

Drama Therapy

by

Cara Jordan

Submitted to the Psychology Department  
School of Natural and Social Sciences  
in partial fulfillment of the requirements  
for the degree of Bachelor of Arts

Purchase College  
State University of New York

May 2022

Sponsor: Paul Siegel, Ph.D.

Second Reader: Elizabeth Rose Middleton, Ph.D.

Drama Therapy is defined as a form of therapy that uses theatre techniques to help maintain mental health, or facilitate personal growth and is used in a wide variety of settings, including hospitals, schools, mental health centers, prisons and businesses. The term drama therapy was first coined by Stephen F. Austin in his book *“Principles of Drama-Therapy. A Handbook for Dramatists, Dealing With The Possibilities Of Suggestion And The Mass Mind”*. In this book Austin defines drama therapy as “the art of science of healing by means, or through the instrumentality, of the drama/or, by means, or through the instrumentality of dramatic presentation” (Austin 1917). Another book that is useful and was prominent in the creation of drama therapy was Phil Jones’ (1996) *“Drama As Therapy Theatre As Living”*. According to Jones, drama therapy facilitates change through drama processes by using dramatic/theatrical techniques to reflect on life experiences, thus enabling people to work through their problems and help the patient maintain their well-being or health.

When conducting a drama therapy session, the therapist works with groups of individuals for several weeks with each session lasting between 45 minutes to an hour and consisting of five different sections; the warm-up, focusing, main activity, closure/de-rolling and completion. Like athletes warming up before a practice or game, or how performers warm up before a performance, a warm up in drama therapy helps the drama therapist and patients to physically and mentally prepare for drama therapeutic work, create a safe space for everyone involved and make sure that everyone is on the same level of focus and arousal for the upcoming activities. Warm ups also help the participants fix any emotional issues they are facing that could affect the therapy, help the participants work with other people in the group, stimulate imagination and expression with everyone involved, and get used to objects that will be used in the session later on (Jones, 1996). Focusing is described as the point in time in the therapy where the therapist and patients begin to focus on the main areas and topics they will be dealing with. Examples of activities used in focusing are creating roles for specific role play, focused improvisation or an intensified engagement with materials used in the warm up. The main activity is the main purpose of the session and possesses an “intensity of involvement” (Jones, 1996) from everyone in the group. Main activities may

have people re-enacting problems they are experiencing while others either watch as an audience or help re-enact the scene, dealing with issues that the group may have or have individuals or small groups create stories relating to issues being discussed (Jones, 1996).

The ending of a drama therapy session begins with the closure and de-rolling. Closure is defined as the ending of the use of dramatic forms. This is beneficial for leaving the theatrical space and transitioning from dramatic therapeutic space to real life again. De-rolling is defined as a cool-off period and consists of an activity that helps the actor leave their role and go back to their normal identity. Once the patient is out of the theatrical space and grounded back into real world the patients absorb what has happened in the session and may have a conversation about what they have experienced that day. Closure/de-rolling is very important within drama therapy because it can cause very important and painful realizations that need to be talked about before the session concludes. The last part of a drama therapy session is called completion and consists of two main components; the creation of a space and preparation for leaving the dramatic space. The creation of a space is for more conversation about the main activity, and can also be referred to as an integration. Preparation for leaving the dramatic space is used to prepare to leave the space with an activity that is used routinely to bring patients out of their roles, or patients could make a statement about how they are feeling about the session. Once the session has concluded, patients are asked questions about their experience in the session that day and what they need to work on or keep in mind for the future. By the end of the session, patients should feel like they had achieved their goals for that day.

Drama Therapy is closely related to both psychodrama and psychotherapy.

## **Psychodrama**

Created by Jacob L. Moreno in 1921, psychodrama is defined as a type of therapy where patients “dramatize” their lives through an array of different theatrical exercises and techniques to explore and solve personal problems. This means that the patients act out certain situations in their life in order to

come to terms with them. This is a way of fully experiencing their emotions associated with their life events. This helps people process and come to terms with their life, and relive critical life experiences. According to the systematic review by Cruz et. al (2018), psychodrama has its roots in theatre, psychology and sociology and focuses on the “particularities of the individual as the intersection of various relational roles (e.g., being a son and a spouse) and roles related to difficulties and potentialities (e.g., fears like fear of flying; or doubts, how the next job will be)”. Overall, this means that patients view themselves as the protagonist or “the main character” of a story in their own show, and the action may take place around the various roles he/she assumes related to their personal difficulties throughout life (Blatner, 1996 as cited by Cruz er. Al., 2018). To help the protagonist along the way are the auxiliary egos, who are the outside participants (usually the director and the other patients in the group therapy) who help stimulate the patient they are focusing on in that moment.

