, painting and play performance. The fact that some respondents have a background and training in dance also may have had some part to play in these results.

Video and photography, both more recent forms of art, come bottom of the list. It must be said that some respondents pointed out in the comments section of the Questionnaire that they rated these creative arts relatively lowly not because they think they are not important (in fact there are some techniques - used mostly in the USA - that show good results using these arts with psychiatric patients), but because they are not familiar with the appropriate techniques and/or don't have the necessary resources available.

Table 20

Other Creative Arts Relevant to Dramatherapy

Rank Order	Variable	Mean
1	Dance	1.69
2	Music	1.77
3	Painting	2.00
4	Play Performance	2.02
5	Writing	2.20
6	Poetry	2.24
7	Sculpture	2.32
8	Modelling	2.37
9	Video	2.72
10	Photography	3.13

Table 21

Kolmogorov-Smirnov Test for Table 20

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 5	.226	.01
5 - 10	.409	.01

Section 5: Groups Benefiting from Dramatherapy (from Respondents Personal Professional Experience)

For this question, respondents were asked to put a cross against those groups with which they have had personal experience. They were also asked to indicate how much they felt the clients involved in these groups gained from dramatherapy. Special education emerges at the top of the

list, followed by mentally disabled. This result supports the assumption underpinning much of the present research that dramatherapy has very much to offer to the field of special education and special needs children and adults. It appears that more specific problems such as marital problems, phobics, sexual problems, and infertility tend to come towards the bottom of the list.

A very striking feature is the wide variety of groups allegedly benefiting from dramatherapy. Some members of the panel pointed out that everybody can benefit from dramatherapy, whereas others were more restrictive in their claims. Dramatherapy, on present findings, appears to be a very flexible form of therapy, and one which can well be adapted to suit a variety of problems, including those which the modern industrialised societies of the West seem to be creating. A great deal of this adaptation does seem to depend however on the dramatherapist him/herself, and on the settings in which they work.

Some respondents reported themselves as reacting negatively to the idea of labelling clients, and pointed out how uneasy they felt when answering this question.

Table 22

Groups Benefiting from Dramatherapy

Rank Order	Variable	Mean
1	Special education	1.44
2	Mentally disabled	1.47
3	Neurotic	1.53
4	Physically disabled	1.54
4=	Pre-adolescent	1.54
6	Emotionally disturbed	1.56
7	Adolescent	1.62
8	Physically abused	1.64
9	Socially isolated	1.66
10	Depressed	1.69
11	Sexually abused	1.70
12	Geriatric	1.71
13	Family groups	1.72
14	Delinquent	1.80
15	Single parent	1.89
16	Hearing impaired	1.91
16=	Forensic	1.91
18	Alcoholic	1.96
19	Drug addicted	2.00
19=	Aids	2.00
19=	Visually impaired	2.00
22	Marital problem	2.12
23	Phobics	2.21
24	Sexual problem	2.28
25	Psychotic	2.36
26	Infertility	2.40

Table 23

Kolmogorov-Smirnov Test for Table 22

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 7	.167	.05
7 - 14	.258	.05
14 - 19	.544	.01
19 - 26	.226	.01

Section 6: Factors Relevant for Initial Client Assessment by Dramatherapists

In terms of the factors relevant to client initial assessment, motivation came out as carrying the highest mean rating for importance, followed by therapist ability to work with the client and client willingness to work with the therapist. These two factors suggest that dramatherapy is very much a two-way process between therapist and client, with both therapist and client responding to, and being influenced by, the other. The next item, willingness to change, is a pre-requisite of most if not all therapies, and if we look at the factors which can be considered particular to dramatherapy itself, only one can be found in the list, willingness to play in role, which appears in 12th place. However, general items connected with the creative process such as willingness to play creatively occupy high positions, as does willingness to use creative media (8th place). However, understanding the creative process appears

at the bottom of the list, stressing perhaps the importance of action and doing rather than of more intellectual levels of comprehension.

Table 24

Factors Relevant for Initial Client Assessment by Dramatherapist

Rank Order	Variable	Mean
1	Motivation	1.49
2	Therapist's ability to work with client	1.55
3	Client willingness to work with therapist	1.56
4	Willingness to change	1.68
5	Personal/social background	1.99
6	Willingness to observe limits and boundaries	2.04
7	Willingness to play creatively	2.05
8	Willingness to use creative media	2.11
9	Willingness to remain in therapy	2.12
10	Ability to fit in with dramatherapy group	2.22
11	Clinical history	2.40
12	Willingness to play in role	2.41
13	Absence of long-term reality-altering drug therapy	2.56
14	Previous experience in therapy	2.62
15	Apparent absence of psychosis	2.65
16	Absence of acute insight into personal problems	2.98
17	Reasonable ability to articulate	3.03
18	Logical rational focused thinking	3.17
19	Understanding of creative process	3.31

Table 25

Kolmogorov-Smirnov Test for Table 24

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 6	.308	.01
6 - 12	.165	.05
12 - 19	.406	.01

Section 7: Techniques and Skills Used in Dramatherapy

Table 26 presents the techniques and skills which can be used in dramatherapy, and it will be seen that Myths and legends head the list. As made plain in the literature review, in psychodynamic psychology myths and legends are held to represent enduring truths about the human psyche. They thus have a high potential for use in story-making and story-telling (see e.g. Gersie and King 1990), and their use may well be an invaluable way of accessing deep-seated traumas and repressions.

Script work comes next in the Table. Although initially much of the work in dramatherapy was essentially based on improvisation - following the tendencies of drama in education and of creative drama - in more recent years there has been a much larger use of script work and of dramatic texts. In the past two years there has even been an important symposium on Shakespeare organised by the

Institute of Dramatherapy. Laban Techniques come in 5th place, again demonstrating the importance of dance for dramatherapists.

Role reversal, a fundamental technique of psychodrama, comes in 30th position, and one might have expected it to appear much higher. However, as mentioned earlier, the evidence of the present research is that dramatherapists appear to see themselves as independent of psychodrama, and this is an important finding.

Surprisingly, story making also appears very low in the list in 29th position. With myths and legends in the top position, one would have anticipated it would occupy a higher position. However story telling appears in 12th. Does this mean that dramatherapists actually use more story telling than the making of stories by clients? Make-up and mask work, traditional theatre techniques, come at the bottom of the list - also something of a surprise.

It would have been interesting to see the extent to which particular techniques are most used with particular populations of clients or with particular age groups. These issues were in the researcher's mind, but the fact that the population itself is very small, and that at the outset of the field work it was difficult to predict whether there would be sufficient numbers within each category to allow

for a statistical analysis, prompted the decision to go for this more general approach.

One of the features of Table 26 is in fact the breadth of the techniques that can be incorporated into the dramatic experience, and the extent to which this experience can therefore embrace so many other forms of creative expression.

Table 26

Techniques and Skills Used in Dramatherapy

Rank Order	Variable	Mean
1	Myths & legends	1.56
2	Script work	1.58
3	Communication games	1.60
4	Symbols & imagery	1.73
5	Laban techniques	1.86
6	Play	1.89
7	Improvisation	1.96
8	Role play	2.09
9	Spectograms	2.07
10	Sculpting	2.10
11	Breathing exercises	2.11
12	Story telling	2.17
13	Performance	2.13
14	Projection	2.27
14=	Sensitivity exercises	2.27
16	Musical instruments	2.30
17	Visual imagery	2.31
18	Mirroring	2.35
19	Session-evaluations	2.40
20	Mime games	2.51
21	Self-reports	2.52
22	Dream accounts	2.55
23	Costume	2.74
24	Theatre games	2.75
25	Simulation	2.78
26	Singing	2.86
27	Movement to music	2.88
28	Puppetry	2.94
29	Story making	3.07
30	Role reversal	3.10
31	Sub-group work	3.21
32	Voice work	3.23
33	Relaxation exercises	3.25
34	Make-up	3.29
35	Mask work	3.31

Table 27

Kolmogorov-Smirnov Test for Table 26

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 8	.271	.01
8 - 16	.173	.05
16 - 24	.188	.05
24 - 35	.331	.01

Section 8: Important Stages in the Dramatherapy Session

Closure emerges at the top of the list, showing how important is the ending of a dramatherapy situation. But as Table 28 shows, all the means are very high, suggesting that all the stages are considered important. The K-S test shows significance only at the .05 level between the first and the last item in the Table, indicating indeed that a similar degree of importance is indeed attached to all the stages under examination.

Table 28

Important Stages in the Dramatherapy Session

Rank Order	Variable	Mean
1	Closure	1.34
2	Main activity	1.36
3	Warm-up	1.40
4	Grounding	1.82
5	Evaluation	1.87

Table 29

Kolmogorov-Smirnov Test for Table 28

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 5	.293	.05

Section 9: Role of the Dramatherapist

An interesting feature of Table 30 is the prominence given to the passive skills of listening and observing (the latter probably linked to identifying issues, which is also well placed). These are of course the basic fundamentals of Rogerian therapy, and it is not surprising therefore that in the section of the questionnaire dealing with authorities relevant to the understanding of dramatherapy, Carl Rogers appears near the top. Prominence is also given in Table 30

to supporting and accepting uncritically. It is interesting to see the low priority given respectively to the active skills of confronting and interpreting, and the relatively low priority given to guiding. This points to a generally non-directive role on the part of the dramatherapist, and again ties in closely with Rogerian principles.

Table 30

Role of the Dramatherapist

Rank Order	Variable	Means
1	Listening	1.21
2	Observing	1.42
3	Supporting	1.50
4	Identifying issues	1.52
5	Staying calm in crisis	1.55
6=	Accepting uncritically	1.64
6=	Facilitating change	1.64
8	Experience in therapy	1.70
9	Having supervision	1.72
10	Believing	1.77
11	Creating atmosphere	1.84
12	Guiding	2.04
13	Questioning	2.08
14	Confronting	2.48
15	Experience in theatre	2.62
16	Taking a role	2.69
17	Interpreting	2.80
18	Provoking	2.91

Table 31

Kolmogorov-Smirnov Test for Table 30

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 9	.271	.05
9 - 18	.466	.01

Section 10: Qualities of the Dramatherapist

Table 32 gives results relating to those personal qualities of the dramatherapist considered most important by the sample. Self-insight appears at the top of the list followed by motivation, empathy and sensitivity. These results emphasise the need for the dramatherapist to be psychologically aware of him or herself. Self-insight implies a knowledge of one's own strengths and weaknesses and of their underlying causes, while empathy and sensitivity imply the knowledge to recognise that others share the same basic humanity. Only in this way it seems can one respond to the needs both of self and of others, and provide the understanding and support necessary for psychological growth effectively to take place.

It is interesting to note that sociability comes bottom of the list. One would expect a drama person essentially to be

sociable, and this finding may therefore reflect somewhat oddly on the quality of the therapeutic work. Spontaneity has a high position (5th), which seems to contradict a little the low position of sociability, since the spontaneous person is usually socially at ease. But again if we look at the means in this Table they are all very high (lowest mean score is 2.34), showing that all these qualities carry a high importance rating.

Table 32

Qualities of Dramatherapists

Rank Order	Variable	Mean
1	Self-insight	1.26
2	Motivation	1.32
3	Empathy	1.33
4	Sensitivity	1.36
5	Spontaneity	1.39
6=	Contact with own emotions	1.42
6=	Imagination	1.42
8	Energy	1.43
9	Intuition	1.44
10	Openness	1.52
11	Humour	1.56
12	Reflection	1.60
13	Clear thinking	1.65
14	Body awareness	1.79
15	Humility	1.95
16	Generosity	2.11
17	Deep feelings	2.30
18	Sociability	2.34

Table 33

Kolmogorov-Smirnov Test for Table 32

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 10	.158	not sig
10 - 18	.406	.01

Table 33 shows there was no significance for the comparisons between ranks 1 and 10. This confirms what has already been said about the closeness of the means. A significance at level .01 was however found between the 10th and 18th ranks.

Section 11: Client Behaviours in the Dramatherapy Process

Looking at what is happening in the dramatherapy process, express feelings heads the list, followed by become acquainted. In this list the means are again all very high. No mean is beyond 2.85, which indicates the importance of all items, although significant differences do emerge in Table 34.

It appears to the researcher that there is an important need within dramatherapeutic practice for the processes which take place within the dramatherapy group to be put together in a more systematic way. Very little work has so far been done on this within the field, and the present Study appears to be the first attempt to develop an inventory or check list that helps professionals to be more aware of what is actually happening to the client. Many dramatherapists made the point when answering the questionnaire that the importance of each client behaviour depended very much on the kind of client group concerned. Others pointed out that although dramatherapy is essentially a group therapy, they did in fact work more with individual clients, and therefore were not very familiar with the essentially group-related factors listed in this Section.

However, after express feelings, which emerges in first place and which links with the emphasis upon spontaneity referred to in connection with Table 32 and with the

relatively high placing of be spontaneous (7th) in the present Table, a general pattern emerges from the results shown in Table 34. This pattern appears to indicate that the dramatherapist attempts to help clients to relate personal aspects of their behaviour to the group, and thus build up a group relationship. The behaviours near the top of the Table such as become acquainted (2nd), find communality with the group (4th), accept each others' feelings (3rd), and make contact with the therapist (5th) all support this view. Near the bottom of the list come processes connected with more intellectual factors such as understanding transference, and effect transference. And at the very bottom comes personally reconstruct myths and rituals, an item whose meaning, surprisingly, several respondents queried.

Table 34

Client Behaviours in the Dramatherapy Process

Rank Order	Variable	Mean
1	Express feelings	1.51
2	Become acquainted	1.63
3	Accept each other feelings	1.66
4	Find communality with group	1.68
5	Make contact with therapist	1.69
6	Reintegrate self positively	1.79
7	Be spontaneous	1.84
8	Take risks	1.85
9	Explore potentialities through role	1.90
10	Identify expectations	1.93
11	Handle fears and insecurities	1.99
12	Identify potential contributions	2.03
13=	Identify problems	2.07
13=	Share differences	2.07
15	Self-disclosure	2.17
16	Explore personal pain	2.25
17	Relate Symbolic roles to personal experience	2.33
18	Heal spirits	2.34
19	Contain emotions	2.51
20	Reject each other's feelings	2.53
21	Recognise personal instability	2.58
22	Effect transference	2.58
23	Understand transference	2.80
24=	Play a single role effectively	2.84
24=	Experience catharsis	2.84
26	Personally reconstruct myths and rituals	2.85

Table 35

Kolmogorov-Smirnov Test for Table 34

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 8	.226	.01
8 - 16	.173	.05
16 - 24	.308	.01

Section 12: Assessment of Group Progress

There are no surprises in this Table. In terms of assessing group progress in the dramatherapy group, group involvement emerges as first, followed by group cohesion.

Table 36

Variables Used by Dramatherapist in Assessment of Group Progress

Rank Order	Variable	Means
1	Group involvement	1.48
2	Group cohesion	1.75
3	Group risk taking	1.80
4	Level of group spontaneity and creativity	1.81
5	Level of group work	2.12
6	Movement from mundane reality to dramatic reality	2.14

Table 37

Kolmogorov-Smirnov Test for Table 36

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 6	.286	.01

Section 13: Assessment Methods Used by Dramatherapists

This section of the questionnaire aimed to put together some methods of assessment from the interpretation of the

interviews and from the further comments added to the Item Bank by the panel of experts. In the view of the researcher, client assessment is one of the weakest areas in the dramatherapy field. The impression she has gained from her research and from her studies of the literature is that there is no systematic way of conducting this assessment. It will be noticed for example that although observation of client behaviours comes at the top of the list in Table 38, a very low rating was shown in Table 14 for behaviourism, which in fact is based on the observation of behaviour. This finding supports strongly the need for a behavioural model to help monitor client progress in dramatherapy, and elsewhere the present author has made some attempt to advance such a model (see Fontana and Valente 1989).

Second in Table 38 is client self-reports. This is an important means of assessment, provided the client is helped in methods of self-observation and analysis, and accords with Kelly's well-known first principle that 'if you want to know what is happening to the client why don't you ask him - he might just know'. Kelly's repertory grid does however come bottom of the list! In fact many respondents crossed out this item, showing that it is unknown to them. This is surprising, as there is already some valuable dramatherapy research done in Britain using the repertory grid (Grainger

1987), and one might therefore expect some corresponding knowledge amongst practitioners.

Table 38

Assessment Methods Used by Dramatherapists

Rank Order	Variable	Means
1	Observation of client behaviours	1.32
2	Client self-reports	1.68
3	Reports from other professionals	2.23
4	Projective Techniques	2.34
5	Clients use of diagnostic dramatherapy media	2.72
6	Reports by other group members	2.82
7	Kelly's repertory grid	3.34

Table 39

Kolmogorov-Smirnov Test for Table 38

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 7	.790	.01

Section 14: Client Attributes Relevant to Assessment in Dramatherapy

In many ways this area of the research is one of the most valuable, both because, as already indicated, assessment is a weak area in dramatherapy, and because it pinpoints the

kind of qualities in clients that can be developed through dramatic processes. Table 40 lists these qualities. A point to note is that the relevant question on the questionnaire did not address the simplistic issue of 'what qualities do you think dramatic experience can develop in clients?'. Instead, it asked 'what qualities do you look for when assessing client progress?'. This allows the researcher to believe that the research results are an indication of what actually happens as a result of dramatic processes, rather than simply what the practitioner piously hopes will happen.

The most striking feature of Table 40 is the cluster at the top of variables to do with the self. Self-esteem, self-awareness, self-acceptance and self-confidence are seen as the most important qualities amenable to development through drama. We could hardly have a more graphic illustration of the alleged power for psychological change of the dramatic experience. Also prominent is self-other awareness, as are hope, communication, initiative, concentration, imagination, courage, and less depression - all of them again variables strongly associated with psychological health.

It is interesting to note that dramatic repertoire comes at the bottom of the table, although in the list of dramatherapy techniques (Table 26) script work is very highly rated. This suggests there may be some confusion

amongst dramatherapists as to the way in which drama per se actually influences what happens in dramatherapy.

Table 40

Client Attributes Relevant to Assessment in Dramatherapy

Rank Order	Variable	Means
1	Self-esteem	1.34
2	Self-awareness	1.45
3	Self-acceptance	1.50
4	Self-confidence	1.53
5	Hope	1.54
6	Communication	1.56
7	Trust	1.57
8	Self-others awareness	1.65
9	Spontaneity	1.67
10	Social interaction	1.78
11	Creativity	1.79
12	Initiative	1.84
13	Concentration	1.90
14	Imagination	1.91
15	Courage	1.98
16	Less depression	2.07
17	Less delusions	2.25
18	Realistic world view	2.28
19	Self-disclosure	2.34
20	Social self-control	2.35
21	Metaphor change	2.45
22	Physical appearance	2.47
23	Use of language	2.51
24	Social desinhibition	2.70
25	Healing myths	2.77
26	Dramatic repertoire	3.07

Table 41

Kolmogorov-Smirnov Test for Table 40

Rank Orders Compared	D Max (K-S)	Sig. at
1 - 8	.175	.05
8 - 16	.218	.01
16 - 24	.361	.01

Crosstabulation

The items in Sections 1 to 14 of the Questionnaire were then crosstabulated using the SPSS package to identify whether or not respondents' sex influenced responses to individual Questionnaire items.

The crosstabulation compared the respective frequencies which females and males nominated the various points on the 4 point scale contained in each item. Significant differences were found in a few cases relating to items in Sections 5, 7, 9 and 10. These are given in tables 42 to 55 below.

Section 5: Suitability for Dramatherapy

(Note: The low numbers under each assigned frequency Section Five are occasioned by the fact the sample were asked only

to rate those groups of which they have personal experience).

Gains from Dramatherapy, as Perceived by Female and Male Respondents Respectively, of Groups With:

Table 42

Marital Problems

Variable	Assigned Frequency				chi-square	sig.
	Most Gain----------			----------Least Gain		
	1	2	3	4		
Female	12	14	8	1	8.424	.01
Male	-	10	4	2		

Table 43

Drug Addiction

Variable	Assigned Frequency				chi-square	sig.
	Most Gain----------			----------Least Gain		
	1	2	3	4		
Female	7	7	9	-	10.338	.01
Male	6	2	-	-		

Section 7: Techniques and Skills

Value of Dramatherapy Techniques, as Perceived by Female and Male Respondents Respectively

Table 44

Script Work

Variable	Assigned Frequency				chi-square	sig.
	Most Important----------			Least Important		
	1	2	3	4		
Female	51	21	8	-	8.520	.05
Male	22	14	4	4		

Table 45

Play

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	36	31	13	1	7.941	.05
Male	11	20	9	4		

Table 46

Self-Report

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	18	16	30	14	8.922	.05
Male	4	18	11	9		

Section 9: Role of the Dramatherapist

Important Aspects of the Role of the Dramatherapist, as Perceived by Female and Male Respondents Respectively:

Table 47

Having Supervision

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	41	18	18	4	7.838	.05
Male	31	6	3	4		

Table 48

Accepting Uncritically

Variable	Assigned Frequency				chi-square	sig.
	Most Import			Least Import		
	1	2	3	4		
Female	53	19	6	1	11.720	.001
Male	17	14	6	5		

Table 49

Supporting

Variable	Assigned Frequency				chi-square	sig.
	Most Import			Least Import		
	1	2	3	4		
Female	50	32	-	-	12.074	.001
Male	21	17	4	2		

Table 50

Believing

Variable	Assigned Frequency				chi-square	sig.
	Most Import			Least Import		
	1	2	3	4		
Female	44	25	6	4	14.732	.001
Male	14	10	14	3		

Table 51

Guiding

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	31	31	14	6	8.720	.05
Male	11	13	18	2		

Table 52

Taking a Role

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	11	26	23	17	8.240	.05
Male	5	6	23	9		

Table 51

Guiding

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	31	31	14	6	8.720	.05
Male	11	13	18	2		

Table 52

Taking a Role

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	11	26	23	17	8.240	.05
Male	5	6	23	9		

Section 10: Qualities of the Dramatherapist

Qualities of the Dramatherapist, as Perceived by Female and Male Respondents Respectively

Table 53

Openness

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	58	21	1	3	10.907	.01
Male	20	16	5	3		

Table 54

Spontaneity

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	64	15	2	1	7.928	.05
Male	24	13	4	2		

Table 55

Reflection

Variable	Assigned Frequency				chi-square	sig.
	Most Import----------			Least Import		
	1	2	3	4		
Female	49	25	6	-	7.997	.05
Male	19	18	4	3		

Results show that the Section in which the largest number of items with significant male-female differences occurred was Section 9, the Role of the Dramatherapist. This result suggests that males and females dramatherapists perceive their roles somewhat differently, with females regarding the following as significantly more important than do males:

1. having supervision
2. accepting clients uncritically
3. supporting clients
4. believing in clients
5. guiding clients
6. taking a role

Sections 7 and 10 each contain three items which reveal significant sex-related differences. In Section 7, concerned with techniques, the differences are that females

script work, play and self-report as significantly more important than do the males. In Section 10, concerned with the dramatherapist's professional qualities, the significant differences are that females regard openess, spontaneity and reflection as significantly more important than do the males. In Section 5, concerned with the groups for which dramatherapy is effective, there are significant differences for only two items with females regarding groups with marital problems and with drug addiction as gaining more from dramatherapy than do the males.

In view of the larger number of items in the questionnaire, some significant differences between male and female responses would be likely to arise through chance alone. However, the fact that those 14 items which do contain differences tend to cluster in only four out of the 14 sections of the questionnaire, with six of them occurring in Section 9, The Role of the Dramatherapist, does suggest that slight though not un-interesting real differences may exist. If this is the case, then females seem to be more meticulous than males (as evidenced by the greater emphasis placed upon supervision), rather more supportive of client (as evidenced by the greater importance attached to 'accepting clients uncritically', 'supporting clients' 'believing in clients' and 'accepting clients'), more open and more spontaneous, and more concerned to help clients with domestic difficulties ('marital problems' and 'drug addiction').

However, as although common sense would suggest that these are fairly typical differences between males and females, for the reason just stated they can be regarded as no more than suggestive trend data.

Student Sample

As made clear in Chapter 6, the questionnaire was also circulated, with the agreement and support of course directors, to students attending each of the four dramatherapy training courses in the U.K., namely those at Hertfordshire College of Art and Design, College of Ripon and York St. John, South Devon Technical College and Institute of Dramatherapy. Again with the agreement and support of the course director they were also circulated to the Sesame course at the Central School of Speech and Drama, which although it does not carry the dramatherapy qualification is very similar in content and objectives to those four courses that do. The total student number was nevertheless only 25 (see Appendix III C), which represents a 33% response rate. It proved difficult to motivate the student groups into producing a large response, possibly because of their lack of any background in research. The

relatively low response rate made it impossible to attempt statistical comparaisons between individual training centres, and the student dample is therefore treated homogeneoulsy.

The results for the student sample, were compared with those of the sample of practitioners (see Appendix III B). The result was a high level of agreement as shown below.

1. The correlation coefficient between the mean values produced by the students and those produced by practitioners on the 4-point scales for the 259 items in the questionnaire was .826, significant at the .01 level.

2. The correlation coefficient between the rank values produced by the two samples was even higher (though not significantly so) at .864, significant again at the .01 level.

The Spearman correlation test was also used for all the sections separately, and again showed significance at the .01 level for each of them with the exception of Section 8 (Table 28 - Important Stages in the Dramatherapy Session). This exception may be explained by the very small number of items in Section 8, which thus contains very limited degrees

of freedom with which to influence the level of significance.

In view of this high level of agreement it would be superfluous to present the students results here. For completeness however they are given in Appendix III.

The high level of agreement between the respective results produced by the students and by practitioners is not without interest. There are two possible reasons for it.

1. The students filled in the questionnaire at the end of their course, and were therefore at a very similar level of professional expertise to the practitioners (the majority of whom are themselves recently trained).

2. The students are required to have already had clinical experience before the start of their course, and the skills derived from this initial experience are further developed by placements in different clinical settings. This during the course itself serves to give them a mature perspective on the practice of dramatherapy.

In view of the high correlation between the respective results of the practitioners and the students it would in

theory have been possible to collapse the two groups into a single sample. However quite apart from methodological considerations this would have been unacceptable as the questionnaire was administered to the students some six months after it was given to the practitioners (in order that students should receive it at the end of their course). Thus the possibility existed, however remote, that the students might have discussed the questionnaire items with practitioners prior responding them.

CHAPTER NINE

DISCUSSION OF RESULTS

The Study set out to examine a number of aims and objectives, which for convenience are listed again below.

Aims:

1. To review the literature on the use of drama for personal (psycho-social) development in both therapy and education.

2. To identify the principles and practice behind the use of drama in a therapeutic context, in particular within the context of the therapeutic processes subsumed under the term dramatherapy.

3. To discuss the extent to which such principles and practices are applicable within drama in education, within the education of children with special needs and within the training of drama teachers.

Objectives:

1. What is drama as an agent of psychological change as opposed to drama as performance?

2. How do those who use drama as a specific agent of psychological change (i.e. dramatherapists) conceptualise their subject? In particular:

a. What are the most important theories and most important authorities that influence both their practice and their understanding of dramatherapy, and to what extent can these be seen as psychological?

b. To what extent are other creative arts (e.g. music, dance, writing) used in support of dramatherapy?

3. How can drama be most effectively used as an agent of psychological change? In particular:

a. Which people benefit most from dramatherapy?

b. What are the more important aspects in the initial assessment of clients in dramatherapy?

c. Which techniques do dramatherapists most frequently use and to what extent do these draw upon psychology?

d. What are the most important aspects of a dramatherapy session?

4. What are the most important aspects of the role of the dramatherapist? In particular :

what personal qualities should dramatherapists possess?

5. How does dramatherapy operate as a process, and what are the most important aspects of this process? In particular:

    a. How is group progress assessed in dramatherapy?

    b. How is individual progress assessed in dramatherapy?

6. What personal attributes conducive to psychological health appear capable of development through dramatherapy?

In the present discussion, I propose to take each of these aims and objectives and examine it in the light of the obtained results.

Aim 1 Review of the Literature

The literature was fully reviewed in Chapters 2, 3, 4 and 5. The review suggests that:

1. There is a plentiful literature exploring the theoretical issues associated with the therapeutic use of drama, but there is an absence of overall consensus in many areas. Such consensus as does exist can be summarised as follows:

* Drama is argued to have a significant potential for effecting psychological change in both children and adults.

* This potential has been explored from early recorded history onwards, expressing itself through religious rituals and myths, which over the course of time have evolved into what we now recognise on the one hand as theatre (the use of drama as a performance, designed variously to amuse, entertain and emotionally arouse an audience), and on the other as therapy (the use of drama as a deliberate way of assisting psychological growth and the resolution of psychological problems). The latter aspect of drama is most clearly identified in the recent development of the formal techniques used in psychodrama, remedial drama and dramatherapy.

Aim 2

This aim is operationalised in the objectives, and the

extent to which it has been achieved will become apparent as each of these is discussed in turn. Generally however it can be said that the present Study has yielded an extensive data on the principles and practice behind the use of drama in its therapeutic aspects. These data have may well prove an aid towards the formalisation of the field, and have generated a great deal of interest among practitioners, as evidenced by the author's conference papers and publications (see Appendix VII). The amount of co-operation received by the author from practitioners in the course of her investigation was extensive, and allowed her to accumulate data characterised by both breath and depth.

Aim 3

A fuller discussion of this aim will come more appropriately after an exploration of each of the objectives, and appears therefore in chapter 10. But it is relevant to say at this point that approaches to all the various bodies associated with the use of drama in remedial education revealed that much work remains to be done before drama techniques can have an opportunity properly to demonstrate their potential with special needs children. The present picture is patently confused. Little appropriate training exists for teachers who want to use drama with special needs children, and no coherent policy to offer such training or to apply the results arising from it appears to obtain at official levels, either nationally or locally. Accordingly, it is

hoped that the - albeit very preliminary and tentative - recommendations made in due course in the present chapter will prove helpful to those responsible for formulating and implementing policy, and may provide some impetus for future research.

Discussion of the Objectives of the Study

Objective 1. What is drama as an agent of psychological change?

This objective was dealt with in depth in the interviews with the panel of experts at the outset of the Study. Part I of the Statement of Results (Chapter 7) presents fully the points of view put forward by the dramatherapist interviewed, and it becomes clear from their statements that leading dramatherapists see dramatic activity, in and of itself, as a potential agent for psychological change. In a sense, their arguments suggest that much of daily life is, no matter how unconsciously, a dramatic encounter. In our social encounters with others and in our self-presentation we enact roles, we engage in dramatic dialogue, we dissemble, we fantasise, we carry out rituals, we obey private and social myths, we engage in dramatic performance.

Much of our psycho-social development therefore takes place in, and is heavily influenced by, a dramatic context. Therefore, if the therapist can assume some responsibilities for this context, and can present it to the client in certain carefully formulated ways, he or she can allow the client the opportunity to gain insights into the self, to unlearn existing maladaptive psychological behaviours, to try out new roles, to express hitherto repressed emotions, and to work towards a new sense of identity based upon more realistic self and social appraisals, and carrying with it increased confidence and self-belief, and a more realistic set of life goals.

In the view of the panel of experts, the dramatic context most likely to serve these therapeutic aims is one which contains a rich use of dramatic metaphor, that is, the placing of clients in situations which serve as metaphors for real life. And as the panel of experts conceive it, the essential to these metaphors would appear to be the use of dramatic conflict. The dramatic moment is seen by them as essentially a moment of conflict, of confrontation. Through these moments of outer conflict, individuals can express and come to terms with their inner conflicts. Confrontation, in the right supportive and non-judgemental environment (and here the influence of Rogerian therapy revealed by the present research would appear to be of particular importance) allows the client to share emotions within a

social group, which helps him or her to work towards openness, spontaneity, accurate self-presentation, social understanding, and a heightened sensitivity and empathy towards the needs of others.

At this level, the panel of experts would seem to be in agreement with McNiff who put it that:

> Through enactment we resurrect and live our emotional struggles and share them with other people. The process is strengthened by group involvement, through which other people sanction and encourage direct communication with the emotions. Drama maximizes the healing power of the group.
>
> (McNiff 1981, page 213)

However, some members of the panel stressed that dramatherapy can also be conceived as an individual rather than a group exercise, with the therapist working on a one-to-one basis with the client. This is an interesting conception. Can dramatic engagement - in particular the dramatic conflict and confrontation mentioned a moment ago - work when the client is on his or her own with the therapist? The present researcher would suggest that if it can, it must nevertheless operate at a much more restricted level. Strip away the social context from dramatherapy, and one takes from it that very context within which dramatherapists tell use we learn the majority of our developmental psycho-social lessons (and mistakes).

The best solution is perhaps that advanced by one of the panel members, namely that individual work in dramatherapy should be designed primarily to ready the client for work with the group. Thus the therapist might work individually with an excessively shy client, or with a client with powerful emotional over-control or under-control, and help them work towards some preliminary levels of understanding before exposing them to group-interaction.

It must be stressed of course that at no point in this individual (or indeed in group) work is the therapist coaching the client for dramatic performance. In dramatherapy, performance <u>as a quality</u> is not important, and can indeed be counter-productive in that an accomplished actor can readily use acting techniques to hide personal vulnerabilities. It is clear from the present research that in dramatherapy the distinction between therapy and performance is indeed a vital one. The two exercises must in no sense be confused with each other. The clear impression arising from the researcher's work with dramatherapists is that although performance can be introduced into the dramatherapy session, it is done only when all participants know and understand that performance is taking place. It is never done as a way of deceiving oneself or others that genuineness is being offered.

For example, performance is often a part of role-play, but here everyone is aware that individuals are being put in role. They are also aware that the purpose of the role is not to produce quality of acting, but to explore the possibilities of what one can do, and how one can be, when one is 'given permission' to be someone other than oneself. The role therefore helps the client to examine his or her own potential, and this examination can then become the subject for subsequent group discussion and analysis. It is therefore the dramatic process rather than the dramatic product that is of greatest importance. Indeed, it seems clear from the present research that process is the paramount aspect of dramatherapy, product the paramount aspect of theatre, and this finding is of some importance, since judging by the literature and by the researcher's own observations there does appear to be a confusion over these issues in the minds of many dramatherapists.

As an aside though, it should be said that since the completion of the present research there has been a new development within the field known as 'theatre therapy' (Jennings 1990). Discussion of this must lie outside the boundaries of the present work, as indeed it appears as yet to lie outside the boundaries of the work of all but a very few dramatherapists. In addition to Jennings, also interesting in this context however is Johnson (1989) who, addressing the issue of drama and theatre in the

psychotherapeutic context, asks the question 'Is psychotherapy a dramatic or theatrical event? Does psychotherapy fulfil the aesthetic standards of the theatre?'. Johnson goes on to explore the essential elements of theatre, namely stage space, the script, the creation of the character, the audience, and the catharsis, and draws parallels between what goes on in a therapeutic encounter and what goes on in the theatre, establishing that although psychotherapy is not theatre it might have theatrical elements.

The boundaries between drama as therapy and drama as theatre can of course never be fully and finally drawn. There is overlap at a number of points. But the present research would seem to show that for the great majority of dramatherapists, drama as therapy is characterised principally by:

* the <u>intentional</u> use of drama as a way of effecting desirable psychological change.

* an emphasis upon <u>process</u> as the key element rather than upon product.

<u>Objective 2. How do dramatherapists conceptualise their subject, in particular</u>:

a. what are the most important theories and most important authorities influencing both their practice and their understanding of dramatherapy?

The results of the questionnaire (Chapter 8) show that dramatherapy is subject to a wide variety of theoretical influences. Importantly, the results indicate that these influences are mainly psychological, for example group dynamics, psychotherapy, theories of play, and child development. The influences from the creative arts - for example Child Drama (to give it the initial capitals used by Slade) and theories of theatre - although important, would appear to be somewhat secondary. There are also contribution from the overlap between psychology and drama, as in psychodrama and sociodrama.

The influences mentioned by the panel of experts are broadly in line with the literature available in the field (Chapter 4), but the questionnaire findings (Table 14) that psychological theories appear to predominate over those drawn from the creative arts is a novel and interesting one. The finding is further reinforced by the individuals named as important for the understanding of dramatherapy, with Jung, Winnicott and Rogers taking precedence over authorities from drama and from the related creative arts (Table 18).

It is also interesting to see that the drama authorities such as Stanislavski and Peter Brook who do emerge as important tend to be individuals who are known to have a strong psychological bias in their approach to theatre. This is made clear in the Literature Review (Chapter 2), but since the psychological content of Brook's work is less well-known than that of Stanislavski it is worth repeating that the former lays great emphasis upon the importance of ritual, myths, sound, movement and spontaneous improvisation. His recent epic production of the The Mahabharata shows in addition his awareness of Eastern psychological ideas, and for cultural anthropology.

Looking at the psychological theories which emerge in the research as important influences upon dramatherapy it is interesting to note the high rating of theories of play. This justifies the emphasis given to play in the Literature Review (Chapter 3) and the extensive coverage given to the work of Peter Slade. For Slade, play is the root of child drama, which in turn is the root of dramatherapy. The emphasis given by dramatherapists to theories of play would also explain the close links between dramatherapy and play therapy mentioned in Chapter 3 above.

The high position of theories of creativity shows the importance of creativity for dramatherapists, and again, these theories stem largely from psychology. The creative

arts themselves have produced little in the way of coherent theories designed to explain and formalise the creative process - although many creative artists have written about creativity - and once more we see evidence for the extensive reliance of dramatherapy upon psychology. However, it must be said that even within psychology theories of creativity are not yet very fully developed, and as pointed out by Fontana (1989), the whole area is badly in need of a new set of initiatives. (The subject of creativity is returned to later in the present chapter, where some implications for education and for new initiative are advanced.)

From a psychological perspective, it is interesting however to note the low position of behaviourism. Results in fact show a clear polarisation between dynamic and behaviouristic psychological theories, and it is interesting to speculate upon the reasons for this. The same polarisation exists within psychology itself of course, but there is no evidence that dramatherapists themselves are particularly interested in the psychological debate responsible for it. It seems more likely that in their case it is the connection of behaviourism with mechanistic procedures and with the apparent manipulation of surface behaviours, which is responsible. For the dramatherapist, with his or her interest in creativity and in the deep emotional and unconscious processes associated with it, such an apparently mechanistic and superficial approach is likely to be

regarded with some suspicion. However as mentioned when stating results in the previous chapter, Fontana and Valente (1989) have argued that some principles of behaviourism, if sensibly applied, can be very useful to dramatherapists, particularly when it comes to the monitoring of client behaviours and the assessment of client progress.

