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http://www.artstherapyarena.com/drama-as-therapy-volume-2-9780415476089
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
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
transport: ‘When I had the figurines in my hand, my story became clear: I was a child, I wasn’t happy. I didn’t feel loved or understood.’

(Novy, Chapter 4, p. 74)

On the one hand, parallel techniques are used: objects are introduced into the therapy space and used to capture, communicate and work therapeutically with experiences, feelings and relationships. The relationship between therapist and client are all, in part, mediated and expressed through this similar combination of objects, images and enactment. Here, though, we can also identify key differences in the way the space and process are used.

In the first, Gaïa uses dramatic projection with objects to create a self-image as an expression of herself within the session and then photographs them in front of the dramatherapist. She and Chipman situate this in a variety of different ways – a key part of it involves expressing her self-perceptions during her experience of cancer in a manner that words alone could not capture. Gaïa creates perspective: to try to witness, to see herself and to gain a sense of selfhood at a time when her well-being and identity is challenged. The taking of photographs is seen as an experience of empowerment at a time when she experiences the opposite. In Meyer’s practice the photographic work operates differently in terms of the actual activity, in that it is used to create a connection between the clients’ lives outside the session and the drama inside the therapy group – they do not take photographs within the session, but are bringing concrete images into the session. This, then, enables them to begin to express and explore their lives through the dramatic representation of the photographs and the creation of objects, role plays, improvisation and incorporation into image maps of their bodies. Here the use is as a way of supporting connection, the photographs take on the role of a script to help develop dramatic work and are used as objects to connect to images relating to the clients’ experiences of their bodies and identities. Bringing issues about HIV into the therapy room is hard for the clients, and Meyer also notes the ways in which the group prefers to work in a concrete rather than symbolic way: so the use of photos here helps respond to this preference. The uses Novy and the clients she works with make of objects, have differences and similarities with the work of Chipman and Gaïa. The objects relate to the clients’ sense of self, but whereas for Gaïa they are used primarily to project and explore aspects of her current self and situation, for Novy’s group members they become allied with the past and past experiences. They become a language to connect with memories of experiences with which they are still unfinished. The objects become a means to express and examine the past as present in their current lives.

This illustrates the ways in which therapists and clients are sensitive to the different capabilities and issues brought to the space, language, processes and relationships within dramatherapy. They exemplify the flexibility of the medium of dramatherapy, and the way the therapist works to help the client maximise their personal needs in using dramatherapy. The language and
process bear relationship to each other, but the potency of dramatherapy lies in the ways in which its variety is being tested and created by the live encounter between therapists and clients in different situations. As the next section will illustrate, the focus upon the client, the creative, client-centredness of dramatherapy means that definitions and practice have key components which are parallel, but dramatherapy’s shape and impact is as varied as the people who work within the field.

**Dramatherapy: practice, dialogues and research**

The ways in which dramatherapy practice has been described and analysed reflect different kinds of attention. This attention often connects to the desire to articulate what dramatherapy has to offer as clearly as possible. One way this has happened is that broad attention is given to overall processes at work in dramatherapy sessions. This literature reflects this use as including the following ways:

- to have a framework to help the therapist develop structure and create practice
- for dramatherapists to articulate to themselves and others what occurs within dramatherapy sessions
- to evaluate how therapeutic work develops over time.

(Andersen-Warren and Grainger 2000; Jones 2007; Langley 2006)

The following give examples of the ways dramatherapists in this book create relationships between overall processes, models and the specifics of their practice. Gardner-Hynd, in Chapter 9, shows how she used different frameworks for broad processes to underpin her approach and understanding, one from the arts therapies and one from the field of the arts and creativity:

The creativity cycle influences the way my sessions are structured and provides insight into the therapeutic process. The following diagram represents the creativity cycle in relation to dramatherapy session structure which is based on a model by Payne (1993) used in dance movement therapy.

This process is cyclical and has four stages, which are, preparation (warm-up/games/relaxation), incubation (main activity e.g. free play/story/role play/mask work etc.), illumination (reflection and ending circle: use of words/movement/art or music to aid this process) and verification (can occur between sessions as material is processed conscious and subconsciously).

(Gardner-Hynd, Chapter 9, p. 177)

Access to theory and to models is used here by Gardner-Hynd to help her structure and understand the nature of her practice, and the way she sees
change in her work with clients. She shows herself as a practitioner able to draw on connected fields of creativity and the arts therapies to meet the needs of her clinical situation. Broader perspectives are linked by her to support specific practice and client work.

