

Using Drama Therapy as a Form of Healing in PTSD Victims

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Where to Begin?

Drama therapy is the intentional use of drama or theatre techniques to facilitate physical, mental, and emotional health. Drama therapy is used in a variety of settings including prisons, hospitals, schools, theaters, and businesses. This form of therapy has been used to treat patients who suffer from mental health issues like schizophrenia, bipolar disorder, autism, depression and post-traumatic stress disorder. For the purpose of this paper I will specifically focus on the impact drama therapy has on patients suffering from post-traumatic stress disorder. Drama therapy has been a form of therapy for almost 60 years now, with techniques emerging in the 1960s from experimental approaches in theatre (“What is Drama Therapy?” 1). This form of therapy used a combination of improvisation theatre, role playing, group work, and the idea of healing in a psychological perspective. By the 1970s this form of therapy was coined as drama therapy, also called creative arts therapy (1).

The first record of drama therapy connected with patients who suffered from PTSD was in the 1990s in Nigeria. These drama therapy sessions held with veterans in Nigeria were recorded in an article entitled “Trauma and drama therapy: dreams play and social construction of culture.” That means that this form of therapy has been used on PTSD patients for 28 years, based on the time this article was published. However even with all these years of using drama therapy to help develop coping mechanisms for patients suffering from PTSD to learn how to function in society, there are still negative views on using this form of therapy on people suffering from post-traumatic stress. The negative views center on using this form of therapy on adolescents. Professionals fear that because, scientifically, an adolescent brain isn’t completely formed until they reach their twenties, some of the exercises that drama therapy asks of them could actually affect their memory and cause them to remember false information. When

dealing with intense forms of trauma it is very common that the brain blocks out the experiences and memories of certain events. As stated in a research article by De Bellis and Zisk entitled “The Biological effects of childhood Trauma,” the stress that the trauma brings is the baseline that causes the unconscious blocking out (De Bellis 7). Trying to discover those unwanted memories can be hard for anyone, but for an adolescent whose mind is still shaping it can be even harder to find and to know what truly happened.

I was personally informed about how a mind affected by trauma becomes malleable when I was 18 years old. The State University of New York Purchase College has a women’s self-defense class created to help women gain the protective skills they need to defend themselves against any attacker. This class was made with the hopes of providing the female students with a sense of protection and clarity on safety precautions. The teacher for this class was a New York police officer named Cindy Markus-Jones. I took Officer Jones’ class my freshman year fall semester. In one of Officer Jones’ safety precaution chats with her class, she spoke about what the female students at Purchase College should do if they attempt to fight back and escape their attacker fails. The New York police officer stated that if something unfortunately happened to one of her students that it may not be a good idea to call the police right after it happens. Officer Jones stated that if one of the students were to do that then the police would interview them and in their current dysfunctional state their memory can be affected, and more specific details can change the more the victim explains it. This female New York police officer said that the changes in these details will make your memory seem unreliable to the police and judges. Therefore your testimony is unreliable and that’s often how the cases for these attackers get dismissed or found not guilty. This is just one example of how trauma can cause memory to change and how it can create a negative impact on a situation.

Drama therapy has many exercises in which patients create stories that change what happened or express what they wish had happened, and, for an adolescent, having so many variables can contribute to changing their memory of what really happened. However, this method also gives the victim a sense of power over their own story. There are also other exercises that drama therapists can use to ensure that this would not be an issue. This research paper will examine the history of post-traumatic stress disorder, uncovering what it is, who it affects, and the neuroscience behind what is happening to the brain with this disorder. This paper will also compare the psychological approach, a varied perspective approach that focuses on human behavior (which will be explained further later), as well as the drama therapy approach. While drama therapy may be an uncommon approach to this mental health issue, it's still a valid and beneficial approach.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder is “a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event” (Mayo Clinic Staff 1). In an article written by staff at the world-renowned Mayo Clinic, they explain that the symptoms for PTSD are grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical and emotional reactions (2). Intrusive memory symptoms include flashbacks, nightmares, unwanted memories, and emotional or physical distress as a reaction to something that reminds you of the event. Avoidance symptoms include trying to avoid thinking about the event or experiences that happened and avoiding anything connected with that event like people or places. Symptoms of negative changes in thinking and mood include negative thoughts about oneself, hopelessness in terms of the future, memory problems, losing close relationships or inability to make relationships, and feeling numb and unable to experience positive emotions. Changes in physical and emotional reaction symptoms often show up in the individual's ability to be easily startled, trouble sleeping, trouble concentrating, aggressive behavior, guilt or shame, as well as being on guard. For children six years and younger, PTSD is often shown through re-enacting the event through play and frightening dreams (Mayo Clinic Staff 3). When left untreated, these symptoms will worsen and can often lead to suicidal thoughts and finally suicide.