Dramatherapy, after all, is an action therapy. It depends upon doing rather than (as with psychodynamic therapies) upon talking. And it therefore follows that certain behavioural techniques (as opposed to behavioural philosophies) can contribute effectively to the dramatherapeutic endeavour. The presence of behaviourism in the Item Bank and the Questionnaire does indicate that there is some recognition of this, and it could usefully be argued that future research should address ways of incorporating relevant aspects of behaviourism more firmly into dramatherapy.

With children with special needs, these relevant aspects are potentially particularly helpful. As Hanko (1985) puts it:

> It is a tenet of behavioural theory that behaviour is shaped by antecedents which evoke it and the consequences which maintain it ..... What is advocated is to teach the child a repertoire of new skills ..... (and) to concentrate on the special environment and to manipulate its features.

(Hanko 1985, page 61)

Since behaviour is socially learned and influenced by private experience and by the way we perceive and feel about the events in our lives, behaviourists (though not perhaps behaviour therapists) are therefore interested, as is the dramatherapist, in the child's background, family history and situation. Behaviourists also increasingly recognise that 'what the client thinks about and feels about the therapist and the approach, and what the therapist thinks and feels about the client ..... (are) important conditions (in therapy)' (Berger 1979). This more flexible approach should help to allow a more substantial place for behaviourist theories in dramatherapy practise.

In the Literature Review (Chapter 4), Freudian theory and the ways in which it can be relevant to dramatherapy was extensively mentioned. This review showed that writers on dramatherapy see the subject as substantially under-pinned by psychoanalytical theory, and this is now confirmed by the present findings (Tables 14 and 18). In dramatherapy some caution is however needed in practice, because through enactment it is relatively easy to bring powerful psychodynamic issues to the surface. Once there, they need the attention of a therapist with a good grounding in psychology if they are to be handled appropriately. If they are not so handled, there is a danger that the client may be

left with these issues unresolved, or be prompted to deal with them at a superficial level.

Moreover, in many therapeutic situations, these psychodynamic issues may not necessarily be relevant to the client's presenting problems. In such situations, therapeutic action can be taken efficiently without dealing with the past, where these psychodynamic issues are felt to have their origin. As Hanko says - speaking of special needs children, but advancing an argument which is also relevant for adults:

> It is not always necessary to delve into a child's past to understand his behaviour, since the behaviour itself can tell us something about how he sees himself, what he comes to expect others to do to him and how he may interpret what we do accordingly ..... It is believed that people are helped to cope with current problems if their feelings and anxieties are shared and understood.
>
> (Hanko 1985, page 62)

The above point is particularly important in the case of teachers who may wish to use dramatherapeutic techniques with children. Such teachers are unlikely to have the training necessary to deal with any but the most obvious psychodynamic issues. For these teachers, simply helping the child - through dramatherapy techniques which allow him or her to experience and express a number of roles in different situations - to recognise and represent his or

her current situation can be a very important step. As Hanko (page 88) puts it, such a process allows the child to 'get in touch with their own situations and their feelings about them'.

The researcher feels that the results of the research under the present objective indicate the great importance of involving trained psychologists more closely in the training of dramatherapists. In view of the extent to which psychological theories underpin dramatherapy, it would seem essential that dramatherapists are given a very thorough grounding in relevant areas of psychological theory and practice. The researcher has the impression, based in part upon her knowledge of dramatherapy training, that many dramatherapists may not fully understand the enormous complexities and ramifications of psychodynamic theories on the one hand, or the practical advantages of some behavioural theories on the other.

Objective 2 b. To what extent are other creative arts (e.g. music, dance, writing) used in support of dramatherapy?

Drama is an all-embracing art, taking in each of the other creative arts at some point, and present results show that dramatherapists do indeed make considerable use of these

other arts (Table 20). The Questionnaire responses show however that dramatherapists apparently regard dance as the most relevant of the other creative arts for their purpose, which perhaps makes sense as many authors claim that all the creative arts are derived from movement. Though the alternative view - that all the creative arts stem in some way from drama - is also advocated. McNiff (1981) for example, after claiming that 'one form of expression tends to flow from one another. Thus the expressive therapies of art, dance, drama, music and poetry have an essential unity and complement each other in practice' (page viii) goes on to acknowledge the all-encompassing aspect of drama. 'In my work I have come to see all forms of psychotherapy and expressive art activity as dramatic enactment. The art of theatre is an all-encompassing form of self-consciousness and expression. It has no boundaries other than the limitations of human imagination.' (ibid page 208).

The extent to which the other arts support the dramatherapist in his or her work does depend, however, not only upon dramatherapy theory but also upon the dramatherapist's own artistic background. The biographical details obtained by the present research (Chapter 8) show that many dramatherapists have a background in the other creative arts such as dance, and it would be interesting to carry this research further and identify not only the correlations between previous training and the

dramatherapist's perceptions of the importance of the other creative arts to dramatherapy, but also to identify the extent to which (and how) the other arts are actually used during the dramatherapy session.

Another variable which may help determine the extent to which the other creative arts can be used in support of dramatherapy is the nature of the client group. The literature shows for example that when working with children, the younger the children, the more artistically global tends to be the dramatherapist's approach (see Slade 1977, Cattanach 1979, Gillies 1973, Jennings 1984, McClintock 1984b). This is of course because this global approach is in harmony with the natural way of child activity.

The present author's own practical professional experience has shown her how usefully the arts can be integrated in order to motivate and stimulate special needs children. To be able to answer to the needs and abilities of children with severe learning difficulties one has to start from very simple forms of expression, drawing techniques from music, movement, dance and art. In doing so, the therapists's own performance abilities per se are of much less importance than her ability to choose and offer those activities most suitable to the children's background and needs, and the same is probably true when working with adults.

In view of the wide apparent use made by dramatherapists of the other creative arts revealed by the present research, it may even be appropriate to ask whether we should be working towards a therapy based upon an integrated use of the creative arts rather than upon separate therapies each based upon only one of them (dramatherapy, music therapy, art therapy, dance therapy). The starting point of such an integrated creative arts therapy would be with the appropriate levels of psychological knowledge, and to this would be added an understanding of the extent to which creativity, in and of itself, can play a part in psychological change. The third element would then be an appropriate level of knowledge of the creative arts and of their integrated use. Such a therapy would, in effect, amount to a formalisation of what many dramatherapists would seem, in the light of the present research findings, currently to be attempting to do. (More reference will be made to this when the use of dramatherapy in special education is discussed more fully in due course.)

Objective 3. How can drama be most effectively used as an agent of psychological change; in particular:

a. Which people benefit most from drama-therapy?

Results show that it is the special education and the mentally disabled populations who appear to be considered by the sample to benefit most from dramatherapy. As suggested in the last chapter, this is a very interesting finding which links very much with the third aim of the Study, namely to discuss the extent to which the principles and practices of dramatherapy are applicable within the education of children with special needs.

Result show, however, that a wide diversity of other groups also appear to benefit from dramatherapy (Table 22). Much may depend upon the dramatherapist's own experience here, and also upon the opportunities that he or she has to practise their subject. Dramatherapy is still a relative newcomer to the therapeutic field, and many dramatherapists are still unable to specialise in their subject, and may have perforce to work with whatever client groups offer themselves rather than with those that they would actually choose. In addition, many venues in which dramatherapy could usefully be practised (for example psychiatric wards and psychiatric day centres) currently provide few opening for dramatherapists to work professionally.

Research at an empirical level, in which the effectiveness of dramatherapy with various client groups is actually assessed, is necessary if we are to validate many of the claims made for the effectiveness of dramatherapy. One of

the panel of experts had it for example that everybody can benefit from dramatherapy and even from any drama activity. This is a bold claim, and one would like to see it supported by hard evidence. Those studies which have sought for such evidence - albeit using general drama activities rather than specifically dramatherapy - appear to show that such evidence may eventually be forthcoming, at least in the area of self-esteem (Mosley 1987b), socialisation and spontaneity (Huntsman 1982) and creativity (Furman 1981).

However, it may always be difficult to measure the actual gains from any dramatic activity until we develop more appropriate measurement tools. Those which are currently used are taken over from psychology, and there is a need to produce tools specifically designed for use with the creative arts therapies. The need for such tools has been emphasised by Landy (1984), but the problem of 'measuring behaviours in an area where non-observable processes are so crucial' (as Landy puts it, page 94) remains to be solved. The most promising current attempts are perhaps those made by Sutton-Smith and Lazier (1971) who have examined the commonalities between psychology and drama and produced a scale for assessment of dramatic involvement (Lazier et al 1972) and Sandberg (1981) who conceived a Dramatic Process Observation Scale. The scale indicates aims for drama in an educational or therapeutic context and includes three main

developmental categories of behaviour namely stereotyping, imitative and creative.

Objective 3 b. Which are the most important aspects in the initial assessment of clients in dramatherapy?

Table 24 in Chapter 8 contains a list of the factors considered most important by dramatherapists in their initial assessment of clients. This element of the research is a very meaningful contribution to the field in that it presents the systematisation of a number of aspects relevant to client assessment, and thus offers useful guidance to dramatherapists in an area of their work where such guidance has hitherto been largely lacking.

Table 24 indicates that the most important relevant factors in initial assessment are related to what one might broadly call personal/social attitudes - the client's motivation to do therapy and to accept personal change, the attitudes of the client and the therapist towards each other, the willingness of the client to observe limits and boundaries, to play creatively, to play in role, and to remain in therapy. These personal/social factors appear to be of greater importance to dramatherapists than more clinical considerations such as the client's clinical history, previous experience in therapy, and the apparent absence in

him or her of psychosis (though it must be stressed that all these are nevertheless still regarded as important).

It is interesting to note that a reasonable ability to articulate, and the presence of logical rational thinking and of an understanding of the creative process are also subservient to personal/social factors. In fact, the insistence (albeit not a particularly strong one) by respondents on the absence in the client of acute insight into personal problems suggests that clients who are too articulate and too full of self-understanding may not commend themselves over-much to the dramatherapist. It is not clear whether this is because dramatherapy is seen as of doubtful benefit to those already advanced in psychological health, or whether this is because such people may not take to dramatherapy or may prove too personally challenging to the dramatherapist.

It is interesting to note that there is no mention, either here or in the original Item Bank, of any reference to competence in dramatic performance, and this supports the point already made that such performance <u>per se</u> is not a feature of dramatherapy. It is equally interesting to note however that the list of factors important in the initial assessment of clients for suitability in dramatherapy borrows largely from the psychological literature. There would seem in fact to be a need for dramatherapists to find

their own language in order to supplement this psychological input.

The task of finding such a language may already be underway. The author recently had the opportunity to present a symposium paper at the largest conference held to date of creative arts therapists, situated in Washington D.C in November 1990. A feature of this conference, attended by some 4,000 therapists from all areas of the creative arts therapies, was the eagerness to create a specific identity for the creative arts therapies both as a health profession and as an academic subject. It was also interesting to observe that although on the one hand each creative art therapy is trying to define itself and its own boundaries, on the the other there is a much bigger awareness of the inter-relationship between each of the creative arts and of the need to establish common ground and a common language of debate, discourse and diagnosis.

To this end, the conference had as its theme 'Creativity Through Collaboration', and there was every indication of attempts to build upon the work of such authors as Kelly (1988), Naitove (1984), Clark-Schock et all (1988), and Westbrook (1988), all of whom in their different ways are attempting to further this collaboration and to provide it with the necessary linguistic tools. The present research appears to show, however, that dramatherapy has as yet made

little real contribution to this endeavour, although in the USA Robert Landy, with whom the present author was able to work during the Washington Conference, is currently attempting to establish a taxonomy of roles developing out of theatrical characters which relate to diagnosis, treatment and assessment strategies in dramatherapy (see Landy 1990 and 1991a).

Objective 3 c. Which techniques do dramatherapists most frequently use and to what extent do these draw upon psychology?

The most noticeable feature of this area of the research is the extensive number of techniques recognised as important to dramatherapy. When one compares this list with those lists likely to emerge if one posed the same question to therapists in other fields, it is a reasonable speculation that it would emerge as one of the, if not the, longest. Of course, not all dramatherapists will use all these techniques, and the order of importance represented in Table 26 is probably a fair indication of the frequency with which each is used. Nevertheless, one does have to acknowledge that the dramatherapist apparently needs to have at his or her command a very wide range of practical/therapeutic skills.

The most noticeable feature of the rank order of apparent importance is the high placing of myths and legends (first), and symbols and imagery (fourth). This indicates the extent to which dramatherapists appear to work with unconscious processes in their clients. However, with this exception, there is really no particular pattern behind the rank order. The value of the list therefore lies primarily in its extensive nature. For those professionals, such as teachers in special education, who are not trained dramatherapists but who wish to use some dramatherapy techniques, the list provides a very useful guide to the techniques from which they can choose (a point which will be mentioned further when special education is discussed more fully later in Chapter 10).

It would be wrong of the present writer to comment too fully upon the absence of a particular pattern in the rank ordering, except perhaps to suggest that as dramatherapy becomes more formalised, such a pattern might well be expected to clarify itself. If it fails to do so, there is a risk that the subject may lack the degree of focus apparent in other therapies, and thus may seem to outsiders more like a therapeutic field than a particular identifiable therapy. This apart, one is certainly left with the impression of a very rich therapeutic approach, and the realisation that, if this approach is successful, there are

indeed a wide number of creative arts-related experiences which carry therapeutic potential.

One can also recognise the importance of psychology to many of these experiences. Myths and legends, symbols and imagery, projection, and dream accounts relate closely to the work of Jung and to psychodynamic psychology in general, while role-reversal relates to the work of Perls in Gestalt therapy (see Perls 1971, 1973). Communication games, role play, and group work relate to social psychological techniques, while self-reports and session evaluations relate to cognitive therapy. Together with the other psychological aspects discussed in the present Study, it is clear that dramatherapy does indeed draw heavily from psychology, though it could well be argued that the psychodynamic aspects which it contains could well be more fully balanced by influences from other, more scientific psychological areas. The fact that currently it is not balanced in this way may, however, be a reflection on the reluctance that scientific psychology shows to involve itself more fully with therapeutic work and investigation.

Objective 3 d. What are the most important aspects of a dramatherapy session?

The research identified five main stages of the dramatherapy session: warm up, main activity, grounding, closure and evaluation. The results of the questionnaire showed that all of the stages are considered very important (Table 28). However, results show that closure appears to be of particular (indeed perhaps of most) importance.

If we turn for a moment from dramatherapy to the longer-established practice of psychodrama, we find that in the classic structure of a psychodrama session there are three main stages: warm up stage, action stage, and the closing stage. The action stage is in turn sub-divided into three segments, namely portrayal of the present, exploration and interpretation, and finally alternative behaviours.

Some of these elements are also common to the dramatherapy session, although in dramatherapy the session is not so rigidly structured (see e.g. Landy 1986). In psychodrama the closing stage (closure) shares the importance given to it by the dramatherapists in the present research, and is held to provide variously emotional stability, comfort, optimism, understanding and the opportunity for the participants to de-role. De-roling, which means that the participants in the session relinquish the roles they have been in during the session, is regarded as vital, in that when properly done it allows individuals to return to the real world, while at the same time retaining some or all of

the learning that they have acquired when in role. Successful de-roling often takes the form of a brief discussion, in which participants share with each other the experiences gained when in role. Such discussion thus enables both grounding and evaluation to take place at the same time, and in this way de-roling can serve both as a way of grounding and as a way of evaluation.

In the view of the present researcher, grounding and evaluation are in fact intimately connected. The role of the dramatherapist will be discussed more fully in the next section, but through grounding and evaluation he or she ensures that the group is ready to leave the session in a better emotional state than when the session began. Carrying out successful closure is not easy however, and Landy (1986) warns us that 'For many, closure is the most difficult part of the dramatherapy session (page 117) .... the powerful therapist (may be) skilled at opening clients up and causing them to bare their souls but has neither the inclination nor the skill to safely close the session ..... The lesson is: beware of the abuse of your power. A concomitant one is: take a hard look at the implications of your techniques or, like Pandora, you might dislodge more sorrow than a client can handle' (page 118). Jennings (1986a) emphasises a similar point, and remarks that very often dramatherapists spend too much time with warm-ups and thus fail leave enough time for closure. She suggests that

whatever the type of group, at least a quarter of the session should be devoted to closure.

This touches a key issue about the dangers for the client if dramatherapy is not done properly, and is a point which must be borne very fully in mind when discussing placing dramatherapy techniques in the hands of teachers in special education. Dramatic activities are highly projective, and can easily bring to the surface client material which the therapist will find difficult to deal with. Jennings (1986) emphasises that 'people need to be able to walk away from the session as themselves and without over dependence on the group' (page 213). However, it must be stressed that closure is not necessarily a resolution, a closing up. The important point about closure is the opportunity it gives for each participant to review or reflect upon what has occurred during the session, thus helping him or her to affirm 'present feelings and allowing him to assert a sense of self' (Landy 1986, page 119). Closure should also point to hopes for the future, and should help the client recognise what needs to be done and how best to do it.

However, important as discussion is to the closure process, it does not have to occupy it to the exclusion of everything else. Many dramatherapists and psychodramatists also use a group ritual experience, such as one in which all form a circle and offer both a present feeling through words and/or

movement, and a hope for the future. Blatner (1988) lists some such techniques and emphasises that closure should also:

1. deal with 're-entry' (the way in which group members can adapt what they have learned to their everyday lives).

2. summarize what has gone on and discuss its implications.

3. plan the next session, for example by agreeing on the theme to be dealt with.

4. give support, particularly where a group member is vulnerable (perhaps by using ego-building techniques in which the other group members all say something they like about him/her).

5. deal with unfinished business, perhaps by drawing the group into a circle and inviting members to share directly the resentment or appreciations they feel for each other.

6. use rituals, such as a guided group fantasy.

7. deal with separation, for example by forming a circle and requesting each person to say goodbye individually to every person around the circle.

This extended discussion on the importance of closure does not mean that the other stages of the dramatherapy session revealed by the present research are not also important.

Warm up The warm up is a preparation for the session, and as Landy puts it 'a means of engaging the imagination'. There are physical warm ups which draw upon dance, creative drama, acting exercises, yoga (particularly breathing exercises) and relaxation exercises. Or mental imagery can be used. Or there can be a verbal warm up in which clients each make statements about themselves based perhaps upon what has happened since the last session. But whatever form it takes, the warm up introduces the elements of what will be happening in the action stage (i.e. the main activity), and prepares the client for the process of self-exploration and probably self-disclosure.

Objective 4. What are the most important aspects of the role of the dramatherapist?

Listening, observing and supporting top the list as the most important aspects of the dramatherapist's role (Table 30), while provoking, interpreting and taking a role are assigned the lowest level of relative importance. The three top aspects are basic principles of Rogerian therapy, and further strengthen the points already made about the importance of psychological principles to the theory and practice of dramatherapy. They suggest also that, again like Rogerian therapy, dramatherapy is essentially non-directive, a finding which is in accordance with the low relative placing of interpreting and provoking. The low relative placing of interpreting also indicates an important difference between dramatherapy and psychodrama, since the interpretation of client performance figures quite prominently in the latter.

The client-centred, facilitator role of the dramatherapist may seem at odds with the whole idea of dramatherapy as an active therapy, but in practice it implies just the contrary. The implication in fact is that it is dramatic activity itself that produces therapeutic change, rather than the dramatherapist him or herself. The latter's role is to provide context, to listen, to watch, and to offer the

necessary support. McNiff (1981) puts it rather fancifully that the role of the dramatherapist is rather like that of a shaman: 'We are artistic alchemists and twentieth century shamans who have discovered that in a time of emotional estrangements the arts offer a very old and predictable hope in sanctifying life through creative enactment' (page 224).

Experience in theatre also comes quiet low on the list, which keys in with the low priority, mentioned earlier, that appears to be given by dramatherapists to dramatic performance per se. However, this does contrast with Jennings (1990) statement that the dramatherapist 'needs to be thoroughly trained in all forms of theatre' (page 39), and this may point to a lack so far of any clear consensus of the part that theatre should play in dramatherapy.

One way of interpreting the relatively low placing given to experience in theatre by the present respondents is that most practitioners find they actually make very little use of their own theatre skills. As Landy (1984) puts it, 'therapeutic performance can be as simple as a creative dramatic exercise where, for example, one participant mirrors the movements of another'. After all, the client in dramatherapy is not playing to an audience, since the audience 'consists of those who are part of the therapy group' (Landy 1984, pages 97-98).

The fact that take a role appears bottom at the bottom of the list of aspects of the dramatherapist's role provides further evidence of the fact that he or she is primarily an observer rather than an active participant. However, the ability to take a role is clearly necessary for the dramatherapist, because with certain client groups - for example disabled or handicapped children - the therapist has to become a character and take what Heathcote calls a 'trigger' role (see Wagner 1979).

Working with supervision is seen as very important, and in fact supervision is 'an essential component of good practice' as defined by the British Association of Dramatherapists (March 1988). However, the whole issue was for some years a matter of debate, and it was only recently, 'after 10 years of exploration and argument' that the Association found 'an agreed and workable policy on supervision, supported by the membership. For the future, the Association hopes that the implementation of work-long supervision will allow the Association to be a member of the Humanistic and Integrative Group of the UK Standing Conference on Psychotherapy' (Information sheet by Tone Horwood - BADth Supervision Sub-Committee, 1991).

In the Item Bank (Chapter 7 Part II) there is in fact a whole section on supervision, but this was omitted from the questionnaire because the provision and attitudes towards

supervision of dramatherapists are essentially professional issues, outside the objectives of the present Study. However, the content of supervision is important for present purposes, in that it potentially gives further information on the role of the dramatherapist. Daly (1988) outlines some of the processes occurring in her own supervision. These involve:

1. writing up and reflecting upon each group session.

2. demonstrating the ability to organize the group into a size which is workable, and to stick to the boundaries set.

3. negotiating for N.H.S. payment for the supervisor.

4. demonstrating an understanding of the effects and nature of the projections, transference and counter-transference apparent in clients.

5. demonstrating the ability to negotiate for a post as a dramatherapist.

6. identifying the reasons for running a group and what and how should be done with the group.

7. understanding the agendas of both therapist and clients.

8. limiting the amount of groups run per week to a number which allow time for thinking and planning.

9. developing the internal supervisor.

10. developing interview techniques for the purpose of assessment and diagnosis.

In discussing these processes, Daly refers to the importance of supervision for helping her self-understanding and for helping her to face her own ignorance and chaos. Here of course process number 9 above, 'developing the internal supervisor', is particularly important, a point also emphasised by Jennings, who maintains that this internal supervisor 'grows and matures with practice ..... (and) is able to stand a little apart and look in ..... The internal supervisor monitors the therapeutic process in situ, and stabilises the relationship between the internal therapist and patient' (1990, p.49). Jennings advises dramatherapists 'to use as role models other helpful and informed people, whose style, opinions and practice we respect. This slowly synthesises with our experience of supervising others in our own individual and unique style into a potent and helpful dimension to our work' (page 49).

The British Association for Dramatherapists Code of Practice (1991) also addresses the issue of supervision, and considers that supervision should help the dramatherapist decide on the suitability of referrals, establish a clear and respectful working relationship with clients and with other professionals involved in their care, further his or her own personal development, keep proper clinical records, communicate with colleagues think clearly, and analyse sessions.

The importance given in the present research findings to creating atmosphere, facilitating change, and identifying issues, links interestingly with a report - Artists and Arts Therapies - published by the Carnegie Council on Arts and Disabled People. Relative to the role of all arts therapists, the Report emphasises that therapists should provide for their clients the right environment in terms of time, attention and a clearly defined relationship. It also suggests that this environment should help the development of a symbolic language which can provide access to unacknowledge client feelings, and a means of integrating them creatively into the personality, thus enabling therapeutic change to take place. The emphasis should not be upon the aesthetic merits of the art work (cf the points already made about the relative unimportance of dramatic performance per se in dramatherapy) but on the therapeutic process - that is, upon the patient's involvement in the

work, their perception of it, and on the possibility of sharing this experience with the arts therapist. An environment of this kind, the Report urges, gives clients a chance to express difficult or unacceptable feelings in a safe way (see Artists and Arts Therapists, 1991 , page 3).

A final point about the role of the dramatherapist

The list of dramatherapist role aspect identified by the present research is much more extensive than that given in the literature, and suggests the research makes a useful contribution to this new and important field. Obviously, each dramatherapist is an individual. Some will naturally be more directive than others. Some will be more creative and sensitive than others. And each will be responsive to the needs of individual groups. In consequence, even a comprehensive list such as the present one has limitations. It is also difficult to convey in a word or two on a questionnaire ideas that in the original interviews with the panel of experts often took many sentences to articulate.

Objective 4 a. What personal qualities should the dramatherapist possess?

The discussion of Objective 4 links with that of Objective 4 a., in that the role and the qualities of the dramatherapist are obviously closely related. Table 32 in Chapter 8 shows

that self-insight, comes at the top of the list, while the overall profile of the good dramatherapist could be said to be of a person strong on motivation, empathy, sensitivity, and spontaneity, in contact with his or her emotions, imaginative, energetic, intuitive, open, humorous, reflective, clear thinking, bodily aware, humble, generous, deep feeling, and sociable. Quite a paragon in fact! Realistically, one should say that the list shows the qualities a dramatherapist should aim to develop rather than the qualities he or she actually already has. The list can therefore be very useful for the dramatherapists professional self-assessment, and perhaps even more so for the training of dramatherapists.

This of course raises the issue of how one can foster or develop such qualities in training. The whole issue of training was in fact addressed in the interview stage of the research, and the Item Bank provides some meaningful statements about it. It is clear that besides the artistic and psychological training of dramatherapist their personal and emotional growth must also be facilitated, and the presence of experience in therapy in the present list adds further emphasis to this.

Robert Landy (1982) offers a four-model training for dramatherapists which stresses the importance of developing the dramatherapist's personal creativity and psychological

awareness, and during the present researcher's interviews with the panel of experts she was told that 'personal and emotional growth are the most important aspects of training'. But training is only a start in the journey of self-exploration, better self-understanding, self-awareness and psychological well-being. As another panel member put it during the interviews, 'this is an on going process', a point which tallies with the discussion of the importance of supervision above.

Objective 5. How does dramatherapy operates as a process, and what are the most important aspects of this process?

Table 34 of the Statement of Results shows that of the list of processes identified as important by the research, express feelings, become acquainted, and accept each other's feelings appear at the top. These are essentially social qualities, emphasising yet again that dramatherapy is essentially social psychological in its methodology. The next two items on the list, find communality with the group, and make contact with the therapist, are also social, and even the such personal items as be spontaneous, take risks, and explore potentialities through role also carry social elements, as do identify potential contributions, share

differences, self-disclose, and contain emotions and reject others' feelings.

At the same time, some emphasis is given to explore personal pain, relate symbolic roles to personal experience, recognise personal instability, effect transference, understand transference, experience catharsis, and personally reconstruct myths and rituals, all of which carry the psychodynamic connotations to which so much attention has already been drawn.

Most of the processes listed are common to other therapies and not just confined to dramatherapy. One might expect something very specific to the dramatic experience to come at the top of the list, but this isn't the case. Dramatic processes such as play a single role effectively appear very near the bottom of the list, although in the literature it is considered the core of the dramatherapeutic experience. For example Landy (1991) explains that right at the beginning of his dramatherapy work he asks the client to enter a fictional world and invoke dramatic roles which attempt to contain the specific reason for seeking therapeutic help. He points out that:

> these dramatic roles, bridges between one's inner experience and external reality, offer the means through which dramatic healing can occur ..... The process of healing occurs as clients are

> able to uncover an embedded role structure that in many ways determines their behaviour, and move towards a recording of the structure in order to take more control of those functional roles that serve them well, while at the same time diminishing the power of the controlling, dysfunctional ones.
>
> (Landy 1991, page 4)

Moreover, Landy says that in working through role the dramatherapist asserts her uniqueness among other practitioners trained in other theoretical models. This seems to be a very important point, because dramatherapy needs to find its uniqueness if it it to establish itself in its own right within the family of therapies. Landy has it that

> the principle of <u>impersonation</u> lies at the core of dramatic experience - whether in ritual, play, improvisation, or formal theatre. By impersonation I mean the ability of the person to take on a persona or role ..... It is very much my point of view that role theory is at the root of a dramatherapy model.
>
> (Landy 1991, page 4)

If this is indeed the case, it would not seem that the present respondents are universally aware of it. <u>Explore potentialities through role</u>, another of the processes listed, also does not seem to receive the relative weighting of importance that one might predict. Exploring potentialities through role is a process particular to

dramatic experience, allowing as it does the client to behave in an 'as if' situation which can show him or her that they have the potential to be different, the potential for change.

Finally it is important to ask what does transference, which is mentioned so often, mean within the context of dramatherapy? Landy, who is quoted so often in the present Study because he is the prime theoretician within the field, tells us that:

> The dramatic world view is not a simple one in which I am I and you are you ..... For, in the dramatic model of role taking, things are not what they appear to be. Roles and reality are not fixed. You become me and I become you through the process of identification and projection. Not only does the individual often see himself as a representation, but he also sees others as representations. That is a friend as a mother, or a therapist as a father. Through transference, the individual transforms an actual role into a symbolic one. In effect, one recreates reality according to one's subjective world view.
>
> (Landy 1986, page 95)

Whether this is what a Freudian psychoanalyst means by transference is another matter, since Landy makes no mention of transference as an unconscious, ego defensive activity. Nor would a Freudian necessarily accept that through transference 'one recreates reality according to one's subjective world view'. Perhaps it would be more helpful if

dramatherapists attempted to develop some of their own language, to mark off more clearly what they are doing from the activities of other therapists. A term such as transference, so important to their work, could then be freed of some of its present confusion.

Objective 5 a. How is group progress assessed in dramatherapy?

The first factor emerging as group progress was group involvement, followed by group cohesion, group risk taking, level of group spontaneity and creativity, level of group work and movement from mundane reality to dramatic reality.

It makes sense that group involvement should appear as relatively the most important factor in assessing group progress (Table 36). As has been emphasised many times, dramatherapy is primarily a social psychological activity. A group which shows little involvement in this activity is therefore unlikely to make much in the way of useful therapeutic progress. Group cohesion, which emerges in second place, also stems very much from this group involvement. In fact all the items on the list, together with much of their rank ordering, represent a logical outcome of the dramatherapist's understanding of group processes. Thus, as cohesion grows in the group, naturally

there is more ability to take risks, which in turn allows more spontaneity and creativity to emerge. Movement from mundane reality to dramatic reality is very much an outcome of working through creativity and through the metaphors associated with it.

In connection with the group use of metaphor Jennings writes that:

> Whether they are expressed non-verbally or verbally, through role or projection, through myth or ritual, through masks or mime, (metaphors) are the key to our understanding. These metaphors are the dominant symbols with which we begin to comprehend the human condition specifically and generally.
>
> (Jennings 1987a, page 14)

The use of group metaphor is a point at which the methodology of dramatherapy differs from that of psychodrama, where problems are worked through at a more direct, less symbolic level. However, Jennings (1987a) acknowledges the debt that dramatherapy owes to Moreno and psychodrama in its use of the group and in its assessment of group progress: 'Just as all psychodynamic psychotherapy must acknowledge the major contribution of Freud, so most groupwork approaches acknowledge the innovatory influence of Moreno on their thinking and practice' (page 3).

Objective 5 b. How is individual client progress assessed in dramatherapy?

The research identified observation of client behaviours, self-reports and reports from other professionals as the more important methods of assessing individual clients. Little needs to be said about these, all of which are self-explanatory. Projective techniques, in fourth place, do however require rather more elaboration.

Photography, video, masks, puppets, dolls - all of which are used in dramatherapy - can all serve as projective techniques (Fryrear and Fleshman 1981, Kraus and Fryrear 1983) and thus allow distancing, a concept in dramatherapy upon which Landy in particular has laid emphasis. Landy points out that:

> in dramatherapy the concept of distancing leads most directly into practice through the use of projective techniques. Projective techniques are inherently more stylized and distanced than psychodramatic ones, as aspects of the person are projected onto a persona and a graphic distinction is made between self and non-self.
>
> (Landy 1983, page 177)

Video has particular potential as a projective technique, since it allows for instant feed-back, self-perception and self-analysis. When used in dramatherapy, video can also be

combined with storytelling, puppetry, mask work, and extended dramatization. However, from the personal experience of the present researcher, video would seem to be used much more extensively for this purpose in the USA than in Britain, and Table 20 (see page 408) does in fact show that both video and photography carry relatively low mean ratings among UK dramatherapists.

Puppets and dolls are less realistic representations than video and photography, and thus although they do not have the same advantages of instant feedback, they change the mode of reality and allow even greater distancing. For example a child through an act of imagination can make her doll become the mother or a puppet become the bad guy. This is particularly important in play therapy, where even less realistic objects than dolls and puppets (e.g. blankets, wooden blocks, stones) can be used. Such objects can be helpful in the assessment of how a client sees him or herself, and how they conceive their needs.

Dramatherapists do in fact often ask clients to bring objects with them into therapy, and then observe as the clients use these objects to externalise and focus feelings. By recognizing the properties projected onto the external object, the client can subsequently be helped to recognize these properties inside him or herself, and thus deal with the disturbed feelings or behaviours associated with them.

The diagnostic value of puppets has been particulary recognised by Irwin and her colleagues, who have devised a technique called the puppetry interview in which the child enacts a story through a puppet in dialogue with the dramatherapist (Irwin and Shapiro 1975, Irwin and Rubin 1976). The analysis of the content and form of this dialogue then allows the therapist to make diagnostic judgements and plan the direction of future treatment.

Masks have a rather different quality in that they can instantly transform the client's appearance. Many cultures, Western and non-Western alike, use the mask for ceremonial purposes and as a means of communing with the spirit world, of influencing the future, and of playing with and releasing feelings. For Landy (1986) mask work in dramatherapy is a literal representation of the notion of the double, the split between individual and archetype, body and spirit, the hidden and the revealed, while Jennings puts it that:

> No account of dramatherapy practice is balanced without an understanding of the use of masks. Mask work can be very powerful both in theatre and therapeutically.
>
> (Jennings 1990, page 110)

Jennings goes on to explain that because of its power some practitioners feel concern about using masks. They fear clients may lose the boundaries between fantasy and reality,

or that masks may stir in them or others uncontrollable emotions, or that a person may be unable to de-role or distance from a mask once the drama has ended and the mask been removed. Thus grounding, the importance of which was discussed in some detail earlier, may be difficult or impossible.

This fear of mask work is probably the reason why masks in fact appear at the bottom of Table 26 (Techniques and Skills Used in Dramatherapy). The dangers inherent in their use are particularly apparent if we look at the four functions of the mask identified by Smith (1984). These are respectively the expression of the satiric and grotesque (representing the foolishness and bestiality of mankind), the embodiment of the heroic (representing the nobility and godlike quality of mankind), the expression of dreams (representing the psychological, often fragmented projections of mankind), and the embodiment of social roles (representing every-day role playing). Clearly all four of these functions may stir up material in the client with which the dramatherapist cannot deal, and it may be appropriate in consequence to insist once again that dramatherapists should be given in their training an adequate knowledge of psychology. It seems anomalous that they cannot use one of the most powerful techniques available to them simply because they cannot handle the very

material in their clients with which therapy should be actually dealing.

It also seems possible that some dramatherapists do not understand the methodology for using masks. Jennings (1990) outlines this methodology, insisting that masks should be introduced gradually into dramatherapeutic groupwork, allowing clients to become habituated to them. A suggested progression is from the simplest to the more complex, going from masks which can be held in front of the face or to the side to hand-held masks, to masks that cover eyes only, to 1/3 masks with animal features, to 2/3 masks covering the front of the face, to whole masks that cover under the chin, and finally to whole-head mask that cover most of the head. In that way the degree of identification between client and mask is gradual. Jennings emphasises that when masks are used therapeutically, the therapist needs to be clear whether he or she is working close to the client's own life or dramatically distant from it.

Make-up is another projective device that conceals in order to reveal parts of the self not yet fully expressed in everyday life, and like masks, it should be introduced gradually if clients are to habituate satisfactorily. Children in particular take great pleasure in making-up, and it is often clear when working with them that part of this pleasure comes from an escape from the usual public self.

As with masks, it is a little surprising that dramatherapists fail to make more use of this technique, and clearly in this whole field of methodology much work remains to be done if dramatherapy is to make full use of the powerful techniques available to it.

Objective 6. What personal attributes conducive to psychological health appear capable of development through dramatherapy?

This part of the research is of course central to the attempt to make a psychological study of dramatherapy. Table 40 shows that self-esteem, self-awareness, self-acceptance, and self-confidence carry the highest mean values for importance, and all these are closely associated with the presence of psychological health. Dramatic repertoire on the other hand appears at the bottom of the list, emphasising once again the point already strongly stressed that the quality of dramatic performance is not of great importance in dramatherapy. The Table as a whole suggests in fact that dramatherapists don't operate within a dramatic language, but are much more influenced by a psychological and psychotherapeutic one.

The four variables at the head of the list in Table 40 all start with the prefix self. Social psychologists consider

that a person's self-concept is learnt through interpersonal encounters with significant others. George Herbert Mead made the concept of self a major focus in his work, and his theory of the self would appear to be very relevant to an understanding of how dramatherapy can contribute to the satisfactory development of psychological health.

Mead describes in detail how the self is developed through interaction with the environment, arguing in fact that there can be no self apart from society, and no awareness of self and no ability to communicate self separate from society. In his view the two chronological stages responsible for the full development of the self were firstly the simple organisation of the particular attitudes of others towards oneself, and secondly the organisation of the attitudes towards one of the social group to which one belongs (Mead 1934).

The relevance of this to dramatherapy is of course that through the dramatherapeutic process the individual can 're-build' the self in and through his or her interactions with the group. As Mead says, both in stage one and stage two of the development of the self the individual takes roles based upon the behaviour of others, and in due course internalises and plays games with these roles.

For Mead the self consists of two parts, the 'I' and the 'me', the 'me' determined by others' views and the 'I' reacting to the 'me'. Landy (1986) tells us that this view of the self is comparable to that of a dramatic representation, a dialectic between the subjective 'I' and the objective 'me'. Dramatherapy, with its specific use of psychodramatic techniques such as the 'doubling' referred to in Chapter 5, helps the individual to observe this dialectic and come to a better understanding of personal psychological functioning. For Mead, this functioning - the 'mind' as he calls it - is a stage for the symbolic interaction between the individual and the social world, between the life of the imagination and that of everyday, between the 'I' and the 'me'. Landy (ibid 1986) points out that in dramatherapy 'As the client (becomes) able to interrelate the imaginative and the actual, he will move toward more integrated, healthy functioning. This notion assumes that unhealthy functioning is an imbalance between the life of imagination and that of everyday' (page 81).

