Dramatherapy and Destructiveness:
Creating the Evidence Base, Playing with Thanatos

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To say that the forces of destruction and manifestations of destructiveness run rife in the world is to state a self-evident truth. From the geological to the socio-political, from the cultural to the domestic, from the interpersonal to the intrapersonal spheres, destruction, destructiveness and self-destructiveness abound in a myriad of guises – both in terms of the historical and cultural environment we inhabit and in terms of the capacity we have as human beings to act destructively, be it toward self or others. Nowhere is this more starkly evident than in the experiences which bring people into therapy. The stories our clients carry with them, that their sense of self has been shaped or disturbed by destructive forces, or the very real threat of their capacity to enact their destructive potential on themselves or others, are never too far away from the dilemmas of human existence that are explored within the therapeutic space.

For the dramatherapist and other creative arts therapists, who hold at the centre of their practice the idea that human beings have an innate capacity for creative imagination and creativity in their action upon their world, the experience and manifestation of destructiveness presents a distinct challenge, in its apparent opposition to all that is productive, generative and creative of new possibilities, whilst for the settings and institutions in which dramatherapists go about their work, the combination of destructive clients and dramatherapy presents another kind of challenge – a fear that a therapeutic practice based on enactment may only serve to encourage the ‘acting out’ of violent, aggressive and dangerous material. Yet in the genesis and development of arts therapies in general, and dramatherapy in particular, much clinical work has been located in settings and institutions where manifestations of destructiveness are woven into the clinical problems faced by clients and staff. For the moment, then, let us consider the historical development of arts therapies practice and how practitioners have come to define their practice.
Arts therapies: a historical framework

The first books considering the history of the four arts therapies, as recognised separately in the UK, were published very recently (Jones 2005; Karkou and Sanderson 2006). Jones (2005) shows a pattern of development where a small group of individual pioneers, in collaboration with others, developed practice, training and governance of each distinct arts therapy discipline (Waller 1991; Jones 1996; Payne 1993; Priestley 1975; Nordoff and Robbins 1971). Jones’ emphasis on trained individuals is a more recent development. Individuals from one country train in another and return to their country of origin to establish the profession (Waller 1998; Dokter 1998).

The European Consortium for Arts Therapies trainings has aimed to create a regional European arts therapies network. Its biannual conferences and publications provide an overview of different European practices and training. Waller (1998) researched this area in relation to art therapy and critically reviewed both the UK (1991) and other European countries (1992, 1995), with a reference to the diversity within each country and its different socio-political and health service contexts.

Many studies indicate diversity without boundaries; chosen theoretical and political directions are seldom made explicit, although they may have great implications for the development of the profession. Karkou and Sanderson’s (2006) research provides a UK overview through target informer interviews and surveys, whilst Jones (2005) uses literature review and interviews to study commonalities and differences across arts therapies practice worldwide.

Jones (2005) shows how different subgroups arrive at their own description and definition. Some identify themselves by their theoretical orientation, others by their practice context. Jones provides an overview of settings where arts therapists practise. He indicates that ‘the extent of practice can be limited by attitude, availability of therapists and systems of healthcare, alongside the economic and political situation’ (Jones 2005: 19). Whilst arts therapists practise in similar settings, there can be a difference in emphasis in the modalities (Karkou 1999).

Karkou’s research involved 40% of arts therapists, registered in the UK through their professional associations. The sample comprised 51.6% of art therapists, 21% of music therapists, 19% of dramatherapists and 7% of dance movement therapists. Of the respondents, the main working environment for 48.5% (many arts therapists work part-time in a variety of settings) is the health service; 16.5% work in education, 12.7% in voluntary organisations, 12% in community settings, 7.6% in private practice and 2.8% in other settings. Almost half of the sample work in the health service, while half of all arts therapists in the UK are art therapists.

Karkou and Sanderson (2006) shows how UK arts therapy definitions have changed over the years between 1989 and 2004. Waller (1998) also

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refers to changing definitions for art therapy in a European context, as do Bruscia (1998) and Wigram et al. (2002) on a worldwide basis for music therapy. The current UK definitions provided on the professional association websites are:

- **British Association of Art Therapists** (BAAT website). Art therapy is the use of art materials for self-expression and reflection in the presence of a trained art therapist. The art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client’s image. The overall aim of the practitioners is to enable the client to effect change and growth on a personal level through the use of the art materials in a safe and facilitating environment.

- **British Association for Dramatherapists** (BADth website). Dramatherapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth.

- **Association for Dance Movement Psychotherapy UK** (ADMP UK website). Dance movement therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration.

- **British Society for Music Therapy** (BSMT website). There are different approaches to music therapy. Fundamental to all approaches, however, is the development of a relationship between the client and the therapist. Music making forms the basis for communication in this relationship.

The changing definitions reflect an ongoing debate within the professions about whether or not arts therapies are primarily forms of psychotherapy or artistic modalities (Karkou and Sanderson 2006). Inter-arts modality comparisons (Karkou and Sanderson 2006) show that art therapists place a particular emphasis on psychoanalytic/psychodynamic theoretical underpinnings in comparison with music therapy and dramatherapy; dance movement therapists and dramatherapists value the humanistic framework more in comparison with music therapy, and dramatherapy emphasises the humanistic orientation more than art therapy. Dramatherapy emphasises artistic/creative practices more than the other arts therapies. The eclectic/integrative approach is relevant to all arts therapies, but not as important for music therapy.