According to the article “Post-Traumatic Stress Disorder (PTSD)” published by Mayo Clinic, the most common traumatic events that cause PTSD are combat exposure, childhood physical abuse, sexual violence and physical assault (3). However PTSD has also been linked to survivors of a plane crash or a natural disaster, a mugging, a car accident, kidnapping, being trapped in a fire, and being threatened with a weapon. These events are either less likely to

happen or don't have as long of a lasting effect on a person as the most common ones listed before, but it is important not to discredit them. The big question that psychologists want to answer is how do these events affect the brain and neuro system?

The Brain and PTSD

In the article "Effects of Traumatic Stress on Brain Structure and Function: Relevance to early Responses to Trauma," J. Douglas Bremner, MD, discovers that traumatic stress can be associated with lasting changes on the amygdala, hippocampus and prefrontal cortex. He concludes that "preclinical and clinical studies have shown alterations in memory function following traumatic stress, as well as changes in circuit of brain areas, including hippocampus, amygdala and medial prefrontal cortex, that mediate alteration in memory" (Bremner 6). The amygdala is one of two almond-shaped clusters of the nuclei located deep and medially with the temporal lobes. The amygdala is the section of the brain with the main function is detecting fear and preparing for emergency events, but it's also connected with decision-making and processing memory. In a patient suffering with PTSD, the damage to the amygdala can cause them to react hyperactively to any potential threat. Someone who is suffering from PTSD can see a baby or a dog as a threat even if they aren't doing something that is threatening them. "In other words, the amygdala reacts too strongly to a potential threat while the medial Prefrontal cortex impaired in its ability to regulate the threat response" (Greenberg 2).

The hippocampus is located within the brain's medial temporal lobe and forms an important part of the limbic system. The hippocampus main function is in storing long term memory, and "two independent studies have shown that PTSD patients have deficits in hippocampal activation while performing a verbal declarative memory task" (Bremner 6). The prefrontal cortex is located in the anterior part of the frontal lobe, and its functions are very

important. The prefrontal lobe develops planning, cognitive behavior, personality expression, decision making, and social behavior. Basically the prefrontal lobe is what helps make a person who they are. One interesting example of how damage in your prefrontal cortex can affect behavior is the story of Phineas Gage. I was first introduced to his case in a psychology class at Florida State College of Jacksonville. During the second week of class, the professor gave an assignment in which we watched a documentary, *The story of Phineas Gage* that studied a case of a man who damaged his prefrontal cortex. The film showed us Gage's personality before and after his accident. He became more aggressive after his accident. He was violent and disrespectful. He was the complete opposite of who he had been before the accident. These aggressive symptoms can often be seen in combat veterans who suffer from PTSD, which is why their loved ones often say that they aren't the person they used to be. When someone's prefrontal lobe is affected or damaged, it affects their personality and how they choose to react to certain situations. Bremner notes, "traumatic stress is associated with increased cortisol and norepinephrine responses to subsequent stressors" and the same levels are affected when someone suffers with depression (2). This means that antidepressant drugs can help solve this problem and improve levels.

Treatments

Researcher Melanie Greenberg states in her article "How PTSD and trauma affect your brain Function" that "About ten percent of women and four percent of men will develop Post-Traumatic Stress Disorder (PTSD) over their lifetimes" (Greenberg 4). Men and women who have suffered from sexual trauma are at an increased risk of developing PTSD, especially if the trauma happened during childhood. Avoidance is the most common coping mechanisms for PTSD patients. Greenberg also determined that "studies show that psychotherapies which

include repeated exposure to trauma cues can enhance the ability of the prefrontal cortex to assign less threatening and more positive meanings to trauma related events” (4). However, antidepressants have been shown to have the similar effect on patients. Mindfulness interventions lasting ten to twelve weeks have been proven to decrease amygdala volume and increase the connectivity between the amygdala and PFC (Greenberg 4). Unfortunately, not all patients are able to confront their trauma and often are afraid to relive events, and with these patients it is important to take a different approach in which they can first develop a relationship with others that are going through the same thing and use a group therapy approach. These types of patients are very good candidates for drama therapy.

While there are many methods to approaching PTSD patients, only four are encouraged by psychologists: Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Cognitive Therapy, and Prolonged Exposure. The CBT focuses on relationships among thoughts, feeling and symptoms. The main focus in this therapy is on changing patterns of behavior, learning to change thought and feeling that otherwise would cause the patient to have difficulty functioning. One case example where Cognitive Behavioral Therapy worked was with a 32 female Afghanistan War veteran (Greenberg 4). She kept records of her flashbacks and her reactions to them and how they changed her mood and behavior. Each week she would bring those records in to the therapist and they would talk over what happened and get to the root of these events. In the end the therapist helped her gain control over the emotions that came along with her flashbacks.

Cognitive Processing Therapy (CPT) is a specific type of cognitive behavioral learning that helps patients learn how to modify and challenge unhelpful beliefs related to the trauma. Cognitive Processing Therapy has been helpful by allowing patients to conceptualize the

traumatic event and reduce its ongoing negative effects on current life. Cognitive Therapy entails modifying the pessimistic evaluations and memories of trauma, with the goal of interrupting the disturbing behavioral and/or thought patterns that have been interfering in the person's daily life (Mayo Clinic Staff 3). Prolonged Exposure is a type of CBT that allows the patient to slowly unlock the traumatic memories and feeling towards the situation that happened. Allowing the patient to come face to face with what happened on their own terms is a way to ensure that they do not feel like they are in a dangerous situation.