In addition, in dramatherapy the client is allowed to become aware of the self (self-awareness is placed second in Table 40) variously as a social object, as part of a psychodynamic process, and as an agent for action (Miller 1973), all of which help in the development of the self-concept. As Bannister (1981) puts it, this concept relates to 'the personal awareness of one's uniqueness'. The experimental

nature of much of what the client is able to do in dramatherapy, and the new potentialities that this opens up, help to broaden and deepen this sense of uniqueness, and allow him or her to discover what Germain (1978) refers to, when defining the self-concept, as the self as 'actor, doer or agent' (page 388).

Self-esteem, in first place in Table 40, is as Coopersmith (1967) tells us, largely a summary - in itself a 'reflected appraisal' of the reactions and opinions of other people - of one's evaluation of one's abilities, competences, successes and failures. It is, in Coopersmith's words, 'a personal judgement of worthiness that is expressed in the attitudes the individual holds towards himself. It is a subjective experience which the individual (then) conveys to others by verbal reports and overt expressive behaviour' (page 5).

In a dramatherapy group, not only are there opportunities to gain self-awareness by re-examining, re-presenting and re-defining the self, there is also the chance (particularly important when working with special needs children) to create opportunities for the success which enhances the client's sense of personal worth, a sense which can then be further strengthened by a supportive group and by a listening, observing and supportive therapist.

Self-acceptance, in third place in Table 40, is so closely linked to self-esteem that little needs to be said about it beyond remarking that some psychologists now use the term in the place of self-esteem, arguing that it carries a less egotistical tone. However, although the two terms are often synonymous, self-acceptance does carry a wider connotation in that one can accept and excuse aspects of oneself without necessarily valuing them particularly highly. Self-acceptance, in the view of the present author, comes largely through self-understanding, that is through a recognition of why one is as one is, and of the forces that have gone to shape, sustain and circumscribe one's behaviour. Dramatherapy, through its use of psychodramatic techniques, can help the individual re-examine the past as well as the present, thus greatly helping towards this self-understanding. And by working upon self-esteem and self-presentation it can also help in the development of self-confidence, placed fourth in the Table.

The other items in Table 40, although important in themselves, are relatively standard to any psychotherapeutic endeavour. The most interesting aspect of the Table remains the cluster of variables relating to the self. All of these represent psychological characteristics well represented in the psychological literature, and it is interesting to note, as with the previous objective, that the language here is more the standard psychological one than the language of

metaphor, healing myths, and dramatic repertory so very much part of the most recent dramatherapy literature (e.g. Jennings 1990, Landy 1986, Gersie 1990). This may suggest that the language of metaphor and myths is not ideally suited to the client needs and levels of understanding encountered by dramatherapists in the course of their practice. Perhaps, therefore, the field should turn more strongly to the language of such as Rogers and Mead. Rogers in fact appears as a very relevant authority for dramatherapists (Table 18), though he receives less prominence than Jung, whose language of myths and metaphors does not emerge very well from Table 40.

This does suggest some confusion within the dramatherapeutic field, and this suggestion is further strengthened by the relatively low placement in Table 38 of Kelly's repertory grid. The repertory grid is a highly sensitive tool for assessment of the self (see e.g. Fontana 1986), and one wonders why it is not given more prominence by respondents. Is this perhaps because dramatherapists are not abreast of the latest psychological thinking, or unable to identify those aspects of psychology which are of most relevance to actual practice?

Whatever the reason, the present research seems to show that there is a gap between dramatherapy theory and practice. There is clearly a need for more research on what

dramatherapists really do and on what are their actual needs. This links to the fact, brought home to the present author by her work for this Study, that more research is also needed into the best way to train dramatherapists. The contact with students undertaken by the present author in the course of her work shows that in all the training courses there is much emphasis on personal growth, on the students 'finding themselves', on self-exploration, but very little input relating to the more theoretical aspects of dramatherapy.

It does seem in fact that many dramatherapists are afraid of theory (and of the research that should go to underpin theory). Such theory as does exist in dramatherapy is heavily psychodynamic, and one does have to question whether it really suits dramatherapy training and practice. This is not to be critical of psychodynamics, but simply to draw attention to the fact that psychodynamic training is very long and needs very deep knowledge. To attempt to cover some psychology, some drama skills, practical work in a variety of settings, personal therapy and psychodynamics in the short two-year training of the dramatherapist seems to be too ambitious. There is the danger that what may be picked up is simply a set of terms, and a set of terms moreover which do not correspond to the reality of the dramatherapist's work. For instance, in the psychiatric units where many dramatherapists work, many of the clients

are short-term and intellectually limited, and can participate only in very few sessions, making a psychodynamic approach difficult to present and difficult to understand. (The present author for example observed dramatherapy work in a psychiatric setting in New York and this was very much the case). And where dramatherapists work with special needs children these difficulties of presentation and understanding are even more likely to occur.

Perhaps more attention should be given to behavioural and cognitive psychology. What seems to be happening in the dramatherapy field is that those who are providing the theory have now themselves moved away from the mainstream practicalities of dramatherapy work. In the more rarified fields of teaching and of private practice in which they now work there may be the time to explore psychodynamics, but for the mainstream dramatherapist more easily absorbed and more easily applicable theoretical models are perhaps needed.

The present research shows that the majority of dramatherapists work with the disabled population (Table 22). Present results also show that in the view of respondents special needs children, the mentally disabled, the neurotic and the physically disabled form a cluster of clients who gain most from dramatherapy work. However the

present author, who also is professionally interested in these clients, has found very little literature in dramatherapy, in spite of an exhaustive search, which relates to them (see also similar comments by Mosley 1988). There is thus an urgent need to provide theory really useful to these clients and thus to the majority of working dramatherapists who spend their professional lives trying to help them. It is hoped that the findings of the present research will add further emphasis to this need.

CHAPTER TEN

IMPLICATIONS AND CONCLUSIONS

Implications of the Research for Drama in Education

The sections of the questionnaire which are of most relevance to the educational context are respectively the role and qualities of the dramatherapist (Tables 30 and 32), client behaviours in the dramatherapy process (Table 34), and client attributes relevant to assessment in dramatherapy (Table 40). The first and last of these will be discussed when we come to consider issues related to training in due course. For the moment we will concentrate on client behaviours in the dramatherapy process, and attempt to draw implications from these for how drama can best to be used to further personal development in children in mainstream education.

The dramatherapy process

Table 34 (see page 425) indicates that of greatest importance in the dramatherapy process are changes in client behaviours relating to the expression of feelings, to becoming acquainted, to accepting each other's feelings, to finding communality with the group, to reintegrating the self positively, to being spontaneous, and to taking risks. The common feature about all these behaviours is that they are predominantly social. Purely personal behaviours, such as effect transference, understand transference, recognise personal instability, and personally reconstruct myths and legends come at the foot of the list.

This emphasises once more the point made several times in the present Study, namely that dramatherapy is essentially a social exercise, best suited to bringing about social transformations in the individual. It therefore in many ways relates more closely to social psychology than to any other branch of the subject, although (again as stressed several times in the present Study) dramatherapy as a subject appears to lay most emphasis upon psychodynamics.

It may seem that this social psychological bias emerges as a result of the way in which the researcher has worded the questionnaire, but it must be remembered that all the variables in the present section emerged from the interviews with the panel of experts. Indeed, it was only when translating the Item Bank into the Questionnaire that it became apparent to the researcher that what the dramatherapy experts were actually talking about could be grouped under the heading of 'client behaviours'. Thus any social bias that may be apparent in this section of the Questionnaire is a direct result of the way in which the experts themselves conceptualise their subject.

It is also relevant to point out that in spite of being invited to do so, no respondent made any entry in the 'others: please specify' space provided at the end of this section, indicating - presumably - that they felt it to cover all the important issues.

Within mainstream education, there are of course a number of social factors which the teacher needs to address. These range from macro issues such as race and gender to micro issues such as sub-group membership and self-presentation. It is interesting to note that the present research findings would seem to emphasise the latter rather than the former. Dramatherapists see their subject as helping the individual to find his or her place within the group, and to feel emotionally at ease within it. Although the term was not used by the panel of experts, one could say this amounts to helping the individual feel 'authentic' within the group. The emphasis upon the self found in the present research (Table 40) is also, in the light of arguments such as that of Mead to the effect that the self is largely a social construction, further evidence that drama can be a vehicle towards this authenticity.

Dramatherapists are talking, it seems, about the social processes that lead to self-discovery and self-expression within the group, and about the subsequent re-integration of the self within the group at a more positive level. They are also talking about relationships within the group, and the ability of the individual to accept the feelings of others and to become a sensitive and effective group member.

Few educationalists would deny that these are fundamental aims within education, central both to personal/social development and to the affective issues that influence

performance within the more formal aspects of the curriculum.

The techniques and skills identified by the present research which can be used in the classroom are discussed more fully when we consider special needs children shortly, but an overriding consideration is that advanced by Jennings in connection with the discussion of masks above, namely that these techniques and skills, particularly where they are powerful enough to engage deep feelings, should be introduced gradually. Looking again at the variable at the top of Table 34, express feelings, it is clear that initially the child should be helped to exteriorise only those feelings which can be easily understood and handled by him or herself and by others. Only later, with growing experience, should more difficult issues be addressed.

The same is true of many of the other variables. A child can, at least within the formal context of school, accept the feelings of other children if he is introduced to them at a graduated level. The same is true of becoming acquainted, of finding commonality, of taking risks, even of being spontaneous. In all cases the important thing is that both teacher and child should feel they are not over-stepping the limits of what is safe and comprehensible.

Although they do not appear in the present research findings and therefore cannot be discussed at length, it is probable

that drama can also help with the macro problems mentioned earlier of race and of culture. Perhaps the reason these do not occur in present findings is simply because dramatherapists as yet have not been called upon to address them. Little work has yet been done on the negative effects upon psychological health of membership of racial and cultural minorities, but it seems likely that once these effects have been identified, then dramatherapy may well be one means towards their amelioration.

At both micro and macro levels, the appropriate use of drama would seem helpful in remedying the situation identified by Carl Rogers (1977) when he says that 'our schools are more damaging than helpful to personality development' (page 256). Silks (1977) identified the following processes as fundamental to education:

1. Perceiving: the process by which children use their senses or sensory perceptions to extract information from the physical environment

2. Responding: a natural human process basic to learning and living

3. Imagining: the process by which a human being forms a mental picture of what is not physically present, or what has never been actually experienced.

4. Creating (forming): the act children are inclined to do by nature.

5. Communicating: a process by which a person interacts with another person or persons to impart 'something' as partakers in the experience.

6. Evaluating: the process by which the child learns to appraise personal efforts and the efforts of others, and pauses to consider and assess the quality and decisions surrounding individual and eventually group effort and achievements.

Interestingly, the majority of the variables in Table 34 can be grouped under these processes. One could debate over the details, and some of the variables could well appear under more than one heading, but the list would approximate to the following:

Perceiving	* accept each other's feelings
	* become acquainted
	* identify expectations
	* identify problems
Responding	* find commonality with the group
	* reintegrate self positively
	* self-disclose
	* accept each other's feelings

	* reject each other's feelings
	* handle fears and insecurities
Imagining	* explore potentialities through role
Creating	* play a single role effectively
	* take risks
	* personally re-construct myths and legends
Communicating	* express feelings
	* be spontaneous
	* share differences
Evaluating	* identify potential contributions
	* recognise personal instabilities

Those few variables which do not appear on the above list, such as effect transference and understand transference could be said to belong to a further category which tentatively we might call 'self understanding'.

Thus it would appear that the variables identified by the present research do provide us with something of a detailed taxonomy for each of Silks' processes. More, they suggest that drama, when used for personal/social growth, can contribute something of value to each of these processes.

Implications for Children with Special Needs

It is not possible to discuss all the data in Chapter 8 in the light of their implications for children with special needs, but probably the most practical - and in may ways the most relevant - way to proceed is to take the variables that appear in the top six places in each of the Tables and note whether they are of relevance to special needs or not.

Theoretical influences upon dramatherapy:
group dynamics, psychotherapy, theories of play, theories of creativity, child development, client centered therapy.

Authorities relevant to the practice of dramatherapy:
Sue Jennings, Jacob Moreno, Dorothy Heathcote, Veronica Sherborne, Richard Courtney, Peter Slade.

Authorities relevant to the understanding of dramatherapy:
Carl Jung, D. W. Winnicott, Carl Rogers, Constantin Stanislavski, Peter Brook, Murray Cox.

Other creative arts relevant to dramatherapy:
Dance, music, painting, play performance, writing, poetry.

Groups benefiting from dramatherapy:
Special education, mentally disabled, neurotic, physically disabled, pre-adolescent, emotionally disturbed.

Factors relevant to initial assessment in dramatherapy:

Motivation, therapist's ability to work with client, client willingness to work with therapist, willingness to change, personal/social background, willingness to observe limits and boundaries.

Techniques and skills:

Myths and legends, script work, communication games, symbols and imagery, Laban techniques, play.

Important stages in the dramatherapy session:

Closure, main activity, warm-up, grounding, evaluation. (Only five given).

Role of the dramatherapist:

Listening, observing, supporting, identifying issues, staying calm in crisis, accepting uncritically.

Qualities of the dramatherapist:

Self-insight, motivation, empathy, sensitivity, spontaneity, contact with own emotions.

Important client behaviours in the dramatherapy process

Express feelings, become acquainted, accept others' feelings, find commonality with the group, make contact with the therapist, re-integrate self positively.

Assessment of the group progress in dramatherapy:
Group involvement, group cohesion, group risk taking, level of group spontaneity and creativity, level of group work, movement from mundane reality to dramatic reality.

Assessment methods used by the dramatherapist:
Observation of client behaviours, client self-reports, reports from other professionals, projective techniques, client's use of diagnostic dramatherapy media.

Client attributes relevant to assessment in dramatherapy:
Self-esteem, self-awareness, self-acceptance, self-confidence, hope, communication.

The relevance of the great majority of these variables to work with special needs children is clear. It enables us to compile an outline general programme for work in drama with such children as set out in due course below. The only area that appears to be somewhat restricted for special needs purposes is that of techniques and skills. In view of the prominence given to special needs under groups benefiting from dramatherapy, it is somewhat incongruous to see variables such as 'myths and legends', 'script work', and 'symbols and imagery' occupying three of the top four techniques and skills. These may be suitable for use with children with behaviour and personality problems, but they could be doubtfully applicable to those with severe

cognitive problems.

However, 'communication games', 'Laban techniques' and 'play', which occupy the remaining three of the first six places, are all very relevant for virtually every kind of special need. Other items in the techniques and skills list (which are not shown above as they fall outside the top six places - but see Table 26) such as 'sensitivity exercises', 'costume', 'musical instruments', 'singing', 'movement to music' and 'relaxation exercises' - all of which the present author uses extensively in her own work with special needs children and young adults - are equally relevant.

An outline general programme for using drama with special needs children and derived from the above research findings would be as follows. It would be suitable for use both with pre-adolescents and with adolescents. (Although adolescents do not appear in the top six client suitability groups mentioned above, they are nevertheless well placed in the original list in Table 22).

Outline General Programme of Work in Drama with Special Needs Children.

For use with: children with special educational needs, mental disabilities, personality (neurotic) problems, physical disabilities, and emotional disturbances.

Age group of children: pre-adolescent and adolescent

Social Aims.

1. To develop in children the ability to involve themselves in cohesive group activity, working with the group spontaneously and imaginatively to create dramatic representations of reality.

2. To enhance the child's ability to communicate with others and to accept the feelings of others and to find commonality (common ground) with them.

3. To allow children to develop a good, communicative relationship (to make contact with) the teacher.

Personal Aims.

1. To develop in children a sense of self-esteem, self-acceptance and self-confidence.

2. To help children develop a sense of hope.

3. To facilitate the child's ability to re-integrate him or herself positively into society.

4. To facilitate the child's ability and readiness to express feelings.

Lesson Sequence.
1. Warm up.
2. Main activity
3. Closure (grounding)
4. Evaluation.

Suggested Techniques and Skills
1. Communication exercises
2. Laban techniques
3. Play
4. Sensitivity exercises
5. Musical instruments
6. Mime games
7. Costume work
8. Singing
9. Movement to music
10. Relaxation exercises

Teacher Role. Throughout the programme, the teacher should guide and monitor children's progress, placing particular emphasis upon listening to the children, upon observing their behaviour and progress, upon supporting and encouraging their efforts, upon motivating them, upon

identifying issues that are respectively causing difficulties and assisting progress, and upon accepting uncritically the children's efforts at self-presentation. By his or her relaxed manner and ability to stay calm in a crisis the teacher should provide the necessary non-stressful learning environment.

Teacher Qualities. Since all those who work with the psychological development of special needs children and adults should also be working on their own professional and personal development, the teacher should seek to cultivate in him or herself the self-insight that allows one to identify one's own strengths and weaknesses. He or she should also seek fully to be in contact with his or her emotions, the better not only to be spontaneous and authentic in his or her dealings with the children, but also to encourage appropriate levels of emotional awareness in them. He or she should also seek, through sensitivity of the children's needs, to empathise towards them and their aspirations, difficulties

and achievements.

The findings of the research suggest that in order to work effectively within the parameters suggested by the above outline programme, teachers would need, as part of their training, to study a course in psychology centred around group dynamics, psychotherapy, theories of play, theories of creativity, child development, and client centered therapy. Among the authorities on their reading list Sue Jennings (particularly for her earlier work in remedial drama), Dorothy Heathcote, Peter Slade, D. W. Winnicott, and Carl Rogers should all appear. For those interesting in going deeper into the areas of myths and legends, and into psychodynamic issues, a careful selection from the works of Carl Jung would also be appropriate.

Some Implications of the Study for the Training of Drama Teachers

Having identified the factors apparently associated with the use of drama as an agent for psychological change, can the present chapter be concluded with a brief word on the education of teachers who want to use drama in this way? The present research is not itself focused upon teacher education, but nevertheless teacher education is an adjunct to much of what has already been said, since it would be unrealistic to talk about the value of drama as a agent for

psychological health within education if drama teachers are themselves not fitted to use it as such.

The training course for teachers who are to use drama in this way would need to have two main components, one dealing with the teacher him/herself and his/her personal growth, and the other dealing with ways of using drama appropriately with children. In the view of the present writer, and in the light of the findings of the present research, both of these components would be served by, on the one hand, a good grounding in psychology and in relevant areas of psychotherapy, and on the other by a relevant training in drama itself.

It could be argued, of course, that teaching and psychotherapy are two separate exercises, and that the teacher should be restricted to the former. But the answer - as should have become apparent from the present Study - is that for teachers of drama (and probably for teachers of all the creative arts, and perhaps to some degree even for all teachers) - a psychotherapeutic process is already underway. In any drama lesson, the child may be brought into contact with aspects of him or herself of profound psychological importance. Without appropriate training, the teacher may belittle these, may make them worse, may leave them as unfinished business, or may even be unaware of their existence. If the drama teacher is to do his or her job effectively, appropriate knowledge of relevant areas of

psychology and psychotherapy are therefore essential, even within the drama teacher's current role.

In addition to a sound knowledge of psychology per se and of the function and use of the dramatic techniques and skills discussed in Chapter 5, drama teachers also require a sound knowledge of the psychology of drama. That is, they need to be initiated into what has been termed in the present Study as the re-psychologising of drama, a re-psychologising which this Study has made a consistent attempt to explore. Another writer who also recognises this need is Fox (1975) , who argues that such an initiation should be available not just to drama students but to all teacher trainees, since

> the nature of dramatic play is such that it is worthy of far wider application in the training of students, both of English and of other disciplines: for work in drama seems peculiarly potent both in the development of personal qualities and the acquisition of skills valuable to the teacher.
>
> (Fox, 1975, page 12)

The present writer strongly agrees with Fox. She supports the idea of integrating drama into the training of all teachers as a way of fostering personal development and teaching skills. Fox mentions the use of dramatic play for this purpose, but the present writer goes further and suggests using dramatherapy, at a suitably introductory level. If we look again at the variables identified by the present research as belonging to the role and the qualities

of the dramatherapist (Tables 30 and 32) - and in particular at the most important of them discussed in the last section - we can recognise that these represent characteristics important to all teachers.

However, concentrating for present purposes upon drama teachers, let us take the first four of those aspects of the role of the dramatherapist discussed in the last section, namely listening, observing, supporting, and identifying issues. Teaching is often presented to students as a somewhat directive, even a controlling exercise, with teacher-talk a prominent feature, and listening and observing given much less emphasis. But through properly selected experiences in drama, a very different model of the teacher can emerge, a model which is focused upon the psychological needs of children rather than upon requirements dictated by curriculum content. Drama, in and of itself, is essentially a participatory exercise, in which responsiveness - and the listening, observing, supporting and identification of issues which this responsiveness entails - towards others is essential.

Of course, such listening, observing, supporting and identifying can be done at two levels, either the level of a sensitivity towards the dramatic performance of others and of oneself, or a sensitivity towards their psychological functioning, that is towards their feelings, self-expression, and powers of social communication. As

emphasised throughout the present Study, drama when used therapeutically is orientated towards the latter rather than towards the former.

This orientation within the education of drama teachers would also be apparent in connection with other therapist variables identified in the present Study such as staying calm in a crisis and accepting uncritically. The former involves observing the emotions of others but without becoming inappropriately swept up in them, and the latter means accepting the pain and suffering in others that may give rise to these emotions. Again, appropriate experiences in drama would help the teacher acquire the necessary personal characteristics, or at least be more aware of the need for them and the means towards their eventual development.

The point being made is that just as appropriately selected and presented dramatic experiences are of great value to the psychological development of children, so are they to the development of the student teachers who will ultimately be responsible for presenting these experiences in the classroom. Thus in and through the use of drama in their own training - together with an effective input from psychology and from the other curriculum components identified in the last section - the student teacher could be helped towards the development of the personal and professional skills necessary to offer drama as an agent

towards psychological health in children.

Finally it must be emphasised that a vital consideration at all times would that the student teacher is enabled to recognise the need for safe grounds upon which drama of this kind can be based in the classroom. It is counter-productive and potentially harmful to bring to the surface in the classroom psychological problems in children which the teacher cannot handle, and to obscure the boundaries between the role of teacher and the role of therapist. Teachers can be trained to move across this boundary, but they must know that it exists, and know when, why and how it may be safe for them to cross it.

Conclusion

Dramatherapy brings together two potent forces for human change, namely psychology and drama. It thus carries great promise as a psychotherapy. The present research has shown something of the great richness of the field covered by dramatherapy. It has highlighted the groups most likely to benefit from dramatherapy, has identified the psychological benefits they are most likely to gain from it, has explored the most important aspects of dramatherapy methodology, and has pointed to the influences which have gone most to shape and sustain it.

In general, the results suggest that psychology and drama can be usefully brought together as a psychotherapy, and on the basis of the review of the extensive literature, imply that dramatherapy may be more comprehensive than the other creative arts therapies in that it employs a medium, drama, which is an integral part of everyday social life. In broad terms, the research would seem to have succeeded in its aims and objectives, and to have helped to formalise dramatherapy and to draw it more closely in the field of psychology and of psychotherapy.

However, the research has also highlighted a number of difficulties which dramatherapy faces. Amongst these are the need to choose more carefully the psychological theories that most usefully underpin it, to relate these theories to what dramatherapists actually do with their clients (particularly where these clients are drawn from the disabled and special needs populations), and to ensure that dramatherapy training contains a content that will allow students to understand the psychology of their subject.

The research has also drawn a number of implications for education, and in particular for the education of children with special needs. Dramatherapy techniques would seem to carry enormous potential benefit for these children, and the Study has highlighted the fact that at present this potential is largely being ignored. Given the right elements within their training, there is no reason at all

why special needs teachers should not introduce certain selected dramatherapy techniques into their work, and the Study has attempted to identify what these techniques are and to say something about how they should be used.

Future Research

It is hoped that future research will carry this work further forward. One useful way of formalising the directions that this research might take is to group it under three subheadings as follows.

Psychology and dramatherapy theory. An obvious need here is to identify precisely how dramatherapists conceptualise the links between theory and practice in their subject. Assuming, for example, that their models of the psyche are drawn from psychodynamic theorists, we need to know how dramatherapists translate these models into a format which can be operationalised during the dramatherapy session. Specifically, do they know which dramatherapy techniques are useful for accessing unconscious processes, and which are useful for working at conscious levels? Do they know which techniques are of most value for uncovering the mechanisms of ego defence? Do they know which techniques are most effective for identifying fixations, complexes, and the various personality types identified in the psychodynamic literature?

The above examples are drawn from psychodynamic theories because the present research has identified the importance that dramatherapists attach to these theories. But we could equally well ask how, if dramatherapists are using a client-centred model, they translate Rogerian notions of the self in its various aspects into therapeutic practice? Do they simply have a general idea that self-theory is of value, or are they able to relate nominated aspects of this theory to therapeutic action?.

We could draw equal examples from behavioural models. To what extent can desensitization concepts be applied to what the dramatherapist does? To what extent is shaping employed? How are schedules of reinforcement used?

There is no doubt that a very rich field exists here for future research, and it is hoped that the present work will provide some impetus for it.

Psychology and dramatherapy practice. The obvious way forward here would be to take the various sections of the questionnaire, which are based it will be remembered upon the identification by the research of the important variables as seen by dramatherapists, and examine how each can be related to different client groups. For example, sections in the questionnaire such as initial assessment, techniques and skills, assessment of client progress, the process of dramatherapy could all be used in this way. The

the questionnaire can best be used in dramatherapy. For example, how can the repertory grid be best integrated into the dramatherapy session? How can clients best be encouraged to give accurate self-reports? How can projective techniques be used? How can client behaviours best be observed, recorded and assessed?

General research. Generally, useful research could be directed towards identifying different 'schools' of dramatherapy, and establishing the degree to which methodologies are consistent within and across these various schools. More observation of dramatherapy practice is also needed, together with more research into client-feedback, and more into what is actually meant by the extensive area of dramatherapy work which employs the use of myths and legends. There is little doubt as to the power of these techniques, a power acknowledged by both many psychologists and many anthropologists, but there is a need for some measure of precision in the way in which these techniques are conceptualised and used if they are to incorporate the necessary 'tightness' necessary for their recognition and acceptance by the broader field of psychological therapies.

Research into this aspect of dramatherapy should also perhaps look at the wider context of the relationship between dramatherapy and anthropology, along the lines that Jennings (1987 b) has pioneered. As the present Study has tried to make clear, the roots of drama lie, at least in

part, in material which comes within the province of anthropology. What, however, is the nature of the threefold relationship between anthropology, drama and dramatherapy? To what extent does this relationship need to be fully understood by the practising dramatherapist? To what degree can it be said to be still evolving?

A further general area that requires research is the training of dramatherapists. The present writer (Valente 1990c) and her co-author (Valente and Fontana 1992, in press) have already put forward a number of suggestions in this area relating particularly to syllabus content, and pointing to the gap revealed during the course of the present research (though not presented as part of it) between certain aspects respectively of the expectations of dramatherapy course tutors and of dramatherapy students in the crucially important personal development area of the students' lives.

An allied area where research is required is into the supervision which the qualified dramatherapist should receive during the course of his or her professional work. There appears to be a divergence of views amongst dramatherapists on the frequency with which supervision should take place, and also perhaps on the functions which ti should fulfil. What should the professional relationship between the dramatherapist and his or her supervisor actually be? What qualifications should the supervisor

emphasis would need to be placed upon both the gross and the subtle differences in approach that necessary if the dramatherapist is working with the most important of the various groups identified in Section 5 of the questionnaire (e.g. mentally disabled, emotionally disturbed, sexually abused, psychotic, neurotic, delinquent, phobic and alcoholic).

Psychology and assessment in dramatherapy. One of the most effective areas currently available in psychology is that of assessment, and there is a clear need for what we have learnt in this area to be applied to dramatherapy. Further research should therefore be directed towards compiling assessment scales, along sound psychological principles, relevant to what dramatherapists actually do. The present research identifies some of the important variables which such scales would need to take into account. For example Section 14 of the questionnaire indicates that individual client progress would need to be assessed in terms of, for example self-awareness, use of language, self-other awareness, dramatic repertoire, self-esteem, and trust. Similarly Section 12 of the questionnaire indicates that group progress would need to be assessed in terms of such things as group involvement, group spontaneity and creativity, level of group work, and group risk-taking.

Research is also needed to identify how the various psychological assessment methods identified in Section 13 of

have? Should he or she be a dramatherapist? And so on.

Other issues could also be touched upon in this survey, but the above summary gives some idea of the potential for research which reveals itself within the dramatherapy field. It is hoped that it also gives some idea of the interest and indeed excitement which the field offers.

Final Words

In closing, it must be said that the present author has learnt a great deal from this Study, and she hopes that, both through it and through the publications that have already arisen from it and are in preparation for the future, she is able to share something of this learning with others. The field which she has been privileged to survey is an enormously rich, stimulating and fascinating one. So rich in fact that she has frequently been daunted by the magnitude of the task which she has set herself. If she were starting out afresh with what she knows now, it is possible that she might not have the courage (perhaps temerity is a more accurate word) to attempt such a complex and extensive topic. Yet in spite of all the labours, the setbacks, and the inevitable disappointments, she likes to think that she would. Certainly she knows that by attempting it she is the richer academically, professionally and personally.

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APPENDICES

APPENDIX I

Samples of Letters in Connection with the Research

In the course of the research over 100 letters were sent to various relevant bodies. A small selection is given in this Appendix.

APPENDIX I A

Sample of Letters to Special Education Authorities

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext.

9th June 1989

Dear Mr Labon,

Re: Ms Lucilia Valente, Ph.D. student

The above-named is a Portugese student working under my supervision and researching into drama in therapy and education. She is particularly interested in the use of drama with children with special needs, and I am writing to you as Staff HMI for Special Educational Needs to ask if you are able to suggest some schools, preferably within reasonably easy reach of South Wales, that Lucilia could visit to observe successful dramatic work with special needs children. It may be also that you can suggest some experts in the field with whom Lucilia can talk.

I apologise for approaching you like this, but Ian Petrie suggested that I could not do better than to contact you. I'm sure that you must have many demands upon your time, and I wouldn't wish to feel that I'm imposing on you. Lucilia's research in this important area is, I feel, of very great value, and I'm sure that any help you can give her will eventually feed back to the benefit of children.

With thanks,

Yours sincerely,

Dr David Fontana
Reader in Educational Psychology

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext.

9th June 1989

Dear Mr Mumford,

Re: Ms Lucilia Valente, Ph.D. student

The above-named is a Portugese student working under my supervision and researching into drama in therapy and education. She is particularly interested in the use of drama with children with special needs, and I am writing to you in your capacity as Chairman of the National Association for Drama with the Visually Handicapped to ask if you are able to suggest some schools, preferably within reasonably easy reach of South Wales, that Lucilia could visit to observe successful dramatic work with the visually handicapped. It may be also that you can suggest some experts in the field with whom Lucilia can talk.

I apologise for approaching you like this. I'm sure that you must have many demands upon your time, and I wouldn't wish to feel that I'm imposing on you. Lucilia's research in this important area is, I feel, of very great value, and I'm sure that any help you can give her will eventually feed back to the benefit of the visually impaired.

With thanks,

Yours sincerely,

Dr David Fontana
Reader in Educational Psychology

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498
☎ (0222) 874000 Ext

11th April 1989

Dear Gerda,

Re: Mrs Lucilia Valente, Ph.D.

I greatly appreciated your kind and stimulating letter in response to my request for help in connection with Lucilia's Ph.D. research. She has for some time been in close contact with the British Association of Dramatherapists, but the other suggestions in your letter have opened up several new potential avenues for her. In particular she will be getting in touch with Jenny Mosley, whose research lies in an area highly relevant to her own.

Both Lucilia and I are very sorry indeed that we were unable to be present as your recent NCSE in-service day in Cardiff. It would have been a most valuable experience for us, and it would have been nice to meet you. I'm also sorry to have allowed too much time to pass before replying to your letter. I have been struggling to meet my publisher's deadline on my latest book, and have fallen woefully behind in my correspondence. But that is an explanation not an excuse! So please accept my apologies.

Again thank you for your kindness. Lucilia and I hope to be in touch with you once more shortly, and of course when the results of Lucilia's research become available we will be sure to inform you of them.

Very sincerely,

Dr David Fontana
Reader in Educational Psychology

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext

11th April 1989

Dear Ms Mosley,

Re: Mrs Lucilia Valente, Ph.D. student

The above student is researching under my supervision into the use of drama in therapy and in education, and we are anxious to contact specialists who may be able to provide her with valuable information. Gerda Hanko has suggested that we should certainly speak to you, and the librarian at the University of Bristol has also sent us details of your M.Ed. research dissertation.

Lucilia and I would certainly much appreciate the opportunity to talk to you, and if you think it appropriate may we contact you at some point in the near future and see if there is a convenient date to do this?

Yours sincerely,

Dr David Fontana
Reader in Educational Psychology

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
☎ (0222) 874000 Ext

Department of Education,
University of Wales at Cardiff,
42 Park Place,
Cardiff CF1 3BB.

18th September 1989

Dear Mr White,

One of my Ph.D. students, Mrs Lucilia Valente, is currently examining how drama can be used as an agent in psychological health and personal growth. To this end, her reseach is focusing upon dramatherapy on the one hand and drama in education (and in particular special education) on the other.

The first stage of her research consisted of extensive semi-structured interviews with a sample of leading dramatherapists throughout Britain. Specific statements about key areas of dramatherapy were then derived from the data yielded by these interviews, and these statements now provide an item bank defining good dramatherapy theory and practice. A number of questionnaires will be derived from this item bank, and these will be circulated to the national population of dramatherapists and dramatherapy students.

The second stage of the research is to extract those statements from the item bank which relate not just to dramatherapy but to drama as a whole, and to circulate these in questionnaire form to a sample of teachers who use drama in special education. Before we can do this however we need help in extracting the right statements, and it is therefore necessary to consult with a small number of experts in the field such as yourself who have experience of the use of drama in special education.

Lucilia and I have already contacted you, and you kindly suggested it would be possible for her to visit your school. We wondered if we could presume further upon your kindness by asking whether you could spare a little time to look through the statements in the item bank and identify those which you feel are appropriate to drama in special education. All that is involved is to put a cross by any statements which you feel definitely do not apply to the use of drama in special

education, and add in any further relevant statements and comments which you feel are relevant to drama in special education. We realise how busy you must be, and assure you that we do not wish to trespass too much upon your kindness, so we do hope this won't take too long.

If you are able to help us in this way, would you please let us know, by return of post if possible? (a stamped addressed envelope is enclosed for this purpose). We will then send you a copy of the item bank.

In the light of the fact that drama does not appear in the national curriculum, we are convinced that research of this kind has a valuable role to play in identifying and publicising the enormous potential of the subject as an agent of personal change and development. We hope that the results of the research will be of great potential benefit in bringing the importance of drama to the notice of people responsible for making educational decisions at the highest level.

With thanks for your help,

Yours sincerely,



Dr David Fontana
Reader in Educational Psychology (Ph.D. Supervisor)

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext.

7th February 1989

Dear Ms. Clamp,

Research into Drama in Therapy and Education

I have a Ph.D. student, Mrs Lucilia Valente, who is researching into the role of drama in therapy and education. She is concerned particulary to indicate the importance of drama as an aid to children's personal development, and in gathering material on the objectives, methodology, and assessement techiques employed by practitioners who utilise drama for developmental purposes. To date she has focused upon the therapeutic uses of drama, and now is proceeding to the second phase of her research based in special and normal schools.

I would be very grateful if she and I could arrange to visit either yourself or someone else active in to discuss Mrs Valente's research. I am very conscious of all the many calls that must be made upon you, but in my view as her Ph.D. supervisor Mrs Valente's work will make a very significant contribution to the proper recognition of drama as an agent within special education, and any time that you can spare would therefore be very much appreciated.

Yours sincerely,

D Fontana

Dr. D. Fontana
Reader in Educational Psychology.

APPENDIX I B

Letter to Panel Members

University of Wales
School of Education
42 Park Place
Cardiff CF1 3BB.

12th June 1989

Dear Sue

Attached is a copy of the material generated by my interviews with a sample of leading dramatherapists. As the next stage in my research, I am anxious to submit this material to the sample for their guidance and comments. As a member of the sample, I would be most grateful therefore if you could spare the time to look through the material and identify any item(s) you feel would be irrelevant in the final versions of the questionnaires that will be derived from it.

Please do not be influenced by how controversial (or otherwise) the items are. I am concerned only to eliminate items which in your view have little relevance to dramatherapy as you conceptualise it. Please put a cross by any items that you feel cannot usefully be included.

If you have any comments or suggestions to make about the material, or if you identify any lack of clarity in any of the items, please use the margins of the script to inform me accordingly. I would also be very grateful if, in the 'others (please specify)' sections which appear at the end of each set of questions, you would enter any items which you feel have been overlooked and which should be included in the final version of the questionnaires.

As indicated in the rubric at the head of the list of items, respondents to the final versions of the questionnaire(s) will be asked to rate each statement on a 4 point scale (e.g. from most important to least important). Please ignore this request at this stage of the work.

I enclose a stamped addressed envelope for your reply, and I would be very grateful if you please forward it by the end of July.

With my thanks,

Yours very sincerely,

Lucilia Valente

Lucilia Valente, Ph.D. student

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
Senghennydd Rd, Cardiff CF2 4AG
Fax (0222) 371921 Telex 498635

☎ (0222) 874459

12th June 1989

Dear Alida

Some while ago you very generously gave a lengthy tape-recorded interview to my Portuguese Ph.D student, Lucilia Valente. In the course of the interview you answered a very-wide ranging series of questions about the theory and practice of dramatherapy.

During this stage of her research, Lucilia's aim was to gather material of this kind from a national sample of leading dramatherapists. The objective was to identify the meaning and nature of good dramatherapy, as defined by experts in the field. This stage of the research is now finished and has yelded a substantial amount of data which Lucilia has analysed and codified, and the presentation of these data will form a major part of her thesis. As a second stage in her research, she has abstracted suitable items from these data in order to generate questionnaire material which we plan to circulate to the national population of dramatherapists and dramatherapy students.

In the light of the kindness you showed to Lucilia in granting the interview, we would be very grateful if you would participate in the exercise of refining the questionnaire material along the lines indicated in her accompanying letter. The questionnaire material as it stands is necessarily extensive, as it represents the richness of the data supplied by Lucilia's sample of dramatherapy experts, and it is obviously important to shorten it if at all possible. The intention is to use the material to yield several questionnaires (along the lines of the separate sections in the enclosed material) specific to particular areas of dramatherapy, each of them to be circulated to a particular sample of dramatherapists or dramatherapy students.

