Drama as Therapy

VOLUME 2

CLINICAL WORK AND RESEARCH INTO PRACTICE

EDITED BY PHIL JONES

Drama as Therapy

Volume 2

This book examines the many ways clients and therapists explore the therapeutic possibilities of drama. Whilst the first volume combined theory, practice and research in the field, this second volume concentrates on clinical material and practitioner research from a range of contexts, with thorough description and analysis of therapeutic work.

Bringing together international contributors, chapters explore work with various client groups in an array of contexts, including:

- work with clients with learning disabilities, dementia, HIV and cancer
- work with children, adolescents, adults, families and women's groups
- the justice system, education, family therapy and neuro-rehabilitation.

Drama as Therapy Volume 2: Clinical Work and Research into Practice is not only a welcome companion to the first volume, but is also an important stand alone work which will be of great interest to all those studying, practising or with an interest in dramatherapy.

Phil Jones lectures in Childhood Studies at the University of Leeds. He has lectured across Europe, Africa and North America and published widely on the arts therapies and on childhood. His books include *The Arts Therapies* (2005) and *Drama as Therapy: Theory, Practice and Research* (2007).

Drama as Therapy

Clinical Work and Research into Practice

Volume 2

Edited by Phil Jones

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This book is dedicated to the clients, students and colleagues from whom I have learned so much over the past 25 years.

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Contributors

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Phil Jones (PhD) lectures in childhood studies at Leeds University. He is author of *Drama as Therapy* (Routledge), *The Arts Therapies* (Routledge), *Rethinking Childhood* (Continuum) and *Rethinking Children's Rights* (with Welch, Continuum). He is series editor for *New Childhoods* (Continuum); edited books include *Childhood* (with Moss, Tomlinson and Welch, Pearson), *Children's Rights in Practice* (with Walker, Sage) and *Supervision of Dramatherapy* (with Dokter, Routledge).

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Kirsten Meyer obtained her postgraduate diploma in dramatherapy from the University of Hertfordshire (UK) in 1999. She is co-founder and co-director of an NGO in South Africa and has run dramatherapy groups with diverse communities including: female offenders, children and adolescents living with HIV and AIDS and care workers. She currently works extensively throughout South Africa in various fields as therapist, facilitator and educator.

Christine Novy (MA, CCC) is a dramatherapist based in Canada. Her approach is to combine creativity with narrative practice and her special interest is to work with people to document and dramatise their narratives of change. Currently she collaborates with a variety of francophone and anglophone health care organisations to promote creative, narrative approaches to personal and community health. She is also a part-time lecturer with the creative arts therapies department at Concordia University.

Clare Powis has worked extensively as a freelance dramatherapist, mainly practising in special education. Over the years, freelance work has given way to employment in the National Health Service in work with clients with learning disabilities and in the field of child and adolescent mental health.

Emma Ramsden (PhD candidate) has a background as a dramatherapist in

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Nisha Sajnani (RDT, PhD candidate) is a drama therapist with the Post Traumatic Stress Center in New Haven, CT and president-elect of the National Association for Drama Therapy (USA). She is a doctoral candidate at Concordia University where her research interests include critical theory, applied theatre, collective trauma and cultural intervention. Nisha is the director of Creative Alternatives, an applied arts network that provides continuing education on the role of the arts in health care, education and advocacy. Nisha is on the faculty of the Institute for the Arts in Psychotherapy in New York City.

Jay Vaughan is a dramatherapist who has been working with traumatised children in the care system since 1989 and has specialised in working with children who are long-term fostered or adopted since 1994. Jay currently manages Family Futures therapy service while continuing to work directly with children and families. Jay has a particular interest in somatic work with children and parents and is passionate about integrating different approaches to help traumatised children.

