An exploration of the processes that underlie change in Dramatherapy:

A grounded theory analysis.

and

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Before I began my clinical training, it was always a goal of mine to be able to educate others on the *wonder* that is Dramatherapy. Through this research piece I was given that opportunity….

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Table of contents

Appendices

Chapter One

Systematic Review

Dramatherapy:

An exploration of the core processes that facilitate change

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(Appendix 1.1)

Abstract

Background: There are limited qualitative and quantitative research studies examining the core processes involved in facilitating change within Dramatherapy. Many papers rely on individual accounts of clinical work and taken in isolation the benefit and contributions of the studies will not be realised.

Objectives: To take a grounded theory approach to synthesise individual accounts of Dramatherapy in the literature in order to develop a theory of the core processes at work in Dramatherapy.

Methods: A systematic review was used to identify published articles that contained 'thick' descriptions of Dramatherapy sessions. An electronic database search and hand searches of key journals was undertaken. Grounded theory methodology was used to generate a theory of the core processes using a systematically applied set of methods linking analysis with data collection.

Results: Thirteen eligible papers were identified. The theory that emerged from the data proposed a meta-processes model of change. These meta-processes included working in the 'here and now', 'establishing safety', 'working alongside' 'offering control and choice' and being 'actively involved'.

Conclusions: The review successfully integrated clinical descriptions of Dramatherapy work and a theoretical model of change emerged. The implications of the findings are discussed and areas for development and future research are considered. Methodological limitations of the research are outlined and considered when interpreting the results.

Key words: Systematic Review; Dramatherapy; Grounded Theory; Change Processes.

Introduction

> *'Dramatherapy is 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.'*
>
> The British Association of Dramatherapists (2013)

Development of a profession

Dramatherapy has established a clear identity over the years, with the introduction of formal training in the 1960s and 1970s. The British Association of Dramatherapists (http://badth.org.uk/) was launched in 1977 and the National Association for Dramatherapy was launched in 1979 in the United States. This promoted the emergence of a profession that is now accredited by the Health and Care Professional Council (HCPC). In the UK, there are currently five postgraduate training courses. The HCPC (1999, 2012) set out standards that dramatherapists must adhere to within their practice. The standards ensure that therapists are working ethically and safely.

Many theorists and researchers contributed to the development of 'Dramatherapy', however, no single individual can be named as the 'primary pioneer' of the approach Jones (1996). From the 1930s there was an increase in the use of 'drama' in hospitals and school settings. Occupational therapists were using 'drama' for recreation and 'remedial drama' was being used for people with learning disabilities. Into the early 1970s there was an increased emphasis on the drama as the primary medium of change and as therapy in its own right. Contributions from theories such as Peter Slade's child drama (1930), Jungian psychology and theories of the unconscious (1970s) and Winnicott's theory of human development (1970s) contributed to the integration of drama and psychology. Influenced by these theories, the pioneering work of Billy Lindkvist and the development of the 'sesame approach' to

Dramatherapy (1974) and Sue Jennings (1992) work on 'Dramatherapy models and approaches' have contributed to the evolving field.

Dramatherapy research and literature

There is limited empirical qualitative or quantitative research evidence for the use of Dramatherapy. Instead, dramatherapists and researchers have contributed to the development and understanding of dramatherapeutic methods through reflections on their clinical experiences. They recorded and shared this work by writing clinical cases studies and theoretical pieces (Dokter & Winn, 2010). Much of the research lists techniques and activities used within Dramatherapy sessions or describes 'models' that can be used to structure and guide the use of the techniques. Lahad (1992) stated that there *"needs to be a move away from experience and models to theory"*. Case descriptions describing clinical practice with various client groups helps to highlight the variety of the techniques and activities used in practice. However, in isolation, these case descriptions do not necessarily offer insight into the core processes that are evident across all Dramatherapy approaches, making it difficult to fully realise the benefit and contributions of the studies as a body of literature (Eisenhardt, 1989).