It is a fact of life that busy people are always the ones who are asked to do more work, and Lucilia and I apologise for presuming further upon your time. However, as leading dramatherapists emphasise, it is important that dramatherapy now establish a solid body of research findings if it is to continue its rapid development within the main stream of therapeutic practice. To be properly relevant, these findings must arise from the work of dramatherapists themselves, and this is why we are relying so particularly upon your help. Both Lucilia and I have been very encouraged by the positive response that dramatherapists are showing towards her work, and this response emboldens us to believe that when completed this work will make a positive contribution towards dramatherapy theory and practice. We would be most grateful if you could return the material by the end of July, and we enclose a stamped addressed envelope for this purpose.

With the co-operation of the Dramatherapy Association, it is hoped to circulate some final versions of the questionnaire with the autumn issue of the British Journal of Dramatherapy. Naturally, at no point of the questionnaire research will the names of our sample of experts be linked to any of the specific statements.

With our thanks,

Yours sincerely



Dr David Fontana
Reader in Educational Psychology

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext

Dept. of Education,
University of Wales of Cardiff,
Senghenydd Rd.,
Cardiff CF1 3BB

4th October 1989

Dear Pat

Mrs Lucilia Valente, Ph.D Student

Thank you very much indeed for your letter of 26th September agreeing to help with the next stage of Lucilia's research. We greatly appreciate your kindness in this matter, and hope that we won't be taking up too much of your time.

We enclose a copy of the Item Bank, and would be very grateful if you would please place a tick by all the items which you feel are appropriate to the use of, or which relate to the background or influences upon, drama in special education. We would also welcome suggestions which you may have for any new items relating to drama in special education, and for any other comments which you may care to make.

Again with our thanks,

Yours very sincerely,



Dr David Fontana, Reader in Educational Psychology, Ph.D. Supervisor
Mrs Lucilia Valente, Ph.D Student.

APPENDIX I C

Supporting Statement Signed by the

The Association's Representative on the

Arts Therapies Research Committee

(Distributed with the Questionnaire)

Dramatherapy

The British Association for Dramatherapists

The Journal of Dramatherapy

P.O. Box 98
Kirkbymoorside
York YO6 6EX.

RESEARCH INTO DRAMATHERAPY AND DRAMATHERAPISTS

Research is currently being carried out at the University of Wales, Cardiff, in order to build up the first comprehensive picture of how Dramatherapists in Britiain define good theory and practice in our subject. The researchers began by going and listening to what Dramatherapists themselves have to say in the matter, carrying out a wide number of in-depth interviews with some of the leading figures in the field. On the strength of what they were told during the interviews, they have now built up a questionnaire covering all the topics which the people interviewed feel to be important to our subject. The Association feels that the results will be of interest to all those associated with dramatherapy. In consequence, we are happy to include the questionnaire with this mailing of the Journal, together with a stamped addressed envelope for return.

The success of the research does of course depend upon Dramatherapists completing the questionnaire and sending it back to the researchers. Dramatherapists are busy people, but I would urge you please to spare time to do so. I hope you'll find that filling in the questionnaire is an interesting exercise in itself, while in the long term filling it in should benefit us all.

Ditty Dokter

DITTY DOKTER
B.A.D.Th REPRESENTATIVE ON ARTS THERAPIES RESEARCH COMMITTEE

APPENDIX I D

Follow up Letter

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498
☎ (0222) 874000 Ext

Dear

30 January 1990

Questionnaire on Dramatherapy and Dramatherapists

When the above questionniare was circulated with the December issue of Dramatherapy we requested that completed copies be returned to us by January 15th. So far the response has been very good, and we are most grateful for the help, support and encouragement we have received.

However, in the light of their many other commitments, the return date of 15th January allowed too little time for some people to attend to the questionnaire. Christmas and the New Year further complicated matters. We also may have given the impression in our covering letter that we would only be able to use questionnaires that reached us by the return date. In fact, we will still be able to analyse responses for some little while yet, and we would therefore be very grateful indeed if you could spare the time to respond to the questions and return them to us. Do you think this will be possible?

Clearly, the larger the percentage of dramatherapists and associates who complete the questionniare, the more value will be the findings.

You may feel that dramatherapy does not lend itself to questionnaire analysis, or that the questions do not relate directly to your own experience. If this is the case it would still be of enormous benefit to us to receive your responses. The whole aim of the research is to obtain an overview of how dramatherapists and associates feel about their subject and about the issues presented in the questionnaire. To obtain this overview, we need your opinions whether positive or negative.

Thank you very much indeed for any help you are able to give. We know only too well how research questionnaires can seem to intrude into busy professional lives, and we do apologise for imposing upon you. The results of the research will be placed at the disposal of dramatherapists and associates, and we do hope that these results will prove of interest to you.

Yours sincerely,

Dr David Fontana, Lucilia Valente Ph.D student

APPENDIX I E

Letters Overseas

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext

6th December 1989

Dear Chairmain of N.A.D.T.

One of my research students, Lucilia Valente from Portugal, is currently researching into the use of drama in therapy and education. Her research objective is to build up the first comprehensive picture of how dramatherapists in Britain and abroad define good theory and practice in their subject.

The first step in the research was for Lucilia to conduct in-depth interviews with 15 leading British dramatherapists, during which they outlined to her a range of issues relevant to this theory and practice. The second - and current - step is to approach all registered British dramatherapists and invite them to indicate the degree of importance (or the frequency of use) which they attach to each of these issues. With the support of the British Association for Dramatherapists she is circulating a questionnaire dealing with these issues in the next mailing of the Dramatherapy journal.
The research is now interesting dramatherapists in Israel and in Greece, and arrangements are being made to circulate the questionnaire in both these countries. Both Dr Sue Jennings in Britain and Dr David Johnson in the USA have recently suggested that the research would also be of interest in the USA, and Lucilia and I therefore wondered if it would be appropriate to circulate the questionnaire there too, ideally with the approval of your Association.

If you feel this is a possibility, we can send you a copy of the questionnaire for your inspection, followed by the requisite number for circulation to members of your Association. I must stress again that all the items in the questionnaire were derived from the interviews with the British dramatherapists, and not from the literature or from Lucilia's own views.

It would be of very great value to the research if we could have responses from American dramatherapists and students. The general view of dramatherapists in Britain seems to be that the research will be of great interest to practitioners, and will help in further defining dramatherapy as a major therapeutic process. As with any research, time is of course rather pressing, so I wonder if it would be possible for us to proceed quite quickly in this matter? I realise how very busy you must be, and I do hope you will feel that the research will be of value in ths USA as well as in Britain.

With many thanks for your help,

Yours very sincerely,



Dr. David Fontana, Reader in Educational Psychology.

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext

14th November 1989

Dear Marlene Pitta,

One of my research students, Lucilia Valente from Portugal, is currently researching into the use of drama in therapy and education. Her research objective is to build up the first comprehensive picture of how dramatherapists in Britain and abroad define good theory and practice in their subject.

The first step in the research was for Lucilia to conduct in-depth interviews with 15 leading British dramatherapists, during which they outlined to her a range of issues relevant to this theory and practice. The second - and current - step is to approach all registered British dramatherapists and invite them to indicate the degree of importance (or the frequency of use) which they attach to each of these issues. With the support of the British Association for Dramatherapists she is circulating a questionnaire dealing with these issues in the next mailing of the Dramatherapy journal.

Dr Sue Jennings is one of the people who has given Lucilia most help and encouragement, and she kindly suggested that we contact you to enquire whether it would be possible to circulate the questionnaire in Greece. Sue was hoping to speak to you about this, so perhaps she has already been able to do this. There are two versions of the questionnaire, one for qualified dramatherapists and one for dramatherapy students.

If you feel it would be acceptable, we could send you the requisite number of both (or either) the full questionnaire, or the student version. I am enclosing a copy of the full questionnaire so that you can see the kind of things that are involved. I must stress again that all these items were derived from the interviews with the British dramatherapists, and not from the literature or from Lucilia's own views.

It would be of very great value to the research if we could have responses from Greek dramatherapists and students. The general view of dramatherapists in Britain seems to be that the research will be of great interest to practitioners, and will

help in further defining dramatherapy as a major therapeutic process. As with any research, time is of course rather pressing, so I wonder if it would be possible for us to proceed quite quickly in this matter? I realise how very busy you must be, and I do hope you will feel that the research will be of value in Greece as well as in Britain.

Lucilia returns to Portugal on 10th December for Christmas, so ideally we should send you the questionnaires before she goes if you consider the project to be a feasible one.

With many thanks for your help,

Yours very sincerely,



Dr. David Fontana, Reader in Educational Psychology.

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498635
(0222) 874000 Ext

14th November 1989

Dear Dr Lahad,

You met one of my research students from Portugal, Lucilia Valente, in 1987 when you were running the course on Drama Masks and Metaphor with Sue and Alida. You may not remember her, but she discussed a possible meeting at St. Albans with you to discuss her research, although for unavoidable reasons she was unable to keep the appointment.

Lucilia's research was originally intended for a Master's degree, but it appears so promising that it has now been upgraded by the University of Wales (Cardiff) to a Ph.D. Her research objective is to build up the first comprehensive picture of how dramatherapists in Britain and abroad define good theory and practice in their subject.

The first step in the research was for Lucilia to conduct in-depth interviews with 15 leading British dramatherapists, during which they outlined to her a range of issues relevant to this theory and practice. The second - and current - step is to approach all registered British dramatherapists and invite them to indicate the degree of importance (or the frequency of use) which they attach to each of these issues. With the support of the British Association for Dramatherapists she is circulating a questionnaire dealing with these issues in the next mailing of the Dramatherapy journal.

Sue Jennings is one of the people who has given Lucilia most help and encouragement, and Sue kindly suggested that we contact you to enquire whether it would be possible to circulate the questionnaire in Israel. There are two versions of the questionnaire, one for qualified dramatherapists and one for dramatherapy students.

If you feel it would be acceptable, we could send you the requisite number of both (or either) the full questionnaire, or the student version. I am enclosing a copy of the full questionnaire so that you can see the kind of things that are involved. I must stress again that all these items were derived from the interviews with the British dramatherapists, and not from the literature or from Lucilia's own views.

It would be of very great value to the research if we could have responses from Israeli dramatherapists and students. The general view of dramatherapists in Britain seems to be that the research will be of great interest to practitioners, and will help in further defining dramatherapy as a major therapeutic process. As with any research, time is of course rather pressing, so I wonder if it would be possible for us to proceed quite quickly in this matter? I realise how very busy you must be, and I do hope you will feel that the research will be of value in Israel as well as in Britain.

Lucilia returns to Portugal on 10th December for Christmas, so ideally we should send you the questionnaires before she goes if you consider the project to be a feasible one.

With many thanks for your help,

Yours very sincerely,



Dr. David Fontana, Reader in Educational Psychology.

APPENDIX I F

Sample of Miscellaneous Letters

Department of Education,
University of Wales of Cardiff,
Senghennydd Road,
Cardiff CF2 4AG

To: The Librarian

Dear Sir,

Masters' and Doctors' Theses in Drama

I should be very grateful if you would please send me a list of the titles of completed masters' and doctors' theses in drama presented by members of your Department.

I am a Ph.D. student at University of Wales of Cardiff researching into the uses of drama in education and therapy.

With thanks

Yours faithfully,

Lucilia Valente

L. Valente (Mrs)

Department of Education,
University of Wales of Cardiff,
Sengennydd Road,
Cardiff CF2 4AG

To: The Academic Registrar

Dear Sir,

PGCE and B.Ed. Drama in Education Programmes

I should be very grateful if you would please send me full details of your PGCE and B.Ed. drama in education programmes.

I am a Ph.D. student at University of Wales of Cardiff researching into the uses of drama in education and therapy.

With thanks,

Yours faithfully,

Lucia Valente

L. Valente (Mrs)

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498
☎ (0222) 874000 Ext

RESEARCH INTO THE THEORY AND PRACTICE OF DRAMATHERAPY

Dear 6th December 1989

Research is currently being undertaken in the University of Wales, Cardiff, to help build up the first comprehensive picture of how dramatherapists in Britain define good theory and practice in their subject.

The first step in the research was to conduct in-depth interviews with 15 leading dramatherapists, during which they outlined a range of issues relevant to this theory and practice. These issues were then used to construct a questionnaire exploring major aspects of dramatherapy theory and practice. The second step is now to submit the questionnaire to all registered British dramatherapists and those using dramatherapy in their professional work.

Diana Cooper, the course director at Sesame, has kindly agreed to make time available for her current students to complete the questionnaire. She has in addition provided us with a list of past students, and has indicated that they may also be ready to help with this work. As a Sesame trained dramatherapist, therefore, we are sending you a copy of the questionnaire and would be very grateful indeed if you consent to read it through and respond to the items as indicated in the instructions. Please do not spend too much time over any individual item. Often one's first responses are the most accurate.

As dramatherapy is such a rich area, the questionnaire is unavoidably rather lengthy, and its compilation represents an intensive research effort spread over two years and based upon lengthy interviews with practising dramatherapists. In spite of this major effort, we are conscious however that the questionnaire still leaves many issues untouched and may oversimplify others. This is a limitation of questionnaire

research, and we would therefore be very glad of an any comments and additions you care to make in the sections at the end of each item. We are aware that the questionnaire will make demands upon your time, and we thank you very warmly in advance for your help. Without it we could not continue this research, the results of which will, it is hoped, make a useful contribution to dramatherapy.

These results will be published and made available as soon as possible, but please be assured that your anonymity will be protected at all times. Under no circumstances will your name, your responses to the questionnaire, or your biographical details be made public. You are asked to supply your name and address at the end of the questionnaire solely so that any necessary follow-up can be made.

Time is always a constraint in research programmes, and it would be greatly appreciated if the completed questionnaires could be returned by Monday 15th January 1990.

The research is conducted by Lucilia Valente, Ph.D. student, and is supervised by Dr. David Fontana, Reader in Educational Psychology, both in the University of Wales.

Yours very sincerely

D Fontana Lucília Valente

Dr David Fontana and Mrs Lucilia Valente.
School of Education,
University of Wales College of Cardiff, 42 Park Place,
Cardiff CF1 3BB, UK.

Flat 2,
69 Connaught Rd.,
Cardiff CF2 3PW.

5th December 1989

Dear David,

I fully appreciate your point that the timetable for your dramatherapy students this term is very full. I've also been discussing with my supervisor the best time for giving the questionnaire to your students, and we both feel that you are quite right when you mentioned to me that the students would be better able to answer later rather than earlier in their course. Do you think, therefore, that it would be possible to give them the questionnaire in the summer term instead of in the New Year or, if this is impractical, as late as possible in the spring term? From the point of view of my research timetable, I think I will be able to accommodate this later date as I will have all the analyses of the main mailing of the questionnaire to attend to.

Would a date early in the summer term fit in with your convenience? This is, of course, the most important consideration of all. I'm also wondering whether, if the summer term is a little less hectic for your students, it might just be possible for them to complete the questionnaire in timetabled time. This would be so helpfull to me because, like all researchers, I'm faced with the difficulty of obtaining a good sample response.

I know how very busy you are, and I'm so sorry to keep bothering you like this.

With very warm wishes for Christmas and the New Year.

Sincerely yours

Lucilia Valente

Lucilia Valente

Lucilia Valente
University of Wales
School of Education
42 Park Place
Cardiff CF 1 3BB
U.K.

9th June 1988

Dear Dr Johnson,

I am a Portuguese Ph.D. student researching into dramatherapy and the use of drama in education. As part of my research I have carried out 15 semi-structured interviews with leading dramatherapists in the UK in order to elicit statements on good theory and practice in dramatherapy. These statements will be used to generate a number of questionnaires which will be circulated to the population of dramatherapists and dramatherapy students in the UK.

Alida Gersie was among my sample of 15 experts, and she advised that I contact you as a leading dramatherapist in the USA. She considered that it would also be of value for me to contact the NADT, so I am really writing to you both in your capacity as a leading dramatherapist and as president or past president of the NADT. It would be very helpful to me if I could have a copy of a list of the publications produced by your Association.

I am now at the stage in my research where I am sending copies of the statements back to my sample of 15 dramatherapists, and requesting them to indicate any of the statements which they feel would be irrelevant in the questionnaires, and also to indicate any other issues which they feel should be included. I'm taking the liberty of sending you a copy of the statements for information, but I would naturally be very grateful if you felt able to let me have any comments relating to them that occur to you. I'm also enclosing a copy of the standard letter that I have sent to my sample of 15 experts, as this explains in some detail what I am asking them to do.

I do apologise if I am presuming too much upon your time, and I thank you for your kindness in receiving this letter.

Yours sincerely,

Lucilia Valente

Lucilia Valente, Ph.D student.

Flat 2,
69 Connaught Rd.,
Cardiff CF2 3PW,
U.K.

Tel. 0222 495326

Dear Dr Johnson,

DRAMATHERAPY AND DRAMATHERAPISTS

I was delighted to receive your reply to my item bank on dramatherapy and dramatherapists. It was very kind of you to send me copies of some of your relevant articles together with the bibliography and the information on N.A.D.T. The material contained in these publications is very valuable to me.

I was so encouraged by your kind and supportive comments on my work. These really are proving a great inspiration to me and are giving me the stimululation to continue my research.

I have now received comments on the item bank from the panel of dramatherapy experts who provided me with the original material during the course of my interviewing programme. The next stage of my work is to generate from the item bank a number of short questionnaires related to the various areas covered by it. These will be submitted in due course to the population of dramatherapists and dramtherapy students in Britain, and hopefully in selected European countries.

You mention in your letter that the NADT will be interested in this material for use in the United States. On the stength of this, I wonder if it would be possible to submit the questionnaires to a sample of American dramatherapists and students. This would enormously extend and enrich the work. If you think this would be a good idea I would be very grateful if you could give me some guidance on how I might obtain such a sample, or who I should contact with this in mind. It would of course be possible for me to send multiple copies of the questionnaires to the USA together with the cost of postage. I wonder if the NADT would then sanction the questionnaires and forward them to individual members? Do you think this would be an appropriate procedure or is there a better way ? This idea occurs to me because in Britain I have the official sanction of the British Association for Dramatherapists who have agreed to distribute the questionnaire along with their journal.

May I say again in conclusion how grateful I am to you for your kindness and good wishes

Very warmly yours,

Lucilia Valente

Lucilia Valente, Ph.D. student

SCHOOL OF EDUCATION
Head of School Professor Brian Davies BSc (Econ) MA (Ed)

CARDIFF

University of Wales
School of Education Annexe
42 Park Place
CARDIFF CF1 3BB

Fax (0222) 371921 Telex 498
☎ (0222) 874000 Ext

5th February 1990

Dear

You may remember that at the State of the Art Conference at St. Albans in April 1988 I distributed my short Dramatherapy Questionnaire to you, and you were kind enough to fill it in and post it back to me, for which I was so grateful.

I'm sorry to be so long in writing to you with the results. The reason for this is that just before the St. Alban's Conference I transferred from a Master's degree to a Doctor's degree, and this meant that I had to re-think and greatly expand my research. In the course of this expanded research I drew up a much more extensive questionnaire based upon the information I received from conducting individual interviews with 15 leading dramatherapists nationwide.

Anyway, I thought you might still be interested in the results of the first questionnaire, so I am enclosing a copy. I am also sending you a copy of my second, greatly expanded questionnaire. Would you be interested in filling this in for me? I enclose a stamped addressed envelope, and I would be very grateful indeed for your response.

Please don't be put off if you are not working closely in the field of dramatherapy, and therefore if some of the questions do not seem to relate directly to your experience. I am interested in receiving the opinions not only of practising dramatherapists but also of those who take an interest in the subject, and perhaps use elements of dramatherapy at some point in their work.

I hope the questionnaire does not take too long to complete. It has already been widely circulated with the support of the British Association for Dramatherapists and of the Institute for Dramatherapy, and the results that are coming in are most interesting. Let me know if you would like to keep in touch with the final analysis of all my results, and I will be happy to keep you informed.

With many thanks, yours sincerely,

Lucilia Valente

Lucilia Valente, Ph.D. student.

19th June 1989

Flat 2, 69 Connaught Rd,
Cardiff CF2 3PW
U.K.

Dear Robert,

You may remember that we met at the State of the Art Conference in St Albans, UK. in April 1988. You filled in a copy of my pilot questionnaire for me, and I was very grateful to you for your support and for the interest you showed in my research.

You perhaps recall that I am a Portuguese student, studying for my Ph.D. degree at the University of Wales College of Cardiff, and that my particular interest is in dramatherapy and in the use of drama in education.

When we spoke, I was considering using Kelly's Repertory Grid Technique as a way of generating my data, but since then I have changed tack and carried out extensive semi-structured interviews with a sample of 15 of the leading dramatherapists in the UK. The aim of the interviews was to establish what is meant by good dramatherapy theory and practice, and after analysing the interview data I am left with a very rich assembly of statements and affirmations.

These statements and affirmations will form a major part of my thesis, but in addition I am using them to generate a number of questionnaires which will be circulated to the national population of dramatherapists and dramatherapy students in the UK. In the light of your kindness to me during our meeting at St Albans I wonder if you would like to see a copy of the material. I am sending copies to my sample of 15 UK experts, with the request that they indicate any items which they feel would be inappropriate in the questionnaires, and also add in any further information which they feel would be appropriate.

Anyway, I'm enclosing a copy of the material, and if you have the time to glance at it I should be very grateful for your comments. I'm also enclosing a copy of the letter that I have sent out to my 15 experts, as this explains in detail what I am asking them to do. It may be that it would be possible to use one or more of the questionnaires arising from the material with samples in the USA, and this would of course add a great deal of extra strength to my thesis. It would be so valuable to be in a position to compare responses from the UK. with those from the USA.

Please forgive me if I am presuming too much upon your kindness.

Yours very sincerely,

Lucilia Valente

Lucilia Valente, PH.D. student.

Home Address:
Flat 2,
69 Connaught Rd.,
Cardiff CF2 3PW.
U.K.

Tel: 0222 495326

Dear Robert,

Dramatherapy and Dramatherapists

I'm very grateful to you for your kindness in returning the copy of the item bank on dramatherapy and dramatherapists together with your comments. I appreciate this will have taken a great deal of your time, but your comments are most valuable to me in my research. I apologise for not replying more promptly, but I was delayed in Portugal and have only recently been able to recommence my work.

This stage of the research is now completed, and on the strength of the responses to the item bank my next step is to construct a number of short questionnaires related to the various areas of dramatherapy covered by the item bank. These will be submitted in due course to the population of dramatherapists and dramatherapy students in Britain and hopefully in selected European countries. The aim of this stage of the research will therefore be an extended survey of current dramatherapeutic theory and practice.

You mentioned that my item bank is a little lacking in focus upon role theory and role play. I would be very happy to include items in this area in the final version, but I'm anxious that all my items should originate from interviews with dramatherapists rather than from the literature. I therefore can only add these items if they come from interactions with a dramatherapist. I would be very gratgeful if you are able to suggest any such items to me if this would not be presuming too much upon your kindness!

I was delighted to learn that you will be in Portugal next Spring. It would be very interesting for me to meet Dr Luis Joyce-Moniz - you mentioned him to me when we met at St. Albans. I plan to be in Portugal in April, so I will certainly try to contact you. Perhaps you could give me a more detailed address where I will be able to reach you.

Again with my thanks,

Warmly yours,

Lucilia Valente

Lucilia Valente, Ph.D. student

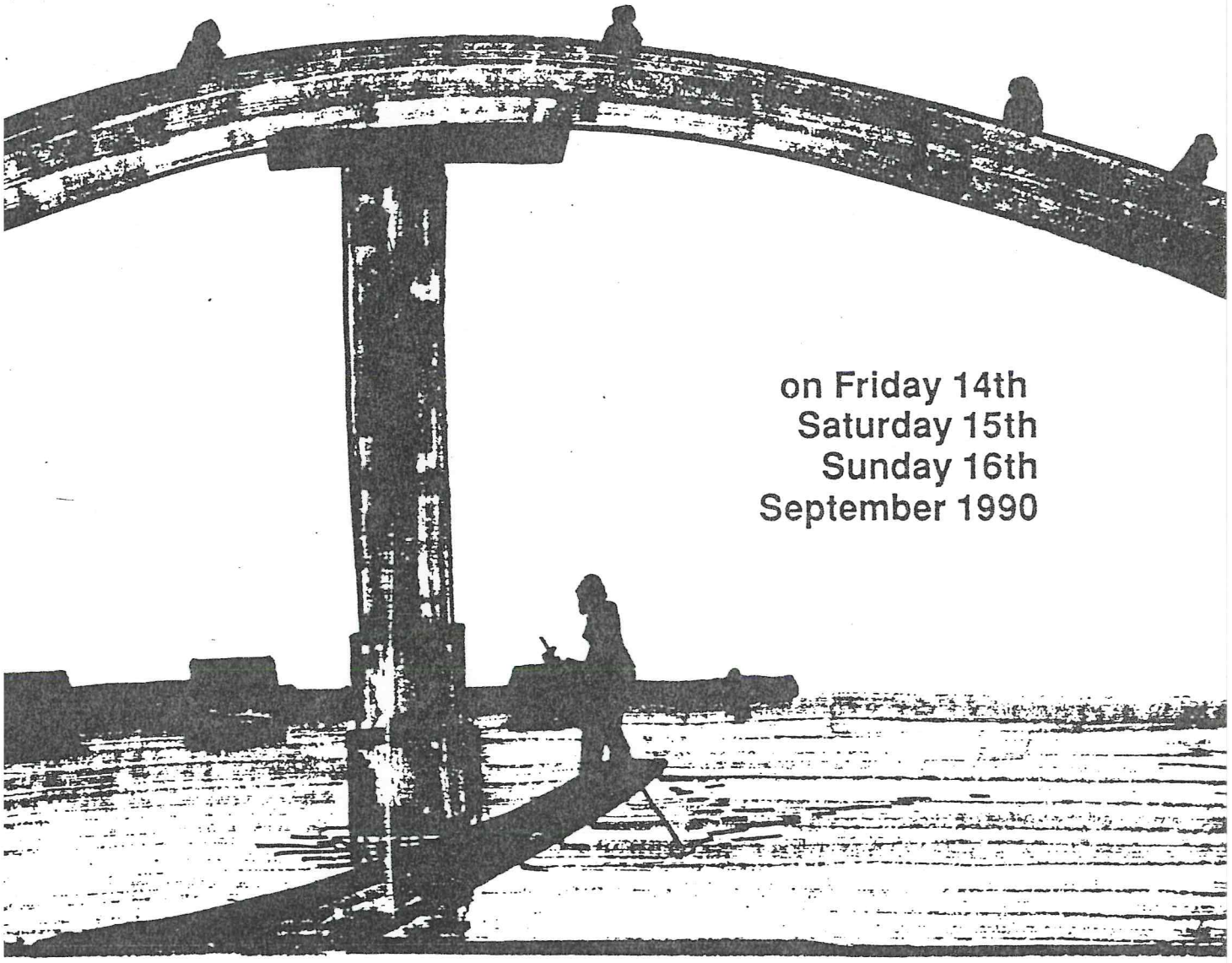
APPENDIX II

Programme of 1990 and 1991 Annual Conferences organised by the British Association of Dramatherapists

THE NATIONAL CONFERENCE

OF THE BRITISH ASSOCIATION FOR DRAMATHERAPISTS

VENUE
The Polytechnic of Newcastle upon Tyne



on Friday 14th
Saturday 15th
Sunday 16th
September 1990

Theme: BRIDGES - DRAMATHERAPY and THEATRE.

INTRODUCTION

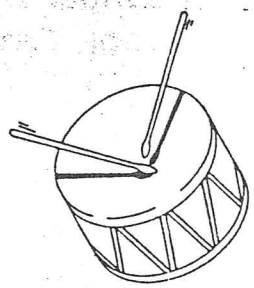
eatre is at the heart of dramatherapy and at this conference shall explore and strengthen the 'bridges' between the rids of theatre, healing and therapy. Participants will work ensively from Friday evening to Sunday afternoon in a rich riety of workshops and seminars. This event is open to eryone interested in dramatherapy, theatre and creativity.

OUTLINE OF PROGRAMME

Friday 14th September

30 p.m. Onwards: Arrival and Registration

Bridge of Dreams, Bridge of Sighs.



JACK DRUM
ARTS & ENTERTAINMENTS

his year's conference opens with a unique activity devised y JACK DRUM Arts and Entertainments. As delegates arrive nd register, they will be met by the sight of a bare bridge, anding in an apparent void. What is it? What is around it?

n answering these and other questions a context for the bridge ill begin to emerge. Delegates may want to contribute to the tructure, adding some finishing touches with paper, pens and ink materials. Some people may simply want to observe. It is oped that the building and decoration of a 'real' bridge will egin to focus delegates' thoughts on the themes and ques- ons raised by the conference.

.00 p.m. **Welcome address:** Nick Rowe and Marina Jenkyns.

.30 p.m. Whole group warm up:
ack Drum will lead an optional session of singing, dancing and nerrymaking, with songs, chants and group dances from around ne world.

.30 p.m. **Dinner**
.30 p.m. **Keynote Address** by Dr. Sue Jennings.
The Mask, The Play and the Paradox
The Interface of Theatre and Therapy.

8.30 p.m.to 10.00 p.m. Workshops

From Womb To Tomb - six parallel workshops which focus on ages and stages, by founders of the Institute of Dramatherapy.

1. In Vitero - In Vivo: From the sterile to the fertile (Dr. Sue Jennings)
2. Growing Pains: Adolescence Dawns: Louise Larkinson
3. The Lovers - Steve Mitchell
4. You Me Us Them and It: "Family" - Lorraine Fox and Roger Grainger
5. Mid Life Crisis: Dramatherapy Intervention- John Casson
6. End Game - Hazel Smith and Madeline Anderson-Warren.

After workshops a bar will be available.

Saturday 15th September

8.00 a.m- 9.00 a.m. Breakfast

9.30 a.m. to 12.30 p.m. Workshops

7. The Faithful Journey - Roger Grainger
8. Drama Without Fears - Gavin Bolton
10. Reminiscence, Imagination and Entertainment Paul Sneddon and Gez Casey.
11. The Demise of the Elephant and the Whale Robert Landy and Alida Gersie
12. Rhythm and Role - Gerry Ling, Pauline Murray and Katherine Zeserson

12.30 p.m. Lunch

2.00 p.m. Papers

13. The Revenger's Tragedy - from spectators to participants. Madeline Anderson-Warren
14. Awareness of Social Issues - dramatherapy and its uses in training, T.I.E. and equal opportunities. Vivian Hassan Lambert.
15. What is This World, A Play Of Passion? (Walter Raleigh) Marina Jenkyns.
16. Theatre, Drama, Therapy - Phil Jones.
17. The Staining of the Perfect World - Alida Gersie
18. Body's Imagination and Imaginal Bodies - Richard Wainwright
19. The Relationship Between Personal and Public Creativity John Fox

3.15 p.m. ANNUAL GENERAL MEETING of the BRITISH ASSOCIATION FOR DRAMATHERAPISTS.

6.15 p.m. . . . . Dinner

7.30 p.m. to 10.00 p.m. Workshops

20. A Bridge Between Worlds - John Casson
21. Paratheatre.....Theatre or Dramatherapy - Steve Mitchell
22. Adjust Your Set - Chris Appolinari and David John
23. Keeping Time - Fay Prendergast
24. From Theatre to Therapy - Gordon Wiseman
25. The Theatre of the Psyche - Tone Harwood

Sunday 16th September

8.00 p.m. to 9.00 p.m. Breakfast

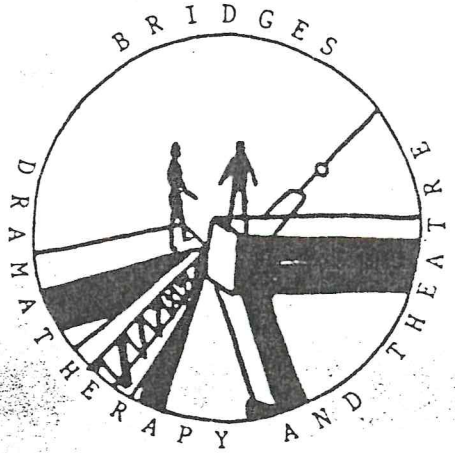
9.30 p.m. a.m. to 12.30 p.m. Workshops

26. Role, Type and Function in Dramatherapy Robert Landy
27. Comedy Breakdown - Steve Chambers
28. The Here and Now - Julie Ward and Paddy Hyams
29. The Hero and the Heroine Within - Lizzie Burton
30. Women: Dramatists of Our Own Lives - Kath Yates (Women only)
31. Exploding Myths - Tony Goode and Padraig Tolan

12.30 p.m. Lunch

1.30 p.m. Closing address by Robert Landy
Role As The Primary Bridge Between Dramatherapy and Theatre

2.30 p.m to 3.30 (approx) CLOSURE
3.30 p.m. Tea, coffee biscuits and departure.



WORKSHOPS

"All the world's a stage, And all men and women merely players, They have their exits and their entrances, And one man in his time plays many parts, His acts being seven ages...."

1) In Vitero - In Vivo: From the Sterile to the Fertile
Dr. Sue Jennings - Friday 7.30 p.m.

An exploration of chaos, conception and creation through opening ceremonies, pregnant pauses and fecund spaces. **This advanced workshop is for trained dramatherapists and those with extensive experience.**
Dr. Sue Jennings is a Senior Research Fellow at the London Hospital Medical College (University of London) and Director of The Institute of Dramatherapy. She has pioneered dramatherapy for over thirty years and now teaches and practises in several countries. She has just completed her eighth book, based on her doctoral research in malaysia entitled 'Drama, Ritual and Transformation'. She is Honorary Research Fellow of the Shakespeare Institute and her artistic roles include choreographer, mask maker and director.



2) Growing Pains: Adolescence Dawns.
Louise Larkinson - Friday 7.30 p.m.

"Yesterday before I opened 'that' letter I was a normal type of intellectual teenager. Today I know what it is to suffer.....
I am no longer young!
I am in total anguish!
I love her!
I love her!
I love her!
Oh God!
Oh Pandora!
I have used a whole Andrex roll to mop up my tears. I haven't cried so much since the wind blew my candy floss away at Cleethorpes." Adrian Mole, Thursday May 13th.
This dramatherapy workshop will be a journey through the imagery and symbolism of adolescence, in pursuit of flowering and identity.
Louise Larkinson works as a freelance Dramatherapist and as a Training Officer for Social Services. She has eleven years experience as a social worker in child care and the adult mental health field.



3) The Lovers
Steve Mitchell - Friday 7.30 p.m.

This workshop will use ritual theatre as a dramatherapy process to illustrate the ways lovers love to love.
It will demonstrate the importance of using mythic or fictional characters in a series of vignettes, to enable clients to expand their own role repertoire.
Steve Mitchell is the dramatherapist working at Lancaster Moor Hospital, is Assistant Course Director of the Diploma Course in dramatherapy at the Institute of Dramatherapy and project leader of Pathfinder's 'Therapeutic Theatre'.

3) The Lovers (cont.)

His career in the theatre spans 23 years and it has been contact with Peter Brook, Grotowski's Laboratory Theatre, Anna Halprin, Gabrielle Roth and Paul Rebillot as well as Gurdjieff's ideas on the creative process which have influenced his unique way of facilitating 'the artistic w to self- development.
He is currently working on a new project with Pathfinder exploring the theme of 'Love, Myth and Sexuality', which will inform this particular w shop.

4) You Me Us Them and It - "Family".
Lorraine Fox and Roger Grainger - Friday 7.30 p.m.

Dramatherapy and Socio Drama of the family or 'Knots' and how to unravel them.
The dramatherapeutic approach is able to demonstrate the underlying shapes of family life and so help us to disentangle the ambiguities of th relationship involved.
Lorraine Fox, is a dramatherapist who works in the Social Service Sec with people who have learning difficulties.
Roger Grainger, is a dramatherapist with degrees in Psychology, Socic logy and Theology. He is an author who specialises in ritual and drama

5) Midlife Crisis: Dramatherapy Intervention
John Casson - Friday 7.30 p.m.

Nel mezzo del commin di nostra vita
Mi titrovai per una selva oscura
(Opening lines of Dante's Inferno of the Divine Comedy)
At the crossroads there is a choice of directions, a hanged man, a one eyed crone, a wolf, crows and a sacred space. We shall get lost, face ultimate, commune with nature, leave something behind, choose our v forward and begin again.
Remember - life begins at 40!
John Casson M.A. R.Dth, has been the Dramatherapist at Brindle Hou Community Mental Health Centre, Hyde, for over six years. During this time he has run a dramatherapy group specifically for people strugglin with mid-life issues. He is now a dramatherapy trainer and supervisor.

6) End Game: Hazel Smith and Madeline Warren.

Old age can be viewed as a 'sans everything' in a metaphorical waste land or dustbin.....or as a source of wisdom.
We shall explore image of old age and endings through text and impr sation.
Hazel Smith, is a Registered Dramatherapist who works for the Natio Health Service in Tameside and has carried out group work in a varie of settings including work with the elderly and training seminars involv assertiveness training, reality orientation, grief transition, dramathera and the introduction of dramatherapy to nurses.
Madeline Warren R.M.N. B.A. (Hons) Dip. Theatre Arts, is a Register Dramatherapist working in the National Health Service and freelance practice. She has completed the Joint Board of Clinical Nursing Studi course in Geriatric Nursing.
Madeline and Hazel work with an eclectic, creative methodology in gr work with the elderly and run workshops on grief transition and creati group work with the elderly.

7) The Faithful Journey
Roger Grainger - 9.30 a.m. Saturday

Drama puts us in touch with aspects of our life which belong to our m precious experiences of being human. Its healing power is symbolise metaphors which, because they embody an idea of self-transandence speak the language of religion without the need for drama.
Roger Grainger is an ex actor - Theatre Workshop, The Old Vic, Thea in the Round - Stoke, who is now Chaplain- Dramatherapist at Stanle Royd Hospital, Wakefield. Last year, he was awarded a higher Docto at London University for his published work in Christian Liturgy, the ri of passage and Liturgical drama ('The Language of the Rite', 'The Me age of the Rite', 'Staging Posts', 'The Unburied' etc.). He also holds D torates in Sociology and Therapy plus an M. Phil. in Psychology for research leading to his latest book 'Drama and Healing'.