Preface

This book includes in-depth descriptions and analysis of practice from many perspectives. Given the enormous scope of dramatherapy work, any selection is bound to be partial; however, one of the aims of the book is to present a *range* of ideas and approaches. In a sense, it is a very personal selection as it draws on people I have met in my time as trainer and lecturer in the UK and Canada. It could have been four times its length: so I start with an apology to all those whose work could have made this book even more valuable, but who are not included this time. The book's range does not aim to be definitive in its extent. Its goal is to offer the reader an encounter with the diversity and versatility of the field, whilst, at the same time, giving an opportunity to review some of the parallels within the ways that dramatherapy works for clients. Volume 1 of Drama as Therapy introduced the field in the following way:

> During the twentieth century developments in a number of fields such as experimental theatre and psychology have resulted in new insights into the ways in which drama and theatre can be effective in bringing about change in people: emotional, psychological, political and spiritual change . . .
>
> (Jones 2007: 3)

This volume offers pictures of this developing insight. Different dramatherapists in Part 2 of the book take us into their work. The chapters give a real sense of the richness, potency and variety of how dramatherapy is being used and created by clients and therapists together.

Part 1 offers a number of frameworks within which to understand the chapters in Part 2. These include introductions to the idea of the professional context of dramatherapy and the practitioner-researcher (Chapter 1); political contexts as a way of understanding therapeutic practice (Chapter 2); and dialogues with key theorists to look at the theory behind the practice (Chapter 3). Each of these chapters contains direct, cited links to specific areas of Part 2, to help the reader link the preparatory chapters to the detailed edited collection of practice.

In Part 2 authors describe their work in detail. Contributors were asked to contextualise their practice, to give details of the way they work and to foreground how they gain insights into their clients' experiences of dramatherapy. An ethics statement about the therapy and research in this section can be found on page 66. The volume contains a wealth of inspired ideas and practices: interviews, focus groups, feedback from dramatic ways of evaluating how clients have experienced therapy, questionnaires, the use of mutually-analysed vignettes, non-participant observation, photographs and drawn images. The contributors were also asked to engage with the politics of the therapeutic encounter: most chapters in Part 2 look at the ways in which forces at work within the lives of clients, but often ignored within accounts of practice, can be understood within dramatherapy.

This second volume provides the field with a series of in-depth accounts and reflections on practice. As the book is completed, it is seventy years since Peter Slade's earliest documented use of the word 'dramatherapy' in a 1939 lecture to the British Medical Association (see Jones, 2007: 24). Drama as Therapy Volume 2 offers a compendium of the ways dramatherapists and clients together are advancing 'dramatherapy' as we approach the end of the first century since Slade's public launching of the term in his encounter with the British Medical Association.

Dr Phil Jones
Settle
North Yorkshire
21 February 2009

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Part 1

Clinical practice: contexts, research and dialogues

1 The nature of practice and practitioner research

Phil Jones

Introduction: the emergence of the dramatherapy practitioner

Dramatherapy practice has emerged from a history of discoveries made by individuals and groups in many different contexts, as described in Volume 1. These included ideas and experiments in many countries prior to the established health systems of the twentieth century (Casson 1999; Jennings 1994; Jones 1996, 2007; Landy 2001). The term 'dramatherapy' developed as practices became more coherent: as individuals discovered each other's work occurring within health and care services, ranging from early psychiatric hospitals to special schools and units. From these early steps onwards, access to the therapeutic benefits of drama has expanded to meet an enormous range of client experiences, challenges, creativity and needs. The development of dramatherapy has been one of discovery within its own emergent methods and ideas, alongside dialogue and engagement with related disciplines from psychotherapy to Forum Theatre, from dance to neuroscience (Andersen-Warren and Grainger 2000; Langley 2006; Mitchell 1996; Pearson 1996). Volume 2 illustrates the ways in which this discovery and dialogue is still alive in contemporary dramatherapy. This chapter offers a context for the edited chapters, which cover a range of practice. It introduces the nature of enquiry in dramatherapy, and the frameworks within which dramatherapy occurs. The chapter will feature references to the chapters in Part 2, helping readers relate the issues it raises to the clinical practice and research contained in that section of the book.