Prolonged Exposure is usually the most beneficial approach for a child who is suffering PTSD. Not only does it allow for a deep trust and connection between patient and therapist to be made, it also gives time for a child to understand the trauma that has happened to them. When a child suffers a traumatic event they often don't understand what happened and in return block it out. Longer sessions allow them to slowly uncover the memories that they have boxed away and teaches them how to react and cope with these things to insure that the symptoms don't worsen as they get older. Sometimes the symptoms in a child suffering from PTSD can be delayed six months after the trauma has occurred ("Default-Stanford Children's Health" 2), which means it can take even longer for all of the memories from that event to come back to the child.

PTSD in Adolescents

“About four percent of children under the age of eighteen are exposed to some form of trauma in their lifetime that leads to post-traumatic stress disorder. Of those children and adolescents who have experienced trauma, about seven percent of girls and two percent of boys

are actually diagnosed with PTSD” (“Default-Stanford Children Health” 2). Researchers at the Stanford University School of Medicine and Lucile Packard Children’s Hospital found that children with post-traumatic stress disorder have a higher level of the stress hormone cortisol for their age group, which causes them to experience a decrease in the size of the hippocampus. Therefore the children have a delay in the development of their short term and long term memory. This issue relates to the problem that I previously mentioned about using drama therapy as a coping mechanism with adolescent PTSD patients. Since drama therapy has exercises involving play and storytelling in which the patient has to create stories based off of different events that ultimately relate to events of their trauma, and the therapist is doing this exercise with children who already are struggling to remember their trauma, the question then becomes is the process beneficial to the patient? Does this process only add to the patient’s confusion about what truly happened? Does this process distort memories? Will this set the patient back? In the research study done at Stanford University School of Medicine, Victor Carrion speculates that “cognitive deficits arising from stress hormones interfere with psychiatric therapy and prolong symptoms” (3). Therefore, one can conclude that the psychiatric therapy isn’t helping this problem either. These children have traumatic stress that causes them to feel like they’re stuck in the middle of a street (3). Drama therapy has many exercises to help the patients know they aren’t alone and allows them to have fun and therefore release endorphins that will lower stress.

Roots of Drama Therapy

Drama therapy uses exploration, imagination, imitation, and play as tools to connect and create healing. Drama therapists describe playing as a “unique way of being, a reality of its own with a special significance for human affairs” (Grainger 33). Imagination in a form of play is key for human relationships and art. Children have mastered the art of playing make believe and as a result they have gained the ability to have a sense of control over their world and their situation. When children play with others they are inviting these people into a shared world and through that children gain a unique relationship of trust and understanding of the power they can have over their own world. The children have the ability to change their world with imagination. Drama therapist Peter Slade said, “Drama has a part to play as an aid to confidence, hope, feelings of security, discovery of sympathy and concentration” (Slade 253).

Components of Drama Therapy

The basic components for a drama therapy session include a warm-up which usually involves greeting/introduction games, a main event, and finally closure in the sense that this is the time for the patient to come back to themselves and step away from any character that they may have created or been given. Each session is designed around a specific subject/issue and is overseen by a professional trained support staff and drama therapist. Greg Petitti stated in his article about the components of drama therapy, “ the therapist is trained in the art of drama/theatre and uses dramatic interaction as the primary means of establishing therapeutic goals” (Petitti 3). Drama therapists can gain training in their field through multiple sources, such as a Master’s degree, or one could simply have a degree in psychology and have done field work in creative arts therapy facilities. Research from “Drama and healing: the roots of Drama Therapy” has concluded that the last component is the environment has to be a physical space

without a lot of distractions (Grainger 190). A transitional space provides multiple ways for a patient to communicate. Based on the book *Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms and Communities*, I have discovered that in these drama therapy sessions, the main components of all drama therapy programs are the process (the imagination involved in creating this world), the practice (learning coping behavior through play), and performance (process of sharing) (Sajnani 384). A typical drama therapy session is hard to describe because it changes based on the trauma that it addresses. Researcher Greg Petitti explains in his article that “scenes may be enacted or depicted representing past, present, or future events, internal dramas, feelings or mental states,” and sessions may also include narrative story dramatizations, pantomime, a formal theatrical production, or just days full of creative dramatic games and exercises (Petitti 3).