A psychodrama session usually consists of three distinct phases: warm-up, action, and sharing. Some activities used within psychodrama are games, sociometry, role reversal, soliloquy, double, mirror, social atom and role training. Similarly to drama therapy, the goal of theatre games in psychodrama is to give the protagonist an opportunity to explore their world in a fantasy state by either physical activity or taking on different roles. Sociometry is a measurement tool used to look at social choice both conscious and unconscious, and human social connection. Sociometry helps patients in a group psychodrama session learn about their roles in the group and what they bring to the table when working with a team. An original concept from Moreno’s theory, role reversal helps the protagonist gain insight into the world of the auxiliary ego and vice versa. This helps in the therapeutic setting because it helps everyone understand each other’s experiences more. Soliloquy is used to help the protagonist to externalize the hidden feelings and thoughts to gain a deeper insight to their interpersonal world. According to Moreno, the point of soliloquy is “to be cathartic” and its “end is the knowledge of oneself”. The double is another person within the psychodrama group that helps assist the protagonist in the expression of their thoughts and feelings that they do not perceive or avoid expressing both verbally and bodily. To help with these

issues the double will usually stand next or behind the protagonist and speak the protagonists' inner thoughts. Mirror is used to promote awareness of the protagonist's behavior in situations. This is beneficial because it requires the protagonist to become a spectator in their life, thus seeing their actions and behaviors from an outside point of view. When partaking in a mirroring activity the protagonist will sit in the audience while auxiliary egos act out past events in the protagonist's life. Social atom is a technique used by the protagonist to help them represent the significant others in their life. When using this activity, the auxiliary egos take on the roles of different significant others in the protagonist's life. This helps the protagonist grasp a better understanding of the people in their life. Finally, there is role training which aims to create situations for the development and training of a certain role in conditions very close to real life but in a protected way. Role training "consists of representing a role whose performance is feared for example, a student during an examination" (Cruz et al, 2018 citing Pio de Abreu, 1992).

## **Psychotherapy**

Psychotherapy is defined as the treatment of illnesses not involving medication or medical attention, but by talking through things and taking a psychological approach (<https://Mayo Clinic.com>). The main goal of psychotherapy is to help the client understand and become aware of conscious and unconscious emotions, conflicts, and self-protective mechanisms. Psychotherapy sessions can be conducted either through individual therapy (one-on-one) or in group sessions that may consist of family members, partners/spouses, or other people who are struggling with similar issues (<https://psychiatry.org>). Psychotherapy is considered to be an effective form of treatment for psychological problems with 75% of people who enter psychotherapy sessions showing some form of improvement with time, and 80% of people who get psychotherapeutic treatment being better off in the long run than people who never receive treatment (<https://apa.org>). It has also been shown that psychotherapy treatments usually lead patients to participate in useful activities such as thinking more positively, expanding social networks,

communicating more effectively and replacing adaptive emotions for maladaptive emotions (Wampold 2007).

In Austin's book (1917), he closely relates psychotherapy to drama therapy. He first brings up psychotherapy in the Foreword. Austin defines this term by breaking up the word and defining "psycho" and "therapy" separately. Austin defines therapy as being derived from the Greek word meaning "to *heal* or to *cure*, and in its present form implies *the art or science of healing*". He then defines the term psycho as "being another Greek derivative meaning "*soul*" (p. ix ). Therefore, according to Austin the term psychotherapy is defined as "*the art or science of soul-healing by means, or throughout the instrumentality of the soul*" (p. ix).

The main difference between drama therapy and psychotherapy is the drama. Unlike psychotherapy, which is talk therapy where no movement is used and all healing is done through verbal communication, drama therapy uses a physical approach. In drama therapy patients are told to get on their feet and act out important life experiences that they need to work through so they can relive central emotional experiences. This is done because the emotional life experiences are "stuck" in the body, which prevents people from experiencing them and causes struggles with moving on. This phenomenon is created because emotions are not just present in the mind, but also in the physical body. Before emotions are present in the mind, they are actually present in the body through physiological arousal. Emotions that are unpleasant such as fear, anxiety, sadness or anger are caused by unpleasant arousal in the body, so to protect themselves from these feelings people create naturally self-protective mechanisms (defense mechanisms) to prevent themselves from experiencing the arousal. So, by acting out these experiences, the patient is able to relive the situation in a controlled environment, resuscitating emotional bodily experiences.

### **Techniques Used in Drama Therapy**

Drama therapy consist of different types of theatre games, which are certain activities used to help the actor explore their body to help with characterization of the characters they will be performing in the session. Theatre games are known to help build trust, body language and group motivation. When participating in these games' patients relax their bodies to open up a rhythmic experience (Chang et al. 2019). According to "*Theatre Games*" written by Clive Barker, Barker gives us a list of benefits of using theatre games: (1) reveal something of the actor's movement problems and possibilities; (2) lead actors to physical experiences and sensations that they could not find directly; (3) to initiate in the actor a process of self-awareness and discovery; (4) create a shared body of experience which one uses to build up relationships within the group and to develop the ensemble; (5) create a common vocabulary based upon shared experiences with which to discuss the process of human action and interaction and the work of the actor.

Theater game activities that may be used in drama therapy are playspace, improvisation, role-playing, mask projection, playback theatre, dramatic projection and role method. A playspace creates a spontaneous world for the clients, leading them to have a more flexible attitude towards events and consequences, and enabling a more positive attitude towards the client's life, and helping the patient possess a playful and experimental attitude towards themselves. While in the playspace the patient is exempt from real life consequences for any of the dramatic action done with the exception of some rules in the playspace (e.g., hurting each other). This is used because giving someone the freedom to experiment with different dramatic actions can help encourage spontaneity. A playspace is also beneficial to the interaction between the therapist and the client because at the beginning of the sessions the child will most likely not be willing to talk but can still communicate nonverbally by engaging with the play. Engaging in play can also help children relive some of their anxieties.

Improvisation is defined as non-scripted theatre, meaning that you are given a certain life circumstance and you use your imagination to create your own story line, and your partner follows along. Improvisation is used with actors to add emphasis on a performer's body or voice, and to help them

develop their creativity, flexibility, expressivity and the ability to communicate (Jones 1996).