Jones (1996) developed a theory that described the principal processes or therapeutic factors that transcend the various models and approaches in Dramatherapy. By collecting vignettes describing clinical work and interviewing dramatherapists about their practice, he was able to identify common themes across interviews. From these themes, he adapted his nine original 'core processes': dramatic projection; dramatherapeutic empathy and distancing; role playing and personification; interactive audience and witnessing; emobodiment: dramatizing the body; playing; life-drama connection; and transformation.

Jones went onto explore how dramatherapists utilised the 'core processes' in their work and the ways in which the processes facilitated change for a client. Jones concluded that the 'core processes' offered a language through which to communicate and provided a framework for therapists to understand and examine their practice (Jones, 2008).

Casson (2004) conducted qualitative research over a six year period with clients who suffered with psychosis. Through his analysis of client interviews, client journal entries and his clinical notes on sessions, he derived a number of theories and methods for working with psychosis using Dramatherapy. He described key emergent themes to be mindful of with this client group: these included the importance of establishing a therapeutic relationship, abuse and loss of voice, therapy as an opportunity to talk, creating a safe space, saying no or stop, projected play, the five story self structure, empowerment through enactment and role play.

Dokter and Winn (2010) carried out a research project with the aim of critically appraising the available evidence base for Dramatherapy. They observed that the majority of research evidence was in the form of case studies and book chapters with very few peer reviewed research studies published. Dokter recommended that Dramatherapy studies needed to improve by including adequate information that demonstrated that the practice described was research based as this information was rarely made explicit. A systematic review investigating Dramatherapy and Arts therapies with schizophrenia (Ruddy & Brown, 2008) found that the quality of Dramatherapy studies available was such that no conclusions could be drawn as to effectiveness and that further and more high quality research was required. Therefore, as Dramatherapy research relies primarily on individual descriptions of clinical work it would be of significant benefit to systematically identify, integrate and analyse these texts in order to highlight the emergent core processes that dramatherapists identify as effective in facilitating change for clients. This systematic review is timely, as

there is a need to build theory so that further qualitative and quantitative research can be conducted that will contribute to the emerging evidence base for Dramatherapy.

Aims and Objectives:

The aims of this review are to systematically synthesise the evidence from clinical descriptions and case studies of Dramatherapy practice to:

1. Explore the core processes that occur in Dramatherapy.
2. Understand how these core processes facilitate change for a client.
3. Develop an explanatory theory that encapsulates the core processes and describes how they integrate together.

Method

Search Strategy

A systematic literature search was conducted in March 2013 using the OVID and EBSCO on-line interfaces to identify relevant articles from the following databases: Medline, Embase, CINAHL, psych info, psych articles and Psychology and Behavioural Sciences collection.

Keyword searches used the following terms: **Dramatherapy**** OR **Drama therapy***. Truncating was used to ensure identification of endings that may have been plural. The search was limited to English language and humans. A date range limit was applied: 1960 to March 2013. This time frame reflects the beginning of the official development of Dramatherapy as a profession. In addition to searching electronic databases a hand search of the following journals was undertaken: Dramatherapy Journal and The Arts in

Psychotherapy. This search confirmed the sensitivity of the database search, as it established that all eligible studies had been identified. The reference lists of full-text articles retrieved using the above search strategy were hand searched to identify other potentially relevant studies.

Inclusion and Exclusion Criteria

The inclusion criteria were as follows: studies that were published in English; studies published from 1960 to 2013; studies that describe a Dramatherapy intervention only; studies that include clients with mental health difficulties; studies that include clients over the age of 16; studies where the Dramatherapy intervention was facilitated by a dramatherapist (this helped to ensure fidelity to the approach); studies that provided an adequate description of clinic work that could be described as 'thick' in richness. In order to decipher whether a description is 'thick' or 'thin', Geertz (1973) highlights that the differences are related to whether or not a paper reports on the 'context of an experience', the 'intentions and meanings' that were involved in the experience and the 'processes involved'. 'Thick' descriptions indicate depth over superficiality of the accounts and observations Popay (1998).