In the article “Brief Report: The Operational Components of Drama Therapy,” author Greg Petitti writes about a sample session describing an example of what may happen in a drama therapy session. In his example, he states that this drama therapy session used narrative dramatization when working with patients who suffer chronic schizophrenia and personality disorders. The goal was to have the patients write a story and act out the characters from the popular sitcom, *Cheers*. By doing this, the drama therapists were able to separate reality and fantasy for their patients (4). The patients had the boundary of keeping the use of props limited to what was on the stage. The story was limited to the characters and scenarios of what happened with friends and the boundary of separating the actor from the audience. All of these rules were to help the patients stay in the realm of reality while also allowing their disorder to be used in a creative, fun and safe way. This is just one example of how drama therapy caters to its patients and the trauma that they are facing. Patients suffering from Post-Traumatic Stress Disorder may

do an exercise similar to this but with different rules that would cater to them better. Drama therapists may also just scrap this exercise and choose something different based on the type of post-traumatic stress the victim has, what caused it, and what stage the victim is currently on in their traumatic journey.

The Merger of Drama Therapy and PTSD

For all PTSD patients there are generally four stages. PTSD patients first experience shock/denial, then acknowledgement without acceptance of what they have lost, depression, and finally acceptance/opening up to healing. There is no set order in which the stages will come or how it may cause the patient to respond. The four stages listed in the previous sentence are still the most common stages that the victim will experience. Because drama therapy is able to adjust its exercises and programming to fit each individual or group as they process their trauma through these stages, drama therapy is one of the most beneficial forms of therapy for this trauma. Drama therapy can use methods of role playing, stories, and improvisation in different ways in a group atmosphere as a way to set a kind of community for children and a kind of safe space in knowing that they are not isolated. Each patient is in a room full of people that understand their experience.

One exercise that drama therapists like to do with young trauma patients is the narrative therapy integration. The object is for a child to form a story about themselves based on an object. The patients are given the freedom to write about anything they want, as long as it relates to the object. This means that the object can be written into the piece or the piece can be structured like the object. There is no wrong way to do this project, which allows the child the freedom to explore in many different ways. Drama therapists allow for this project to be opened up as a story that is realistic or fantastic. The patient doesn't have to reveal if the story is real, which

makes them feel safer to share their truth. This process also allows the drama therapist to get a sense of where the patient is emotionally, based on the story and how it exposes their self-worth and the effects the trauma had on their image of their self.

Personal Testimony

“Because the drama therapist is willing to meet the child in whatever space they are in, be it angry, frustrated, refusing to talk, etc., and because drama therapy access the imagination, it is a safer, familiar method for young people” [sic] (NADTA 1). In high school my arts school had a program in which we would reach out to different organizations in our community and teach drama and theatre techniques. I started a program in which a specific group of four to five actors would go to Hubbard House, a local shelter for women and children who had been abused, and we would teach the kids who lived there theatre games. The first day of working there was the hardest. The shelter had given us classes on how to respond to some of the trauma that the kids had been through and told us things we could and couldn't do or say that might trigger intense emotional or physical response. The first week we had eight children who showed up, all between the ages of four and twelve. That week the kids barely talked and were very distant from the instructors as well as their fellow students.

Over the following two weeks, we started each session with warm up games such as pass the ball, a game in which you pass an invisible ball in various ways and send it to another person with a unique sound. After the warm ups, we would move into our main task for that day. The goal for this group was to improve their connection and trust with other people. Many of the kids had a fear of being touched and had a hard time talking or holding eye contact. Because of them

we gave them tasks that would have them work with other people. Sometimes we wrote scenes for them to act out. Other times we would have the kids pair up and make a scene based off of their favorite book. By the end of week three, the kids were comfortable enough to hug all of the instructors, even the males which in the first week the kids didn't even like having the male instructors in the same room with them for long periods of time. So for this group it was often better to focus on the group approach more than the individual act of discovering and making a personal story based off of something. This example just shows how moldable drama therapy is in terms of approaching patients suffering with trauma.

Sexual Assault PTSD

As I mention previously, there are many different situations and traumatic events that can cause post-traumatic stress disorder. For adolescents, the most common traumatic event that can later cause the victim to suffer from PTSD is sexual assault. According to childtrauma.org, in the United States one out of three females and one out of five males will be victims of sexual assault before the age of 18 (Babbel 2). The American Academy of Experts in Traumatic Stress have gathered statistics that state 30 percent of males and 40 percent of females will be molested in some way, most commonly by family members or people they know (4). The overall statistic shows that children are three times more likely to experience rape than adults (4). Children are also less likely to get help after experiences of sexual violence because they are least likely to be able to speak up for themselves.

Data from *Psychology Today* shows that 34 percent of all sexual violence done to children comes from members of their own family, and a surprising 12 percent of children are ever able to report the violence to the authorities (Greenberg 1). This causes many children to cope through avoidance. Coping through avoidance means that the patient has learned to distance themselves from the trauma by avoiding thoughts about what happened. The avoidance method was a popular method to use when treating PTSD patients in the early 1990s; however, according to a paper written by Dye and Roth, this method had problems that caused the patient never to learn how to face problems and created dysfunctional behavior within these patients (Naar 1). Ray Naar's article entitled "Short-Term Psychodrama with Victims of Sexual Abuse" cites a former study in which "Olio and Cornell (1995) concluded that avoidance approaches reinforce the mechanism of denial with resulting self-doubts" (Naar 1).