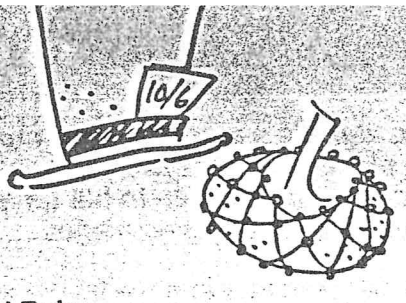
) Drama Without Fears
iavin Bolton - 9.30 p.m. Saturday
he workshop will demonstrate 'Sitting Down Drama' - a method of en-aging a group of patients in the creation of a fictitious case-study rough role-play of a very casual, laid back kind. It will also investigate ays of setting up tightly-structured role- play exercises for those occa-ions when it is important to control learning outcome.
iavin Bolton is an ex University Reader in Drama Education (University f Durham, England). Now freelance, he runs workshops and gives ad-resses world-wide on the use of role play and dramatic method in Edu-ation and Psychiatry.

) Open Sesame
lack Heath - 9.30 a.m. Saturday.
his workshop will explain the work of Sesame and use mime, improvisa-ion, movement and music to develop abstract thoughts and concrete deas. At the end of the session there will be time given to questions.
lack Heath S.E.N. B.A. (O.U.) - is now retired after 40 years of nursing ervice in the N.H.S. This includes 10 years spent as a Sesame trained dramatherapist at Northgate Hospital. He is now a part-time lecturer on Sesame therapy at St. George's Hospital, Morpeth and also on the Crea-ive Arts and Listening Course. He has just completed a musical autobio-graphy and is in the process of writing a play about people with learning difficulties.



10) Reminiscence, Imagination and Entertainment
Paul Sneddon and Gez Casey - 9.30 p.m. Saturday
This workshop is being run by Living Memory Theatre, which is the only company in the North to cater solely for the elderly. It will demonstrate some of the techniques used by Living Memory to stimulate reminiscing by the elderly. Participants' own memories will be used, in a range of exercises. As with Living Memory's theatre work, there will be a strong emphasis on humour, entertainment and fun.
Paul Sneddon and Gez Casey both work as actors and writers in community theatre in the North East of England. They have worked for a number of local companies including Wire Less Wireless, Live Theatre Co. and Living Memory Theatre and have written comedy scripts for B.B.C. Radio and T.V.
In their work with Living Memory, they use theatre as a means of evoking reminiscences from their audience and enabling them to explore their long-term memories in an entertaining and thought- provoking manner.

11) The Demise of the Elephant and the Whale.
Robert Landy and Alida Gersie. - 9.30 a.m. Saturday.
Inner ecology - Outer ecology
An exploration through role-constructs of poignant environmental concerns.
Alida Gersie is courseleader of the Postgraduate Diploma (CNAA) at Herts. College of Art and Design. Her work in therapeutic storytelling is internationally acknowledged. She is a frequent guest lecturer in the U.S.A., Israel and Holland. Her engagement with 'environmental community action' began in the late 1960's when she co-ran dramatherapy programmes in Paradiso and Fantasio in Amsterdam. She is author of several articles and books in this field.
Robert Landy Ph.D. R.D.T. is the founder and director of the Drama Therapy Programme at New York University, the first graduate programme of its kind in the United States. At the NYU he is also Associate Professor of Educational Theatre. A prolific writer and researcher, Dr. Landy has published three books 'Handbook of Educational Drama and Theatre', 'Dramatherapy - Concepts and Practices' and 'Reach for Speech: a Guide to Teaching Oral Communication Skills through Sociodrama', as well as the play 'The Padrone'. He has discussed his ideas on national T.V., has written and produced a number of video tapes and lectures frequently in the United States and abroad. He is a current recipient of a Fulbright grant and will be lecturing in the spring of 1990 at the University of Lisbon.



12) Rhythm and Role.
Gerry Ling, Pauline Murray & Katherine Zeserson
9.30 a.m. Saturday
A music and drama based way of working. The aims of a Rhythm and Role project are to support people with learning difficulties in developing their independence, extending their ability to express themselves, expanding their sense of self-worth and gaining or building on creative skills in music.
Our workshop will look at the theory and practice of this approach. This will include both discussions and practical work with particular emphasis on our use of role work, the skills of the facilitator and our approach to music. We will explore the relationship between rhythm and role in theatre, paying particular attention to the spectator/participant continuum. We will make reference to our use of West African traditional musical forms and the work of Dorothy Heathcote and Augusto Boal.
Gerry Ling, Pauline Murray and Katherine Zeserson work for 'Them Wifies', an arts project working with women and girls. Gerry has many years experience in various forms of drama and performance work and has studied closely with Dorothy Heathcote.
Pauline is involved in writing and devising for the theatre, she has the role within the project of researching the efficiency of drama as a tool for change with people who have learning difficulties. Katherine has lengthy experience in music and has worked over a period of fifteen years as a performer/composer in jazz, voice, folk, pop and classical ensembles.

13) The Revengers Tragedy -
From Spectators to Participants.
Madeline Anderson-Warren - 2.00 p.m. Saturday
An account of a series of dramatherapy workshops inspired by a group visit to the Swan in Stratford to see the play which with its rich and dark imagery provided a framework for an exploration of 'shadow' aspects through dramatic metaphor.
Madeline Anderson-Warren, B.A. (Hons), R.M.N, Diploma Theatre Art, R.Dth works in a psychiatric setting within the N.H.S. as a Clinical Nurse Specialist/Dramatherapist. She has a background of theatre and para-theatre. Her special interest is in the links between theatre, drama and dramatherapy and she has forged many links with community theatre and arts groups and the workplace setting. Madeline is a founder member of the Institute of Dramatherapy and is currently researching for a PhD in theatre and therapy.

14) Awareness of Social Issues - Dramatherapy and its uses in Training T.I.E. and Equal Opportunities.
Vivian Hassan Lambert - Saturday 2.00 p.m.
"For the past four years, a large part of my work has focused on issues of equal opportunities - race, culture, gender, sexuality and disability. This has often taken the form of leading groups towards exploring their own inherent attitudes as well as the influences and prejudices of the wider culture in which they live. Through this work I have been continually involved in fusing the traditionally segregated worlds of psychotherapeutic practice and socio-political analysis. This paper examines the use of dramatherapy techniques as a powerful means of bridging the divide and suggests that personal examination of these issues should be included as a key element in the training and supervision of dramatherapists".
During the past seven years Vivian Hassan-Lambert has worked as a freelance dramatherapist and supervisor for several N.H.S. and social services institutions. For two and a half years she was workshop director of Theatre Centre, Britain's longest established National Touring Educational Theatre Co. At present she works half-time as a Senior Training Officer for Islington Council and spends the other half of her time writing and conducting freelance workshops, including ones for the National Theatre and other major London Arts Centres.

15) What is This World, A Play of Passion?
Marina Jenkyns - Saturday 2.00 p.m.
In this paper, Marina Jenkyns explores some of the ways in which the theatre form provides the container for therapeutic exploration.
Marina Jenkyns is Chairperson of the British Association of Dramatherapists. She studied English at Cambridge University and trained as a teacher at Kings' College, London. She subsequently taught English and Drama at secondary schools, was involved in in-service training and worked in inner-city communities before moving to Higher Education. After several years as a Senior Lecturer at Kingston Polytechnic she trained as a dramatherapist at St. Albans and then completed further training in Individual, Group and Organisational Consultancy at the Tavistock Clinic, London. She now works as a freelance dramatherapist, trainer, consultant and supervisor.

il Jones - Saturday 2.00 p.m.

e paper will provide an overall perspective on the relationship between atre, therapy and dramatherapy. It will explore the different theatrical ditions which have been adapted and adopted in dramatherapy, and amine them critically. It will focus on approaches which have been ex- ded and omitted, offering the opinion that dramatherapy is in danger of coming 'lost' in theatrical orthodoxy and temerity, losing touch with the perimental and innovative. Why is there no real acknowledgement of chtian theatre, Meyerholdt, Boal, physical theatre and contemporary nority ethnic work? The paper will include theoretical discussion along h examples of theatre and dramatherapy practice.

il Jones is Senior Lecturer on the Postgaduate Diploma Course in Dra- therapy (CNAA) at the Herts. College of Art and Design, he works at recently completed theatre at Jacksons Lane, London as director of training programme there. He has lectured widely in this country and road and is currently researching a Ph.d..



7) The Staining of the Perfect World
lida Gersie - Saturday 2.00 p.m.

vironmental destruction and galling depression.
e enactment of possible ways forward. A dramatherapeutic perspective.
this paper, I shall discuss how the theatrical engagement with our de- uctive urges helps us to strengthen survival skills, and to develop ac- al strategies to bring about those changes which can be acknowledged be improvements. From the intoxicating days of flowers with power and termined tree-hugging to the dramatherapeutic application of the ideas Paolo Freire and Boal, Bion and Watzlawick.
or Alida's biography - see workshop 11)



8) Body's Imagination and Imaginal Bodies.
lichard Wainwright - Saturday 2.00 p.m.

he paper will explore some ideas and practical work relating to the inter- ace of theatre and therapy. Its theoretical stance derives from theatre ractice, but bears directly on therapeutic concerns.
s practical focus is a concern with the creative resources and limitations f the individual as actor and the value of dramatic texts for the revision f personal scripts.
lichard Wainwright - directed Rough Magic Theatre Co. in Devon. He as a member of the Pan Project based in London, where he trained with ndian, African and Chinese performer teachers. He did further perfor- ance work and training with Akademia Ruchu, Welfare State Interna- onal, members of Grotowski's Theatre Labortorium and members of Roy lart Voice Theatre. Following a period of intensive research at the Laban entre for Movement and Dance, he trained as a counsellor and psy- hotherapist at the Westminster Pastoral Foundation in London. He now ombines work in analytic counselling and dramatherapy with teaching at he W.P.F. and writing.

and Public Creativity
John Fox - Saturday 2.00 p.m.

John Fox will talk about the work of Welfare State International.
John Fox is the Artistic Director and founder of Welfare State Interna- tional. It was founded in 1968 and since then has been constantly pion- eering the role and forms of Celebratory Art.

20) A Bridge Between Worlds
John Casson - Saturday 7.30 p.m.

Whether it be a rope, a rainbow or an arch of stone, we need a bridge to lead and link us to the other. The Shamen, the original master of theatre and therapy travelled in trance to another world in search of lost souls, bridging a fatal gap between the sick body and the vital spirit. IN this work- shop, we will explore what bridges we can discover that lead us dramath- erapeutically to other worlds within.
John Casson has been a full time dramatherapist for six and a half years. Originally a puppeteer, teacher, actor, he studied Shamanism and the healing folk dramas of Sri Lanka for his M.A. (Drams, Birmingham Univer- sity). Widely travelled, he is now a supervisor, trainer and academic moni- tor of the Institute of Dramatherapy's Diploma.

21) Paratheatre, Theatre or Dramatherapy?
Steve Mitchell - Saturday 7.30 p.m.

This workshop will combine practical work with a theoretical examination of Grotowski's Laboratory Theatre's Para-Theatrical work in the seventies. It will begin with a talk on the evolution of Para-Theatre, be followed by an optional experience of this process and close with a discussion focus- ing on its place in clinical work or dramatherapy training.

While taking his degree at Darlington, Steve studied the Laboratory Theatre's Para-Theatrical projects. In his post- graduate year, he travelled to Europe to participate in a series of workshops led by Ryzsard Cieslak, Zygmunt Malik, Zbigniew Cynkutis, Irena Rcyck and Rena Mi- recka as well as travelling to their base in Wroclaw, Poland. He also at- tended "A Meeting With Grotowski" in Cardiff. From these experiences, he has facilitated numerous Para-Theatrical projects with Pathfinder Stu- dio and now incorporates the principles of Para-Theatre into his work as a dramatherapy trainer.

22) Adjust, Your Set.
Chris Appolinari and David John. Saturday 7.30 p.m.

This workshop will offer the chance to explore your own sub- person- alities, identifications, idealisations, projections and use of villains and he- roes in general.
We will be working through the media of drama and music. Come with your favourite and least favourite media or fictional character.
David John has been working as a Music Therapist in Cambridge Mental Health Service for the last five years and is currently a psychotherapist in training. Prior to this, he was a freelance musician and a Music Therapist in the field of profound mental handicap.
Chris Appolinari is working for the Cambridge Mental Health Service as a dramatherapist, having trained at York. Current interests include adoles- cent and young person's psychiatry and long stay/rehabilitation.

23) Keeping Time
Fay Prendergast - Saturday 7.30 p.m.

In this workshop, Fay will take participants through the process of her per- formance project 'Keeping Time'. It will give opportunities for movement work based on the four elements (water, earth, air and fire) and Marcel Marceau's teaching of mime.
Fay Prendergast is an actor: on stage, TV, film and particularly in com- munity projects. She has taken to the streets as a mime and been story- teller at London's Royal Festival Hall, and for three Garden Festivals. She is a teacher, and has a book "Language Games" due out from la SEI in Turin where she is attached to the University. Fay is also a dramath- erapist and has devised performance projects for a wide range of groups with varying disabilities.

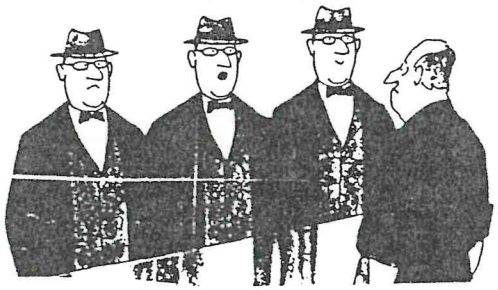


24) From Theatre to Therapy.
Gordon Wiseman - Saturday 7.30 p.m.

A seminar and workshop in which Gordon Wiseman will share 25 years of experience in theatre and therapy; looking at the processes and development which led him from the one to the other.
Gordon Wiseman is a Theatre Worker and Therapist. He is a founder member of Coventry T.I.E., Cockpit T.I.E., Ba.Dth, Bristol Institute of Dramatherapy and is currently on the boards of Pit Prop and M6 theatre.

25) The Theatre of the Psyche
Tone Harwood - Saturday 7.30 p.m.

A chance to explore various models of the person using a drama based approach. On offer will be an opportunity to compare Humanistic models with those from more traditional psychotherapy with a view to discovering which may be of more or less use to the dramatherapist at work.
Tone Harwood is a dramatherapist and psychotherapist working freelance in the Bristol area. He is currently vice-chair of the British Association for Dramatherapists. He has worked as a psychiatric nurse and as a deputy warden in a specialist probation hostel.



"Double Scotches for me and my super-ego, and a glass of water for my id, which is driving."

26) Role and Function in Dramatherapy.
Robert Landy - Saturday 9.30 a.m.

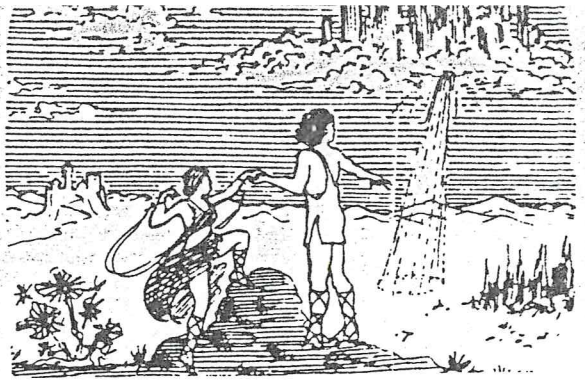
Participants will work through a process of exploring dramatic role types existent within the history of theatre and dramatic literature - such as the fool, the braggart, the wise person, the tragic hero and the villain.
The quality and function of these dramatic roles will be related to one's role in everyday life. Clinical applications of this process will also be discussed.
(For Robert's biography see workshop 11).

27) Laughing Till You Cry - Comedy Breakdown.
Steve Chambers - Saturday 9.30 a.m.

"But laughter is a serious business, and comedy a weapon more dangerous than tragedy. Which is why tyrants treat it with caution. The actual material of tragedy is equally viable in comedy - unless you happen to be writing in English, when the question of taste occurs. The English are the the most tasteless nation on earth, which is why they set such store by it" Joe Orton 1963.
This workshop will examine comedy and laughter. Is comedy an escape, a therapy, a necessity? What relevance does laughter have on the serious problems of this world?
This will be an active workshop - discussion, improvisation, joke telling, having a good time. Come along, it will be a good laugh! Laugh till you break down, cry with comedy.
Steve Chambers is a playwright. He has worked extensively in the North east with both amateur and professional theatre companies: Northumberland Theatre Co. and in Bristol, Avon Touring Theatre Co. as well as with a number of youth theatres. Two of his plays "The Laidley Worm of Bamburgh" and "You've Got me Singing the Blues" have been published by Iron Press.
He is also an active member of Northern Playwrights' Society and in 1987 he was the recipient of the C.P. Taylor Bursary set up in memory of the North East's best known playwright. He has co- written a comedy drama for Central TV with Shaun Prendergast. "Happy Hours", a drama/documentary about drug abuse he wrote for Swingbridge Video won a Royal Television Society Award and special Sony Award for Merit. He is currently working on a feature film script commissioned by local filmmaker, Sarah McCarthy.

28) The Here and Now
Julie Ward and Patrick Burton Sunday 9.30 a.m.

This workshop will explore the uniqueness of people, place and time. Through drama, theatrical symbolism and found objects the participants will create various rites of passage which reflect their feelings and ideas about the crossing of 'Bridges'.
Julie Ward and Paddy Burton founded Jack Drum in 1986. Between them, they have more than fifteen years experience of arts in the community. They have worked in a wide range of settings all over the country and in North America. They devote much of their time to working with special needs groups, often accompanied by their young children. Their work is characterised by a bold melange of artistic media and a playfulness of spirit.

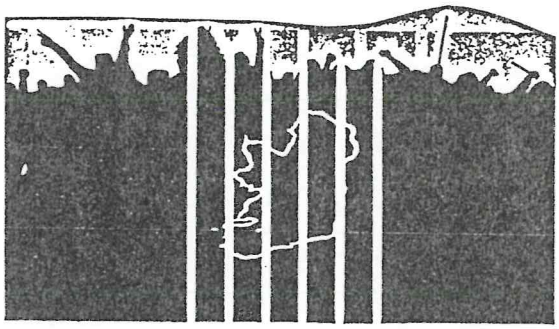


29) The Hero and Heroine Within.
Lizzie Burton Sunday 9.30 a.m.

"Whether I shall turn out to be the hero of my own life is not for me to judge" (David Copperfield).
Is David Copperfield right, if not ourselves who is to judge 'whether we are the heroes and heroines of our own lives?'
Using Psychodramatic techniques with particular reference to the use of sculpting, role reversal and doubling; this workshop offers an opportunity for exploration of those heroes and heroines important to our lives and a chance to discover our own hero and heroine within.
Lizzie Burton trained originally as an Occupational Therapist, subsequently training in group Psychotherapy, Dramatherapy and is in the final stages of Psychodrama training.
She works as a lecturer with shared responsibility for group Psychotherapy, Counselling, Drama in Therapy and Psychodrama. She maintains a small client caseload and is responsible for running workshops in the U.K. and abroad.
Her main interests are integration of dramatherapy into the education setting and the therapeutic use of metaphor and humour.

30) Women: Dramatists of Our Own Lives.
Kath Yates - Sunday 9.30 a.m.

The theatre has been important in promoting discussion of women's oppression. "The Dolls House" created a sensation when written in 1879. However, we still live in a patriarchal society.
This workshop will use a variety of creative techniques to facilitate exploration of how we are defined by social structures and values and how we internalise them. We will begin to write our own experience.
*** WOMEN ONLY.**
Kath Yates is a dramatherapist, psychotherapist and trainee psychodramatist. She works as a psychotherapist for a community mental health service and for the North West Regional Health Authority as Tutor for their Creative Therapies course. Previously, she worked with offenders and ex-offenders in education.



31) Exploding Myths
Tony Goode and Padraig Tolan - Sunday 9.30 a.m.

This practical workshop explores the potential cross overs between dramatherapy and current community theatre practice.
Using documentary material from people's daily experience in the North of Ireland, the workshop invited us to confront our own prejudices and emotions through a range of drama/theatre strategies.
Padraig Tolan is currently Senior Lecturer in Drama at Newcastle upon Tyne Polytechnic. He has an extensive background in national touring theatre as Artistic Director with Manchester based Tranter Theatre. Offering a mix of the best in contemporary theatre and new treatments of established classics - most notably responsible for the contemporary South African setting of Strindberg's "Miss Julie".
Workshop leading in arts/community centres basing work on thematic connections with text, performance development.
Tony Goode is currently Subject Leader in Drama at Newcastle Polytechnic. in the Department of Visual and Performing Arts. His major teaching responsibility is in the organisation of drama and theatre projects in the community for students on the innovative B.A. (Honours) Creative Arts course. He is an experienced director and workshop leader involved with young people, graduate and under-graduate students, teachers, community groups and people with disabilities.

CHAOS
the hidden order

"I am part of all that I have met;
Yet all experience is an arch wherethro'
Gleams that untravelled world, where margins fade
For ever and for ever when I move".
(Alfred Lord Tennyson: Ulysses)

1991 CONFERENCE PROGRAMME

FRIDAY 6th SEPTEMBER

3.00pm. - 5.00pm. *Registration*
(Tea and coffee available)

5.00pm. - 6.00pm. *Serendipity*
A welcoming warm-up session by **Linda Wheildon, Judy Taylor** and **Barry Groom**, 'Serendipity' - faculty of making happy discoveries by accident!

6.00pm - 7.00pm. *Dinner*

7.30pm. - 8.30.pm. Keynote Address by **JOHN ROWAN**
'The Way Up Is The Way Down And Other Paradoxes'
A world where the way to stop doing something is to do it more may seem chaotic at first. A world where the way to heaven starts off as the way to hell may seem terrifying. A world where the way to deal with a horrifying pursuer is to turn and look steadily at it may seem unacceptable. A world where you get a fuller life by emptying it may seem too scary and weird to contemplate. Yet this is the world of self -change which we encounter in many forms of therapy. It is a world where the only logic is paradox, where squares keep on turning into spirals and where the only religion is polytheism.

8.30pm. - 10.00pm. *Workshops and Papers*
1. "My beak is quite long now . ..". : **ALIDA GERSIE**
2. "The Wonderful Flower of Error . . . ".: **CAROL MCKENZIE**
3. Playback Theatre: Container of Chaos:
SUSIE CUNNINGHAM and LOUISE LARKINSON
4. Chaos in the Clinic: **SUE JENNINGS**
5. When The Going Gets Tough . . .: **MARTIN PARKER-EAMES**
6. The Theatre of Dramatherapy: **STEVE MITCHELL**
7. Our Voices, Our Selves: **MICK SANDS**
8. Clues in the Chaos: **ANN CATTANACH & SUE JENNINGS**
9. Through A Glass Darkly: **STEVE MITCHELL**
10. Chaotic Connections: **JAMES KING**
11. We are the Weavers . . .": **HELEN PAYNE**
12. Tolerating Chaos . . .": **DITTY DOKTER & JESSICA SAUNDERS**
13. Moments of Grace: **DAVID POWLEY**

12.30pm. - 1.30pm. *Lunch*

1.30pm. - 4.00pm. *A.G.M. of the BRITISH ASSOCIATION For DRAMATHERAPIST*

1.30pm. - 4.00pm. *Getting The Monkeys Off Our Back Massage Workshop:* **GEORGE BASSETT**

4.30pm. - 5.30pm. *Free Time*

5.30pm. - 6.30pm. *Dinner*

7.00pm. *Papers*
14. Dramatherapy in the European Community: **PHIL JONE**
15. Tolerating Chaos: **DITTY DOKTER**
16. The World of the Abused Child: **ANN CATTANACH**
17. The Binary theme of Order and Chaos: **COLIN WHIT**
18. Moments of Grace: **DAVID POWLEY**

8.30pm. - 9.30pm. *Performance by the Institute of Dramatherapy.*

9.30pm. *Futile Coats* - **band.**

SATURDAY 7th SEPTEMBER

8.00am. -9.00am. *Early Morning Movement Session*
HELEN PAYNE will lead a gentle session to help you arrive in your body for the day ahead.

8.00am. - 9.30am. *Breakfast*

9.45am.- 12.15am. *Workshops*

SUNDAY 8th SEPTEMBER

8.00am. - 9.00am. *Early Morning Movement Session*
HELEN PAYNE will lead a gentle session to help you arrive in your body for the day ahead.

8.00am. - 9.30am. *Breakfast*

9.45am. - 12.15pm. *Workshops*
19. "How Came We Ashore?": **MARINA JENKYNS**
20. Levels of Creativity: **JOHN ROWAN**
21. Chaos - The Hidden Order: **MOOLI LAHAD**
22. The Combined Action . . .": **MANOLIS FILIPPAKIS**
23. Chaos Explored . . .": **MICHAEL POMERANTZ**

12.30pm. - 1.30pm. *Lunch*

1.30pm. - 3.30pm. *Workshops*
24. The Four Elements: **STEVE NASH**
25. The Implicate Order of Dreaming: **LORNA DEXTER**
26. Creating Chaos For The Theatre: **PETE HOLDWAY**
27. When The Going Gets Tough: **MARTIN PARKER-EAM**
28. 'Hoacs': **TONE HORWOOD**

3.30PM. *Closing Address:* **MARINA JENKYNS**

The conference has the use of the indoor swimming pool at certai times throughout the weekend. Check at Registration for times.
A bar will be open during meal times and after evening workshops

FRIDAY EVENING

8:30p.m. - 10:00p.m.
WORKSHOPS and PAPERS

WORKSHOPS:

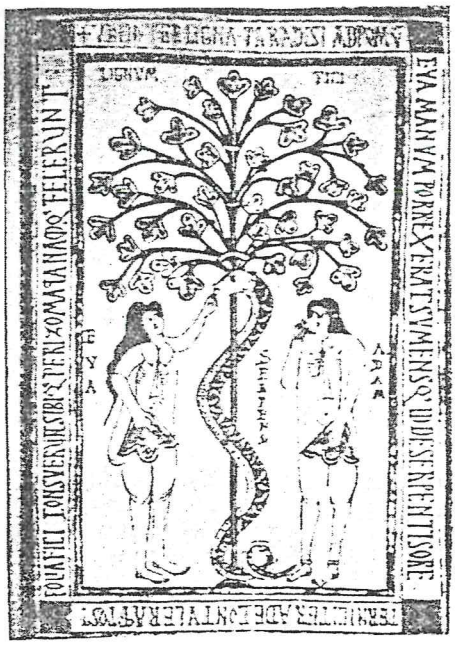
1 - "My beak is quite nice and sharp now
So come along and be eaten." Alida Gersie

Power and chaos are two phenomena which exercise profound influence on the helping relationship. In this workshop we will explore the invitation to change in its benign and not quite benevolent aspects. The central question is; How to enhance empowerment, bring some fear, goodwill and laughter.

2 - "The Wonderful Flower of Error that carries the seeds of its own destruction." Dr. Carol McKenzie

"It is the business of the future to be dangerous...The major advances in civilization are processes that all but wreck the societies in which they occur..." Alfred North Whitehead

A multi-media workshop to experience the positive use of error and danger in the development of creative people and creative organisations. The workshop will be largely experiential but there will be examples of work done in therapeutic and management contexts.



3 - Playback Theatre - *Container of Chaos!*
Susie Cunningham & Louise Larkinson

We all have stories to tell and dreams to share. Imagine life as a play. Which scenes would we wish to see again? What might we spotlight? What's in the wings, backstage, and what might happen before the curtain falls? This workshop will be an introduction to Playback Theatre methods; it will offer opportunities through spontaneous entactment of stories to experiment with being both 'player' and 'storyteller'.

PAPERS:

4 - Chaos in the Clinic. Dr. Sue Jennings

This paper addresses the issues of multiple roles a functions for dramatherapists in the work setting. Is t therapist's role defined by the client group or by the practi of dramatherapy? How does the therapist create a worki milieu that addresses both task centred objectives as well therapeutic process? The paper draws on case histo examples from the author's work in a busy fertility clinic whe there is a complex range of issues facing the staff team relation to a wide variety of clients.



5 - When the Goings Gets Tough, the Tough Act Out
Saturn Symbolism: *Astrology and Dramatherapy.*
Martin Parker-Eames

Religious beliefs aside, life can be seen as a non-recurri system; a chaotic sequence of themes and events that sometim form a pattern and sometimes not. One of the functions therapy and astrology is to help the client find meaning in the life through which they can instigate change. In this pap presentation the use of astrology to elicit meaning and promo change in life, especially at times of crisis, is explored and appli to the use of dramatherapy.

6 - The Theatre of Dramatherapy. Steve Mitchell

This will be a seminar led paper that will examine an iss raised at the close of Sue Jenning's keynote speech last ye where it was argued that the use of theatre arts might be us as an important model for dramatherapy practice. A memb of the audience questioned whether this was 'theatre-therap rather than dramatherapy. Here I will pursue this debate w particular reference to Para-Theatrical Activity and oth modes of Therapeutic Theatre, where engaging the 'theat art' may be given greater emphasis than working throu psychopathology.



SATURDAY MORNING

9:45a.m. - 12:15p.m.

SATURDAY MORNING WORKSHOPS



7 - Our Voices, Our Selves. **Mick Sands**

In this workshop we will explore our natural, embodied voice - from which our culture has tended to disconnect us, offering pale imitations instead. Let's give ourselves permission to play with our voices in an encouraging atmosphere; exploring inner sound, connecting with the breathing rhythm of our bodies, playing with melodies of our own and others making, stepping around some inhibitions to fuller vocal expression.

8 - Clues in the Chaos - *Therapist as Detective*
Ann Cattanach & Sue Jennings

This workshop looks at the skills and resources necessary for dramatherapists, when faced with seeming chaos in their work. It will take contrasting role models of media detectives, such as Inspector Morse and Dallgleish, and consider how the therapist can recognise and follow clues, hunches and intuition in order to discover and test the hidden connection. The workshop presents a new model of practice for dramatherapists who are involved both in initial assessment as well as skills for the practitioner.

9 - Through A Glass Darkly. **Steve Mitchell**

This will be a practical training workshop demonstrating how through both Para-theatrical work and by employing Therapeutic Theatre structures, aggressive and violent emotions can be rehearsed, safely given expression, worked through and contained dramatherapeutically. This workshop will be particularly useful to practitioners working with physical, emotional or sexually abused outpatient groups.

10 - Chaotic Connections: *A Group Installation Workshop*
James King

Man (and it is man who is usually responsible) has systematically destroyed earth's environment and meticulously devastated regions of the planet. We have caused chaos. In the Winter 1990 Journal, Colin White refers to the positive aspects of chaos; "through chaos we can act in the world...to creatively change it and us". The workshop will provide an opportunity to explore positive and negative experiences of chaos. Participants will systematically create a chaotic environment/installation and eventually become part of their construction. Personal, individual meanings or 'orderings' will be explored and connections sought within the group and wider, universal dimensions.

11 - We are the Weavers, We are the Web: *Exploring Meani in Movement.* **Helen Payne**

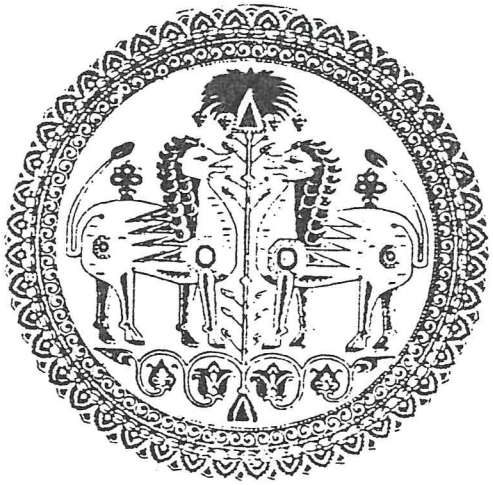
We all weave our meanings in order to pattern our lives. Dan can provide us with a non-verbal and subtle avenue towar making connections and integration out of the chaos betwe inner and outer worlds. The result transformation. In th workshop we will weave chaos and its seemingly unbound energy as well as the boundaries that can flow. The act creating a dance, within the limits of the context, will serve our starting point. We will also be informed by 'chance' as way of playing with our movement together to create furth meaning. In dance the body self is both the instrument exploration and the container of chaos. We will use structur within which participants can experience individually inn chaos, including the visual representation, and the collecti dance of group action and creative
chaos.

12 - Tolerating Chaos - Dramatherapy with eating disorde
Ditty Dokter & Jessica Saunders

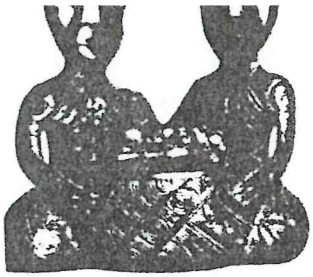
This workshop will explore in a practical way, dramatherap work with patients with eating disorders who are tested as i outpatients at an acute wing in an NHS general hospital. A eating disorders are often perceived as a desperate attem to keep control over overwhelming chaos one of the theme is tolerating chaos. The workshop will explore our ow attitudes to food, eating and our bodies...too much order, to much chaos?

13 - Moments of Grace. **David Powley**

The order that sustains us in our everyday lives is often straine nearly to the breakdown, or actually collapses. I am n referring necessarily to huge life crises or total collapse. I a thinking of small scale, everyday moments of temporary cha of moments on the brink. However, such moments are ofte transformed into 'moments of grace'. Grace is a 'divin influence. It acts within its possessor as a resilient and rege erative energy recognisable as beauty. Some people see especially well endowed with grace but we all have access t it. It enables us not simply to endure the trial or to repair the ol order but rather to create, even if in a small way, a new orde Through drama we can enjoy reliving the moments and bein graceful.



ATURDAY
FTERNOON



:30p.m. - 4:00p.m.

tting The Monkey Off Our Backs. George Bassett
e all carry a bunch of monkeys around on our backs
o are all too willing to tell us of our shortcomings. Their
ane chattering and the tight grip of their paws eventu-
y takes its toll. We bear the sores on the bruised battle-
ld of our bodies. Spend some time learning how to
othe and heal these wounds through communication
d touch. An afternoon of gentle, healing massage.
his workshop is limited to 12, and is bookable at confer-
ce registration.)

SATURDAY *EVENING*

7:00p.m. - 8:00p.m.
SATURDAY *EVENING PAPERS*

14 - Dramatherapy in the European Community: *Dramatherapy Without Frontiers?* Phil Jones

What developments have taken place in dramatherapy in other member states? What will the situation be after 1992 in terms of training, practice and the profession? Will the varieties of different demands, contexts and levels of work result in confusion and territorial battles, or will a new European order evolve? This paper will follow on from the International Conference, 'Our European Future', held in Autumn 1990, when trainers from Europe met to discuss future strategies and possibilities.

15 - Tolerating Chaos - *Dramatherapy With Eating Disorders.* Ditty Dokter

The paper discusses a 6 month dramatherapy group for patients with eating disorders. It will look at the dynamics and dramatherapy techniques used and the context of the work regarding the ward dynamics and the liaison with other arts therapists (art and music) in the team who worked with some group members individually.

16 - The World of the Abused Child. *The logic of Chaos* Ann Cattanach

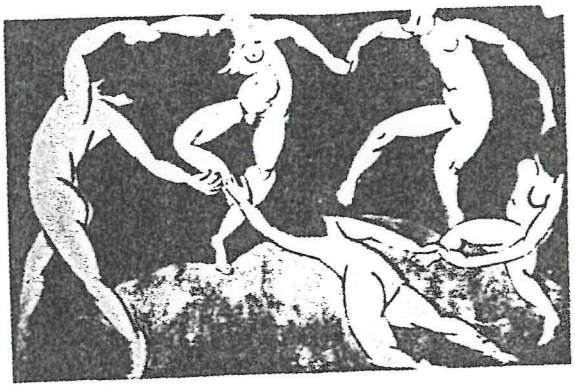
To survive in the chaotic world of an abusing family the child develops a set of responses to cruelty which keep her alive. When the child is safe, these responses are redundant. This paper discusses how play can help the child become visible and help her voice be heard.

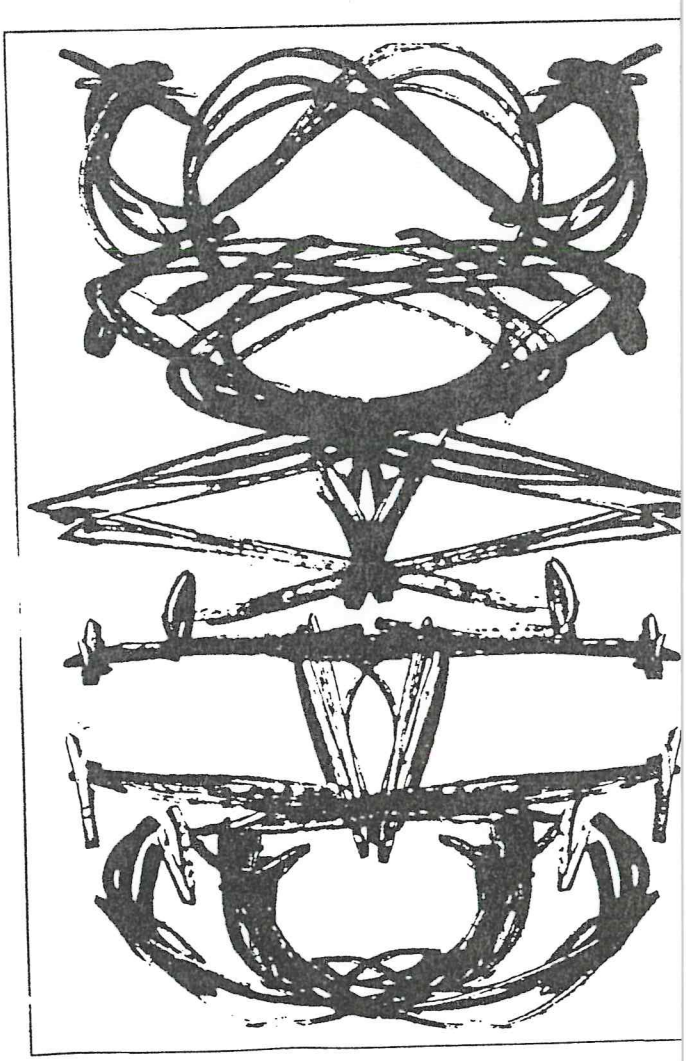
17 - The Binary Theme of Order and Chaos. Colin White

The binary theme of order and chaos represents a profound human concern which is fundamental to the way in which we experience the world and relate to others around us. Here I will look at the ways in which we give mythological and artistic voice to this concern and discuss its relevance to the practice of dramatherapy.

18 - Moments of Grace (*see Workshop 13*) . David Powley

This paper is connected to the workshop but each is independent of the other, so people can enjoy one without necessarily coming to the other.





SUNDAY



9:45a.m. - 12:15p.m.
SUNDAY MORNING WORKSHOPS

19 - "How Came We Ashore?". Marina Jenkyns
In this workshop the emphasis will be on exploring how Shakespeare engages with the concepts of chaos and order, disintegration, confusion and restoration. Whilst a range of dramatic techniques will be harnessed in this exploration, the use of language and its implications as a containing factor in Dramatherapy will be given attention.