Improvisational techniques are based on a “yes and” practice. This means that the client is given a certain circumstance and then they need to elaborate on that circumstance. Improvisation is useful in therapeutic settings because it can help with problem-solving skills. Weiner (1994) found that improv exercises offered clients the opportunity to experiment with their personalities and expand possibilities of who they can be (Gale, 2018 citing Weiner, 1994).

When role-playing in drama therapy patients act out different characters that reflect a part of their personality. When participating in a role-playing activity, the patient can imagine themselves as something they are not. For example, a person who faces a lot of anxiety and fear can pretend they are a confident, fearless movie star. Acting out different roles will then become beneficial to the patient because they will be able to understand different experiences because they have lived them in a safe and controlled environment, thus giving them new ways to deal with life situations. This is beneficial to drama therapy because the patient can step into the shoes of other people in their life or explore or discover different parts of themselves that they may not notice or want other people to see (Oon, 2010).

Mask projection is the use of a mask to help participants take a look at their own personality, social competence and other aspects of their lives that can have a negative effect (<https://positivepsychology.com>). Wearing a mask during a drama therapy session can be helpful to the patient because if they are shy or nervous they can put on a mask that will not show their face to make them feel more safe and secure. Wearing a mask can also help with expressing themselves in a different way and masking can also help participants take on different roles in a more intense way because they visually are not themselves while wearing a mask.

Playback theatre is when other members of the group therapy create a fluid sculpture with their bodies that accurately portrays the feelings of one of the other patients (Chang et.al, 2019) This is beneficial to drama therapy because it can help the patient see their story from an outside perspective and the other members acting out the story may gain some new insight to different experiences.



Dramatic projection is the action of projecting aspects of themselves onto something else (Oon, 2010 citing Jones, 1996). This is used because it is easier for most people to project their feelings on the outside than admitting that they have these issues which could lead to shame and guilt. By projecting onto something else the patient can observe the behaviors from an outside perspective thus potentially leading to a new perspective.

Role method is based off of Robert Landy's Role Theory (Klees, 2016 citing Landy and Butler, 2011), which explains how every individual has a specific role in their life and how they act out or perform those different roles (e.g., parent, student, friend). In a drama therapy session, participants will create different characters that represent different roles in their life and they will create a story with all the characters. This is beneficial to the patient because it can help them find a deeper understanding of who they are and discover new ways to deal and cope with things.

### **Empirical Studies**

Drama therapy has been tested to see if it is beneficial in treating different mental illnesses and issues people may have, such as – anxiety, depression, dementia and personality disorders.

Chang, Liu, Yang (2019) tested if drama therapy can positively affect mental health in college aged students in Taiwan. At baseline and after drama therapy, the researchers measured self-awareness, self-expression, interpersonal and communication skills, self-cognitive reconstruction ability, social-role ability and decision-making ability. This was measured using a Questionnaire-based assessment, participant self-assessment and participant attitude assessment which was filled out by each participant before the study began. Participants were all college students in Taiwan who suffered from either major violation (e.g., sexual abuse), poor life adjustment or major traumatic experiences. There were 12 participants in total, 7 male and 5 female between the ages of 18-21. All participants stated that they had never participated in any counseling center activities and that they willingly volunteered to be a part of this study. Two sessions occurred for the study. The first study, which went on for about 30-40 minutes,

was basically just an introduction where the researchers discussed what will be happening within these sessions. There was also a discussion with the group about what their goals were and what they wanted out of this session and then a warm-up to help prepare everyone for future sessions. The second session lasted three hours and consisted of 30-50 minute's worth of warm-up's using theatre games and social atoms, 60-90 minute's worth of the main activities which was different each session but consisted of either of sociometry, theatre games, playback theatre, mime or mask projection techniques. The main activities were used to help the participants with personal-group relationships, trust and tacit understanding. Finally, the last part of the session consisted of a 30-minute sharing session, where the researchers and participants got into a group circle and talked about what they gained out of today's session. After the study sessions, there was a post-event meeting with the researchers where they discussed, recorded and evaluated their findings and developed new strategies for future research and sessions.

The results showed that drama therapy overall had a significant effect on the participants who by the end of the study scored higher on self-awareness, self-expression, interpersonal interaction and communication skills, self-recognition ability, social role ability and decision-making ability. These results help us conclude that drama therapy can be beneficial to the treatment of mentally ill patients and can help people increase their self-esteem, communication skills, decision-making, self-recognition, social roles, self-expression. Limitations of this study are that it is not an experimental, meaning that there were no other groups of people to compare the active treatment to. This means that we cannot conclude that the drama therapy sessions helped the students to improve - there might be another reason for the improvement. Another limitation was that there were few participants in the sample.

Mondolfi, & Pino-Juste (2021) conducted a study with the purpose of testing if drama therapy can help women victims of Intimate Partner Violence (IPV) who suffer with Post Traumatic Stress Disorder (PTSD), depression or anxiety. Researchers predicted that these therapy sessions would improve the patients' self-esteem, quality of life, life purpose, and communication skills. There were 17 participants

ranging between the ages of 21-52. All participants had children. The relationship status of each participant was that 3 were single, 3 separated, 6 divorced and 8 married, with 5 out of the 8 married participants still living with their abusers. This study lasted 40 hours and was divided into 20 sessions with each session lasting two hours. Each session consisted of three phases: (1) warm up, (2) action, and (3) sharing/group discussion.