The second treatment method used during this time was the approach method. Naar describes this method as a “treatment [that] deliberately concentrates on the traumatic experience through talking and thinking about it or reliving it in fantasy” (Naar 1). The key goal of this method is for the patient to re-experience their trauma in order to get an awareness of their true emotions behind the traumatic event. Naar explains that the negative effect of this method is that the patient can often get flooded with anxiety and in the end they become re-traumatized (Naar 2).

Drama therapy is as a method that is able to merge both of the positive aspects of each of these methods in order to create success with patients suffering PTSD from sexual assault. Drama therapy includes the sense fantasy and allows the patient to relive certain aspects of their trauma with a guide, much like the approach method, through storytelling and role playing. Drama therapy also includes the approach method’s use of distancing the patient from the trauma through the use of creating characters therefore allowing the patient to look at the whole situation with new eyes.

Naar gives examples of how drama therapy uses these two techniques to help provide healing to a group of women who have tried to distance themselves from their problems, which had caused many of them to have eating disorders later in life and other dysfunctional behaviors that have controlled their lives for years. The group sessions began with introductions. The first session everyone was able to share and grow closer together. They answered questions regarding their hopes, fears, and what they hope they get by the end of this process. No one was forced to say anything they didn’t want, and it was clear this time was meant for everyone to get to know each other and create a sense of comfort and family, which it did very successfully. After bonds were formed the next step was adding in drama methods to open the group to their trauma and

each person's personal experiences that they had been avoiding. The drama therapist did this through using a method called vignettes. During this time each session was dedicated to one person and their story. The whole session consisted of three hours of searching for healing through a story. The other patients were used as characters in each story and also were used for emotional support.

An example of one session Naar writes about focuses on Janet a forty-five-year-old woman who was raped by a man she went on one date with. After this traumatic event, this school teacher became extremely reclusive. Her only trusted companion was her German Shepard dog that she acquired after the attack for protection. Janet tried to repress the trauma by moving to a safer neighborhood and limiting contact with people, but even with all of that she still felt scared and her attacker never lost the power he had over her. The therapist gave Janet the opportunity to do a vignette (a small scene). The scene was set in a courtroom and the other patients got involved by playing the roles of the jury, prosecuting district attorney, and the defense attorney. The therapist played the roles of the judge and Janet had to plead her case as to why the attacker should be sent to jail.

In this vignette, Janet was able to voice all her anger and frustration over what happened to her. She was able to say all the things she wished she would have said if she had felt she could have come to the police and if she felt she was strong enough to face her attacker. This was her moment. Her story was being rewritten in this little scene, and in that moment she was able to face everything that had happened to her that night for the first time. In the sharing portion of this research article, Janet said that this experience "felt wonderful. For the first time in ten years, I am not afraid. I feel downright powerful" (Naar 5). At the end, the jury found her attacker guilty. They made a fake man with a coat hanger and a jacket and Janet was given the chance to

hit him with a pillow twenty times. Through this process she found herself laughing and crying. She finally felt like she could take back her power from this 6 foot 3 inch, 225 pound man with a gun who once was her attacker.

Another example given in this research paper was taken from this same group of six women. The other patient's name was Debbie and she was forty years old. When she was around the age of seven, her father had molested her multiple times. Every time he drank late at night, he came into her room and he would touch her under her night gown. The sexual abuse stopped after her father went to an AA meeting and quit drinking, but still the secret was never revealed about what happened on those nights when he got drunk. Her father was known as a good dad, and after he joined AA he was a normal good dad. However, the effects of what he did to Debbie until she was eight still haunted her and caused her to block out the whole experience. Even in her group sessions, she wasn't able to talk about her father or the difficulty of their relationship.

Because Debbie was so afraid to even talk about her father, the therapist changed directions and asked her to tell the story about the seven-year-old girl. As the story progressed, Debbie took on the role of an outsider coming in to save the young seven-year-old girl, protecting the girl from her attacker. Through this scene Debbie was finally able to talk to her dad about everything she felt when she was going through her abuse. The patient Janet from the previous example portrayed the character of her father. After everything was over, Debbie shared that while she would never be able to forget what her father did, she would try to forgive him. Months after these research drama therapy sessions, Ray Naar got in touch with Debbie and she said that things between her and her father had been better. She doesn't believe they will ever be close, but now she can be in a room with him and that's a great success.

One important thing to note about this research study is that the study was done with six women who were in group studies for many years for other disorders that they created to help them with their PTSD from sexual abuse. After this nine-week drama therapy study, only half of the women went back to therapy (Naar 5). At the end of the study, the women said that they felt stronger. They were able to realize they weren't alone and one even said that she didn't feel ashamed anymore. These women were able to connect with each other in a way that they weren't able to with other group therapy sessions. The reason that they found this connection and safety zone is because drama therapy connects people in a way that group therapy could never do.