20 - Levels of Creativity. John Rowan
One of the reasons why there is so much disagreements about creativity is that we are talking about six different things, at least. In this workshop we shall explore six levels of creativity in an experiential way. Bring an insoluble problem and get the solution in this workshop.

21 - Chaos: *The Hidden Order*. Dr. Mooli Lahad
This workshop will be based on Mooli Lahad's work at the Community Stress Prevention Centre in Kiryat Shmona, Israel. The centre provides supporting therapy with people under sudden or prolonged stress, particularly children caught in the ravages of war.



22 - The Combined Action of Drama, Music and Movement Manolis Filippakis
The workshop will include a summary of the work of Manolis Filippakis at the Centre for expression and Creativity in Chania, Greece. It will use the combined action of drama, movement and music (elements of Dramatherapy, community drama and musictherapy) to develop expressions of creativity and communication. The workshop will take place in a relaxed Mediterranean atmosphere.

23 - Chaos Explored: *A Psychodramatic Experience of Shared and Unshared Personal Chaos*. Michael Pomerantz
Has there been a time that felt less chaotic than the present will all the attendant worries about our lives, our families, our work, our environment and the state of the world in general? The workshop will attempt to address how we face or deny our individual chaos. Why is it true sometimes that my chaos would not be chaos for you? Does it all depend upon our needs and perspectives? Does this condition have benefits or only costs? How much do we know about each other's chaos? What gets hidden?

1:30p.m. - 3:30p.m.
SUNDAY AFTERNOON WORKSHOPS

24 - The Four Elements - *An Ancient Order*. Steve Nash
Throughout time, people have developed a wide variety of ideas, philosophies and beliefs so that they might give order to the potentially overwhelming chaos of their lives. In ancient and medieval times, it was believed that all matter was composed of differing amounts of four key elements - earth, water, fire and air. Participants will be encouraged to examine their own relationship with these four magical substances within the overall framework of encouraging self expression, creativity and insight.

25 - The Implicate Order of Dreaming. Lorna Dexter
Out of the apparent chaos of the subconscious, dreams form, confronting our rational mind with what it doesn't know of would rather ignore. Out of the crazy stories we tell ourselves at night we can gain an insight into a different order underlying the distortions of waking commonsense. This workshop will provide an opportunity to explore some of these stories, to play a part in each other's dreams. By letting our dream-characters play themselves out, we find the new life-story they would rather tell us.

26 - Creating Chaos For The Theatre. Pete Holdway
A possible structure for a piece of theatre is the development from stability into confusion and into a more fruitful direction. This workshop intends to explore ways of presenting in theatrical form images of disorder through physical and visual references rather than purely verbal ones. The starting point will be a concentration on body language and the construction of strong theatrical images, leading to non-verbal vocal expression to produce atmospheric and highly charged Mime based theatre.

27 - When the Going Gets Tough, the Tough Act Out Saturn Symbolism: *Astrology and Dramatherapy*
Martin Parker-Eames and Linda Wheildon (See Paper 5)
This workshop gives practical experience of the use of astrology in dramatherapy.

28 - "Hoacs". Tone Horwood
An improvisation on the theme of chaos picking up ideas that are emerging from the conference as a whole.



1991 DRAMATHERAPY CONFERENCE
Linda Wheildon
Derby School of O.T.
Highfields, 403 Burton Road
Derby
Tel: Barry Groom 0773 - 835433

CHANGES AND ADDITIONS

Please note the following changes and additions to the programme:

Due to ill health neither Ditty Dokter nor Carol McKenzie are able to attend the conference.

FRIDAY

Friday Evening: (Paper) OFFRA AYALON: 'IMAGES OF DESTRUCTION': REFLECTIONS ON ISRAEL DURING THE GULF CRISIS
(8.30.-10.00.pm.) (Replacing Workshop 2 on the programme)

SATURDAY

JOHN ROWAN: LEVELS OF CREATIVITY
now on SATURDAY MORNING 9.45. - 12.15.
(Replacing Workshop 12 in the programme)

Saturday Evening Papers: LUCILIA VALENTE from Portugal
(7.00.-8.00) ORDER FROM CHAOS: MAKING SENSE OF RESEARCH IN DRAMATHERAPY.
(Replacing Paper 15 in the programme)

SUNDAY

MOOLI LAHAD unfortunatly can not make the conference due to last minute family commitments that keep him in Israel.
The workshop 'CHAOS: THE HIDDEN ORDER' (Sunday morning 9.45.-12.15.) will be taken by his co-worker OFFRA AYALON from the University of Haifi.

HANK GULICKX (Workshop) from the Netherlands
IF WE CANT PREDICT THE WEATHER, IT IS MY RESPONSIBLITY TO TAKE OR NOT TO TAKE AN UMBRELLA
(9.45-12.15.) (Replacing Workshop 20 in the programme)

****

THESE CHANGES AND ADDITIONS WILL MEAN THAT YOU MAY WISH TO AMEND YOUR WORKSHOP CHOICES FOR PARTICULAR SESSIONS. COULD YOU PLEASE DO THIS AS EARLY AS POSSIBLE BY ADDING YOUR NAME TO THE WORKSHOP LISTS. THANKS.

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APPENDIX III

Student Results

APPENDIX III A

Rank Order of Means for Students

Rank Order of Means for Students

Table A1

Theoretical Influences upon Dramatherapy

Rank order	Variable	Means
1	Group dynamics	1.28
2	Psychotherapy	1.52
3	Theories of play	1.54
4	Client centered therapy	1.68
5	Theories of creativity	1.70
6	Child drama	1.71
7	Ritual	1.83
8	Child development	1.92
9	Theories of imagination	1.96
10	Theories of theatre	2.00
11=	Psychodrama	2.04
11=	Disabilities	2.04
13	Educational drama	2.14
14	Gestalt psychology	2.22
15=	Psychoanalysis	2.30
15=	Anthropology	2.30
17	Object relations play	2.32
18	Social psychology	2.40
19	Analytic psychology	2.44
20	Yoga	2.61
21	Cognitive psychology	2.81
22=	Existentialism	2.82
22=	Alexander Technique	2.82
24=	Philosophy	2.83
24=	Sociology	2.83
26	Behaviourism	2.91
27	Theology	2.95
28	Bioenergetics	3.00

Table A2

Authorities Influencing the Practice of Dramatherapy

Rank order	Variable	Means
1	Sue Jennings	1.57
2=	Langley	2.00
2=	Dorothy Heathcote	2.00
4=	Peter Slade	2.10
5	Robert Landy	2.13
6	Moreno	2.24
7	David Read Johnson	2.31
8	Richard Courtney	2.41
9	Veronica Sherborne	2.50
10	Gertrud Schattner	2.64
11	Rudolf Laban	2.70
12	Marian Lindkvist	2.77
13	Viola Spolin	2.93
14	Gavin Bolton	3.07
15	Audrey Whethered	3.29
16	Brian Way	3.47

Table A3

Authorities Relevant to the Understanding of Dramatherapy

Rank order	Variable	Means
1	Peter Brook	1.55
2=	Winnicott	1.76
2=	Constantin Stanislavski	1.76
2=	Carl Rogers	1.76
5	Carl Jung	1.83
6	Bertold Brecht	1.86
7	Jean Piaget	2.05
8	Sigmund Freud	2.26
9	Bruno Bettelheim	2.39
10=	Melanie Klein	2.41
10=	Jerzy Grotowski	2.41
12	Erving Goffman	2.46
13	Murray Cox	2.60
14	Antonin Artaud	2.63
15	Abraham Maslow	2.68
16=	Margaret Lowenfeld	3.00
16=	Victor Turner	3.00
18	Bruce Wilshire	3.46

Table A4

Other Creative Arts Relevant to Dramatherapy

Rank order	Variable	Means
1=	Music	1.60
1=	Dance	1.60
3	Play performance	1.79
4	Painting	2.00
5	Writing	2.20
6	Poetry	2.24
7	Modelling	2.44
8	Sculpture	2.48
9	Video	2.70
10	Photography	3.08

Table A5

Groups Benefiting from Dramatherapy (from Personal Professional Experience)

Rank order	Variable	Means
1	Physically abused	1.25
2	Physically disabled	1.33
3	Special education	1.42
4	Emotional disturbed	1.47
5=	Socially isolate	1.50
5=	Sexually abused	1.50
7	Mentally disabled	1.56
8=	Visually impaired	1.60
8=	Marital problems	1.60
10	Depressed	1.65
11=	Neurotic	1.67
12=	Delinquent	1.67
13=	Pre-adolescent	1.75
13=	Adolescents	1.75
15	Phobic	1.78
16	Hearing impaired	1.86
17=	Aids	2.00
17=	Single parent	2.00
17=	Sexual problem	2.00
20	Geriatric	2.09
21	Psychotic	2.12
22	Alcoholic	2.40
23	Family	2.67
24	Drug addict	2.75
25	Forensic	3.00
26	Infertile	-

Table A6

Factors Relevant for Initial Client Assessment by Dramatherapist

Rank order	Variable	Means
1	Motivation	1.52
2	Willingness to change	1.56
3	Willingness to work with therapist	1.61
4	Therapist ability to work with him/her	1.65
5	Willingness to play creatively	1.70
6	Ability to fit in with dramatherapy group	1.74
7=	Willingness to play in role	1.91
7=	Willingness to observe limits and boundaries	1.91
9	Willingness to remain in therapy	1.96
10	Willingness to use creative media	2.22
11	Personal/social background	2.41
12	Clinical history	2.44
13	Previous experience in therapy	2.65
14	Absence of long-term reality-altering drug therapy	2.70
15	Apparent absence of psychosis	2.95
16	Understanding of creative process	3.09
17	Absence of acute insight into personal problems	3.18
18	Reasonable ability to articulate	3.22
19	Logical rational focused thinking	3.30

Table A7

Techniques and Skills Used in Dramatherapy

Rank order	Variable	Means
1	Myths & Legends	1.20
2	Communication games	1.36
3	Improvisation	1.60
4	Symbols & imagery	1.67
5	Script work	1.80
6	Musical instruments	1.88
7	Laban techniques	1.92
8=	Spectograms	1.96
8=	Story telling	1.96
8=	Play	1.96
8=	Sculpting	1.96
8=	Performance	1.96
13	Sensitivity exercises	2.00
14	Role play	2.13
15=	Session-evaluations	2.20
15=	Mime games	2.20
17=	Projection	2.21
17=	Breathing exercises	2.21
19	Theatre games	2.29
20	Dreams accounts	2.33
21	Mirroring	2.57
22	Self-reports	2.63
23	Singing	2.68
24	Visual imagery	2.73
25	Movement to music	2.76
26	Puppetry	2.78
27	Voice work	2.88
28	Role reversal	2.91
29	Simulation	2.95
30	Make-up	2.96
31	Sub-group work	3.13
32	Story making	3.26
33	Costume	3.30
34	Mask work	3.35
35	Relaxation exercises	3.38
36	Painting	*

Table A8

Important Stages in Dramatherapy Session

Rank order	Variable	Means
1	Main activity	1.12
2	Closure	1.28
3	Warm-up	1.32
4	Grounding	1.56
5	Evaluation	1.87

Table A9

Role of the Dramatherapist

Rank order	Variable	Means
1	Listening	1.08
2	Observing	1.33
3	Facilitating change	1.38
4	Supporting	1.42
5	Identifying issues	1.46
6	Having supervision	1.48
7	Staying calm in crisis	1.54
8=	Accepting uncritically	1.60
8=	Creating atmosphere	1.60
10	Believing	1.63
11	Experience in therapy	1.83
12	Guiding	1.92
13	Questioning	2.17
14	Interpreting	2.29
15	Confronting	2.38
16	Experience in theatre	2.79
17	Taking a role	2.83
18	Provoking	2.92

Table A10

Qualities of Dramatherapist

Rank order	Variable	Means
1	Self-insight	1.04
2	Empathy	1.08
3	Contact with own emotions	1.12
4	Motivation	1.16
5=	Openess	1.20
5=	Sensitivity	1.20
5=	Intuition	1.20
8	Body awareness	1.28
9=	Clear thinking	1.32
9=	Energy	1.32
11	Spontaneity	1.36
12	Imagination	1.44
13	Humour	1.52
14	Reflection	1.54
15	Deep feelings	1.63
16	Generosity	1.76
17	Sociability	1.88
18	Humility	1.92

Table A11

Client Behaviours in Dramatherapy Process

Rank order	Variable	Means
1	Express feelings	1.23
2	Become acquainted	1.40
3	Accept each other feelings	1.41
4	Reintegrate self positively	1.57
5	Explore potentialities through role	1.59
6	Take risks	1.64
7	Share differences	1.70
8	Handle fears and insecurities	1.71
9=	Be spontaneous	1.73
9=	Identify expectations	1.73
11	Explore personal pain	1.76
12	Make contact with therapist	1.77
13	Find community with group	1.82
14	Identify potential personal contributions	1.84
15	Identify problems	1.86
16	Relate Symbolic roles to personal experience	1.96
17	Self-disclose	2.00
18=	Heal spirits	2.29
18=	Experience catharsis	2.29
20	Personally reconstruct myths and rituals	2.33
21	Recognise personal instability	2.38
22	Understand transference	2.46
23	Effect transference	2.68
24	Reject each other's feelings	2.86
25	Contain emotions	2.90
26	Play a single role effectively	2.95

Table A12

Variables Used by Dramatherapist in Assessment of Group Progress

Rank order	Variable	Means
1	Group involvement	1.32
2	Group cohesion	1.59
3=	Level of group spontaneity and creativity	1.64
3=	Group risk taking	1.64
5	Level of group work	1.81
6	Movement from mundane reality to dramatic reality	1.95

Table A13

Assessment Methods Used by Dramatherapists

Rank order	Variable	Means
1	Observation of client behaviours	1.21
2	Client self-reports	1.80
3	Reports from others professionals	2.29
4	Projective techniques	2.40
5	Clients use of diagnostic dramatherapy media	2.70
6	Reports by other group members	2.80
7	Kelly Repertory Grid	3.33

Table A14

Client Attributes Relevant to Assessment in Dramatherapy

Rank order	Variable	Means
1	Self-acceptance	1.04
2	Self-esteem	1.08
3=	Self-awareness	1.24
3=	Self-confidence	1.24
5	Hope	1.39
6	Trust	1.44
7	Communication	1.46
8	Self-others awareness	1.58
9	Social interaction	1.64
10	Spontaneity	1.75
11	Concentration	1.76
10=	Creativity	1.79
10=	Initiative	1.79
13	Imagination	1.83
14	Courage	1.88
15	Less depression	1.96
16	Less delusions	2.00
17=	Self-disclose	2.08
17=	Realistic world view	2.08
19=	Social self-control	2.36
19=	Physical appearance	2.36
21	Metaphor change	2.41
23=	Social disinhibition	2.50
24=	Healing myths	2.50
25	Use of language	2.60
26	Dramatic repertoire	2.83

APPENDIX III B

Comparisons Between Practising Members and Student Members

Table A15

Ratings of Importance of Theoretical Influences upon Dramatherapy

	Variable	Rank		Mean	
		Prac	Stu	Prac	Stu
1	Social psychology	14	18	2.29	2.39
2	Gestalt psychology	16	14	2.40	2.23
3	Educational drama	12	13	2.28	2.14
4	Child drama	10	6	2.20	1.71
5	Theories of theatre	11	10	2.20	1.71
6	Theories of creativity	4	5	1.79	1.67
7	Theories of play	3	3	1.64	1.64
8	Theories of imagination	7	9	2.02	1.96
9	Client-centred therapy	6	4	1.95	1.95
10	Alexander Technique	27	22	3.42	2.82
11	Cognitive psychology	20	23	2.95	2.82
12	Object relations play	15	17	2.40	2.32
13	Analytic psychology	18	19	2.61	2.43
14	Child development	5	8	1.85	1.91
15	Anthropology	17	16	2.50	2.30
16	Group dynamics	1	1	1.26	1.28
17	Ritual	8	7	2.05	1.83
18	Sociology	19	24	2.65	2.83
19	Psychotherapy	2	2	1.57	1.52
20	Psychoanalysis	13	15	2.29	2.30
21	Theology	25	26	3.23	2.95
22	Philosophy	21	23	2.96	2.82
23	Disabilities	9	12	2.05	2.04
24	Bioenergetics	26	27	3.27	3.00
25	Existentialism	23	22	2.99	2.02
26	Psychodrama	7	11	2.02	2.02
27	Yoga	24	20	3.23	2.61
28	Behaviourism	22	25	2.98	2.91

Table A16

Ratings of Importance of Individual Authorities to Dramatherapy Practice

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
S. Jennings	1	1	1.59	1.57
B. Way	12	16	2.90	3.47
V. Spolin	14	12	3.07	2.07
G. Bolton	13	14	2.98	3.07
R. Landy	7	5	2.50	2.13
D. R. Johnson	11	7	2.87	2.31
A. Whethered	16	15	3.13	3.29
M. Lindkvist	15	12	3.11	2.77
P. Slade	6	4	2.44	2.10
D. Heathcote	3	2	2.22	2.00
R. Courtney	5	8	2.41	2.40
D. Langley	8	2	2.61	2.00
V. Sherborne	4	9	2.37	2.50
G. Schattner	9	10	2.64	2.64
J. Moreno	2	6	2.08	2.24
R. Laban	10	11	2.76	2.70

Table A17

Ratings of Importance of Named Individuals to the Understanding of Dramatherapy

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
M. Lowenfeld	17	16	3.12	3.00
D. Winnicott	2	2	2.03	1.76
J. Grotowski	11	10	2.59	2.41
A. Maslow	13	15	2.66	2.68
B. Bettelheim	8	9	2.38	2.39
E. Goffman	14	12	2.80	2.46
B. Wilshire	18	18	3.43	3.46
Stanislavski	4	2	2.25	1.76
A. Artaud	15	14	2.95	2.62
C. Rogers	3	2	2.12	1.76
C. Jung	1	5	1.96	1.82
V. Turner	16	16	3.05	3.00
J. Piaget	12	7	2.65	2.05
S. Freud	6	8	2.32	2.26
M. Cox	6	13	2.32	2.60
Brecht	9	6	2.44	1.86
Brook	5	1	1.55	2.26
M. Klein	10	10	2.54	2.40

Table A18

Ratings of Other Creative Arts in terms of its Importance to Dramatherapy

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Painting	3	4	2.00	2.00
Modelling	8	7	2.37	2.44
Music	2	1	1.77	1.60
Play performance	4	3	2.02	1.79
Photography	10	10	3.13	3.08
Writing	5	5	2.20	2.20
Poetry	6	6	2.24	2.24
Sculpture	7	8	2.32	2.48
Dance	1	1	1.69	1.60
Video	9	9	2.72	2.70

Table A19

Ratings of Benefits to Client Group from Dramatherapy Sessions

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Mentally disabled	2	7	1.45	1.55
Single parent	15	17	1.89	2.00
Physically disabled	4	2	1.54	1.33
Hearing impaired	16	16	1.91	1.86
Visually impaired	19	8	2.00	1.60
Marital problem	22	8	2.12	1.60
Pre-adolescents	4	13	1.54	1.75
Adolescents	7	13	1.62	1.75
Emotionally disturbed	6	4	1.56	1.47
Sexually abused	11	5	1.70	1.50
Sexual problem	24	17	2.28	2.00
Social isolate	9	5	1.66	1.50
Physically abused	8	1	1.64	1.25
Forensic	16	25	1.91	3.00
Family	13	23	1.72	2.57
Psychotic	25	21	2.36	2.12
Delinquent	14	12	1.80	1.67
Phobic	23	15	2.21	1.78
Neurotic	3	11	1.53	1.67
Geriatric	12	20	1.71	2.09
Depressed	10	10	1.69	1.65
Aids	19	17	2.00	2.00
Drug addict	19	24	2.00	2.75
Special ed.	1	3	1.41	1.42
Alcoholic	18	22	1.96	2.40
Infertile	26	26	2.40	-

Table A20

Rating of Importance of Variables Used in Clients Initial Assessment

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Personal/social background	5	11	1.99	2.41
Clinical history	11	12	2.40	2.44
Previous experiences in therapy	14	13	2.62	2.65
Motivation	1	1	1.49	1.52
Willingness to change	4	2	1.68	1.56
Absence of long-term reality-altering drug therapy	13	14	2.56	2.70
Reasonable ability to articulate	17	18	3.03	3.22
Apparent absence of psychosis	15	15	2.65	2.95
Ability to fit in with the dramatherapy Group	10	6	2.22	1.71
Absence of acute insight into personal problems	16	17	2.93	3.18
Willingness to remain in therapy	9	9	2.12	1.97
Therapist's ability to work with him/her	2	4	1.55	1.65
Logical rational focused thinking	18	19	3.17	3.30
Willingness to play creatively	7	5	2.05	1.70
Willingness to play in role	12	7	2.41	1.91
Willingness to observe limits and boundaries	6	7	2.04	1.91
Willingness to use creative media	8	10	2.11	2.11
Willingness to work with therapist	3	3	1.56	1.61
Understanding of the creative process	19	16	3.31	3.09

Table A21

Frequency of Techniques used in Dramatherapy Sessions

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Mime games	20	15	2.51	2.20
Breathing exercises	11	17	2.11	2.21
Sculpting	10	8	2.10	1.96
Relaxation exercises	33	35	3.25	3.38
Script work	2	5	1.58	1.80
Communication games	3	2	1.60	1.36
Improvisation	7	3	1.96	1.60
Sensitivity exercises	14	13	2.27	2.00
Movement to music	27	25	2.88	2.76
Musical instruments	16	6	2.30	1.88
Session-evaluations	19	15	2.40	2.20
Sub-group work	31	30	3.21	3.13
Laban techniques	5	7	1.86	1.92
Symbols & imagery	4	4	1.73	1.67
Role play	8	14	2.01	2.13
Role reversal	30	28	3.10	2.91
Dream accounts	22	20	2.55	2.33
Myths & legends	1	1	1.56	1.20
Play	6	8	1.89	1.96
Mirroring	14	21	2.35	2.57
Simulation	25	29	2.78	2.95
Spectograms	9	8	2.07	2.96
Visual imagery	17	24	2.31	2.73
Projection	14	17	2.27	2.21
Theatre games	24	19	2.75	2.29
Voice work	32	27	3.23	2.88
Performance	13	8	2.13	1.96
Story-making	29	32	3.07	3.26
Puppetry	28	26	2.94	2.78
Mask work	35	34	3.31	3.35
Make-up	34	30	3.29	2.96
Costume	23	33	2.74	3.30
Self-reports	21	22	2.52	2.63
Story-telling	12	8	2.12	1.96
Singing	26	23	2.86	2.68

Table A22

Ratings of Importance of the Different Stages of a Dramatherapy Session

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Warm up	3	3	1.39	1.32
Main activity	2	1	1.36	1.12
Grounding	4	4	1.82	1.56
Closure	1	2	1.34	1.28
Evaluation	5	5	1.87	1.87

Table A23

Ratings of Importance of Professional Attributes to Dramatherapist Role

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Listening	1	1	1.21	1.08
Identifying issues	4	5	1.52	1.46
Having supervision	9	6	1.72	1.48
Facilitating change	6	3	1.64	1.38
Accepting uncritically	6	8	1.64	1.60
Creating atmosphere	11	8	1.84	1.60
Staying calm in crisis	5	7	1.55	1.54
Experience in theatre	15	16	2.62	2.79
Experience in therapy	8	11	1.70	1.83
Questioning	13	13	2.08	2.17
Supporting	3	4	1.50	1.42
Believing	10	10	1.77	1.63
Guiding	12	12	2.04	1.92
Taking a role	16	17	2.69	2.83
Confronting	14	15	2.48	2.38
Interpreting	17	14	2.80	2.29
Provoking	18	18	2.91	2.92
Observing	2	2	1.42	1.33

Table A24

Ratings of Importance of Dramatherapist's Personal Qualities

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Self-insight	1	1	1.26	1.04
Humility	15	18	1.95	1.92
Contact with emotions	6	3	1.42	1.12
Openness	10	5	1.52	1.20
Spontaneity	5	11	1.39	1.36
Empathy	3	2	1.33	1.08
Body-awareness	14	8	1.79	1.28
Deep feelings	17	15	2.30	1.63
Clear thinking	13	9	1.65	1.32
Motivation	2	4	1.32	1.16
Imagination	6	12	1.42	1.44
Intuition	9	5	1.44	1.20
Sensitivity	4	5	1.36	1.20
Generosity	16	16	2.11	1.76
Reflection	12	14	1.60	1.54
Sociability	18	17	2.34	1.88
Humour	11	13	1.56	1.52
Energy	8	9	1.43	1.32

Table A25

Ratings of Importance of Client's Processes in the Therapeutic Situation

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Become acquainted	2	2	1.63	1.40
Identify potential contributions	12	14	2.03	1.84
Share differences	13	7	2.07	1.70
Find commonality with group	4	13	1.68	1.82
Make contact with therapist	5	12	1.69	1.77
Identify problems	13	15	2.07	1.86
Identify expectations	10	9	1.93	1.73
Express feelings	1	1	1.51	1.23
Accept each other's feelings	3	3	1.66	1.41
Reject each other's feelings	20	24	2.53	2.86
Effect transference	22	23	2.58	2.68
Understand transference	23	22	2.80	2.46
Heal spirits	18	18	2.34	2.29
Reintegrate self positively	6	4	1.79	1.57
Take risks	8	6	1.85	1.64
Self-disclose	15	17	2.17	2.00
Be spontaneous	7	9	1.84	1.73
Play a single role effectively	24	26	2.84	2.95
Experience catharsis	24	18	2.84	2.29
Handle fears and insecurities	11	8	1.99	1.71
Relate symbolic roles to personal Experience	16	16	2.33	1.96
Explore potentialities through role	9	5	1.90	1.59
Explore personal pain	15	11	2.25	1.76
Recognise personal instability	21	21	2.58	2.38
Contain emotions	19	25	2.51	2.90
Personally reconstruct myths and rituals	26	20	2.85	2.33

Table A26

Rating of Importance of Variables in Assessing Group Progress

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Group cohesion	2	2	1.75	1.59
Group involvement	1	1	1.48	1.31
Level of group work	5	5	2.12	1.81
Level of group spontaneity and creativity	4	3	1.81	1.64
Group risk-taking	3	3	1.80	1.64
Movement from mundane reality to dramatic reality	6	6	2.14	1.95

Table A27

Ratings of Importance of Methods of Individual Client

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Reports by other group members	6	6	2.82	2.80
Clients use of diagnostic dramatherapy media	5	5	2.72	2.70
Client self-reports	2	2	1.68	1.80
Reports from others professionals	3	3	2.23	2.29
Projective techniques	4	4	2.34	2.40
Kelly Repertory Grid	7	7	3.34	3.33
Observation of client behaviours	1	1	1.32	1.21

Table A28

Ratings ofthe Relative Importance of Client Attributes in the Assessment of Client Progress

Variable	Rank		Mean	
	Prac	Stu	Prac	Stu
Self-awareness	2	3	1.45	1.24
Physical appearance	22	19	2.47	2.36
Use of language	23	25	2.51	2.60
Self-confidence	4	3	1.53	1.24
Concentration	13	11	1.90	1.76
Social interaction	10	9	1.78	1.64
Realistic world-view	18	17	2.28	2.08
Self-acceptance	3	1	1.50	1.04
Dramatic repertoire	26	26	3.07	2.83
Self-other awareness	8	8	1.65	1.58
Social self-control	20	19	2.35	2.36
Social disinhibition	24	23	2.70	2.50
Self-disclosure	19	17	2.34	2.08
Hope	5	5	1.54	1.39
Spontaneity	9	10	1.67	1.75
Self-esteem	1	2	1.34	1.08
Courage	15	14	1.98	1.88
Creativity	11	10	1.79	1.79
Imagination	14	13	1.91	1.83
Healing myths	25	19	2.77	2.50
Trust	7	6	1.57	1.44
Initiative	12	10	1.84	1.79
Communication	6	7	1.56	1.46
Metaphor change	21	21	2.45	2.41
Less depression	16	15	2.07	1.96
Less delusions	17	16	2.25	2.00

APPENDIX III C

Students Biographical Data

Students Biographical Data

Table A29

Total Number and Percentage of Respondents by Place of Training

Variable	Frequency	% of total
Herts College	8	32.0
Ripon & York College	4	16.0
South Devon College	6	24.0
Sesame Course	5	20.0
Inst.Dramatherapy	2	8.0
Total	25	100.0

Note: 4 questionnaires from the Institute of Dramatherapy where received when the analysis was finished and couldn't therefore be included in the Study.

Table A30

Number and Percentage of Respondents by Sex

Variable	Frequency	% of total
Female	17	68.0
Male	6	24.0
Missing	2	4.0
Total	25	100.0

Table A31

Number and Percentage of Respondents by Age Group

Variable (age in years)	Frequency	% of total
20-30	8	32.0
31-40	9	36.0
41-50	3	12.0
51-60	3	12.0
Missing	2	8.0
Total	25	100.0

Table A32

Number and Percentage of Respondents, by Professional and Academic Training

Variable	Frequency	% of total
Training in drama	3	12 0
Nurse training	4	16.0
Teachers qualifications	2	8.0
B.A. and B.ed. degrees	9	36.0
Higher degree holders (M.A.)	1	4.0
Social workers	2	4.5
Miscellaneous	4	16.0
Total	25	100.0

APPENDIX IV

Preliminary Study

UNIVERSITY COLLEGE, CARDIFF - Department of Education

DRAMA THERAPY QUESTIONNAIRE

I am a Portugese Ph.D. Research Student at University College, Cardiff. As part of my research I am trying to establish theory practice and assessment in drama therapy. Your answers would be very useful to me.

Any information that you give will be used for the purpose of this Ph.D. study only.

The following is a list of some of the abilities which may be developed in drama therapy. Please rate each one in terms of its importance in your work, from 1 (most important) to 5 (least important). Please answer individually and spontaneously and from your own experience.

Ability to:

	1	2	3	4	5
be aware of own feelings					
accept own feelings					
communicate own feelings					
make friends					
clarify ideas					
express ideas					
understand oneself					
develop sensory awareness					
accept feelings of others					
sympathise with others					
empathise with others					
listen to others					
relax physically					
move gracefully					
be creative (inventive)					
have flexibility of thought					
be socially assertive					
tolerate stress					
have body awareness					
take risks					

Contd/...

Ability to:	1	2	3	4	5
be willing to change					
lead others					
relate to opposite sex					
participate socially					
relax socially					
experiencing and express humour					
enjoy physical contact (when touched)					
enjoy physical contact (when touching)					

Others (please specify) _____

_____

_____

I would be very grateful if you would please supply the following biographical details.

Drama therapy qualifications (date and place) _____

_____

_____

Other qualifications _____

_____

_____

Length of experience in drama therapy

0 - 5 ☐ 5 - 10 ☐ 10 - 15 ☐ 15 - 20 ☐ 20 - 25 ☐

Present Post _____

_____

Contd/...

Previous Posts _____

_____

_____

_____

_____

Subjects worked with (eg. children, children with mental and physical disabilities adults)

_____

_____

_____

Principal drama therapy techniques used _____

_____

_____

_____

General comments (if any) _____

_____

_____

_____

_____

_____

_____

This is a Pilot Questionnaire. Please indicate if you would be prepared to complete the Final Questionnaire.

Name .....

Address .....

.....

.....

THANK YOU VERY MUCH FOR YOUR COOPERATION.

Lucilia Valente
Department of Education (Annexe)
University College, Cardiff
42 Park Place, Cardiff
CF1 3BB

Dramatherapy Questionnaire

Results

Number of questionnaires distributed - 100

Number of questionnaires returned - 28

Respondents were presented with a number of abilities which can be developed in dramatherapy and asked to rate each of them in terms of its importance to their work, from 1. (most important) to 5. (least important).

The first set of results gives the mean importance score assigned to each ability. The lower the score, the more important the ability.

Ability to:	Mean
be aware of own feelings	1.14
accept own feelings	1.46
communicate own feelings	1.82
make friends	2.82
clarify ideas	2.21
express ideas	2.60
understand oneself	1.50
develop sensory awareness	1.78
accept feelings of others	1.61
sympathise with others	2.75
empathise with others	1.82
listen to others	1.36
relax physically	2.25
move gracefully	3.68
be creative	1.68
have flexibility of thought	1.75
be socially assertive	2.86
tolerate stress	2.14
have body awareness	2.07
take risks	2.03
be willing to change	1.78
lead others	2.61
relate to opposite sex	2.57
relax socially	2.39
experiencing and express humour	2.14
enjoy physical contact (when touched)	2.28
enjoy physical contact (when touching)	2.28

The second set of results presents the abilities in rank order, from the most important ability down to the least important ability.

Rank order	Ability to:
1	be aware of own feelings
2	listen to others
3	accept own feelings
4	understand oneself
5	accept feelings of others
6	be creative
7	have flexibility of thought
8 =	develop sensory awareness / be willing to change
10 =	empathise with others / communicate own feelings
12	take risks
13 =	have body awareness
14 =	tolerate stress / experience and express humour
16	clarify ideas
17	relax physically
18 =	enjoy physical contact (when touched) / enjoy physical contact (when touching)
20	relax socially
21	participate socially
22	relax to opposite sex
23	express ideas
24	lead others
25	sympathise with others
26	make friends
27	be socially assertive
28	move gracefully

In addition, respondents were asked to give details of the clients with whom they worked. These are shown below:

* adult psychiatry
* group psychiatry
* individuals psychiatry
* disturbed adolescents
* schizophrenic adults
* children with mental disabilities
* families
* families with children with mental disabilities
* the elderly
* young adults
* variety of hospital patients (e.g. surgical, psycho-geriatric)
* adolescents
* young children
* adults and eldery mentally or behaviourally or organically ill
* teenage girls
* mentally disabled
* physically disabled
* mentally ill
* mothers under stress
* single parents
* physical handicapped
* day patient, out patient
* young offenders
* adult rehabilitation
* children in mainstream education
* children in special education
* adults in adult education
* adolescents with physical handicap
* children/adolescents in care
* the under fives
* abused children
* marital problems
* substance abusers
* social skills
* specialised theatre work with individuals
* stroke victims
* maladjusted children and adolescents

Respondents were also asked to give details of dramatherapy techniques used. These were as follows:

* role play
* role reversal
* social skills development
* theatre techniques
* psychotherapeutic movement
* work with dreams and fantasy through improvisation
* physical - gross and adaptive motor skills with mentally handicapped
* sociodrama
* story making
* group discussions
* projective techniques
* developmental drama
* painting,
* music movement
* rhythm
* psychodrama
* group work
* pairs and small group work sculpting
* play therapy
* communication games
* trust exercises
* guided relaxation
* mime
* regression
* creation of worlds
* doubling
* fairy tales
* myths and legends
* metaphor
* sand play
* Laban movement techniques
* mask work
* creative writing
* physical theatre, mime - use of small object puppetry
* use of video material
* face painting
* costumes
* use of musical instruments
* use of paper. crayons and melt pens
* collections of objects (symbolism)
* fantasy exercises
* photos
* spectograms

APPENDIX V

The Final Version of the Item Bank

DRAMATHERAPY AND DRAMATHERAPISTS

Below are a number of statements produced by a sample of leading British dramatherapists as part of a research programme into the theory and practice of drama in therapy and education. The researcher would be very grateful for your help in the next stage of the research. Please read each statement, and indicate your response to it on the 4-point scale provided (for example most important, important, less important, unimportant).

Please answer individually, and from your own theory and practice.

SECTION I: THE THEORY OF DRAMATHERAPY

THE NATURE OF DRAMATHERAPY

1. Please indicate your level of agreement with each of the following statements:

* The roots of dramatherapy must be in theatre as well as in drama.

* Dramatherapy refines natural dramatic processes and directs them in ways the client cannot do on his/her/ own.

* Dramatic processes are a natural part of psychological functioning.

* In dramatherapy the client expresses problems dramatically, rather than talking them through as in psychotherapy.

* Therapy is intrinsic in child drama, and people who come through child drama don't need dramatherapy.

* Dramatherapy is a way of using the art form of drama in order to find a sense of wholeness.

* Dramatherapy is an essential purposeful use of constructive drama, selected to help a person in a particular advanced condition.

* Dramatherapy is a therapeutic approach intended to develop learning, insight, and change through creative expression.

* Dramatherapy is about wholeness, not illness.

* The roots of dramatherapy are very much connected with play.

* Dramatherapy can be conceived in terms of either individual or group therapy.

* In dramatherapy you don't step out of reality into fantasy, but into another sort of reality.

* Dramatherapy is as much to do with closure, with keeping one's defences, as with opening up.

* Other therapies can reduce passion and make people calm and ordinary. Dramatherapy accepts we need tension and anxiety, as long as they aren't self-destructive.

* The power of the symbol as used in dramatherapy is that it doesn't have a single definition. It is the opposite of reductionist one-to-one thinking.

* Dramatherapy is not different from learning, except that the learning in therapy is specifically to do with personal change.

* If you are being creative you don't need therapy.

* True therapeutic activity is helping to build up the ego.

* Dramatherapy should not dwell on what's wrong, but identify what's right in the client.

* Most of dramatherapy is subversive, and therefore not bound by standards laid down by others.

* The improvised play of children is natural therapy.

* The practical core of dramatherapy is dramatic engagement and dramatic imagination.

* Dramatherapy operates through metaphor, not through actual truth.

* It is a mistake to see performance as having no part in dramatherapy, though you don't work towards it specially.

* It is appropriate for non-dramatherapists to use dramatherapy techniques.

* A good deal of the work in dramatherapy is behavioural, whether we acknowledge it or not.

* The things that go on in a dramatherapy group are the same as in any therapy group, though the ways of working are different.

* In the future, dramatherapy must align itself very quickly with psychotherapy.

* The dramatherapist sees society as alienated from the collective symbols which serve to bring it together.

* The dramatherapist works with understanding, not with explanation.

THEORETICAL INFLUENCES UPON DRAMATHERAPY

2. Please rate the following in terms of the importance of their influence upon dramatherapy:

* gestalt psychology
* psychoanalytical psychology
* the existential approach
* Eastern religions
* client-centred therapy
* anthropology
* modern physics
* bioenergetics
* psychodrama
* drama
* sociology

Others (please specify)

3. Please rate the following people in terms of their importance to dramatherapy:

* Margaret Lowenfeld
* D. Winnicott
* Melanie Klein
* Abraham Maslow
* Carl Rogers
* Constantin Stanislavski
* Carl Jung
* Wilhelm Reich
* Rudolf Laban
* Matthias Alexander
* Jacob Moreno

Others (please specify)

4. Please indicate your level of agreement with each of the following statements:

* The psychoanalytical approach is useful to dramatherapy because most dramatherapy groups are operating at a very primitive level.