The core processes (Jones 1996, 2005, 2007), as described in Chapter 3, are another example of an approach that looks at processes occurring in all forms of dramatherapy, rooted in creativity and theatre. Novy in Chapter 4 uses the core processes in the following way:

The objects also made it possible for the participants to see their experience represented. Louise explained how creating and seeing the sculpture of a hanging person changed her ideas:

After I put together the hanging man, oh, it was like someone had stabbed me in the heart. Making it and seeing it really made me feel something. And then I said to myself ‘my god’ and I had goose bumps looking at it. I’m depressed but I mustn’t let myself go that far.

Louise’s account fits with Jones’ description of dramatic projection: ‘the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials . . . and thereby externalize inner conflicts’ (2007: 84). Jones goes on to explain how ‘the dramatic expression enables change through the creation of perspective.’ For both Louise and Carole, externalising the problem in this way diminished its influence in their lives.

(Novy, Chapter 4, pp. 78–79)

Whilst Vaughan, in Chapter 13, describes how the same core process of ‘dramatic projection’ featured within her practice, but in a different context:

In Ruth’s first session her dramatic projection was as extreme and potentially dangerous as her life had been. By the third session Ruth’s dramatic projection, and the need for it to manage all her feelings, was minimal as she was able to use the art form to contain most of her feelings and not be activated into a ‘fight, flight or freeze’ response. Instead in this last session she was able to use her higher brain functioning to think about her bodily responses to the trauma and her feelings. Thus making sense of her experience in quite a different way. In this way the dramatic projection enabled her to gain a perspective on her life and so gain insights about her need to enact what had happened to her.

(Vaughan, Chapter 13, p. 257)

In two very different situations Novy and Vaughan, as practitioner researchers, use the core processes to help articulate and evaluate the nature of how change is occurring, and to see how their therapy is effective for the
client. Their access to broader concepts becomes a language to help assist in understanding the drivers of change, to identify what it is that enables and creates the therapy in dramatherapy. Gardner-Hynd’s adaptation of Payne is similar, in that all try to encapsulate and understand the dynamics that fuel the dramatherapy. They draw on broader concepts and ideas about process but do not say that all practice is the same, rather giving practitioners a sense of how to see, and understand, change.

The advantages of this approach includes the use of a broad structural framework that is relevant to a range of contexts and approaches, along with the assertion that they are relevant and available to all practising therapists. The disadvantages include their broad-brush framework: some practitioners find the need to have an orientation within their work that either relates to a more specific identity or method: such as the ‘Role method’ (Landy 2001) or ‘Sesame’ (Pearson 1996). Others feel the need to relate to a specific therapeutic framework in dialogue with the wider field of therapy – such as CBT, family therapy or psychoanalysis.

As evidenced in the practice within this book, dramatherapists make use of such methods or models of ways of working. Chipman, in Chapter 6, draws on such a specific model in her assessment:

Landy’s (1993) taxonomy of roles is a standard method of assessment I use in my private practice. Having based much of my methodology on the Photo Theatre of the Self, work by Spence (1995) and role theory, my emphasis on the aspect of roles in identity formation was paramount. These roles would serve as the basis for later work using self-portrait photography in dramatherapy. I would also use this assessment throughout the therapeutic process in order to evaluate progress and change.

(Chipman, Chapter 6, p. 110)

Here Chipman makes use of a specific model in a way that is judged, by her, to be relevant to the specific clinical practice she needs – an approach to assessment, drawing on role.

This relationship between specific clinical needs and the therapist creating dialogue with particular frameworks is reflective of dramatherapy’s relationship with many fields and approaches. The practice described and analysed in this book often illustrates the ways in which such creative dialogue can occur. The client must remain the focus of all such attention – the question being: what can most benefit the client I am working with?

The different chapters reveal excellent practice where therapists naturally engage with this question. Their responses involve:

- the situation and the creativity brought by the client
- the ways clients respond within the therapy space and relationship including how they present the issues they are bringing to therapy
- the therapist’s creativity and expertise
dialogue with other professionals working in the same setting that the therapy is practised in
dialogue with colleagues engaged in similar contexts nationally and internationally, including familiarity with research and evidence developed in parallel fields
their encounter with the clinical situation through the reflective and exploratory process of supervision.

This combination brings together previous knowledge with the verve of spontaneous encounter: all lead to a diversity that represents a real engagement with the needs of the clients. The needs of the training and fledgling therapist can often seem to be different than those of the experienced dramatherapist, though the task is parallel. Often when training, or first-trained, the dramatherapist or student dramatherapist can, understandably, see such diversity as ‘confusing’ or as a lack in dramatherapy’s identity. When practising, an experienced dramatherapist often naturally develops a route to practise reflecting a creative dialogue. This responds to the rich ground they are working within in terms of the clients’ lives or issues, and the clinical context they are working within. As I have argued elsewhere, about the therapeutic relationship: ‘the arts therapies have evolved in dialogue with other models of therapeutic relationship, and also with other disciplines such as teaching or arts practice . . . the arts therapies have (also) made unique discoveries about the relationship between client and therapist’ (Jones 2005: 182).