Group Therapy vs. Drama Therapy

It is a common misconception that group therapy can create the same intimate and bonding connection as drama therapy. A research article entitled “Psychodrama as a preventive measure: Teenage girls confronting Violence” written by researcher Josephine Fong provides an excellent example of the difference between group therapy and drama therapy. The objective of this research study was to see if psychodrama could be used to help adolescents increase their awareness of violence against women. With child sexual abuse, date rape, marital rape and sexual harassment on the rise in their community, the researcher was hoping to see if drama therapy techniques could create a safe space where teenage girls could feel comfortable talking to each other and asking questions (Fong 99).

At the end of the study, the patients were tasked with creating two theatrical performances and performing them for the whole school as a way to spread awareness. The exercises and improvisations based on the story telling aspect allowed the participants to “obtain insights into their own personalities and feelings as well as those of others,” because even if they weren’t able to share their story or express themselves and their fears vocally, they had the ability to share it physically (Fong 101). By tapping into a victim’s physical being you are opening up a whole new form of communication and a whole new ability to express and create release.

Connection to the Physical Body

Adolescents typically aren’t able to express themselves as easily as adults, because they are still developing who they are and understating the ways of the world. Josephine Fong writes

they, “are likely to experience a full range of emotional and social complexities,” most of which they don’t know how to articulate; however, drama therapy sessions give them a way to physically (and verbally, if they choose) release these strong emotions with guidance (Fong101). Self-expression is the form or method in which a person expresses their personality, opinions, and feelings. Through self-expression, a person is able to share their emotions in a safe controlled way. An article written for *Psychology Today* by conversational intelligence specialist Judith E. Glaser explains, “Neuroscience is teaching us that self-expression might be one—if not the most important ways for people to connect, navigate and grow with each other” (Glaser 1). Through Glaser’s studies of elementary school students, she was able to conclude that when students are given methods of self-expression and they have a positive space to practice these methods, then as a result the executive part of the brain also known as the prefrontal cortex is able to access a higher-level of capacities. “Without this part of the brain activated, you tend to fall back into positional thinking” which is connected to your fight or flight response, therefore leaving you less open for connection (Glaser 3).

A research study entitled “Self-Expressing one’s feelings and the Impact of Physical Activates over Them” looked at the connection between using physical movement for self-expression as a healing and confidence technique. The goal of the study was to look at college students and determine if “students who regularly participated in physical activities of the university education classes are more self-aware, have greater freedom to express their emotional feelings, and are more balanced from an emotional point of view, as compared with their other colleagues who were repeatedly absent from the physical education classes” (Lupa 1). The research team used questionnaires, on-going discussions, and observational methods to determine their results. The researchers found that students who participated in physical

activities had greater freedom in expressing their feelings and enhanced the individual's self-confidence because of the control they gained over the emotional barriers and triggers through the process of doing physical activities (Lupa 1).

In traditional group therapy the patient isn't physically alone in the space and because of that there is a kind of comfort. However, people often forget the emotional block that can be created from the lack of physical movement or just the action of doing something almost outside yourself. In the drama therapy article "Psychodrama as a preventive measure: Teenage girls confronting Violence" written by researcher Josephine Fong, the connection and expression was enhanced through the variety of methods drama therapy uses to break down emotional barriers and create a sense of comfort, safety, and positivity. Fong discovered a, "significant reason for such success with adolescents is that psychodrama or drama therapy connects the natural healing methods that are used by children through plays and role plays. This connection makes it easier for them to discharge internal impulses through enactment and to gain insight" (101). In this particular study by Fong , one young participant said, "I learned to trust in our psychodrama group. I can't remember the last time I trusted anyone" (101). Trust is one of the hardest things to gain, especially from victims of sexual assault and violence. The fact that a young woman could say that drama therapy allowed her to trust is one of the greatest responses.

Group Sexual Assault Therapy

Victims suffering from post-traumatic stress disorder as a result of sexual assault or violence may not be able to express themselves in a physical way like people suffering from other mental disorders. Because the physical body is the source of where the attack happened, many victims either shy away from touch or become over-sexual in their physical nature. Both are responses that serve as a coping mechanism for the victims. With this fact in mind, it may

seem like traditional group therapy may be the best form of therapy for this type of victim. It gives the victim a sense of community while also keeping the physicality to a minimum. That thinking is valid; however, other aspects of drama therapy could be extremely beneficial to someone suffering post-traumatic stress disorder from sexual assault or sexual violence.

For example, in Naar's article, the patients had little physical connection, but many benefited from the act of role play and storytelling. Most interestingly, the article explained that the victims all helped each other by taking on roles in the other person's story. The drama therapist often played the attacker in these stories. This aspect allowed for the victim to have a physical person that they were confronting, which in the end made the situation more real and concluded with a freer form of expression. Also, even though the exercises had no physical aspect of touch, the patients did often stand doing their role or story telling section. As the group grows more comfortable, touch can become an aspect, like the exercises that ends with the patients, all together, hitting an object with a pillow. The ability to add physical touch into a session or exercise shows that the drama therapist has created a healthy environment while also demonstrating the healing that people are feeling internally and displaying it externally.