Overall, the results from the questionnaire showed that after the sessions participants had higher ratings of self-esteem, quality of life, life purpose and communication skills. This study showed that drama therapy may be beneficial when treating patients with lack of communication skills, low self-esteem and purpose in life. Some limitations of the study are that it was hard to determine how effective the study was in treating PTSD because many participants stated that they still have contact with their abusers due to still living with them, having mutual children, or partners disobeying restraining orders and harassing the participants. Because of these issues it is hard for people to move on from their trauma. Another limitation of this study is that there was a lack of a control group. This means drama therapy was not compared to another form of therapy that could be just as beneficial, and thus that there could be other factors involved that have nothing to do with drama therapy that could have had positive effects on the participants.

Feniger-Schaal, & Koren-Karie, N. (2021) conducted a study with the main focus of trying to implement knowledge of attachment theory and prior research on maternal insightfulness to create a clinical intervention using drama therapy for mothers with at-risk-children due to poor parental care. Attachment theory was an idea discovered by psychoanalyst John Bowlby and discusses the nature of attachment for children and their primary caregivers and how that effects their development in life. Maternal insightfulness is a mother's ability to see and understand things from their child's point of view (Feigner-Schall & Koren-Karie, 2021). Previous research has shown that mothers who have a stronger maternal insightfulness with their children are more likely to have healthier relationships with their children than mothers who lack maternal insightfulness. This is because when mothers have an easier

time understanding their children's feelings, the children feel more heard and appreciated, and the parent can accurately help their child and meet their needs. Mothers who have a hard time understanding why their child feels or acts a certain way, however, causes the child to feel unheard and misunderstood thus causing a rift in the relationship and potentially causing the child to act out more. Feigner-Schall and Koren-Karie (2021) believed that a drama therapy session could benefit mothers and their children because drama therapy is used to help the patients reenact important times and situations and their life so they can hopefully see the situation from a different perspective. Drama therapy is also used to have people act out situations in other people's lives, thus causing patients to step into the shoes of other people and see their point of view. This will help the mothers and their children because the mother will be required to figure out what their child is feeling and why they feel that way.

The participants consisted of 40 mothers of at-risk children with behavior and emotional problems due to inadequate parental care. The study was conducted using a Parental Insightfulness drama therapy program (PIDT). The PIDT program lasted 10 weeks, consisting of 1 session per week that each lasted about 90 minutes and were facilitated by two therapists. The first four sessions consisted of educating mothers on the core elements of maternal insightfulness: insightfulness, separateness, complexity and acceptance. This was done using drama therapy techniques. The final six meetings followed a traditional drama therapy session consisting of a warm-up, main activity and closure. There was also a meeting with the mothers six months after the 10-week therapy session to see how they were doing. The researchers wanted to measure the impact of the PIDT by using an Insightfulness Assessment (IA) interview, this consists of 10 scales ranging from 1 being low parental insightfulness while 10 is high parental insightfulness. The researchers also wanted to measure the changes in the children's behavior. This was achieved using a Child Behavior checklist (CBCL). The Child Behavior checklist is a widely used scale that measures various symptomatic behaviors of children. These measures were collected at three periods of time: before the intervention (T1), right at the very end of the 10-week session (T2) and 6 months after completing the whole session (T3). The results showed that there was a significant

improvement in parental insightfulness between T1 and T2. There was also a significant difference in parental insightfulness between T1 and T3. Finally, the results showed that the behavior of children changed significantly between T1 and T3 meaning that the children had fewer behavior problems after the therapy.

Overall, these results show that PIDT was effective in increasing maternal insight and reducing at-risk children's behavior problems. Limitations of the study consist of a lack of a control group, which means we cannot conclude that these improvements occurred specifically because of the intervention. Moreover, the lack of a control group makes it harder to pinpoint what part of the study actually helped the participants.

Jaaniste et. Al (2015), conducted a study to test if drama therapy and can improve Quality of Life (QoL) for patients with dementia by comparing them to other dementia patients who watched movies (the control group). The participants consisted of 13 people (12 males, 1 female) who had a dementia diagnosis from a medical doctor; all participants were found through an organization called the Living with Memory Loss Programme. The participants were split into two groups; Group 1 participating in 16 drama therapy sessions, while the second group watched movies. Quality of Life was measured by using the Quality-of-Life Alzheimer's Disease tool (QoL-AD), which measures the perspective of family and caretaker's opinions on the patients Quality of Life, ranging from 1 – Poor to 4 – Excellent. This measure was given twice, once before the sessions began (T1) and then after the sessions had concluded (T2). Final scores were calculated by subtracting the first scores (T1) from the end scores (T2). Overall, the Quality-of-Life scores for drama therapy patients increased by one point on average, while the group who watched movies had a decreasing score change when it came to their Quality of Life. This study is an example of how drama therapy may be beneficial to the mental health and care of patients with dementia. Some limitations that were present in the study were the small sample size, which only consisted of 13 people. Furthermore, there were much more male than female participants, so we cannot tell if gender may have possibly played a role in influencing the results. Another limitation is that the Quality-of-Life

Assessment may not be completely accurate because it only evaluates the outside perceptions of family members and caretakers, while not considering what the actual patient has to report.

McArdle et al. (2011) conducted a study with the purpose of examining the effectiveness of drama therapy in schools versus having small group teachings of mathematics and English for children with emotional or behavioral problems. There was also a follow up 2 and 3 years later to see if the therapy or classes were effective. 120 students in the United Kingdom, all around the age of 11 years old, were selected to participate in the study and were chosen if they fit one of these criteria: 1.) scholastic under performance, 2.) Known major family problems, 3.) ill-nourished or poorly cared for appearance, 4.) impaired peer relationships, or 5.) behavior or emotional difficulties.