The following gives two examples of this dialogue with other fields, such as therapeutic approaches or forms of theatre. Novy articulates a dialogue between dramatherapy, the framework of narrative approaches to therapy, thinking in her field and the experiences of the clients she works with:

Several ideas about stories and their use in therapy informed the project’s methodology. Among these, an idea shared by dramatherapists and narrative therapists alike: that our lives and identities can be represented in different ways and from varying perspectives; that life stories are, indeed, creations and, as such, they can be created or constructed differently. Often these more limiting narratives are created by others: people in positions of authority who hold the power of definition (Morgan 2000). One participant described her experience: ‘Because I have a criminal record, the police don’t take me seriously. I think in their eyes I am worthless. They see me as a liar, a thief, an addict.’ During the project the participants were invited to step out of these, and other limiting stories, into a play space where their own knowledge about their lives was privileged.

(Novy, Chapter 4, p. 68)

This illustrates the synergy between the therapist’s knowledge of her field, dramatherapy; the knowledge in the literature of other practices concerning her client group; narrative approaches to therapy; the experiences of her clients
as voiced by the participant; along with Novy’s own creativity in response to the client’s issues as brought to dramatherapy. This illustrates very effectively the nature and importance of the dialogue between different frameworks and understanding of change. It also reveals the therapist’s natural, creative combination of a variety of perspectives – all focused on benefiting the individual client.

A parallel set of relationships, with a different focus, concerning dramatherapy and the field of theatre and change, is illustrated in Sajnani’s perspective on dialogues in her work with a South Asian Women’s Community Centre. She frames her work in the following manner:

Boal has defined the central thesis of his performance pedagogy to be the active participation of the audience who bears witness to injustices embodied and staged; the transformation of the passive spectator to the ‘spect-actor’ who is complicit in the co-creation of the realities we as a society sustain and support . . . in their will to act upon injustice . . . ideas proposed by Brecht, Boal, and Kershaw are complemented by contemporary developments in ideas about social justice and social or cultural therapy. There is a growing trend in psychotherapy to challenge inequality and commit to social justice . . . and to redefine the role of the therapist to include outreach, prevention, and advocacy . . . enlarging the therapeutic space . . . usefully blurring the boundaries between the public and private . . . the purpose of therapy as facilitating an individual and/or group’s capacities to identify, analyse and address the internalised, relational and systemic dynamics which limit the full arc of their desires.

(Sajnani, Chapter 10, p. 194)

She goes on to illustrate the particular dialogues that shape their practice. As well as dramatherapy, Boal, Brecht and Kershaw, the facilitators draw on educational processes:

Both of us also had an interest in expanding the frame of therapy to include an engagement with the social and political context, which shaped the lives of those with whom we worked. With this in mind, we chose to devote time to the development of a popular education process that would provide a scaffold for our group process, leading us and our group to a shared analysis of the relationship between intimate and structural violence and its psychological and social consequences . . . We hoped to share authority with participants in the group and create a performance that would communicate the relationship between psychological distress and intimate and systematic trauma.

(Sajnani, Chapter 10, p. 195)

This way of working and thinking brings together ideas from education,
theatre and therapy. This inter-relationship is key to Sajnani and Nadau finding an approach that serves the needs of their clients: how they, as workers, create or use dramatic exercises and processes. The use of scaffolding as described in the chapter, for example, influences their handling of their roles as facilitators with the group. Particular aspects of practice can also be seen in this way – as a dialogue with ideas and approaches (see Jennings 2009). The dramatherapist and client relationship can be developed and worked with in a variety of ways, for example, depending on such dialogues. It can be used differently depending upon the paradigm the dramatherapist works within. Hence the kinds of role relationship the client discovers within the therapy varies. The following examples from chapters in this book illustrate this aspect of the way a therapist handles their role: often referred to as a ‘directive’, or ‘non-directive’ approach. Dokter, for example, illustrates how a dialogue with psychodynamic understandings of group processes have influenced her thinking and approach to relationship and structure:

Structuring connects to a therapist expectation of directive or non-directive interventions, often combined with a group process approach that aims to facilitate client independence. If the therapist keeps waiting for client initiatives while they feel very stuck, it can be counter-therapeutic. The findings of this research are that a more directive structure is useful to clients, if it leads to a sense of safety and containment. A non-directive approach can be experienced as empowering in being able to initiate and ‘do your own thing.’

(Dokter, Chapter 11, p. 222)

Guarnieri and Ramsden, in Chapter 8, propose the value of both non-directive and directive processes and relationship:

This open, non-directive discussion, acts both as a grounding and a risk assessment, where we aim to identify both individual needs and group themes, expressed verbally and non-verbally. We are also noting the shape of the group, the needs of our support facilitators, and thinking of creative ideas based on the individual patient’s narratives at this time. We aim to gain a sense of the individuals’ process, psychologically and emotionally, at this point in the group’s life. We can then respond spontaneously, attempting to meet the needs being presented in the here and now of each workshop session.