In many countries, the way in which dramatherapy is practised is now framed by regulation and structures set in place by professional associations, recognised qualifications and by national or international health care systems or policies. The hard work undertaken by individuals and groups has created structures which aim to guarantee safety and assurance for the client entering into therapy concerning issues such as the level of training of their therapist, ethical procedures and the overseeing of the quality of the dramatherapy practice they experience. These systems also ensure the quality of training for those wishing to qualify in the field, and subsequent opportunities for them to follow a career which is structured within mainstream health care provision and

to pursue career routes within different professional contexts. Though details vary, a standard approach is similar in many countries. This infrastructure consists of four interrelated components:

1 professional associations
2 trainings offered within agreed standards – usually set through a combination of the association with the education and health care systems
3 supervision and continuous professional development
4 research.

The role of the professional associations has been to bring practitioners together, to develop the field, to establish and carry a vision for the development of dramatherapy and to negotiate, and represent, its members in relation to standards, training and employment. The associations have also advanced the frontiers of research and enquiry. The pattern for most trainings to qualify as a dramatherapist is that they are set at postgraduate exit levels, with those entering study holding a relevant first degree in the art form or in a health-related subject such as psychology, nursing or social work. The trainings combine theoretical study with practical skills-based sessions, placement with training supervision and a sustained experience of dramatherapy as a training client. Supervision is seen as both an element of training, and as a process that supports, sustains and builds the professionalism of the practicing therapist. This process, distinct from managerial supervision, involves the dramatherapist meeting with a qualified professional to reflect on the processes at work within their practice. Some systems make supervision mandatory in practising as a professional within a period of time after qualification. Within recent UK research the experience of supervision was seen as essential to the continuous development of the therapist as a reflective practitioner and to understanding the nature and impact of dramatherapy (Tselikas-Portmann 1999; Jones and Dokter 2008).

The practice of research: researching practice

The fourth component of the infrastructure, research into dramatherapy practice and theory, involves developing insight into the field. It is engaged with by practitioners within the context of their work and also within the framework of academic institutions and health care providers. There are different perspectives on research, which reflect different directions in enquiry. Kellett (2005) has summarised three key values which are relevant to consider in relation to dramatherapy. She asserts that research is important because:

- its innovatory and exploratory character can bring about beneficial change
- its skeptical enquiry can result in poor or unethical practices being questioned

- its rigorous and systematic nature extends knowledge and promotes rigorous problem solving.

(Kellett 2005: 9)

She sees the broad canvas of research in a way that is useful for dramatherapy to work from:

> Research sets out . . . to establish the 'truth' of something through a systematic and rigorous process of critical enquiry where even the most commonplace assumption is not readily accepted until it has been validated. Kerlinger (1986) refers to this skeptical form of enquiry as checking subjective belief against objective reality. Furthermore any 'truth' established by research also has a self-correcting process at work in the ongoing public scrutiny to which it is subjected (Cohen *et al.* 2000) and any research inaccuracies will ultimately be discovered and either corrected or discarded.
>
> (Kellett 2005: 9)

Here Kellett draws together research's relationship to truth, skeptical enquiry, validity and its connection to both subjective and objective perspectives. In any research within the field of health and medical enquiry, particular elements of this relationship are drawn to the fore. These relate to the values Kellett identifies, concerning concepts of truth, validity and the relation between notions of the 'subjective' and 'objective'. As a discipline drawing both on the arts and on systems of health, dramatherapy engages with various, and often opposing, ideas about the validity of what is called subjective or objective, for example. In arts or theatre practice-based research, processes such as creativity, originality, innovation and the value of personal expression and richness of data are often foregrounded. Medical and health practice-related research is often concerned with a need to validate experiences and outcomes from a framework that values quantitative, objective or scientific criteria. These need not be oppositional, but can often be experienced as such within spaces that dramatherapy is practised in: for example, in hospitals or other health provision. Robson refers to a divide which reflects cultural and research traditions, and one which arts therapist practitioners and researchers will recognise:

> Differences fall within two main traditions which engage in sporadic warfare. One is labeled as positivistic, natural-science based, hypothetic-deductive, quantitative or even simply 'scientific'; the other as interpretive, ethnographic or qualitative – among several other labels . . .
>
> (Robson 2002: 7)

Within many areas of contemporary cultural enquiry the fields of health and medicine and those of the arts are encountered in ways that emphasise

their difference, even irreconcilability. The arts therapies enquirer can often experience this tension when it comes to research or concepts such as truth and validity. As I have said elsewhere (Jones 2005), the field of the arts therapies is responding to this cultural divide through a variety of responses:

> As the disciplines develop further, and as clients and therapists work together to discover more about both the potentials and ways of describing the methods and approaches, the nature and value of change in the arts therapies will become ever more established and articulate. This will not, and should not, happen by the arts therapies using one approach or framework: rather, as Grainger (1999: 143) says, 'we need to have several different languages at our command.'
>
> (Jones 2005: 246)

Practitioner research

The focus of recent work has reflected this variety in its approach to understanding dramatherapy practice. This book reflects the diversity of practitioner research: work within its chapters draws on qualitative and quantitative methods and is connected to systems that operate within medical care such as the notion of 'evidence based practice', whilst also engaging with other frameworks such as social models of health, and theatrical or sociological perspectives on change. The nature of enquiry is a broad one within the field and, as such, fits the different needs of an emergent discipline and a variety of contexts. One way of looking at this is in terms of a *necessary* diversity: from formal large scale research to informal research undertaken within day-to-day practice (Mahrer 1997). At one end of a scale is substantive, resourced formal research. An example of this would be an examination of efficacy within a national health service drawing on work undertaken in many settings, using models derived from a quantitative approach to evidence-based research often utilised within such a system. Another example of substantive research would be doctoral or postdoctoral enquiry drawing on extensive in-depth casework using qualitative methods in order to gain rich data and insight into the process and impact of the therapy. At the other end of this scale would be work which is not undertaken within such an intensive, resourced and supported framework. An example of this arena of research is that engaged with by a dramatherapist and client together within their everyday practice, as understood within what is often referred to as a 'practitioner researcher' framework. This acknowledges the 'correspondences between the reflective processes of qualitative analysis and the reflective processes' of the therapy itself (Clarkson and Angelo 1998: 20). Here the enquiry is undertaken by the therapist within their normal caseload, in reflection and supervision, as they explore the practice and develop insight within a structured framework of analysis.

This spectrum relates to the impetus and need behind the research into

dramatherapy practice. A national health service's needs and those of a day centre, of a PhD student and a therapist and client working together in private practice are all related, but are also different. The design, goals and outcomes need to be fitted to the framework and available resources within which the research operates. This is not to say that the kinds of research tools and methods are necessarily different. Similar ways of examining efficacy, for example, might be used in the larger scale and the smaller scale work – the main difference can lie in the scope and extent of the enterprise and its claims. All are valid, but in different ways. Hence the formal large-scale framework may fit research within a national health service's resources and needs, whilst a practitioner researcher approach will fit the needs and resources of everyday work with clients. Dadds' descriptions of practitioner research fit the framework of many of the chapters in Part 2:

> Practitioner research . . . is not seeking generalisations in the way some large-scale forms of research attempt to do. Rather, it is seeking new understandings that will enable us to create the most intelligent and informed approach we can to improving our provision for those in our care. Stenhouse claimed that 'we are concerned with the development of a sensitive and self-critical subjective perspective and not with the aspiration to unattainable objectivity' (1975: 157). In accepting the mantle, as researchers, of professional communicators in a more public arena, therefore, we seek to share our research stories with others so that colleagues can, if appropriate, engage with them and relate them to their own work . . . This is how the influence of the small-scale, particular project, shared across the profession, can work its way into the larger fabric.
>
> (Dadds 2008: 3)

This definition is one that many in the field might find of use, and it is a fitting definition for the enquiry and practice contained in Part 2. Within this book the research undertaken by the contributors reflects the different needs and possibilities within such a practitioner researcher framework.

A key aspect of many of the chapters concerns how to gain client perspectives on their experience of the therapy. This includes quantitative and qualitative methods, narrative approaches to research, work with clients as co-researchers, the use of dramatic and other arts based methods as evaluation, questionnaires, structured and semi-structured interviews, focus groups, video and non-participant observation. The following excerpts from Part 2 give a sense of this range.