Participants were randomly assigned to either a Drama Group Therapy (DGT) or a small teaching group where they learned about mathematics and English. They were randomized based on initial levels of impairment. These groups met once a week for one hour during school and lasted 12 weeks and both groups were instructed by the same person. Drama therapy used in the sessions were role-playing where themes and topics were picked by the participants, and each session ended with a reflection. The follow-up sessions consisted of three different survey measures: (1) The Teacher Report Form (TRF), which collects data regarding positive and negative adjustment behaviors of children according to their teachers, (2) The Youth Self Report Form (YSR), which is just like the TRF, but is reported by the child instead of the teacher, (3) the Parent-Completed Child Behavior Checklist (CBCL), which identifies the parents' judgments of their child's symptoms of various mental illnesses. Results showed that the Drama Group Therapy was more effective than the small classes, showing a decline in negative feedback on the TRF. Results including the YSR and CBCL were not listed. A limitation of this study is that not all participants were able to return for the 3 year follow up, so we do not know if their symptoms further, improved, worsened or remained the same. Overall, this study concluded that drama therapy can be beneficial in treating children with different problems like emotional and behavioral problems.

Rajabi et. Al (2013) conducted a study to examine the effects of drama therapy on improving linguistic performance and academic achievement of Azeri-Farsi bilinguals who speak Farsi and Azeri. Drama therapy was used to help these patients because research has shown that the playfulness of drama therapy is favorable to children and is impactful in school settings with no side effects. Researchers hypothesized that the drama therapy group would improve the quality of Farsi speech and academic performance relative to the control group. Participants consisted of 37 male bilingual students, all around the age of 9, who spoke both Farsi and Azeri. They were randomly assigned to two groups: one who received drama therapy, and another who received a placebo intervention involving effortless activities (not specified). Before and after the experiment, the researchers measured 1) number of utterances while speaking, 2) mean length of utterances, 3) type-token ratio (ratio found by dividing the number of different words to the total number of words), and 4) speed of speech, how fast they talk. The drama therapy group met two to three times a week for a 90-minute session.

The results showed that drama therapy had a positive impact on the participants' mean length of utterances and the speed of speech, while the placebo group had little to no improvement. For the drama therapy group there was no improvement for number of utterances, and type-token ratio. There were slight improvements in academic performance for the Drama Therapy Group, but it was not significant compared to the control group. The main limitation of this study was that we cannot say that these changes were because of the therapy because the control group is not adequate, because when you partake in effortless activities you receive no treatment. Another limitation was the fact that the sessions did not last as long as they should have to determine if the therapy was effective. The sample was also relatively small and only consisted of young boys in a unique cultural setting for a brief amount of time. Thus, we do not know if prolonging the therapy can be beneficial or how girls would react, or people who are older and younger than the participants.

### **Clinical Case Studies**

Clinical case studies allow us to see how drama therapy works in a clinical setting, by giving us an in detail summary of what happened during said sessions so we can make hypothesis and conclusions about whether drama therapy is beneficial or not.

A case study conducted by Phei Phei Oon (2010), a psychotherapist located in Ontario, Canada followed the therapy session of Gladys, a 5-year-old girl who was referred for drama therapy because she was diagnosed with selective mutism. According to Gladys parents Gladys birth and health were completely normal as a baby, until she turned 4 when they realized that she suffered from a pronunciation problem and was on average 1 year below her age in verbal expression and social reasoning. According to her parents Gladys would only speak in their private homes with the parents and her older sister, but would not say anything when at school or when there were visitors in the house. Gladys also grew up bilingual, knowing English and French. Gladys was referred for drama therapy because during the time of this case psychologists believed that drama therapy would be beneficial in the treatment of selective mutism due to the use of play space, dramatic projection and role-playing.

Gladys met with a psychotherapist 18 times over a 5-month period. The first two sessions consisted of solely non-verbal play to help Gladys become more comfortable with the psychotherapist. At first Gladys was hesitant to participate in the therapy without someone she knew being there, but warmed up to her therapist over time. Throughout the 18 sessions, Galdys and the psychologist participated in different types of games and role-playing activities which consisted of a ball game where they would play competitively and keep score, and a game of charades where Gladys would draw pictures on a chalkboard and have the psychologist guess what she was drawing. The beginning of obvious improvement was seen during the third session when the psychologist brought in an MP3 recorder. At first glance, Gladys was interested in the device but was hesitant to speak into it. For a gradual transition the psychologist encouraged her to make non-verbal sounds like stomping her feet and snapping her fingers. This was done to show Gladys that it is okay to make verbal sounds. Gladys did this and enjoyed it, so the psychologist encouraged her to talk into the device by holding it up to her face. She still would not say



anything, but she decided to take a deep breath into the microphone. Excited by this breakthrough, the psychologist applauded her for making a sound “like the wind” (page 222). This caused Gladys to become more comfortable, as she began to be more energetic in the following sessions. At first, she began with playful sounds like a pitch-and-croaking to sound like a frog. Gladys would also use sounds to express what was going on in whatever game they were playing. For example, while playing a hide and seek game where Gladys would hide a toy and have the psychologist go and find it, once Gladys was done hiding the toy, she would make the frog-like sound to alert the psychologist that it was time to find the toy.