* The dramatherapist needs a knowledge of all theoretical models, as he/she uses different models with different people.

* Dramatherapy is not possible if people are too categorical; dramatherapy is not a set medium.

* Drama and the personal must be experienced from inside a group.

* Models in dramatherapy are dictated by the therapist's theoretical stance rather than by anything intrinsic to dramatherapy itself.

* It is very difficult not to involve a psychodynamic model in dramatherapy.

* Most dramatherapists are in the existential field.

* Dramatherapy sometimes suffers from a sogginess by trying to be non-directive.

* Dramatherapy is totally eclectic.

* Dramatherapy does not need to involve a psychodynamic model.

* We need a medical model for dramatherapy.

* You can be equally good at dramatherapy whichever model you use.

* Dramatherapy needs to develop its own language.

* The dramatherapist does not aim just for well-being in the client, but for more being.

THE USES OF DRAMATHERAPY.

5. Please indicate the degree of importance which you attach to each of the following:

a. Dramatherapy can be used to explore:

* attention span
* creativity
* life skills
* social skills
* catharcism.

Others (please specify)

b. Dramatherapy is a way of helping the client:

* build up courage
* balance personality
* relate to others
* come to terms with personal conflicts
* come to terms with social isolation
* explore values
* share emotions without fear.

Others (please specify)

6. Please indicate your level of agreement with each of the following statements:

a. Dramatherapy means different things with different age/sex/social groups.

b. The aim of dramatherapy with the elderly is to:

* help them get in touch with their environment
* encourage movement
* encourage creativity

c. The aim of dramatherapy with adolescents is to help them make sense of drama.

DRAMA AND DRAMATHERAPY

7. Please indicate your level of agreement with each of the following statements describing the relationship between drama and dramatherapy:

* There is a big overlap between drama and dramatherapy.

* The difference between drama and dramatherapy is very slight.

* Drama and dramatherapy are totally different.

* There is a continuum rather than a radical difference between drama and dramatherapy.

8. Please indicate your level of agreement with each of the following statements:

* Drama teaching is preventative, dramatherapy is curative.

* All drama has a therapeutic essence to it; whether it is therapeutic or not depends upon the person experiencing it.

* Drama comes from the same root as religion - helping people to come to terms with self and life.

* The therapist sets the objectives, the artist the methods.

* Dramatherapy uses a broader range of materials than just drama.

* Drama stands outside society and questions it; dramatherapy stands inside and works with containment.

* Skills used in teaching drama and in practising dramatherapy are very similar; it's the way you use them that makes the difference.

* Drama is about working towards performance, which implies an audience; in dramatherapy audience is not important.

* Some plays may provide a therapeutic experience related to people's ability to articulate and socialise.

THE TRAINING OF DRAMATHERAPISTS

9. Please indicate your level of agreement with each of the following statements:

* It is essential that dramatherapy training includes a minimum of two years working in a closed group exploring inner and social worlds.

* The dramatherapist must have some experience of psychotherapy.

* The dramatherapist needs a solid theatre training.

* Drama teachers cannot do drama therapy without specialist training.

* One's own personal/emotional growth is the most important aspect of dramatherapy training.

* The dramatherapist must continue his/her growth process through psychotherapy.

* The dramatherapist is made not born.

10. Please indicate the degree of importance which you attach to each of the following in the selection of students for training as dramatherapist:

For training as dramatherapists we look for people who:

* can get in touch easily with their creativity.

* have had some trauma in their lives.

* fit in with the group of dramatherapy students.

* have the ability to tackle written academic work.

* have broad life experience.

Others (please specify)

11. Please indicate the degree of importance which you attach to each of the following during dramatherapy training.

During dramatherapy training, the student should develop the ability to:

* evaluate and assess one's own work through observation.

* generate ideas.

* contact one's own feelings.

* express one's feelings.

* interact with others.

* stimulate one's imagination.

* communicate with others.

* use one's body.

* co-operate with others.

* generate self-knowledge.

* handle one's emotions.

* experience one's own chaos.

Others(please specify)

12. Please indicate the importance of an extensive knowledge of each of the following in dramatherapy training:

* group dynamics
* music
* painting
* dance
* movement
* relaxation
* voice
* craftwork
* play
* metaphor
* improvisation
* puppetry
* story-telling
* production
* theory of drama
* theories of imagination
* theories of creativity
* philosophy
* psychotherapy
* anthropology
* sociology
* social psychology
* psychoanalysis
* singing
* visual imagery
* ritual
* symbolism
* games
* simulation
* masks
* role
* projection
* theory of theatre
* metaphysics
* theology
* theories of play

* child development
* anatomy
* choreography
* meditation
* non-verbal communication
* ceremony
* dreams
* body functions
* physiology
* tai chi
* contact improvisation
* Reichian bioenergetics
* child drama

The work of:

* Laban
* Stanislavski
* Moreno
* Reich
* Alexander
* Ellis

Others (please specify)

Section II: THE PRACTICE OF DRAMATHERAPY

TECHNIQUES AND SKILLS

13. Please indicate your level of agreement with each of the following statements:

* The dramatherapist should use metaphors and symbols which relate to basic issues such as life, death and religion.

* It is important in dramatherapy to suggest to the client what to do, not how to do it.

* In dramatherapy the client must always remain in control of him/herself.

* It is acceptable to use a mixture of dramatherapy and psychotherapy.

* It is the work with symbol, image and metaphor that produces the inner shift of perception.

14. Please rate the following in terms of frequency of use during your own dramatherapy sessions:

* mime games
* physical movement
* breathing exercises
* stretching and/or shaking exercises
* relaxation exercises
* script work
* characterisation
* improvisation
* sensitivity exercises
* painting

* movement to music
* verbal evaluations of the session
* work in sub-groups
* positive self-reports
* singing
* role play
* role reversal
* dream accounts
* scripted material
* myths
* symbols
* story telling

others (please specify)

15. Please rate the following creative arts in terms of their importance to dramatherapy:

* painting,
* modelling,
* music,
* dance,
* poetry,
* writing,

16. Please rate the following in terms of their importance to a group dramatherapy session:

* Warm up
* Main activity
* Grounding

Others (please specify)

THE ROLE OF THE DRAMATHERAPIST

17. Please indicate your level of agreement with each of the following statements:

* The job of the dramatherapist is to trigger client actions that surprise the client him/herself.

* The dramatherapist works for a transfer of responsibility from therapist to client.

* The dramatherapist should not take a role when working with a group.

* In individual dramatherapy the therapist remains the therapist throughout.

* Engaging people's creativity is what all dramatherapists should be doing.

* In group therapy, the role of the dramatherapist is very similar to that of the theatre director.

* The dramatherapist must take a provocative role during therapy.

* The dramatherapist is artist before therapist.

* The persona of the dramatherapist is a mask of father/mother, working through transference.

* In the healing relationship the dramatherapist should shift regularly from intellectual role to active role by observing, participating, interpreting.

* The role of the dramatherapist is strategical - to help people know what their social roles are.

18. Please rate each of the following in terms of its importance to the dramatherapist's role:

* being with the client
* listening
* questioning
* supporting
* identifying issues
* confrontation
* empathy
* facilitation of change
* uncritical acceptance
* knowledge of disabilities
* knowledge of the concept of shyness

Others (please specify)

PROCESS OF DRAMATHERAPY

19. Please rate the following in terms of their importance to the first stages of a dramatherapy process:

* Identifying the problems of each group member.

* Identifying the expectations of each group member.

* Building up a feeling of trust and safety in the group.

* Making contact between the therapist and the group.

* Helping group members to get to know each other.

* Helping the group to identify what is possible and what is not.

* Identifying what each group member brings to the group.

* Helping the group to share their differences with each other.

* Helping the group to find a common agenda.

Others (please specify)

20. Please indicate your level of agreement with each of the following statements:

* In dramatherapy the internal enemies are fear and insecurity.

* In dramatherapy transference is essential to the therapeutic process.

* The dramatherapist must accept what the client gives him/her without labelling it.

* Enjoyment is an important part of the dramatherapy process.

* Transference will happen, but the therapist need not work with it.

* Once the therapist has activated the emotional process it works for itself, without the need for verbal interpretation.

* An essential feature of dramatherapy is how the symbolic role of a character relates to the individual's own experience.

* Putting the person in role establishes that they have the potential to be like that.

* In dramatherapy the individual finds him or herself through the other members of the group.

* The dramatherapist isn't trying to take the pain away, but to encourage and increase pain by giving clients the right to explore their problems.

* Personal development can take place in dramatherapy without insight necessarily taking place.

* The client must 'kill' the therapist and become his or her own director.

21. Please rate each of the following in terms of its importance at some point in the dramatherapy process:

* The group initially accepts the therapist as 'healer'.

* Transference takes place and the therapist becomes the 'bad' person.

* Members of the group confront each other.

* Members of the group accept each other's feelings.

* Members of the group recognise their right to reject certain things in each other.

* Individual group members achieve self-acceptance.

Others (please specify)

DRAMATHERAPY AND THE CLIENT

22. Please indicate your level of agreement with each of the following statements:

* The ideal state in dramatherapy is aesthetic distancing, where the client is able to feel without being afraid.

* Individual dramatherapy should only be used in order to get the client ready for group work.

* With the severely mentally handicapped the dramatherapist uses a creative drama approach rather than a psychotherapeutic one.

* The client doesn't need to be stable, but to learn to live with and tap his/her instability.

23. Please rate each of the following in terms of its importance to the client during the dramatherapy process:

* emotional nuances and shifts of balance
* changes in one's understanding of the world
* a reassembly of oneself in a different way
* a making sense of the world in a way which gives one scope within it
* the construction of a 'vessel' to carry one's emotions symbols and metaphors through life

* a reconstruction at a personal level the rituals and myths which have become impoverished or disregarded in modern life

Others (please specify)

SUITABILITY FOR DRAMATHERAPY

24. Please indicate your level of agreement with each of the following statements:

* Dramatherapy is good for people whose verbal expression is limited, because it gets them into the areas of the problem.

* Everyone is a 'dramatist', therefore everyone can benefit from dramatherapy.

* Dramatherapy is most suitable for those suffering from anxiety.

* The only people who don't benefit from dramatherapy are those who are not given the right experiences by the dramatherapist.

* Dramatherapy is suitable right across the full range of physical handicap.

25. Please rate the following groups of clients in terms of their suitability for dramatherapy

* the severely mentally disabled
* the severely psychotic
* the severely physically disabled
* the severely hearing impaired
* the severely visually impaired
* the severely disturbed
* children below age five
* children aged between five and ten
* geriatrics
* alcoholics
* drug addicts
* people frightened by group work
* people with limited intelligence
* the sexually abused
* the infertile

Others (please specify)

SUPERVISION

26. Please indicate your level of agreement with each of the following statements:

* The dramatherapist must have supervision.

* It is essential for the dramatherapist to have supervision, though the kind of supervision is up to the individual.

* Ideally the supervisor should be someone who understands theatre.

27. Please indicate the frequency with which supervision should take place after qualifying as a dramatherapist:

* once a week
* once a month
* twice a year
* three times a year
* not at all

Other (please specify)

28. Please rate each of the following in terms of its importance for supervision.

* the supervisor's role as a personal therapist
* the supervisor's role as a working practice supervisor

29. In which circumstances do you consider it is unnecessary for the dramatherapist to have supervision? (please specify)

ASSESSMENT IN DRAMATHERAPY

30. Please indicate your level of agreement with each of the following statements:

* The dramatherapist should make verbal interpretations of the client's progress to the client.

* All assessment in dramatherapy is subjective.

* As a first stage in diagnosis, the therapist must identify which of the client's capabilities is not currently being realised.

* Changes in behaviour, rather than self-report, are the more important things to look for in assessment.

* The dramatherapist needs feedback on the client's behavioural change from professionals or others who work with the client.

31. Please rate each of the following in terms of its importance in the initial assessment of a client:

* background (age, sex, family background, relationships)
* previous experiences of therapy

* level of motivation
* willingness to change
* absence of long-term drug therapy which may affect client's view of reality
* reasonable ability to articulate
* absence of psychosis
* ability to fit in with the other members of the dramatherapy group
* absence of acute insight into his/her problems
* willingness to remain in therapy
* previous experience of meaningful social relationship(s)
* therapist's ability to work with the client
* ability to think in a logical, rational and focused way

Others (please specify)

32. Please rate each of the following in terms of its importance to the therapist in assessing client progress:

* enhanced self-awareness
* improvements in physical appearance
* more extended use of language
* greater readiness to take risks in one's relationships with the group
* movement from general to specific difficulties in relationships
* greater freedom in expressing emotions
* increased self-acceptance
* fewer social inhibitions
* more positive view of the world
* more positive view of personal abilities
* reduced incidence of depression
* increased facility in assuming dramatherapy roles
* enhanced ability to communicate
* more initiative
* fewer delusions
* enhanced ability to make deep-level disclosures
* enhanced performance in new dramatherapy situations* increased self-knowledge
* increased readiness to share information about self
* increased willingness to trust another person
* increased ability to express self in terms of awareness of others
* increased ability to create an imaginary world and share it with others
* changes in metaphor
* ability to leave therapy leave therapy

Others (please specify)

33. Please rate each of the following in terms of its importance to assessment:

* client self-report
* therapist's observation
* therapist's intuition
* exploration of new client behaviours
* reports by significant others (where available
* reports by other professionals (where available)
* reports by other group members

Others (please specify)

34. Please rate the following in terms of its importance as a measure of progress of a dramatherapy group:

* the group's cohesion,
* the group's involvement
* the group's level of work

Others (please specify)

General comments

Thank you very much for your cooperation

Lucilia Valente
School of Education
University of Wales
42 Park Place, Cardiff
CF1 3BB

APPENDIX VI

Questionnaire

RESEARCH INTO THE THEORY AND PRACTICE OF DRAMATHERAPY

Dear Member,

As indicated in the Association's letter, we are currently researching into dramatherapy theory and practice. With the kind support of the Association we are now at the point where we hope to approach all British dramatherapists, associates and students and invite them to indicate, through the attached questionnaire, the degree of importance (or frequency of use) which they attach to the issues which the first stage of our research revealed as important.

As a dramatherapist, associate or student your help is therefore respectfully requested. We would be very grateful if you would consent to read through the questionnaire and respond to the items as indicated in the instructions. Please do not spend too much time over any individual item. Often one's first responses are the most accurate.

As dramatherapy is such a rich area, the questionnaire is unavoidably rather lengthy, and its compilation represents an intensive research effort spread over two years and based upon lengthy interviews with practising dramatherapists. In spite of this major effort, we are conscious however that the questionnaire still leaves many issues untouched and may oversimplify others. This is a limitation of questionnaire research, and we are therefore most grateful for any comments and additions you care to make in the sections at the end of each item. We are aware that the questionnaire will make demands upon your time, and we thank you very warmly in advance for your help. Without it we could not continue this research, the results of which will, it is hoped, make a useful contribution to dramatherapy.

These results will published and made available to all Association members as soon as possible, but please be assured that your anonymity will be protected at all times. Under no circumstances will your name, your responses to the questionnaire, or your biographical details be made public. You are asked to supply your name and address at the end of the questionnaire solely so that any necessary follow-up can be made.

Time is always a constraint in research programmes, and it would be greatly appreciated if the completed questionnaires could be returned by Monday 15th January 1990.

The research is conducted by Lucilia Valente, Ph.D. student, and is supervised by Dr David Fontana, Reader in Educational Psychology, both in the University of Wales.

Yours very sincerely

Lucilia Valente

Lucilia Valente
School of Education,
University of Wales College of Cardiff, 42 Park Place,
Cardiff CF1 3BB, UK.

DRAMATHERAPY THEORY AND PRACTICE QUESTIONNAIRE

Below are a number of questions relating to dramatherapy theory and practice, derived from recent in-depth interviews with leading British dramatherapists. Please read them through and respond to them by placing ticks as indicated in the instructions for each question. If any name or term in any of the items is unknown to you, please cross it out.

Please answer individually and from your own theory and practice. There are no right and wrong answers.

I. THEORETICAL INFLUENCES UPON DRAMATHERAPY

1. Please indicate the importance of some knowledge of each of the following to your work in dramatherapy :

(Please tick √. 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
social psychology					anthropology				
gestalt psychology					group dynamics				
educational drama					ritual				
child drama					sociology				
theories of theatre					psychotherapy				
theories of creativity					psychoanalysis				
theories of play					theology				
theories of imagination					philosophy				
client-centred therapy					disabilities				
Alexander Technique					bioenergetics				
cognitive psychology					existentialism				
object relations play					psychodrama				
analytic psychology					yoga				
child development					behaviourism				

Others (please specify):

2. Please indicate the importance of each of the following authorities to your practice in dramatherapy:

(Please tick √. 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
Sue Jennings					Peter Slade				
Brian Way					D. Heathcote				
Viola Spolin					R. Courtney				
Gavin Bolton					D. Langley				
Robert Landy					V. Sherborne				
David Read Johnson					G. Schattner				
Audrey Whethered					Jacob Moreno				
Marian Lindkvist					Rudolph Laban				

Others (please specify):

3. Please indicate the importance of each of the following people to your understanding of dramatherapy:

(Please tick √. 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
Margaret Lowenfeld					Carl Rogers				
D. Winnicott					Carl Jung				
Jerzy Grotowski					Victor Turner				
Abraham Maslow					Jean Piaget				
Bruno Bettelheim					Sigmund Freud				
Erving Goffman					Murray Cox				
Bruce Wilshire					Bertold Brecht				
Constantin Stanislavski					Peter Brook				
Antonin Artaud					Melanie Klein				

Others (please specify):

4. Please rate each of the following creative arts in terms of its importance to dramatherapy:

(Please tick √. 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
painting					writing				
modelling					poetry				
music					sculpture				
play performance					dance				
photography					video				

Others (please specify):

II. SUITABILITY FOR DRAMATHERAPY

5. Please put a cross against those groups with which you have had personal experience, and indicate how much they gain from dramatherapy

(Please tick √. 1 most gain to 4 least gain)

	1	2	3	4		1	2	3	4
mentally disabled					forensic				
single parent					family				
physically disabled					psychotic				
hearing impaired					delinquent				
visually impaired					phobic				
marital problem					neurotic				
pre-adolescents					geriatric				
adolescents					depressed				
emotionally disturbed					Aids				
sexually abused					drug addict				
sexual problem					special ed.				
social isolate					alcoholic				
physically abused					infertile				

Others (please specify):

III. INITIAL ASSESSMENT IN DRAMATHERAPY

6. Please rate each of the following in terms of its importance in your initial assessment of your clients:

(Please tick √. 1 most important to 4 least important)

	1	2	3	4
personal/social background				
clinical history				
previous experiences in therapy				
motivation				
willingness to change				
absence of long-term reality-altering drug therapy				
reasonable ability to articulate				
apparent absence of psychosis				
ability to fit in with the dramatherapy group				
absence of acute insight into personal problems				
willingness to remain in therapy				
therapist's ability to work with him/her				
logical rational focused thinking				
willingness to play creatively				
willingness to play in role				
willingness to observe limits and boundaries				
willingness to use creative media				
willingness to work with therapist				
understanding of the creative process				

Others (please specify):

IV. TECHNIQUES AND SKILLS

7. Please rate each of the following in terms of its frequency of use during your dramatherapy sessions:

(Please tick √. 1 most frequent to 4 least frequent)

	1	2	3	4		1	2	3	4
mime games					play				
breathing exercises					mirroring				
sculpting					simulation				
relaxation exercises					spectograms				
script work					visual imagery				
communication games					projection				
improvisation					theatre games				
sensitivity exercises					voice work				
movement to music					performance				
musical instruments					story-making				
session-evaluations					puppetry				
sub-group work					mask work				
Laban techniques					make-up				
symbols & imagery					costume				
role play					self-reports				
role reversal					painting				
dream accounts					story-telling				
myths & legends					singing				

Others (please specify):

8. Please rate each of the following in terms of its importance to your group dramatherapy sessions:

(Please tick ✓. From 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
warm up					closure				
main activity					evaluation				
grounding									

Others (please specify):

V. THE ROLE OF THE DRAMATHERAPIST

9. Please rate each of the following in terms of its importance to your role as a dramatherapist:

(Please tick ✓. From 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
listening					questioning				
identifying issues					supporting				
having supervision					believing				
facilitating change					guiding				
accepting uncritically					taking a role				
creating atmosphere					confronting				
staying calm in crisis					interpreting				
experience in theatre					provoking				
experience in therapy					observing				

Others (please specify, including further thoughts on the desirable nature and frequency of supervision):

10. Please rate each of the following qualities in terms of its importance to you as a dramatherapist:

(Please tick ✓. From 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
self-insight					motivation				
humility					imagination				
contact with emotions					intuition				
openness					sensitivity				
spontaneity					generosity				
empathy					reflection				
body-awareness					sociability				
deep feelings					humour				
clear thinking					energy				

Others (please specify):

VI. THE PROCESS OF DRAMATHERAPY

11. How important is it for your clients to do each of the following at some stage during the dramatherapy process?

(Please tick ✓. From 1 most important to 4 least important)

	1	2	3	4
become acquainted				
identify potential personal contributions				
share differences				
find commonality with group				
make contact with therapist				
identify problems				
identify expectations				
express feelings				
accept each other's feelings				
reject each other's feelings				
effect transference				
understand transference				
heal spirits				
reintegrate self positively				
take risks				
self-disclose				
be spontaneous				
play a single role effectively				
experience catharsis				
handle fears and insecurities				
relate symbolic roles to personal experience				
explore potentialities through role				
explore personal pain				
recognise personal instability				
contain emotions				
personally reconstruct myths and rituals				

Others (please specify):

VII. ASSESSMENT OF GROUP AND CLIENT PROGRESS

12. Please rate each of the following in terms of its importance as a measure of group progress in your dramatherapy groups:

(Please tick ✓. From 1 most important to 4 least important)

	1	2	3	4
group cohesion				
group involvement				
level of group work				
level of group spontaneity and creativity				
group risk-taking				
movement from mundane reality to dramatic reality				

Others (please specify):

13. Please rate each of the following methods in terms of its importance to you in assessing individual client progress:

(Please tick ✓. From 1 most important to 4 least important)

	1	2	3	4
reports by other group members				
clients use of diagnostic dramatherapy media				
client self-reports				
reports from others professionals (if available)				
projective techniques				
Kelly Repertory Grid				
observation of client behaviours				

Others (please specify):

14. How much importance do you attach to improvements in each of the following attributes when it comes to assessing client progress?

(Please tick ✓. From 1 most important to 4 least important)

	1	2	3	4		1	2	3	4
self-awareness					hope				
physical appearance					spontaneity				
use of language					self-esteem				
self-confidence					courage				
concentration					creativity				
social interaction					imagination				
realistic world-view					healing myths				
self-acceptance					trust				
dramatic repertoire					initiative				
self-other awareness					communication				
social self-control					metaphor change				
social disinhibition					less depression				
self-disclosure					less delusions				

Others (please specify):

VIII. BIOGRAPHICAL DETAILS

The researcher would be very grateful if you would please supply the following details.

Dramatherapy qualifications (dates and places): _____

_____

_____

Other qualifications: _____

_____

_____

Length of qualified experience in dramatherapy in years (please circle):

0-5 6-10 11-15 16-20 21-25

BIOGRAPHICAL DETAILS (continued)

Present post: _____

Previous posts: _____

_____

_____

_____

Preferred age of clients (please state the client groups to which you are referring): _____

_____

Preferred sex of clients (please state the client groups to which you are referring): _____

_____

Length of each dramatherapy session: _____

Frequency of dramatherapy sessions: _____

Problems not accepted for treatment: _____

_____

The person who has most influenced your work in dramatherapy

_____

Name: _____

Age (please circle) 20-30 31-40 41-50 51-60 60+

Sex (please circle) Female Male

Address: _____

_____

_____

_____

General Comments (if any - please continue overleaf if necessary)

Thank you very much for your invaluable help.

Lucilia Valente,
School of Education, 42 Park Place,
University of Wales College of Cardiff,
Cardiff CF1 3BB.

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APPENDIX VII

List of Publications and Conference Papers Arising from the Research

Fontana, D. and Valente, L. (1989) Monitoring client behaviour as a guide to progress in dramatherapy. Dramatherapy, 12, 1, 10-17.

Fontana, D. and Valente, L (1990) Working with Reversal Theory in Dramatherapy. Paper presented at the 4th International Conference on Reversal Theory, University of Nottingham, U. K.

Fontana, D. and Valente, L. (1990) Dramatherapy and Special Needs Children. Paper presented to the International Special Education Congress, University of Wales College of Cardiff, U.K.

Fontana, D. and Valente, L. (1991) Drama as pre-therapy: a perspective from psychology and dramatherapy. Speech and Drama, 40, 1, 35-40.

Fontana, D. and Valente, L. (1991) Dramatherapy and Psychological Reversals. Paper presented at the Fifth International Conference on Reversal Theory. Mid-West Research Institute, Kansas, USA.

Fontana D. and Valente, L. (1991) Reversal theory and dramatherapy. In J. Kerr and M. J. Apter (eds.) Advances in Reversal Theory. Amsterdam: North Holland Press (in press).

Valente, L. (1990) Dramatic Play as Pre-Therapy with Young Children: An Analysis from Dramatherapy and Psychology. Paper presented to the Congresso Nacional de Educacao Infantil e Basica, 'Criancas de Hoje - Cidadaos do ano 2000', University of Minho, Portugal.

Valente, L. (1990) The State of the Creative Arts in Portugal. Paper presented at the symposium 'Collaboration: a model for creativity through collaboration, Washington DC.

Valente, L. (1990) Dramatherapy Research: Recommendations for the Training of Dramatherapists. Paper presented to the Arts Therapies and Education Conference 'Our European Future', Hertfordshire College of Art and Design, St. Albans, U.K.

Valente, L. (1990) Dramaterapia e Criancas com Necessidades Especiais de Educacao. Paper presented to the 4th Jornadas de Saude Mental do Algarve, Faro, Portugal, 2-4th October.

Valente, L. (1991) Report on the International Special Education Congress. The Psychologist in Wales, 7, 29-30.

Valente, L. (1991) Investigacao em Dramaterapia. Boletim da Associacao Portuguesa de Educacao Musical. Spring issue.

Valente, L. (1991) Relatorio sobre o Congresso Internacional de Educacao Especial. Revista Educacao Especial e Reabilitaco, 4, 1, 67-68.

Valente, L. (1991) From Chaos to Order: Making Sense of Research in Dramatherapy. Paper presented to the Annual Conference of the British Association for Dramatherapists, Derbyshire College of Higher Education, September 6-7 th.

Valente, L. (1991) Dramatherapy and Mental Health. Poster session presented at the British Institute of Mental Handicap Annual Conference, University of Reading, September 9-11th.

Valente, L. and Fontana, D. (1990) Dramatherapy and Psychological Change. Paper presented to the International Conference on Psychology and the Performing Arts, Institute of Psychiatry, University of London, July 6-7th.

Valente, L. and Fontana, D. (1991) Dramatherapy and psychological change. In G. Wilson (ed) Psychology and the Performing Arts. Amsterdam: Swets and Zeitlinger.

Valente, L. and Fontana, D. (1992) Research into dramatherapy theory and practice: some implications for training. In H. Payne (ed) One River, Many Currents: A Handbook of Inquiry in the Arts Therapies. London: Jessica Kingsley. (in press)

Papers Submitted for Publication

Creative Arts Therapies in Portugal: a Personal View. Dramatherapy.

Drama como terapia: origens e influencias. Revista Percursos.

Examples of Publications

1. Fontana, D. and Valente, L. (1989) Monitoring client behaviour as a guide to progress in dramatherapy. Dramatherapy, 12, 1, 10-17.

2. Fontana, D. and Valente, L. (1991) Drama as pre-therapy: a perspective from psychology and dramatherapy. Speech and Drama, 40, 1, 35-40.

3. Valente, L. and Fontana, D. (1991) Dramatherapy and psychological change. In G. Wilson (ed) Psychology and the Performing Arts. Amsterdam: Swets and Zeitlinger.

David Fontana and Lucilia Valente University of Wales, College of Cardiff, School of Education, 42 Park Place, Cardiff, CF1 3BB.

Introduction

In recent years, a number of authors have proposed models or frameworks for dramatherapy with the intention of aiding our understanding of what is happening during a client's treatment. For example Jennings (1985) proposes respectively the creative-expressive approach, the task-centred approach and the psycho- therapeutic or insight approach, while Landy (1984), referring to the work of other authors, recognises the structural role model, the psychoanalytically-based model, the drama education model the sociological model and the psychophysical model.

In the current paper, we are proposing what we call the behavioural model. This model differs in one important theoretical respect (and in various practical aspects which will become clear as we proceed) from those identified by other authors in that its starting-point is primarily descriptive rather than explanatory. That is, it describes what is happening during the dramatherapeutic process rather than attempting to explain why it is happening. As such, we feel it has several important potential contributions to make:

1. By directing attention to what is intended to happen and what is actually happening during dramatherapy it may serve to render therapy more efficient and thus more effective.

2. By making outcomes more apparent, it may help assessment of the client's progress.

3. By making the parameters within which the dramatherapist works more visible, it may help the development of research programmes designed to demonstrate experimentally the efficacy of dramatherapy.

4. By employing 'scientific' behavioural language it may help other professionals to recognise more promptly the legitimate rights of dramatherapy within the fields of therapy and of personal change.

The legitimacy of the behavioural approach

Before going any further, it is appropriate to say a brief word about the behavioural approach within the social sciences. 'Behaviourism' generally has a poor image amongst many creative and expressive therapists, and for this 'behaviourists' have largely themselves to blame. At its most extreme (for example Skinner 1972) behaviourism has

and sees them simply as automatons responding mechanically to the conditioning processes which have operated upon them from birth. In their attempts to make psychology into an exact science, extreme behaviourists have adopted (largely outmoded) models from the physical sciences and attempted to apply them to human be ings. Just as the physical sciences, so the argument goes, work with objective observable and consistent data, so can the psy chologist if he restricts himself simply to studying behaviour (what people do) rather than bothering with the private inner world of thoughts, feelings, hopes, dreams and the like. Humans are shaped and moulded by their experiences (by stimuli), the argument continues, just as materials in the physical sciences are moulded by the forces operating upon them, and if we are to understand humans we need essentially to study these experiences and the predictable effects (the responses) they produce in humans.

Stated in this way, behaviourism robs human beings not only of the possibility of free-will but of much else that gives life colour, excitement and meaning. But we must be careful not to reject behaviourism outright simply because of the excesses of its more fanatical adherents. To do so would be to take as restricted a view of 'science' as do these adherents themselves. Instead, we must see behaviourism, in the sense simply of the observation and description of human behaviour, for what it is. Namely a useful tool, and one which in everyday life we apply much of the time anyway, whether we be psychologists or not. Provided we don't make the mistake of seeing behaviourism as in any sense the last word on human psychology, or as negating the insights provided by psychodynamic, cognitive, humanistic and other psychological approaches, it can be of undoubted help to us, and it is strictly in this limited sense that we employ the term behaviourism in this paper. (For a more detailed discussion of these and related issues see Fontana 1984).

To make our position even clearer, we should stress that neither of us is a 'behaviourist' in the strict sense in which this term is employed by psychologists. Nor do we in any way see our proposed behavioural model as conflicting with the models discussed by Jennings and others and mentioned at the outset of our paper. Our model serves as a complement, at a supportive and subsidiary level, to those of Jennings, rather than as an alter native to them. Whether the dramatherapist be thinking in terms of a task-centred or of a psychotherapeutic model or whatever, the behvioural model operates as an adjunct to help her clarify her thinking and allow her to take more precise heed of what is actually happening during the dramatherapy sessions themselves and in the lives of her clients as a consequence of these ses sions.

The development of the behavioural model

We developed the behavioural model described in this paper not at the theoretical level but as a result of an ongoing intensive research programme. The starting point of our programme was to explore the way in which drama is used as an agent for personal

contexts we gave primacy to the therapeutic. Working on the reasonable assumption that if you want to know what a therapist is doing the best way is to ask him or her, we used a modified version of the Delphi Technique (Rand Corporation 1969) to do just this. One of us (LV) conducted lengthy semi-structured individualinterviews with 20 leading dramatherapists from various parts of the UK (though they will no doubt strenuously reject the term, we'll refer to them from now on as our sample of experts), asking questions relating to matters of definition, methodology and assessment.

The responses of the sample were then analysed and categorised under a number of key headings before being fed back to the experts concerned to establish whether our recording of the data yielded by the interviews had been accurate, and whether our analysis and categorisation of these data were acceptable to them. This process of refinement is essential to the Delphi Technique, and ensures that the final version of the interviews accurately represents the views of the sample, and can confident ly be used to generate large-scale research instruments such as questionnaires for application to the wider population of practi tioners.

As a result of this analysis, the behavioural model started to emerge, though we must emphasise that we and not our experts are to blame for it. It is our attempt to see if dramatherapy, consistent with the way in which leading dramatherapists define and present it, can accommodate a behavioural approach. The fact that it so clearly can, seems to us to be yet further confirmation of dramatherapy's claim for a prominent position amongst the major therapies available today.

The applicability of the behavioural model to dramatherapy became apparent to us when we saw how clearly our experts, like many writers in the field (e.g. Johnson 1982), regard dramatherapy as firmly action-based. Dramatherapists are agreed that this emphasis upon action is one of the particular ways in which dramatherapy differs from other therapies. They see it as a therapy that progresses through doing, and although it may at times embrace introspection and the verbal accounts clients give of themselves, if it ceases to involve the client at key points in doing, then it ceases in any direct sense to be dramatherapy.

With its emphasis upon doing, dramatherapy seems therefore char itably disposed towards the behavioural model. Such a model focuses at the diagnostic stage (the stage of initial interview) and at the stages of therapeutic objectives (initial therapeutic aims) of process (actual dramatherapay sessions) and of assess ment (client progress evaluation) upon descriptions of what the client can and cannot do. Additionally, at the process stage, it focuses upon what the therapist does in relation to the client. In talking informally with dramatherapists (though not with our sample of experts) we have been met on occasions with the argu ment that the dramatherapist cannot define his or her therapeutic aims and cannot specify methods of assessment. To do so, the argument goes, would be to restrict

client.

Much as we sympathise with this view, it is axiomatic that the therapist has clues which she brings to bear upon the therapeutic encounter and which help her to monitor progress. She observes and interacts with the client. She recognises that certain of the client's actions are signs of increasing confidence, or of enhanced contact with feelings and emotions, or of greater self- awareness or greater self-regard. Even psychodynamic processes, such as transferences or the abandonment of ego defences, almost invariably manifest themselves in actions which are recognisable to the therapist and for which she is necessarily alert. Furthermore, unless such processes do become manifest in action, the therapist is unlikely to regard them as authentic. A client who simply talks about experiencing these processes would not normally convince the therapist that genuine changes in being have taken place.

The alternative to having clues of this nature is to adopt a totally unstructured existential approach, where any 'solution' to the client's problems is acceptable provided the client chooses it for him or herself. The ultimate in such an existential approach is the client reported by Binswanger (see Boss 1977), whose chosen solution of suicide was seen by her existential therapist as successful since it expressed her 'being-in-the-world'.

So the behavioural model asks nothing of the dramatherapist that she is not doing already. It simply allows her to structure thinking and therapeutic action more precisely, to specify desired therapeutic outcomes more clearly, and to observe more closely whether looked-for changes in client functioning are taking place. In no sense does it restrict therapeutic procedures, since specified outcomes and therapeutic techniques can be changed or modified at any point as therapy advances and as the client develops a greater awareness of his or her real needs.

A Behavioural Model for Dramatherapy

Now for the model itself. To simplify its presentation, it is best given in the form of the four-stage sequence already identified, namely diagnosis, therapeutic objectives, process, and assessment. There is nothing dogmatic about this sequence and the four stages it contains do not necessarily follow in strict order, with each stage completed before the next one is attempted. At times they will proceed simultaneously, and at other times there will be reversion to earlier stages after later ones have been attempted. But the four-stage sequence summarises usefully the actions of the therapist, and represents four of the areas of concern that have arisen out of our interviews with our sample of experts.

Diagnosis. The diagnosis stage is essentially the point at which the therapist determines whether the client is suitable for dramatherpy or not, and forms some impression of the nature of the client's problems. Our panel of experts was broadly agreed that dramatherapy is not suitable for clients until they have a genuine wish for personal change, and that it is the task of the therapist to help clients recognise this, either directly

the therapist must therefore, in behavioural terms, help the client during preliminary interviews and/or during opening group or individual sessions to focus upon what I can't do now, and what I would like to be able to do in the future.

Behind the client's responses there will of course often be a hidden agenda of even more important behavioural constraints and aspirations that go currently unrecognised or uncommunicated by him or her. Facilitating the client's expression of this hidden agenda may well form part of the therapist's objectives. But by providing this early behavioural focus, the therapist not only helps clarify her own view of the client, she helps the client gain greater insight into existing problems and recognise the need to identify these problems in a realistic and appraisable form.

Therapeutic objectives. As mentioned earlier, no matter how eclectic the therapist may be, she nevertheless has some clues which help indicate whether the client is benefitting from therapy or not. Implicit in the behavioural model therefore is the recognition that the therapist has an idea of how theoutcome of successful therapy is going to look, and that this outcome constitutes the objectives of the therapeutic experience. If objectives are to be of any value, they must be expressed in reasonably precise and operationalisable terms (always with the proviso, let's re-emphasise, that there is nothing sacrosanct about them and that they are subject to modification or change as the therapy progresses and the need arises).

Initially, these objectives will be derived from the information provided by the client in the form of 'What I would like to be able to do in the future'. Some precision is necessary in their statement however. For example 'I'd like to be more socially assertive' is of limited value as an objective when compared with statements describing what, for the client concerned, would actually constitute socially assertive behaviour. Statements such as 'I'd like to be able to say 'no' to unreasonable demands from my colleagues', or 'I'd like to be able, politely but firmly, to terminate an unwanted conversation'. These statements can either emerge verbally during the preliminary interview or be identified during early individual or group sessions. Presented in the form of objectives, they would be re-stated as 'The client will be able to say 'no' to unreasonable demands from colleagues', and 'the client will be able to terminate appropriately an unwanted conversation'.