The exclusion criteria included: studies that are published in any language other then English; studies published before 1960; chapters; books; theoretical pieces or reviews; studies that describe the combined use of other therapeutic approaches such as psychodrama; studies that include children; studies that include Dramatherapy interventions with clients who do not have mental health difficulties and studies considered as *thin* descriptions Popay (1998).

Quality Criteria

As the studies included in this analysis comprised of case studies and clinical

descriptions of Dramatherapy work it was not appropriate to apply quality criteria. Instead each study was used as raw material to be analysed using grounded theory methodology. A brief description of each study is provided in Table 1 in the results section, along with the word count of the material suitable for inclusion.

Method of analysis

Grounded theory was developed by Glaser and Strauss (1967) as a method for building theory from data. A social constructionist perspective of grounded theory (Charmaz, 2006) in which the researcher plays an active part in the process of meaning making and development of theories was utilised to analyse and synthesis the data. This review is not focused on *outcomes* of Dramatherapy or on producing an exhaustive list of techniques that are used in Dramatherapy. Instead the focus is on the *processes* that occur in a Dramatherapy session and how these can be understood in the context of 'perceived change' for clients. Grounded Theory lends itself to the development of theories that are found within the text through close analysis.

Method of Grounded Theory Analysis

Each piece of text was extracted from the study and given a line number. Brief memos of personal reflections and theoretical insights (Charmaz, 2006) were made immediately after each text had been read. The first six transcripts were coded line-by-line, with each line of written data being assigned an individual code (example in appendix 1.2). This level of analysis enriched the researcher's understanding of codes related to the emerging categories and contributed to further memo-writing (example in appendix 1.3). Focused coding then took place whereby the line by line codes were then subsumed to create subcategories. These

subcategories were compared and integrated across papers until second order themes had been produced. Analysis of the data was an iterative process, with the researcher continuously moving between coding and conceptualising data. Constant comparative methods (Glaser & Strauss, 1967) were used throughout every stage of analysis to generate similarities and differences between codes and later emerging theoretical ideas.

Coding was compared within and across all of the transcripts. The analysis was discussed during research supervision both with a primary and secondary supervisor. Two transcripts were subject to coding conducted by the primary supervisor. This helped to ensure that the emerging codes were grounded in the data and contributed different perspectives for discussion.

The first six transcripts were used for the primary analysis to develop the initial categories. The subsequent seven studies were used as a source of data to check emerging theory and to refine and elaborate the categories within the theory. It is believed that no new conceptualizations emerged from transcript eleven, however, transcripts twelve and thirteen were still analysed to ensure that this was indeed accurate. The research analysis sought to achieve "theoretical sufficiency" (Dey, 1999) rather than "theoretical saturation", as the latter has been argued to be directive and prescriptive.

Reflexivity

From the outset of the review, the researcher reflected on her role as a dramatherapist. In order to help her to do this, the researcher's supervisor engaged her in an audio recorded interview where she was asked questions about her own practice and beliefs about Dramatherapy. This interview was transcribed and held in mind while conducting the grounded theory analysis. Throughout the development of the theory, time was spent

discussing the researcher's role as a Trainee Clinical Psychologist and in particular the knowledge base that the researcher has on 'processes of therapy'. The researcher was able to discuss how the theory developed through the grounded theory analysis using quotes from the transcripts to illustrate and 'evidence' the emerging themes. However, the researcher acknowledges that the resulting theory is an interpretation (Bryant 2002). Charmaz's (2006) Social Constructionist approach to grounded theory acknowledges the role of the researcher and her experiences and how these will contribute to the construction of the theory. Grounded theory methods allow the researcher to understand and limit potential influence and bias by using written memos and keeping a reflective diary.

Results

Sytematic Identification of Studies

The process of identifying the studies is outlined in figure 1. The initial electronic search produced 263 manuscripts. Forty eight were relevant to the subject topic on the basis of the title and abstract. The full texts of these 48 articles were read and subject to the inclusion and exclusion criteria. Thirteen studies met the inclusion criteria for the review.