During the next few sessions, Gladys was still not speaking in words but she started to quietly mouth the words to the psychologist. This started when Gladys and the psychologist were playing a pretend game where they were working in a restaurant; Gladys was the chef and the psychologist was the waitress, and some toy puppets were the customers. While playing this game the psychologist asked if Gladys if she could translate the number four from English to French for him. The psychologist asked her to do this to encourage her to say something verbally. At first Gladys was hesitant but ended up mouthing the word to the psychologist and verbally saying the word to one of the puppets. During the 5<sup>th</sup> session Gladys began to whisper when speaking. This began when she was playing with playdough and pretending to cook food for a party. When the psychologist asked what they would be eating at the party Gladys let out a whisper and said “pizza”. To encourage her to talk more, the psychologist would act excited and ask her if they were eating anything else. The excitement of the psychologist clearly gave Gladys more confidence, as she continued to say more words, such as “chocolate” and “apples”. At the beginning of session 6 Gladys gave her first verbal greeting to the psychologist by giving an excited cartoon like “hello”. Gladys and the psychologist continued to talk in this cartoonish like way for the rest of the session, until the very end when the psychologist encouraged her to speak in her normal voice and she did. Throughout the rest of the sessions, Gladys verbally spoke to the psychologist when playing.

After the 18 sessions were completed, it was reported that Gladys was verbally communicating more with outside family members and people in school. The first sight of Gladys verbal communication was right before the 5<sup>th</sup> session during the holiday break when Gladys spoke to her aunt in the cartoonish voice during the holidays. After the 7<sup>th</sup> session Gladys was seen speaking to her uncle, and according to her teacher Gladys had begun speaking to her around the 8<sup>th</sup> session and her classmates around the 12<sup>th</sup> session. There was also a one-year follow-up to see how Gladys was doing, and it was discovered that Gladys was now so talkative that her teacher had to tell her to stop talking so much in class. Gladys would also raise her hands and answer questions and she had friends that she would talk to on a regular basis. Gladys also signed up for a part in her school's drama club and enjoyed being a part of the process. According to the school, at this time Gladys was considered average in her academic work, her verbal communication skills were on the same level as her peers and she did not require a reassessment of her language skills. Although she was doing well in these aspects of her life, there were still times when she struggled. For example, her mother claimed that Gladys still had issues talking to some adults and over the phone, and according to her teacher she would not give oral presentations unless she could stay at her desk.

Overall, it was concluded that the use of play-space, role-playing and dramatic projection all helped Gladys. The play-space helped her alleviate her anxiety going into the session by using improvised games and playful activities. Role-playing caused her to become more confident in speaking and expressing herself vocally. Finally, dramatic projection helped her work on her interactive skills by creating different scenarios with the psychologists and the puppets causing her to become a strong leader, friend and host.

Klees (2016) conducted a case study of the use of role method in drama therapy in a German Psychiatric Hospital. The patient was a straight, white woman in her 50's who lives alone. Camilla was diagnosed with a personality disorder with aggressive tendencies and an anxiety disorder. She also suffers from low self-esteem, which causes her to rely too much on external recognition and have issues coping

with criticism. She believes this is due to experiences in her childhood. As a child Camilla lived in a dysfunctional household with an absent father and a mentally ill mother who took her in and out of the foster system where she was abused. Camilla grew up to have four adult children, all with different fathers and two grandkids. One of her grandkids, Laura, was separated from her parents and was living in a foster home. Camilla had previously participated in several different types of psychotherapy such as weekly individual sessions, talk therapy group sessions, occupational therapy group and group dramatherapy. Klees decided to take Camilla in for drama therapy sessions, because she felt that would be the most beneficial to her.

During the first session, Camilla said how she wanted to work on her anger and temperament, she shared this story:

*“I am so angry about the situation of my granddaughter! I haven’t seen her for 2 months now! They forbid me to visit her. Last time I yelled at this ignorant case manager at the youth welfare office, because she wouldn’t let me see Laura. This woman said meeting me would not be good for her. I think this is bullshit! Laura needs me! Well maybe my behavior at the office was too emotional. It was stupid to shout at the lady, but I couldn’t help it! This is why I am here. I don’t always want to be mad in such situations.”* (Klees, 2016 pp. 101)

This shows that Camilla is so overcome by her emotions and anxiety that it is keeping her from seeing her granddaughter. The treatment used for Camilla was Role Method, which is based off of Robert Landy’s Role Theory:

*“Role Theory assumes that human beings are role takers and role players by nature. Through development, individuals observe, imitate, internalize, and take on various roles. These roles are then played out in order to link the inner image or role to the demands of the outside, objective world. Personality is viewed as an amalgamation of dynamic and interrelated roles, each representing specific qualities of a person.”* (Klees, (2016) quoting Landy and Butler (2011), p. 149)

Role theory may be beneficial in treating Camilla because it can be perceived that Camilla's anger and emotions are a role that Camilla has taken on from a young age to protect her. Role Theory may help her discover new roles inside of her that can be more beneficial. The story line used in Camilla's therapy sessions was called "*The Hero's Journey*", which consists of "*Who I Am, Who I Want to Be, Who is Blocking, and Who Can Help Me*". In other words, the storyline used in role method helps the patient act out a situation in their life and learn how to overcome troublesome situations in a healthy positive way.