Novy, for example, in Chapter 4 uses narrative approaches to research in dramatherapy within vignette analysis of work involving clients as co-researchers:

> . . . Solange, Louise and Carole were interviewed all together about their experience during the project. I was curious to hear their evaluation of the methods that we worked with and, more specifically, their under-

> standing of whether and how these were helpful. To begin the interview they were invited to choose a moment or moments that stood out in their experience of the project. I then asked each in turn to describe this moment and to reflect on its significance. The group interview was audio-recorded and later transcribed and translated into English. In the 'Reflection on theory and method' section that follows, I take the participants' thoughts, meanings and language as a starting point for my theoretical reflections on the methods used in the second [*Narratives of Change*] project.
>
> (Novy, Chapter 4, p. 77)

Guarnieri and Ramsden, in Chapter 8, use focus groups of fellow professionals in their research into their practice:

> . . . colleagues from other professions . . . comment on implications for future practice. Our colleague reflections derive from a focus group, which . . . enables a group of people to discuss and explore a theme or topic together, often within a defined open questions structure.
>
> (Guarnieri and Ramsden, Chapter 8, p. 153)

This enabled them to gain the perceptions of colleagues who had experienced their work as co-facilitators within teams. These were drawn from other professions including psychology, nursing and music therapy. The research through focus group identifies issues that professionals perceived as important within their experience of the dramatherapy, for example:

> The word power was mentioned many times during the discussion, in relation to the power of the drama. It was noted that 'there's something in dramatherapy that I've seen helps connect with the reality of the situation in a much more powerful way than talking about it does . . . there's something about scenarios . . . actually you're in the room and you're feeling it, you're feeling what it would be like being in that situation. You're there and there's no hiding away that this is what that person did, and this is what it can make people feel like . . . I think that's very powerful.'
>
> (Guarnieri and Ramsden, Chapter 8, pp. 167–168)

Dokter uses a combination of questionnaires, interviews and focus group work in her approach to understanding clients' experiences of change in Chapter 11:

> I had used evaluation questionnaires completed by clients and therapists at the end of each session, as well as individual semi-structured interviews and post-session focus groups to ascertain what clients and therapists found helpful and hindering in sessions.
>
> (Dokter, Chapter 11, p. 211)

Haste and McKenna use a combination of qualitative and quantitative methods in their research:

> For the efficacy of gathering data for the study, feedback and observations of the programme were gathered in several ways. After each session the dramatherapist filled out 2 questionnaires. One devised by the neuropsychologist, helped to gauge the responsiveness of the participant. The other, devised by the dramatherapist, aimed to judge the appropriateness of the material for the particular individual. In the fourth session, a video camera was positioned in a corner of the room to allow later observation by the neuropsychologist. Only the neuropsychologist had access to the film. Following this fourth session, the neuropsychologist also filled in checklists after observing the session on video. Within a few days following the last session, the neuropsychologist carried out a semi-structured interview (with participants), which was tape-recorded . . . The central questions were how enjoyable or worthwhile the course had been to them and what relationship this had, if any, to the rest of their experience in the hospital. They were also asked to rate the importance of the two main therapies, physiotherapy and occupational therapy as well as dramatherapy in their rehabilitation programme.
>
> (Haste and McKenna, Chapter 5, p. 88)

One way to look at this fascinating range is that they complete different parts of an ongoing, emerging picture of what occurs within dramatherapy, and examines how we understand what is effective from different viewpoints. This is not a fragmentary way of looking at research, but, rather, one that sees the appropriateness of diversity and relation. This book forms a part of this developing picture as it presents a variety of perspectives on how dramatherapy is seen and understood. Sandretto places practitioner research in relation to the development of theory, critical understanding of practice and to the impact of enquiry:

> According to Freire (1999), whose work focused on ways in which to support illiterate adults in reading in critical ways, praxis is 'reflection and action upon the world in order to transform it' (1999: 33). Praxis involves the careful consideration of our theories and our practices: 'Theory building and critical reflection inform our practice and our action, and our practice and action inform our theory building and critical reflection' (Wink 2000: 59). In addition, practice and the development of knowledge are inextricably linked: 'without practice there's no knowledge.' (Freire 1999: 33).
>
> (Sandretto 2008: 7)

As the above examples show, within the chapters in Part 2 we have practice that, in different ways, contributes to this emergent knowledge. The

dramatherapist practitioner researchers contribute in ways devised to meet the questions their clients and contexts ask them: using single approaches and combinations of approaches, research that is engaged with through the client's voice; formal approaches, drawing on quantitative approaches and qualitative approaches. They are all acknowledging the richness and complexity of clients', therapists' and settings' needs.