**Dramatherapy and destructiveness**

This book is a modest attempt to explore the phenomenon of destructiveness as it arises and is worked with in the dramatherapeutic encounter.
Given that the practice of dramatherapy, as highlighted in Karkou and Sanderson’s (2006) research, is best described by the majority of its practitioners as drawing on humanistic and psychodynamic traditions, creative process-based and eclectic/integrative, the contributions to this book and the overall editorial style aim to reflect such a stance. Many authors in this field also draw explicitly on psychoanalytic and systemic frameworks, so that the term ‘eclectic/integrative’, as identified by Karkou, appears to be the appropriate stance to adopt. Contributors examine the phenomenon within its philosophical, cultural and clinical contexts, with the aim of producing a body of practice-based evidence that documents the challenges and possibilities faced by the dramatherapist when working with clients who are seen as destructive to themselves and others. The first three chapters identify existing and emergent thinking and practice in the field from cultural theory, psychotherapy and arts therapies perspectives.

Thus, in the opening chapter the editors consider ways in which different strands within cultural and psychotherapeutic thought construe destructiveness, and posit an alternative arts-based view based on the aesthetics of destructiveness and its multilayered relationship to artistic creativity.

Phil Jones (Chapter 2) explores dramatherapists’ accounts of their encounters with destructiveness and creativity. Utilising a discourse analysis approach, Jones considers both how dramatherapists articulate their work in this field and how they attempt to frame and/or explain the effectiveness of such work.

Ditty Dokter, in Chapter 3, discusses the practice-based evidence/evidence-based practice issues when attempting to develop and document clinical work. She goes on to detail the current state of the evidence base in relation to arts therapies and dramatherapy interventions with client groups who demonstrate levels of destructiveness.

The subsequent chapters explore ways of working with destructive potential in relation to specific clinical areas or particular presenting problems. In Chapter 4, Ramsden looks at working in a primary school with young boys who have been identified with emotional and social behavioural needs and for whom intergenerational trauma can be played out in the dramatherapy space. In Chapter 5, Zeal presents working in a pupil referral unit with adolescents whose challenging behaviour has resulted in their exclusion from mainstream schools. Dokter’s Chapter 6 focuses on the self-harm of a 17-year-old young woman with the emerging presentation of borderline personality disorder (BPD), whilst engaged in treatment in therapeutic community-based arts therapy groups. Jackson continues on the theme of self-harm, but in the setting of working with severe and profound learning disabilities; in particular, she interviews dramatherapists to ascertain their differing views on the meaning of self-harm. Zografou works in private practice with a group of adults who are members of Narcotics Anonymous. She employs the ‘hero’s journey’ (Rebillot 1993) to
explore resistance and hope in recovery from substance misuse. Seebohm goes on to explore the concept of being held hostage in the therapy space of a forensic setting, the hostage being either the therapist, the medium or the feelings of the patient. She maintains that the challenge is to keep possibilities alive through creative play and thinking. She also suggests that when this has been temporarily suspended through manifest destructiveness in the dramatherapy space, the supervisor might be the only one left to help free the hostage. Thorn explores the theme of race as a dramatherapist working with a black female patient in a forensic medium-secure setting and how this is both organised by and organises the wider staff team. She describes an extended assessment process and refers to her countertransference, linking it to theoretical material to show her individual client’s struggle in making an attachment. McAlister explores the role of symbolism in a dramatherapy group of particularly resistant patients within a forensic setting. She advocates supporting the recovery of symbolic processes to help psychotic patients in the treatment of both offending behaviour and mental illness. The clinical chapters end with Pete Holloway’s description of a specific framework (using a dramatherapy approach informed by psychodynamic observation and existential theories) when working with suicide survivors.

In Chapter 13 the editors draw together the themes that have been explored in the clinical chapters, in order to demonstrate some of the ways in which dramatherapy practice can keep open the possibility of creative responses to destructive presentations. This culminates in an invitation to dramatherapists, and other professionals with whom they collaborate, to grow their confidence in terms of reporting on and evaluating the work they are doing in this field, and to make their own contribution to the evidence base.

**Acknowledgements**

This introduction would not be complete without us stating our enormous gratitude to the individual contributors, who manage to develop innovative practice and keep open creative possibility in the face of, at times, overwhelming despondency, fear and pessimism – on the part of their institutional settings, as well as that experienced and expressed by their clients. We are similarly indebted to the foresight and determination of the British Association of Dramatherapists and its Chair, Madeline Andersen-Warren, in commissioning the Evidence-Based Practice Research Project, which has helped to underpin the rationale behind this book. We express enormous appreciation for the tireless efforts of David Tatem and Richard Seebohm, who helped to bring the final document together. However, most gratitude is reserved for the clients themselves, whose courage and creativity in enduring and surviving external destructiveness, and learning to tolerate, mediate and contain their own capacity to destroy, is a tribute to a simple, yet profound and essential, humanity.