The characters in Camilla's story line were:

- 1.) Hero: The Innocent- Camilla's inner child who was hurt and abused.
- 2.) Obstacle: The Fearful- Camilla's anxiety which holds Camilla back from being the person she wants to be.
- 3.) Guide: The Rebel- The angry side of Camilla that protects her
- 4.) Destination: The Adult- Who Camilla wants to be

Session two was the start of Camilla's Hero storyline, with Camilla performing a monologue as the innocent. In the monologue the innocent began to shiver and expressed their deep fear of the obstacle. With this in mind Klees decided to portray the character of the Rebel to see if that could help the innocent overcome her fear. As the innocent Camilla asked the Rebel if they were willing to help her, Klees stated feeling a warm protective feeling towards the obstacle, but also feeling angry and wanting to destroy the obstacle. Then Camilla and Klees reversed roles, so Camilla was the Rebel and Klees played the Fearful. Right off the bat Camilla was angry and aggressive towards the Fearful, threatening to throw her into the water and kill her. Here we see an origin of memories from Camilla's childhood, Camilla is most likely angry at the fearful because she perceives them as weak and Camilla does not want to be weak so she hides this part of her from the world. The Fearful became scared and expressed how she was scared of the Rebel and feared being alone, rejected and undesired. Camilla and Klees then de-rolled and Klees asked Camilla to play the Fearful person so Camilla can gain some empathy and understanding for this part of herself, at first, she hesitated, but did it anyway and de-rolled almost instantly. Camilla said that she could

not play the Fearful because she was scared that she did not care about the Fearful's feelings. Camilla also opened up about how she discovered the Rebels a small child in and out of the foster system. She shared a story about how she ran away from her foster home at just 3-years-old because she was being abused by her foster family and while this was running away, she had no fear. Even though Camilla did not like the Fearful, she was interested in trying to care for them; this concluded the second session.

The third session built on the previous session, as Camilla added two more characters to the story, the Sad person and the Angry person. The Sad person was exhausted because she was overcome with so much pent-up emotion and was thinking about her granddaughter. The Angry person, like the Rebel, was somewhat protective of the Innocent. Klees and Camilla slowly ran through the story as the innocent and the rebel. Once faced with the fearful person, once again became angry and aggressive and wanted to throw them into a deep lake so they would go away, reflecting how Camilla finds it easier to just get rid of her angry and aggressive side instead of facing it head on. Klees and Camilla chose not to do this and instead moved around the obstacle so she could finally get to her adult self. Moving through the whole story made Camilla cry, because she had felt like she had released a tremendous burden of pent-up anger and emotions that she had never let out. She began to cry, which she said she had not done in years. Camilla also discovered that there were two fearful persons inside of her, a bright one and a Dark one.

At the fourth session, Klees wanted the story to focus on the bright fearful and the Dark fearful. The story opened up with Camilla playing the Innocent and Klees playing the Bright Fearful. The Innocent Camilla wanted to know why the Bright Fearful was there, to which she responded with wanting to protect her and feeling responsible for her. Camilla and Klees both de-rolled and switched roles, Camilla's Bright Fearful urged the Innocent to listen to them because she was scared that they were taking too many risks. Once this was discovered Klees decided to enroll as the Dark Fearful so they could have a conversation with the Bright Fearful. Klees stated that she felt miserable, exhausted and lonely as the Dark Fearful. The Bright Fearful asked the Dark Fearful what they wanted with the Innocent, and that they were scaring them with their loud rambunctious attitude. This hurt the Dark Fearful but they said that

they cared for the innocent as well, wanting to protect her and meant no harm. Now having a better understanding of each other, the Bright and Dark were able to come to an agreement where the Bright would talk to the innocent first before involving the Dark fearful in decision making. This concluded the story and Camilla's therapy sessions.

After the drama therapy sessions Camilla stated that her mental health had improved significantly. She was experiencing less anxiety, and was able to control her anger and emotions more which helped improve the relationships in her life. The use of role methods was useful for Camilla because she was able to enact her main emotions and, on the way, discovered new emotions and parts of herself, leading her to have more confidence when facing obstacles and having an easier time accepting obstacles and changes.

### **Conclusions**

Drama therapy uses theatre techniques to help maintain mental health, or facilitate personal growth and is used in a wide variety of settings, including hospitals, schools, mental health centers, prisons and businesses. Drama therapy uses theatrical techniques such as theatre games, playspace, improvisation, role-playing, mask projection, playback theatre, dramatic projection and role method. The case group studies and experiments have shown that drama therapy can be beneficial for treating several different types of mental health issues such as anxiety, PTSD, and selective mutism, cognitive issues such as dementia, behavioral problems such as anger issues, and emotional problems like low self-esteem.

Unlike other types of therapies which mainly consist of talk therapy, drama therapy is more hands on and interactive, which could be more beneficial to the patient because they feel more involved in their treatment. For example, when participating in activities like role method and improvisation, the patient acts out situations that have happened or could happen in their life and explore different types of ways to deal with them that could be healthier and better for them. This makes the patient absorb new knowledge

better because they are actually doing something and not just talking to themselves or listening to someone telling them what to do.

Drama therapy is different and unique compared to other therapies such as psychotherapy because the patient doesn't just recall important, formative events from their life – they actually relive them. They enact them, and this facilitates especially their emotional experience and processing of these critical life events. The patient has better access to emotional memories that previously were blocked – they have a fuller sense of different parts of themselves, and therefore of who they are, and especially what holds them back in life and what is causing them suffering.