(Guarnieri and Ramsden, Chapter 8, pp. 159–160)

Here the therapists create dialogue with psychodynamic ideas, and notions of non-directive approaches and relationship, but, as the detailed description and analysis in Chapter 8 shows, focus upon the needs of the clients they
are working with, rather than adhering strictly to theory driven inflexible positions and create a dialogue with aspects of both.

The context of practice can also be a key determinant in the way such dialogues occur. Hence, a dramatherapist working in a family therapy setting will naturally develop a practice that, in both theory and activity, reflects a dialogue with the context they are working with and with the field of family therapy. They will combine *dialogue* with the *unique qualities* that they see dramatherapy as offering to the client. Examples of this dialogue can be seen in Chapter 13. A dramatherapist working in a forensic setting will, similarly, develop a relationship in their theoretical approaches and in the methods they use with the forensic setting, with the ideas and practices of forensic psychotherapy: again a combination of *dialogue* between other practices and ideas and the *unique voice* of dramatherapy. Examples of this dialogue can be seen in Chapter 8.

This kind of process is necessary for the client and for the healthy functioning of the therapist: a creative, diverse response. The effectively functioning dramatherapist holds many things in their creative encounter with clients. An essential ‘holding’ is their capacity to take their thinking and practice forward in dialogue with what the body of dramatherapy literature and experience has taught them – but, chiefly and importantly, to also stay fresh and alert to the evolving, new and unique situational encounter with their clients and colleagues in their setting. The practice within this book is rich in both aspects of this holding. The chapters will each demonstrate the individuality of the therapist’s lively and creative encounter, whilst dialoguing with the body of knowledge within the field of dramatherapy.

**The dramatherapy space**

In clinical work the dramatherapy space is created by a number of different factors. These include the ways in which the therapy space is framed by the approach taken to change, the ways boundaries are created, the way the client arrives at the space through referral and the way the space is created in relation to the setting it is within. In addition, the space is created in relation to the rest of the client’s life. It is not as if the dramatherapy space is something that is apart: it is different but related.

Meyer, for example, in Chapter 7, illustrates the way such an arena is created, showing how the space is not a fixed phenomenon but is reactive, with a dynamic relationship to the issues clients face in their lives:

> A therapeutic frame was clearly formulated with contract, time, space and group aims; however, this was a fragile group. This fragility manifested in illness, irregular attendance, ambivalence about the group, connection with each other and disconnection; speaking and silence; disruption and interruption.

(Meyer, Chapter 7, p. 139)
The space is made by the therapist and client together. The therapist might bring their expertise and creativity in how to handle the creation of the space through the setting of boundaries, the ways they offer relationship and activities. The client brings themselves, their lives, their creativity and the complexity of the issues they need to work with. The dramatherapy space bears a symbolic relationship to many encounters within the lives of both parties. Therapist and client bring all this, and together make the dramatherapy space with it.

Conclusion

This chapter has reviewed the emergence of dramatherapy as a clinical practice. It has shown the different ways in which practice occurs, and the processes which support and develop clinical work. In particular, it has introduced the nature of practitioner research and the ways in which dramatherapists are discovering the impact of dramatherapy within many settings, in dialogue with different client groups and within different needs and frameworks for change. Mitchell has written of the need within the field of dramatherapy for ‘forms of research’ to be published which are rooted in ‘practical studies which take place in the clinic, the studio, the community, the prison: work which grows from practice and the face-to-face encounter with clients’ (Mitchell 1996: x). Part 2 of this book consists of such research: as this chapter has shown, it relates to the tradition of practitioner research. As Robson defines this area of enquiry, the role is crucial to the development of knowledge about efficacy and impact:

The practitioner researcher is someone who holds down a job in a particular area and at the same time carries out systematic enquiry which is of relevance to the job. In education, this might be a teacher carrying out a study of a way of helping an individual child with a learning difficulty; or a project on delivering some aspect of the curriculum to a school class . . . corresponding foci of enquiry from individual to group . . . are not difficult to envisage for practitioners in other professions.

(Robson 2002: 446)

Robson adds that such research has the advantage that it is located within a strong experience base: its concerns and findings are usually firmly located in the needs and concerns of professional practice. This is due to the research’s origins and rationale being based in actual encounters which the practitioner has experienced within a field. In addition, his review of practitioner research concludes that the insights gathered from the practitioner’s previous knowledge base and experience deepens the analysis of the findings. As the chapters in Part 2 reveal, these benefits of practitioner research are shown within the research being firmly linked to clinical needs, and to the rigour and richness brought by the experienced practitioners to their analysis.