The variety of dramatherapy practice

As this book will demonstrate, the ways in which dramatherapy is practised varies enormously, responding to the different situations that clients bring to therapy. Dramatherapy now exists in relation to many different health systems, works with many different client groups and has expanded into areas beyond the more traditional health settings of hospitals and clinics. The health systems range between those within the different cultural contexts of healing in many countries. Traditional paradigms of health often separate out physical illness from mental health, locate therapy in hospitals or clinics, but not in settings such as schools (Jennings 1994). The therapy contained within this book, as in much practice within the field, works against such divisions and separation. Dramatherapy is often practised in ways that do not separate out the physical from the mental, the spiritual from the bodily in its engagement with clients. Similarly, its practice is often working in ways that acknowledge the relevance and interdependence of health and creativity in an approach to space and healing that is interdisciplinary: working in schools, in arts settings and community settings as well as in clinics and hospitals. Different client groups and different reasons for coming to therapy are exemplified by this book. The chapters reflect work with people living with illnesses such as cancer, those within the justice system, in schools, in private practice, people with mental health problems and in prison. People dealing with different kinds of circumstances or different forms of social exclusion, from poverty to prejudice, are all shown to receive support within dramatherapy. As this variety indicates, the field has demonstrated its understanding of the way the therapy works for clients within theory and practice in an increasing range of contexts. When looking at accounts of practice it is possible to see similarity and divergence in the ways in which clients use dramatherapy. The next section will explore these parallels and differences.

The triangle in dramatherapy practice

The concept of a 'triangle' is often referred to in a number of arts therapies modalities as a way of describing a key aspect of what the arts therapies offer (Jones 2005). One way of looking at this triangle is to see it as concerning the ways the therapist, the client and the art form create the dramatherapy space together. This framework is useful in helping to differentiate the arts therapies from many other forms of therapy. The dramatherapy space, as discussed in

theory and research literature, has some areas of constancy. These include the creation of boundaries, the use of the art form and the primacy of the art form as a means of expressing, exploring and resolving material over the use of words alone as the process and content of the therapy. My own writing has argued that basic processes are also present within all dramatherapy – though the ways they are drawn upon varies (Jones 2005, 2007). The following examples show parallels and differences between the ways in which therapist and client make use of dramatherapy together. They show how very diverse clients use the therapeutic space, relationship and form or language of dramatherapy in ways that are both similar and different. In the three examples the techniques, the space and their relationship with the therapist all concern objects and photography.

In Chapter 6 Chipman talks about how an individual client, coming to dramatherapy during her cancer treatment, uses photography and objects. The client, Gaïa, uses her own body and objects to stage a photograph that she takes of herself:

> Gaïa used props and costume to personify qualities and roles she wishes for herself in the future; her earrings the symbol of her creative self, the microphone as her artistic self, her dress as her femininity and sense of being a woman, a stuffed animal and baby to represent her hope for children and to be a mother, an engagement ring to signify marriage and partnership.
>
> (Chipman, Chapter 6, p. 118)

In Chapter 7 Meyer describes the uses of photography in her work with adolescents living with HIV and Aids:

> Each participant was given a camera to take home for the week and photograph themselves in as many different contexts as they liked. The photographs were then developed and the subject of which, formed part of one session through body sculptures. Here the participants were able to show each other their lives outside of the group. Some teens then decided they wanted to incorporate some of the photographs into their body maps.
>
> (Meyer, Chapter 7, p. 138)

In Chapter 4 Novy reflects on the uses her clients made of objects within her work with women who have come into conflict with the law:

> The toys' associations with childhood play seemed to make it easier for the participants to bring past events into the dramatic present. Louise used the small family dolls to tell the story of the abuse she experienced as a child. She said that when she saw the toys she felt like a child again and travelled back in time. Carole shared a similar experience of