The energy and connection that drama therapy creates cannot be replaced. The power of this form of therapy comes from its ability to be shaped and change while also allowing for others to step into each other's world and become a part of their story. By doing this, not only is a connection formed, but an understanding of being able to see something from others' perspectives.

Can Theatre Heal?

As a theatre-maker, the most common question I get asked is why is theatre important? How does it help people? In hope of finding a non-biased version of this answer, I decided to study drama therapy. I have spent a year researching, watching, and participating in drama therapy in hopes of answering the question of why theatre is important. Through researching and writing this paper, I have discovered that theatre is important because it heals people in various ways for various reasons. Through theatre techniques, games, and performances, patients have found healing in a form of therapy that encourages imagination, teamwork, and storytelling.

When trying to understand the power of drama therapy and the undeniable importance of this form of therapy, I stumbled upon a TED Talk by drama therapist Fatmah Al-Qadfan. The title of this TED Talk is “Finding Drama Therapy and Bringing it Home,” and it was filmed in the Middle Eastern country of Kuwait. The first version I was able to find was unfortunately in Arabic. I tried to find more TED Talk or interview videos about drama therapy, but I had little to no luck. As I started to finish up my drama therapy research, I decided to look back at video interviews, and to my surprise I was lucky enough to find the English translation of Fatmah Al-Qadfan’s TED Talk. In this lecture, Al-Qadfan discusses how she had a background in anthropology, English literature, and theatre. She travels around the world working various jobs in museums and in media. After working with abused children in Costa Rica, she discovered that she wanted to help people. Al-Qadfan always had a passion for theatre and after watching a documentary on Zeina Daccache (a famous actress and drama therapist), she discovered a new way of helping people that included her passion for theatre.

Zeina Daccache worked with men in a Lebanese state prison and taught them theatre games as a way to help build and community and help them break down walls to allow free expression. She believed in drama therapy to help facilitate personal growth. Daccache has a BA in Theater Studies, an MA in Clinical Psychology, and is currently a registered drama therapist with the North American Drama Therapy Association (NADTA). In Al-Qadfan's TED Talk, she discussed how Daccache's work with the prisoners in Lebanon has been noticed by the drama therapy community as an example of how theatre can be used to make a difference. Not only did her drama therapy work in the prison create healing for the inmates, allowing them to open up about abuse that they have suffered. The process also made an impact in helping change laws in Lebanon.

I wasn't able to locate the famous documentary on Zeina Daccache that made an impact on drama therapist Fatmah Al-Qadfan (which was never named), however I was able to find a TED Talk that Daccache did at the University of Balamand. In this TED talk, Daccache speaks about the impact she was able to have on Lebanese laws through the power of theatre. She discusses how it took her two years to get the government to approve her drama therapy work in the male prisons. Once she was able to work in the prison, she discovered that there were some major problems. For example, a person could be sent to prison while awaiting sentencing and stay there for years before they are actually sentenced. Daccache also discovered that they mixed all the inmates together, so murderers could be housed in the same cell as someone who just stole a bicycle. The biggest problem she noticed was that there was no reduction of time served for good behavior.

In the end of her time at the prison, she had the inmates perform a show entitled *12 Angry Lebanese* for government officials as well as anyone who wanted to come see. The main subject

of this piece was the issue of not being able to get a sentence reduced. This performance influenced people in power to change the law and in 2009 inmates were able to get their sentence reduced for good behavior (Daccache). Daccache also mentioned in the TED Talk that her impact on the laws in the male prison caused her to be in high demand at many female prisons. Once she began working with the female prisoners, she discovered that a majority of women were sent to prison for killing their husbands. The main reason for this is because Lebanese laws didn't protect women from domestic violence. Daccache described this as a crime leading to another crime. Daccache made this subject the topic for the women's performance and invited government officials as well as the public. After seeing this production, the Lebanese government passed a law in 2014 that protected all members of families from domestic violence.

Fatmah Al-Qadfan saw through Daccache that the merger of theatre and psychology can make a difference. After discovering drama therapy as an actual working field and a possible option as a profession, Al-Qadfan enrolled to get her masters in drama therapy from Kansas State University (Al-Qadfan). Since then she has received training to help PTSD patients. In the TED Talk "Finding Drama Therapy and Bring it Home," Al-Qadfan describes drama therapy as a way for patients to step in the room, embody their problem, and bring it to life. She explains that the process is different for everyone. Some of her patients come in and imagine that their attacker is in the room and this is the first time they get to have the power to say what they really wish. For some of her patients with brain damage, the physical act of going on stage is the first time they have ever had in their life when they get to shine. For inmates in prison, drama therapy gives them the freedom of choices. For someone who has lost all rights, it gives a small kind of freedom and happiness to get to choose what character you want to play, what story you want to write, and what memories you want to explore. Al-Qadfan has discovered that drama therapy in

schools allows for the children to reach a sense of acceptance with other students. She has seen students leave with new friends and an openness to other people.