Some limitations of drama therapy are that there is a tremendous need for more extensive scientific testing of various types of drama therapy. This is because drama therapy is relatively new, and has only been extensively studied the past few years through experimental studies and case studies, which consisted of inadequate control groups or no control group at all. Even though there are control group studies out there, there are still not enough randomized controlled trials (RCTs) that have been done – in which patients/ participants are randomized to an active treatment using drama therapy and a corresponding control or placebo treatment. This is important and needed to understand drama therapy better because in clinical psychology an RCT is the gold standard of clinical research. An RCT is the only way to know if a new treatment is causing observed therapeutic changes, which are changes in symptoms or life problems.

There also needs to be research on drama therapy treating other types of problems such as academic problems, social skills, and life adjustments and mental illnesses. Another obvious limitation of dramatherapy is that it does not focus on people developing coping skills or life skills, like cognitive-behavioral therapy does. Drama therapy does not teach/show people how to cope with impairing symptoms. To fix this issue there should be more experiments combining both drama therapy and different types of talk therapy, like psychodynamic psychotherapy. This would be beneficial when working with drama therapy because during psychodynamic psychotherapy, patients are told to talk about

and focus on reliving core emotional events in their lives – and then processing and coming to terms with them. When combining these two therapies you would begin the session with drama therapy because the acting out of life events would bring buried emotions and memories to the forefront. After the drama therapy portion, the patient would talk about and process these experiences in a detailed and more accurate way.



## References

- American Psychological Association. (n.d.). *What is psychotherapy?* American Psychological Association. Retrieved April 28, 2022, from <https://www.apa.org/ptsd-guideline/patients-and-families/psychotherapy>
- Austin, S. F. (1917). *Principles of drama-therapy*. Sopherim.
- Barker. (1978). Theatre games. Drama Book Specialists.
- Chang, Liu, Y.-S., & Yang, C.-F. (2019). Drama Therapy Counseling as Mental Health Care of College Students. *International Journal of Environmental Research and Public Health*, 16(19), 3560–. <https://doi.org/10.3390/ijerph16193560>
- Cruz, Sales, C. M. D., Alves, P., & Moita, G. (2018). The Core Techniques of Morenian Psychodrama: A Systematic Review of Literature. *Frontiers in Psychology*, 9, 1263–1263. <https://doi.org/10.3389/fpsyg.2018.01263>
- Feniger-Schaal, & Koren-Karie, N. (2021). Using Drama Therapy to Enhance Maternal Insightfulness and Reduce Children’s Behavior Problems. *Frontiers in Psychology*, 11, 586630–586630. <https://doi.org/10.3389/fpsyg.2020.586630>
- Gale. (2018). Improvisation and meditation as interactional (relational) approaches: Theory and practice for drama therapy for couples. *Drama Therapy Review*, 4(1), 53–69. [https://doi.org/10.1386/dtr.4.1.53\\_1](https://doi.org/10.1386/dtr.4.1.53_1)

- Jaaniste, Linnell, S., Ollerton, R. L., & Slewa-Younan, S. (2015). Drama therapy with older people with dementia—Does it improve quality of life? *The Arts in Psychotherapy*, 43, 40–48. <https://doi.org/10.1016/j.aip.2014.12.010>
- Jones, P. (1999). *Drama as therapy theatre as living*. Routledge.
- Klees. (2016). A Hero's Journey in a German psychiatric hospital: A case study on the use of role method in individual drama therapy. *Drama Therapy Review*, 2(1), 99–110. [https://doi.org/10.1386/dtr.2.1.99\\_1](https://doi.org/10.1386/dtr.2.1.99_1)
- Mayo Foundation for Medical Education and Research. (2016, March 17). *Psychotherapy*. Mayo Clinic. Retrieved April 28, 2022, from <https://www.mayoclinic.org/tests-procedures/psychotherapy/about/pac-20384616>
- McArdle, Young, R., Quibell, T., Moseley, D., Johnson, R., & LeCouteur, A. (2011). Early intervention for at risk children: 3-year follow-up. *European Child & Adolescent Psychiatry*, 20(3), 111–120. <https://doi.org/10.1007/s00787-010-0148-y>
- Mondolfi Miguel, & Pino-Juste, M. (2021). Therapeutic Achievements of a Program Based on Drama Therapy, the Theater of the Oppressed, and Psychodrama With Women Victims of Intimate Partner Violence. *Violence Against Women*, 27(9), 1273–1296. <https://doi.org/10.1177/1077801220920381>
- Oon. (2010). Playing with Gladys: A case study integrating drama therapy with behavioral interventions for the treatment of selective mutism. *Clinical Child Psychology and Psychiatry*, 15(2), 215–230. <https://doi.org/10.1177/1359104509352892>

*What is psychotherapy?* Psychiatry.org - What is Psychotherapy? (n.d.). Retrieved April 28, 2022, from <https://www.psychiatry.org/patients-families/psychotherapy>

Rajabi, Nemati, F., & Narimani, M. (2013). Improving the quality of Farsi speech and the academic performance of Azeri-Farsi bilingual students through attending drama therapy sessions. *The Arts in Psychotherapy*, 40(5), 478–485.

<https://doi.org/10.1016/j.aip.2013.06.003>

Wampold. (2007). Psychotherapy: The Humanistic (and Effective) Treatment. *The American Psychologist*, 62(8), 857–873. <https://doi.org/10.1037/0003-066X.62.8.857>

Wiener, D. J. (1994), *Rehearsals for Growth: Theater Improvisation for Psychotherapists*, New York: Norton.

*17 best drama therapy techniques, activities & exercises*. PositivePsychology.com. (2022, February 15). Retrieved May 3, 2022, from <https://positivepsychology.com/drama-therapy/>