Obviously it is easier to state objectives in this way when the dramatherapist is dealing with client anxieties in the more straightforward area of inter-personal skills than when dealing specifically with deeper issues. A statement such as 'I'd like to be able to feel good about myself' suggests a major problem of affect, a problem which at first sight may not seem to reveal itself directly in behaviour at all. Yet even here, the client can be helped to focus on how 'feeling good about myself' would reflect itself in what he actually does. For example, he might recognise that if he felt good about himself he would smile more, be better able to listen to the problems of others without always trying to talk about

others and so on.

On a wide range of levels, affect and action are linked closely together, the one influencing and shaping the other. Thus as therapy progresses and the client begins to feel better about himself his behaviour will change. And conversely, as he becomes aware of and is helped actively to work on behaviour change, he will be able to feel better about himself. Of course, during this process the client may identify other behavioural changes that would take place if he felt good about himself. And he might reject some of those already identified. But the act of clarifying initial objectives gives immediate focus to therapy, and helps the client to appreciate that his problems can be reduced to manageable objective proportions, (which carries the added bonus of boosting his initial confidence in the successful outcome of therapy).

Process. Much of the process of dramatherapy lends itself to discussion in terms of the behavioural model. In fact so numerous are the issues such discussion raises that they warrant in the future a separate paper to themselves. Suffice it to re- emphasise the earlier point that dramatherapy as a process is firmly action based. Whereas the psychotherapist helps the client to get in touch with his feelings by discussion and analysis, the dramatherapist does it through action. Where role- play is employed for example, the client is ipso facto given permission to express feelings in role which normally he would not acknowledge when confined to his own identity. Through action, and through the techniques which the dramatherapist uses to facilitate action, the client is able relatively quickly to express and confront aspects of his personality which psychotherapy might take many sessions to bring to the surface.

Furthermore, the dramatherapist may actually employ techniques which at face-value are similar to those which the so-called behaviour therapist uses. A behaviour therapist concentrates upon producing personal change by rewarding wanted behaviour in the client and witholding reward from unwanted, but operates at a more superficial level than the dramatherapistand refuses to engage the psychological problems that have given rise to the unwanted behaviour.) Two of these techniques are termed by the behaviour therapist systematic desensitization, and shaping respectively. In an interview with one of our panel of experts, one of us (LV) was given a perfect example of this latter technique. Our expert told her of a client, a deputy headteacher, who was unable to express social assertion even over minor matters when in the physical presence of his headteacher or other authority figures. Accordingly, the therapist invited the client to role-play assertive behaviour, first at the other side of the studio then progressively closer and closer until eventually therapist and client were inches away from each other. The next step, with the headteacher's co-operation, was for the client to express this assertive behaviour when in her presence but physically remote from her, and subsequently to express the behaviour close to.

This shaping technique, in which the client's behaviour is helped systematically to approximate nearer and nearer to that actually desired, and is reinforced by success at each point, is widely used by behaviour therapists. The theoretical model that underpins their work, that of operant conditioning, would be rightly challenged by most dramatherapists because it ignores the insights and creativity that the client himself brings to the healing process. It would also be challenged on the grounds for example that it ignores the value of interaction between client and therapist, and concentrates instead upon the notion of manip ulation of the former by the latter. Nevertheless, though we may prefer a more psychodynamic explanation of what actually goes on in the psychological life of the client during shaping, there is no doubt that in both behaviour therapy and dramatherapy the technique can produce in the client rapid improvement observable at the behavioural level.

Assessment. Throughout the therapeutic process, the behavioural model involves both therapist and client in monitoring the latter's progress through the observation of behaviour (e.g. the client's language, physical posture, interactions with other group members, facial expressions, gestures, general well-being). Though such observation cannot witness directly changes taking place deep within the client, it has the value of a high degree of objectivity. To any experienced therapist, there is, as inferred earlier, a major difference between a client who claims verbally he has changed in desirable directions - and who may even try to act out these changes - and a client who manifests genuine change at the behavioural level.

When working with handicapped or severely disturbed clients, the dramatherapist will naturally ensure that all objectives set at the commencement of therapy are very limited ones, so that clients will have the systematic reinforcement of seeing their objectives achieved and of experiencing the growth in confidence necessary if they are to proceed to further goals. In any behavioural therapeutic model, the emphasis is always upon success rather than failure, and the less able and the less self-confident the client, the more important this emphasis becomes. Fear of failure is one of the biggest handicaps to learning that individuals can encounter, and the behavioural model has the virtue of making success highly visible. Assessment therefore becomes reinforcing rather than threatening. Instead of anxiously watching and evaluating his 'performance', as can happen sometimes in other types of therapy, the client is able to integrate himself fully into what he is doing.

Conclusion

The aim of this paper has been to show how a behavioural model can help bring into focus much of what already happens during the dramatherapeutic process. Dramatherapy is a particularly action- orientated endeavour, and through the use of a behavioural model much can be done to demonstrate to sceptics the 'scientific' plausibility of what the dramatherapist is trying to do. There is no reason why dramatherapy cannot

be as 'scientific' as behaviour therapy, whilst retaining at the same time its humanity and its belief in the profound psychodynamic changes that its uniquely powerful techniques can bring about in clients.

As stressed earlier, the behavioural model does not interfere with the use of other models, models which our ongoing research strongly supports. In any case, our own experience as therapists over the years has led us to realise that one of the most vital rules to be observed in therapy is that no model at any level has a monopoly of the truth. Each individual is a unique human being, and his or her psychology cannot be reduced to a set of strictures in the way in which phenomena in the natural sciences can be reduced. So we offer the behavioural model not in the belief that it is 'true' in a way in which other models of dramatherapy are not true, but in the hope that dramatherapists will find it has a useful place alongside their other models. We don't claim to have said the last word on our model, and hope in the future to extend and clarify it further.

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Lucilia Valente gratefully acknowledges the support given to her in this research by the Portugese JUNTA NACIONAL DE INVESTIGASAO CIENTIFICA E TECNOLOGICA (JNICT).

design and how this can feed into other curriculum areas across the whole ability range. He explains:

> The Amiga graphics system makes it possible to explore the commonalities of all the art forms more effectively than anything else I have ever come across. It really is a multi-media tool that opens up ways of seeing which are often beyond the best creative imagination.
>
> I think our long term aim must be to broaden our educational audience, to begin to target programmes directly at pupils, and their parents. Although we are planning proposals for Channel 4 and the BBC, perhaps the most important arena available for us to reach a wider audience is the newly de-regulated airwaves of Europe.

MARK CHAPMAN is Director of Dramatic Productions. Formerly he was an English and Drama teacher in a Berkshire comprehensive school.

CATHY WARDALE, who has had work experience in theatre in education and has also taught Drama and English, is now a producer for Dramatic Productions.

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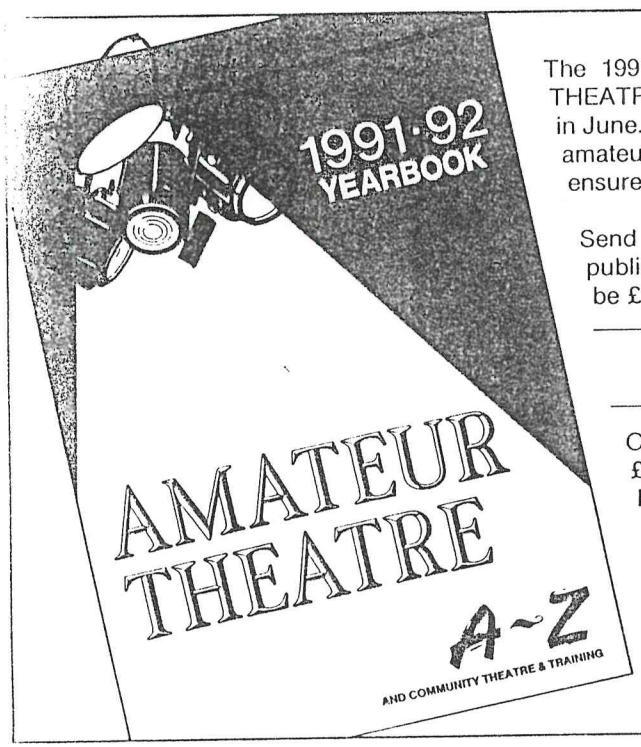

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Introduction

As part of a wide-ranging research study into drama in therapy and education, we have conducted an extensive programme of individual semi-structured interviews with a sample of fifteen leading United Kingdom dramatherapists. The interviews have explored all major aspects of the theory and practice of dramatherapy, and amongst the twelve major topics derived from the interviews that relating to *drama and dramatherapy* is of particular relevance for the drama teacher, since our sample emphasised that their clinical experience has made them acutely aware of the therapeutic nature of dramatic activity in and of itself. Further, they emphasised that drama teaching, from early structured play activities right through formal education has a highly significant role to play in children's personal development and in the generation and maintenance of their psychological health.

To quote some relevant examples of the statements made by our sample, 'Therapy is intrinsic in child drama, and people who come through (child drama) usually don't need dramatherapy', 'All drama has therapeutic potential', 'Drama teaching is preventative, dramatherapy is curative', 'If we had more teachers teaching drama well, we might have less need for therapists'. These statements indicate that in addition to its educational role drama has what psychologists call a *pre-therapeutic* function. That is, it encourages and preserves psychological health by enabling individuals to deal with psychological problems before the critical point at which formal therapy of one kind or another is required.

The Nature of Psychological Health

This being the case, it's relevant to examine first what psychologists mean by psychological health. Psychological health is in one sense a very personal thing, stemming from the extent to which the individual, without infringing the rights of others, feels fulfilled and at peace with his or her uniqueness. Nevertheless, psychologists can offer useful general definitions of psychological health. One of the most comprehensive of these was advanced by Gordon Allport (1961), one of the founding fathers of humanistic psychology. Based on an earlier definition by Freud, Allport argued that the psychologically healthy person is one who has the ability to *work*, *play* and *love*, and to this the present authors add the ability to *pray*.

Each of these terms requires some explanation. The ability to *work* means to engage successfully in serious, goal-directed activity. The ability to *play* means to enjoy involvement in activity which is its own and rather than a means to towards some future goal. The ability to *love* means to experience deep positive emotions towards others which elevate their welfare to a level at least equal to one's own. And the ability to *pray* means the ability to appreciate (not necessarily within a religious context) the numinous, and to find a meaning in life that goes beyond mere material gratification.

The formal educational process caters reasonably effectively (for some children) with the development of the ability to work, much less well for the ability to play, and hardly at all for the ability to love and the ability to pray. It thus caters for what the present authors (see e.g. Fontana 1987) term an education for *knowing* (i.e. the acquisition of facts and figures and certain skills), but much less well for what we term an education for *being* (i.e. the experience of oneself and of oneself in relation to others).

Drama as Pre-Therapy

Turning back to drama, we can now ask to what extent it contributes to the development of the three abilities most linked to an education for being, the abilities to play, to love and to pray. Our sample maintain unequivocally that potentially its contribution is a major one because, in the words of one sample member, 'Drama is the doing of life', and in the words of another, 'Dramatic processes are a natural part of psychological functioning'. They are in fact that part of psychological functioning which has to do with our projection of ourselves (cognitively and affectively) upon the world, with many of the social interactions through which we express our needs and our expectations, and with the roles, consciously or unconsciously, we assign to ourselves and are assigned by others.

For example other people assign us the role of dependent, of confidant, of enemy, of friend, of expert, of delinquent and so on, and from an early age children find much of their identity within them. In terms of psychological health, this means that often they grow up without realising that their personalities may be primarily an agglomeration of these assigned roles, and may be out of keeping with their temperaments, the inherited raw material of their personalities (see e.g. Thomas and Chess, 1977).

From the psychological perspective, there is much support for the dramatherapists' affirmation that 'dramatic processes are a natural part of psychological functioning', and for the consequent implication that many of the externally mediated influences upon psychological well-being can be conceptualised in terms of a dramatic processses model.

Dramatherapy and Drama Teaching

In discussing these processes, our sample was clear that no sharp distinction exists between dramatherapy and drama: 'There is a continuum rather than a radical difference between [the two]', 'The difference between drama and dramatherapy is very slight'. However, in spite of the smallness of this difference, there is at present only limited transfer of ideas between dramatherapists and drama teachers, a state of affairs our sample regretted. 'Dramatherapists should regularly attend courses in drama, and teachers should have courses in therapy to know what the dramatherapist is trying to do'. In this way, the links between the two endeavours could be more properly understood by all concerned.

In the context of psychological health, these links can best be illustrated by examining in turn each of the three abilities (playing, loving and praying) essential to psychological health in the *being* area, and reporting what our sample had to say about them.

The Ability to Play

Our sample emphasises the links between drama and play. Many dramatherapists also practise as play therapists, and we could find no consistent distinction between the one form of therapy and the other. As one of our sample expressed it, 'The roots of dramatherapy are very much connected with play'. At the same time, the sample emphasised that to operate therapeutically drama should not take people into a fantasy world divorced from reality. 'In dramatherapy you don't step out of reality into fantasy, but into another sort of reality'. In psychological language, this means that in dramatherapy individuals are helped to move *from one representation of reality into another*, using their creative imagination to re-write what psychologists sometimes refer to as their 'life-scripts'.

The 'playful' nature of drama provides the individual with permission to express denied or repressed emotions. Much of a child's behaviour, particularly at adolescence, is experimental. Psychological problems arise when this experimentation is misinterpreted and punished by adults. But in dramatic play, many of the constraints to this experimental behaviour are lifted. It is this lifting of constraints, of social disapproval, that our sample members had in mind when they said such things as 'Most of dramatherapy is subversive, and therefore not bound by standards laid down by others', and 'Drama stands outside society and questions it'.

Drama can 'play' with the accepted standards and concepts of society, both at the child's level and the broader cultural level. To 'play' (and it is no accident that a dramatic script is called a 'play') is to tease, to step outside orthodoxy and create a new formula. The Jungian archetype of the 'trickster' is relevant here. The trickster serves to challenge staid reality models and is at once a symbol of the 'play' of the dramatist and of the inventive, mischievous play of children. The trickster upsets and confuses, and out of the upset and confusion produces therapeutic change and a new view of things. One of our sample expressed this by saying that 'The improvised play of children is natural therapy'.

In the view of our sample, drama is one of the most effective of all experiences in encouraging in us the ability to play. Unfortunately, with the exception of the early school years, formal education fails to listen to what psychologists and drama specialist have to say about the value of play both to individual psychological health and to the community at large. This is doubly tragic when one remembers that it is many years since Huizinga (1950) first outlined some of the ills likely to befall society as it loses the ability to play.

The Ability to Love

Like the ability to play, the ability to love is with us from birth, and is early manifest in the way in which the child bonds with parents and caretakers. Along with the ability to love go the ability to trust and to feel secure, and the ability to share and to give. However, children who are denied the gift of unconditional love from parents or caretakers characteristically fail to develop their own ability to love and to be loved in the full and true sense. At best, their love is insecure and demanding, more orientated towards self than others, while at worst it is frustrated and doomed to remain unexpressed and unfulfilled.

For some, even the basic ability to love oneself — a vital factor both in psychological health and in the ability to give love to others — is inhibited and even destroyed. Denied the experience of being loved fully and unconditionally by others, one cannot see oneself as worthy of love. Of all causal factors in psychological ill-health, the inability to accept and value oneself leaves the deepest wounds, and manifests in the widest range of symptoms, from defensiveness and the inability to self-disclose, through guilt and depression to hostility and indiscriminate violence.

Our sample is in no doubt that direct experience of the dramatic process enables individuals to enrich and extend their emotional life, both in terms of love and acceptance of self and in terms of love and acceptance of others. The dramatic process does this, our sample members inform us, through its potential for allowing individuals to 'contact their own feelings', 'express their own feelings', 'interact with others', 'communicate with others', 'co-operate with others', 'build up a feeling of trust and safety in other individuals and in a group', 'get to know others in a group', 'increase self-acceptance', 'have fewer social inhibitions', 'become more able to make deep-level disclosures', 'become better able to express oneself in terms of awareness of others' and so on.

All these benefits are precisely what the psychologist and the psychiatrist are trying to do when working therapeutically with clients. But the benefit of drama over other available therapeutic processes is that it allows the client 'to express problems dramatically, rather than talking about them'. Once the emotional process has been activated through drama 'it works for itself, without the need for verbal interpretation'. Drama allows the client 'to find a sense of wholeness'. Rather than talking to the client about desirable personal change and how he or she would like to be, drama 'establishes that (clients) have the *potential* to be like that'.

The Ability to Pray

We said earlier in our discussion of psychological health that the ability to pray means the ability to appreciate the numinous in oneself, and to find a meaning in life that goes beyond mere material gratification. This does not necessarily have anything to do with any particular form of belief. Far from being imposed from outside us, it is the recognition of something already inside, some part of ourselves which is open to the mystery and the poetry in life, and to the sense of wonder that comes from atuning ourselves to the beauty of the world around us.

For the psychologist who follows Jung, this side of ourselves has to do with both the personal and the collective unconscious. It is observable throughout all cultures in myths, symbols and rituals, in a balanced relationship with life and with death, and in a recognition of a higher wisdom within ourselves, the discovery of which is our major life task.

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Again our sample is in no doubt of the powerful link between drama and this aspect of our being. 'Drama comes from the same root as religion — helping people to come to terms with self and with life'. 'It is the work with symbol, image and metaphor that produces the inner shift of perception'. The important point to remember here is that symbol and metaphor are the language of the unconscious. By placing individuals in the centre of a symbolic process, drama therefore can give access to the unconscious, can provide a pathway into the inner world and its mysteries which at the same time opens a pathway into the mysteries of the world outside the self.

Jung and other psychodynamic and humanistic psychologists have always seen mankind's symbols and rituals as a direct expression of the collective unconscious. The use of these symbols and rituals in therapy and in drama is therefore a way of putting us in touch with this unconscious. Not all drama need plumb these inner depths of course, but in dramatic engagements we experience the potential for doing so, for going beyond the mundane and the familiar, and for achieving what Jung calls the wholeness which is our birthright.

Conclusion

An analysis of the data yielded by our sample shows that leading dramatherapists are unequivocal as to the potential of drama for effecting psychological change. In our interviews with the sample we did not ask leading questions about play, love or prayer. We allowed our sample to talk freely in response to initial questions about the meaning and the practice of dramatherapy, and the material presented in this paper is a small part of what has emerged from an analysis of their responses. The fact that so much of it is relevant to the teaching of drama as well as to dramatherapy itself is therefore particularly supportive of the role of the former in the encouragement of psychological health.

At a time when education in the UK is placing ever-increasing emphasis upon an education for knowing at the expense of an education for being, and at a time when drama has received such short shrift from the architects of our new national curriculum, it is vital to re-affirm the crucial role that drama in schools can play in fostering child development. Far from marginalising drama, we should be exploring both the way in which drama teachers can work to prevent the development of major psychological problems in children, and the extent to which they can usefully intervene with children who are already experiencing these problems (what we might call the *safe intervention threshold).* To under-fund and under-emphasise the work of the drama teacher is to waste an invaluable psychological and educational asset.

Finally, of course, more needs to be done to explore the psychological pressures upon the drama teacher. Working with clients in therapy inevitably makes emotional demands upon one and brings to the surface one's own unsolved personal and social problems. We ease this strain by giving the therapist supervision and by operating team-therapy approaches. No such strategies are available to drama teachers in their pre-therapeutic role. In drama teaching, the teacher is inevitably experiencing what one of our sample called his or her 'own chaos' as well as that of the children. Who, therefore, heals the healer? The answer is, all too often, no-one. Which is another good reason why the pre-therapeutic role of the drama teacher needs formal recognition, and needs also the necessary support and resources.

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DAVID FONTANA, before qualifying as a psychologist, was a teacher of English and Drama. The author of numerous books on psychology, he is currently Reader in Educational Psychology at the University of Wales College of Cardiff.

LUCILIA VALENTE trained as a teacher of creative arts in Portugal. After obtaining a Master's degree in educational psychology and the creative arts at the University of Wales College of Cardiff, she is currently researching for a doctorate in the same university.

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I write to wish you and *Speech and Drama* new progress and a large success. The magazine is the focus of attention of the public. It is very popular.

Alla Bodxun
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Dear Dr. Ranger,

I thought you would be interested in some facts which arose at a meeting I recently convened for teachers of speech and drama belonging to the Girls' Schools Association.

One school reported that, as a direct result of the National Curriculum, they had been cut from three teachers to two; another that drama lessons were confined to the lunch hour; a third teacher stated that one of Her Majesty's Inspectors visiting the school had recently declared that drama was envisaged as the province of the English department, yet the Department of Education and Science pamphlet on the teaching of drama states clearly that drama should be taught by specialists!

Your sincerely,
Felicity Amor
Ashford, Kent

ROYAL PATRONAGE

Dear Dr. Ranger,

I would like to support Joy Pringle's proposition that HRH The Prince of Wales should be Patron of the Society of Teachers of Speech and Drama. His defence of all that is best in our national heritage, particularly the King James's Version of the Bible and the Book of Common Prayer, is surely one to be applauded by this society.

I would also say how much I enjoyed the Spoken Poetry Issue with so many names I knew.

Yours sincerely,
Marjorie Kay
Windermere, Cumbria

Dramatherapy and psychological change

Lucilia Valente and David Fontana

School of Education, Univerity of Wales, Cardiff

The starting point for the research to be discussed in part in the present chapter was the conviction that the creative arts carry a powerful potential for psychological change in both the therapeutic and the educational fields. Within the culture of the Western world there has been, from the time of the ancient Greeks onwards, an explicit awareness that creative experience fulfils deep-seated affective and social (and perhaps also cognitive) needs in human beings. Anthropological studies have shown that these needs exist similarly in non-Western cultures, and are met through the use of music, painting and particularly the imaginative re-enactment of myths and rituals. The literature on the subject is too extensive to be fully reviewed here (see for example Landy, 1986; Jennings, 1987), but Robbins (1980) suggests that the reason why the creative arts fulfil these needs is that they provide a bridge between the raw affects of our inner experiences and our more rational, conscious modalities.

Within conscious modalities themselves, the creative arts also enable us to deviate from traditional patterns of thinking, to form a new synthesis of ideas and of visual and auditory experiences, and - whether we experience these

arts as performers or simply as observers - to allow for a shift of ego states which open us to new possibilities of being. They give permission for emotional expression, for the communication of feelings and insights, and for the re-formulation of self-concepts, of belief systems and of the aspects of overt behaviour to which these psychological structures give rise.

The use of the creative arts as agents for psychological change is now becoming relatively well-established in the therapeutic field through the medium of music, art and drama therapy, but in view of the extreme youth of these therapies there is much need for a formalization of thinking in relation to them. For example, we need to establish precisely which psychological models underpin the conceptualizations of those active within these therapeutic disciplines, and which writers and authorities have most influence upon them. We need to know how they define their respective practices, how they identify those clients most likely to benefit from these practices, how they recognize desirable therapeutic change, and how they monitor client progress.

Formalization of this kind would also help the use of the creative arts for personal/social development within education. For although the creative arts form part of the curriculum in schools at all ages and all levels of ability and need, there is no clear consensus within education as to the role they can best play in this development. Nor is there consensus on how they can best be used to help those children with particular problems of personality and/or social adjustment to come to terms with their difficulties.

The aim of our research is therefore to build up a comprehensive picture of how creative experience is used therapeutically. Our intention is to derive from this picture both some help towards the formalization of thinking within the creative therapies themselves, and some recommendations on how relevant aspects of this formalization can be used to influence the way the creative arts are offered in education. Although creative arts teachers are not therapists, we take the view that at an appropriate level, which we refer to as the pre-therapeutic level (Fontana & Valente, 1990), they can teach their disciplines in a manner specifically conducive to children's personal and social development.

Our examination of creative experience is restricted to one major creative art, namely drama, chosen by us because of its pivotal nature. Drama can variously employ monologue, movement, mime, dance, costume, music, masks, poetry and - through scenery and props - painting. It is dynamic, interactive, expressive and evocative, and as such not only involves many of the psychological processes and reactions engaged by the other creative arts, but many of the techniques employed by them as well. Researching into the therapeutic use of drama therefore allows us to obtain insight into as broad an area of creative expression as possible.

It is, of course, dramatherapists who have most experience of the therapeutic use of drama, and accordingly it was to them we turned for our research data. The broad questions we sought to answer were:

1 How is dramatherapy defined and conceptualized by dramatherapists? (i.e. What *is* drama as an agent of therapeutic change, and what groups of clients are most likely to benefit from it?)
2 What professional practices are used by dramatherapists, and how is client progress in dramatherapy monitored? (i.e. What do dramatherapists *do*, and how do they assess its effectiveness?)

As a first step in the research, in-depth tape-recorded individual interviews were conducted with a panel of experts consisting of 12 leading British dramatherapists. During the interviews one of us (LV) put to panel members a series of questions we derived from a close study of the literature and designed to elicit information related to the research objectives. In reply to the questions the panel proposed a range of items (in the form of statements and affirmations) relevant to dramatherapy theory and practice. After the tapes were transcribed, these were codified into a 354-strong item bank which was submitted in its entirety to the 12 dramatherapists for refinement and clarification of wording, and for further comment and observation. At the conclusion of this exercise, an analysis of the items showed that they grouped themselves under the following two main headings and 12 sub-headings:

The Theory of Dramatherapy
The nature of dramatherapy
Theoretical influences upon dramatherapy
The uses of dramatherapy
Drama and dramatherapy

The Practice of Dramatherapy
Techniques and skills
The role of the dramatherapist
The process of dramatherapy
Dramatherapy and the client
Client suitability for dramatherapy
The supervision of dramatherapists
Assessment in dramatherapy

Space allows us to choose only one of the sub-sections of the item bank in order to give a flavour of the material advanced to us by our panel, namely *The nature of dramatherapy*. This is an appropriate choice since it

particularly deals with the first of the research questions identified above, namely the way in which dramatherapy is defined and conceptualized by dramatherapists.

The nature of dramatherapy

Of immediate interest is the finding that our panel of experts considers that drama *as therapy* is not radically different from *drama as drama.* In their view the distinctions that exist stem from the fact that drama as therapy contains the specific intention to facilitate personal change, whereas drama as drama is about working towards performance, whatever the aims behind that performance may or may not be. Drama as therapy is seen as a way of using the art form of drama in order to help the client find a sense of wholeness, or as one panel member put it, 'the purposeful use of dramatic engagement and creative expression in the service of learning, insight and personal change'.

As such, drama as therapy is not an isolated process which takes clients out of everyday life and puts them into something called therapy. A clear point to emerge from our panel is that dramatherapists do not see drama as divorced from real life, but as essentially an expression of it. As another panel member put it, 'in dramatherapy you don't step out of reality into fantasy, but into another sort of reality'. Dramatic processes, we were assured, are a natural part of psychological functioning, from the play of young children to the social roles adopted by adults, and from the creative use of the imagination to the expression of deep emotions, tensions and conflicts.

Our panel pointed out that an important way in which drama as therapy differs from many other forms of psychotherapy is that it allows clients to express their problems through acting them out rather than through simply talking about them. As Jennings (1990) puts it, dramatherapy is a re-working of experience through play, drama, ritual, theatre, role play, performance - all part of a process which is an intrinsically human propensity to dramatize, enact and re-enact life experiences in different forms, for different audiences at different times in our lives. Dramatherapy takes this essential human process and enables people who are stuck on their journey through life to find some kind of freedom.

Our panel agreed that through this dramatization the client discovers that he or she has the potential to express previously suppressed thoughts and feelings, to manifest psycho-social propensities that previously have been kept hidden, and to operate a different being-in-the-world from that operated hitherto. Through dramatic expression, the client receives permission to behave in apparently uncharacteristic ways, and to experience the self in a direct and insightful manner which leads towards integration and wholeness. This concept

of self-discovery is also supported in the literature; e.g. Langley & Langley (1983) say that doing drama in a therapeutic way 'is not a matter of donning a mask and pretending, but of *removing* a mask and revealing' (p. 102).

The nature of this revealing differs from client to client, but staying for a moment with the literature, Grainger (1985) considers that the 'liberating power' of dramatherapy lies in the fact that it includes the 'demonstration that roles can be taken up, laid down, exchanged: that we can be, and in fact are, a great range of people' (p. 42). Grainger further insists that 'Dramatherapy alters the way in which people look at the world, themselves and other people' .... and .... 'far from going out of its way to achieve the kind of structured scenario which will be life-like enough to 'stand-in' for the real thing, prefers to regard social life itself as a kind of play' (p. 42).

The reference to 'play' is of particular interest, as our findings suggest that many dramatherapists also practise as playtherapists, and often distinguish few functional differences between the two sets of therapeutic interventions. One of our panel put it that 'the roots of dramatherapy are very much connected with play', while another identified further links between the non-serious activity of children and dramatherapy when he insisted that 'therapy is intrinsic in child drama' and that 'the improvised play of children is natural therapy'.

These references to children show how potentially fruitful it is to draw comparisons between the nature of dramatherapy as revealed by the present research, and the use of drama to enhance children's psycho-social development within educational settings. Such comparisons are particularly relevant in the light of two of the findings from our panel, namely that dramatherapists consider 'drama teaching is preventative of psychological problems, while dramatherapy is curative', and that 'the skills used in teaching drama and in practising dramatherapy are very similar, differing from each other only in the way in which they are used'.

To summarize this part of our research in the words used by one of our panel of experts, drama when used as therapy 'helps the individual to identify and refine the dramatic processes that go to make up much of everyday life, and to direct them in ways which he or she cannot do unaided'. It is therefore a reflection of society rather than a mimicry. It does not differ from the learning processes available in ordinary everyday life except that the learning it offers 'is specifically to do with personal change', is 'not bound by standards laid down by others' and 'helps to build up the ego' instead of threatening it through social failure, and through enforcing repressions, self-denials and self-rejection.

Questionnaire findings

We next constructed from the item bank a questionnaire designed to assess

the views and practices of the whole population of British dramatherapists and dramatherapy associates. Essentially, the purpose of this questionnaire was to gauge the extent of agreement amongst dramatherapists on the issues identified by our panel of experts, and to explore such things as the frequency in their work with which they used those dramatherapeutic strategies nominated as important by our panel. For reasons of length, some of the 12 sub-sections and some of the items in the item bank were amalgamated, leaving a final total of seven sub-sections and 273 questions for inclusion in the questionnaire. Samples of dramatherapists and dramatherapy students were also sought in the USA, Israel and Greece.

Space does not allow us to report results of the full questionnaire, which produced an overall picture embracing, predictably, both consensus and controversy. Here we shall look only at the results in the second of the sub-sections listed earlier, namely the *theoretical influences upon dramatherapy.* This section relates in obvious ways to the *nature of dramatherapy,* and gives us a more rounded picture of dramatherapy as a discipline.

Theoretical influences upon dramatherapy

As indicated earlier, the foundation of dramatherapy is the dramatic act itself. However, since dramatherapy is a therapy, it is also open to influence from other therapeutic activities and systems of thought. Drama dictates the nature of dramatherapy, but in and of itself it cannot, for example, fully identify and categorize the nature of presenting client symptoms, or monitor the psychodynamic and behavioural changes that take place during the therapeutic process, or carry out final assessment strategies. In addition, it is open to influence by wider cultural influences. The drama produced by a society is firmly located within the culture of that society, and is in part a product of the processes yielded by and instrumental within that culture; it follows that dramatherapy is also subject to these cultural influences.

Our panel of experts assured us that the theoretical influences upon dramatherapy, both from within drama and from within other therapies and cultural processes, are indeed extensive, and they nominated 28 such influences embracing systems of thought. They also nominated 18 individuals whom they considered to be particularly important in the theoretical area. A further 16 individuals were nominated in reply to a question asking for those most influential on the actual development of dramatherapy theory and practice. All these influences and influential individuals were duly incorporated into our questionnaire, providing us with three questions, one relating to systems of thought and the other two to named individuals. Respondents were asked to provide ratings of importance for the variables contained in each of these questions (4-point scale, with '1' representing the highest rating).

Circulation of the questionnaire to the population of British dramatherapists and dramatherapy associates (as contained in the membership list of the British Association for Dramatherapists; n = 250) produced a good response rate of 50 per cent (many of the non-responders are currently not working as dramatherapists and therefore did not feel in a position to complete the questionnaire). Mean ratings for each variable were then calculated, and rank orders were obtained for responses to each of the three questions. Table 1 presents the rank order for the theoretical influences upon dramatherapy.

Table 1. Influence of systems of thought upon the theory of dramatherapy.

Variable	*Rank order of means*
1. Group dynamics	1.26
2. Psychotherapy	1.57
3. Theories of play	1.64
4. Theories of creativity	1.79
5. Child development	1.85
6. Client centred therapy	1.95
7. Theories of imagination	2.02
8. Psychodrama	2.02
9. Ritual	2.05
10. Disabilities	2.05
11. Child drama	2.20
12. Theories of theatre	2.27
13. Educational drama	2.28
14. Psychoanalysis	2.29
15. Social Psychology	2.29
16. Object relations play	2.40
17. Gestalt psychology	2.40
18. Anthropology	2.50
19. Analytical psychology	2.61
20. Sociology	2.65
21. Cognitive psychology	2.95
22. Philosophy	2.96
23. Behaviourism	2.98
24. Existentialism	2.99
25. Yoga	3.23
26. Theology	3.23
27. Bioenergetics	3.27
28. Alexander Technique	3.43

Table 1 shows that within the field of theoretical influences *group dynamics* emerged with the highest mean importance rating. This is not surprising considering that dramatherapy is essentially a group exercise. Second in mean importance rating came *psychotherapy*, again a predictable finding. Next came theories of *play*, followed by theories of *creativity*, theories of *child development* and *client-centred therapy*. The prominence assigned to each of these is reassuring, since it indicates how firmly dramatherapy is underpinned by current psychological knowledge.

Also well placed on the list are *psychodrama*, which some dramatherapists now see as a sub-division of dramatherapy (one might in fact have expected it to be placed higher), *ritual*, *child drama*, *theories of theatre* and *educational drama*. *Psychoanalysis* is the third of the therapies to be mentioned, occupying 14th place, with *social psychology* in 15th place and *sociology* in 20th. *Cognitive psychology* is relatively lowly placed at 21st, with *philosophy* at 22nd, *behaviourism* at 23rd and more esoteric disciplines lower still (e.g. existentialism at 24, yoga at 25, bioenergetics at 26 and the Alexander technique at 28). However, the very presence of these items on the list indicates they do have an important role to play.

Turning to the 18 individuals who our panel of experts identified as of particular influence, Jung emerges in first place, followed by Winnicott, Rogers, Stanislavski, Peter Brook, Murray Cox, Freud, Bruno Bettelheim and Bertolt Brecht in that order (Table 2).

Rather surprisingly in view of the prominence as formative influences given to them in the dramatherapy literature, Grotowski occupies only 11th place and Artaud 14th. The presence of Jung in first place is of great interest, reflecting the value to dramatherapists not only of his contributions to psychotherapy but also to the psychological study of myths, rituals and symbols, all of which feature prominently both in drama and in dramatherapy. (In view of Jung's importance the relatively lowly placing of analytical psychology in Table 1 is something of a mystery; the probable explanation however is that many non-psychologists do not readily identify the term with Jung.) Winnicott's high position is also interesting, reflecting particularly his work with children, while names such as Stanislavski, Brook and Brecht indicate the importance to dramatherapists of experimental theatre.

Rogers' high position reflects the relevance to dramatherapy of client-centred therapy, while Bettelheim is there for what he has to say about children and about the psychological role of children's fairy tales and story-telling. Freud's strong showing indicates that dramatherapy has not escaped the enduring fascination of psychoanalytical theory. Indeed, elsewhere we found that psychodynamic concepts - in particular transference, projection and repression - featured strongly in the language of the dramatherapists with whom we spoke, and these concepts obtained high ratings in our questionnaire returns.

Table 2. Influence of specific individuals upon the theory of dramatherapy.

Variable	*Rank order of means*
1. Carl Jung	1.96
2. D. W. Winnicott	2.03
3. Carl Rogers	2.12
4. Constantin Stanislavski	2.25
5. Peter Brook	2.26
6. Murray Cox	2.32
7. Sigmund Freud	2.32
8. Bruno Bettelheim	2.38
9. Bertold Brecht	2.44
10. Melanie Klein	2.54
11. Jerzy Grotowski	2.59
12. Jean Piaget	2.65
13. Abraham Maslow	2.66
14. Ervin Goffman	2.80
15. Antonin Artaud	2.95
16. Victor Turner	3.05
17. Margaret Lowenfeld	3.12
18. Bruce Wiltshire	3.43

Of the 16 authorities recognized as important in the actual development of dramatherapy theory and practice, Sue Jennings heads the list, followed by Moreno, Heathcote, Sherborne, Courtney, Peter Slade and Robert Landy in that order (Table 3).

When asked to nominate the individual who had been of most influence upon the *personal* practice of respondents, Alida Gersie emerged in first place, followed by Sue Jennings and Jane Puddy.

Conclusion

Space has permitted us to give brief details on only two of the areas of what is in fact a wide-ranging research exercise. We are not yet at the point where we can draw clear implications for the use of drama as a pre-therapeutic exercise within education, but our findings to date make it clear that drama is seen by dramatherapy practioners engaged in its use as a potent therapeutic agent. Drama as therapy is also seen by these practitioners as sensitive to a

Table 3. Influence of specific individuals upon the development of dramatherapy.

Variable	*Rank order of means*
1. Sue Jennings	1.59
2. Jacob Moreno	2.08
3. Dorothy Heathcote	2.22
4. Veronica Sherborne	2.37
5. Richard Courtney	2.41
6. Peter Slade	2.44
7. Robert Landy	2.49
8. Dorothy Langley	2.61
9. Gertrude Schattner	2.64
10. Rudolf Laban	2.76
11. David Read Johnson	2.87
12. Brian Way	2.90
13. Gavin Bolton	2.98
14. Viola Spolin	3.07
15. Marian Lindkvist	3.11
16. Audrey Whethered	3.13

broad spectrum of influences both from other therapies and from psychology itself, which suggests that at both theoretical and practical levels it is likely to be a soundly based and effective exercise.

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Working creatively with the symbolic proces of the schizophrenic patient in drama therapy

Stephen Snow

Bronx Psychiatric Center, New York

> The nature of the drama, with its tolerance for the unreal and the imaginative, entices the inner self of the schizophrenic, which is occupied in fantasy, to reveal some part of itself. The patient finds he can explore with freedom the various fragments of himself while, at the same time, actualizing them for others. In this way, the inner self makes contact with the world, and the individual's fantasies become part of objective existence.
>
> *David Read Johnson, Drama Therapist*

Shakespeare sums it us beautifully in his famous line, "The lunatic, the lover and the poet, Are of imagination all compact." This oft-quoted verse epitomizes the perennial argument for a meaningful correlation between the symbolic process of the psychotic and that of the creative artist. Although this position is commonly refuted by the prevailing medical model of