Regardless of whether drama therapy is changing laws for countries or changing lives one by one, either way it is making a difference. I wasn't really sure what to expect when I first started researching this topic. Theatre could always make me feel better and I hoped that it would be seen as the same kind of safe haven for others. After all my research, I have concluded that there is enough evidence to say that theatre makes a difference. It can heal and save lives. Drama therapy is a practice unlike any other, and in that lies its great power and success.

Work Cited

Al- Quadfan, Fatma “Finding Drama Therapy and Bringing it Home” Talks, TEDx. *YouTube*, YouTube, 4 May 11, 2018 , www.youtu.be/1441Sx5yPsA.

Babbel Susanne. “Trauma: Childhood Sexual Abuse.” *Psychology Today*, Sussex Publishers, <http://www.psychologytoday.com/us/blog/somatic-psychology/201303/trauma-childhood-sexual-abuse>.

Bremner, J.Douglas. “Effects of Traumatic Stress on Brain Structure and Function: Relevance to Early Responses to Trauma.” *Journal of Trauma & Dissociation*, vol. 6, no. 2, June 2005, pp. 51–68. *EBSCOhost*, doi:10.1300/J229v06n02pass:[_]06.

“Current Approaches in Drama Therapy, 2d Ed.” *SciTech Book News*, 2009. *EBSCOhost*, ezproxy.purchase.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.207122054&site=eds-live.

Daccache, |Zeina “The Power of Drama Therapy” Talks, TEDx. *YouTube*, YouTube, 15 Aug. 2018, www.youtube.com/watch?v=Tf5akVvHhx4.

De Bellis, Michael D, and Abigail Zisk. “The Biological Effects of Childhood Trauma.” *Child and Adolescent Psychiatric Clinics of North America*, U.S. National Library of Medicine, Apr. 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC3968319/.

“Default - Stanford Children's Health.” *Stanford Children's Health - Lucile Packard Children's Hospital Stanford*, <http://www.stanfordchildrens.org/en/topic/default?id=post-traumatic-stress-disorder-in-children-90-P02579>.

Fong, Josephine. "Psychodrama as a Preventive Measure: Teenage Girls Confronting Violence." *Journal of Group Psychotherapy Psychodrama and Sociometry*, no. 3, 2006, p. 99.

Glaser, Judith E. "Self-Expression." *Psychology Today*, Sussex Publishers, www.psychologytoday.com/us/blog/conversational-intelligence/201602/self-expression.

Grainger, Roger. *Drama and Healing: The Roots of Drama Therapy*. Jessica Kingsley Publishers, 1995.

Greenberg, Melanie. "How PTSD and Trauma Affect Your Brain Functioning." *Psychology Today*, Sussex Publishers, <http://www.psychologytoday.com/us/blog/the-mindful-self-express/201809/how-ptsd-and-trauma-affect-your-brain-functioning>.

Lupa, Elena, and Deniz Ozcan. "Self – Expressing One's Feelings and the Impact of Physical Activities over Them." *NeuroImage*, Academic Press, 6 Aug. 2014, www.sciencedirect.com/science/article/pii/S1877042814038397.

Marsi, Federica. "Drama Therapy Gives Voice to Lebanese Inmates." *Lebanon News / Al Jazeera*, Al Jazeera, 16 July 2016, www.aljazeera.com/news/2016/06/drama-therapy-voice-lebanese-inmates-160629072257080.html.

Mayo Clinic staff. "Post-Traumatic Stress Disorder (PTSD): Symptoms and Causes." *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 6 July 2018, <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>.

Mayo Clinic staff. "Post-Traumatic Stress Disorder (PTSD): Diagnosis and Treatment." *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 6 July 2018,

<http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/diagnosis-treatment/drc-20355973>.

Morris, Nicky. "Silenced in Childhood: A Survivor of Abuse Finds Her Voice through Group Dramatherapy." *Dramatherapy (Routledge)*, vol. 36, no. 1, Mar. 2014, pp. 3–17. *EBSCOhost*, doi:10.1080/02630672.2014.926958.

Naar, Ray, et al. "Short-Term Psychodrama With Victims of Sexual Abuse." *International Journal of Action Methods*, vol. 51, no. 2, Summer 1998, p. 75. *EBSCOhost*, ezproxy.purchase.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=1974433&site=eds-live.

Petitti, Greg. "Brief Report: The Operational Components of Drama Therapy." *Journal of Group Psychotherapy, Psychodrama & Sociometry*, vol. 45, no. 1, Spring 1992, p. 40

Jones, Phil (2015) "Trauma and dramatherapy: dreams, play and the social construction of culture," *South African Theatre Journal*, 28:1, 4-16, DOI: [10.1080/10137548.2015.1011897](https://doi.org/10.1080/10137548.2015.1011897)

Sajnani, Nisha, and David Read Johnson. *Trauma-Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities*. Charles C. Thomas, Publisher, Ltd., 2014.

Slade, Peter. *Child Play: Its Importance for Human Development*. Jessica Kingsley Publisher, 1995.

"What Is Drama Therapy?" *What Is Drama Therapy*, <http://www.nadta.org/what-is-drama-therapy.html>.