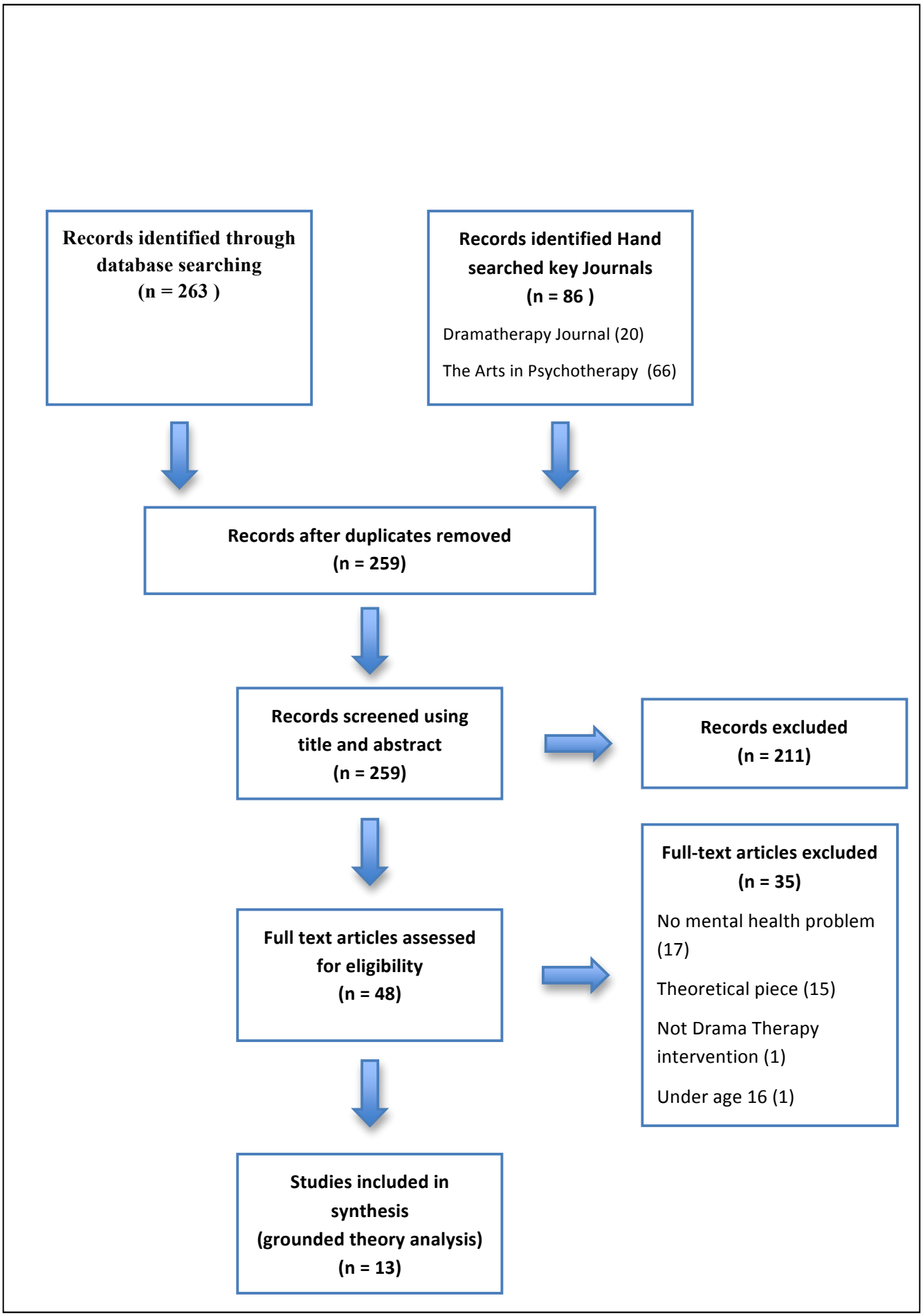

Figure 1 Flow of manuscripts into review

Thirteen texts were included in the analysis and described in Table 1. The texts included mental health difficulties such as depression, psychosis, personality disorder, somatising disorder, eating disorders and post traumatic stress disorder. The clients were all over 16 years old. Eight studies described clinical work relating to group therapy and five studies described one-to-one Dramatherapy work. The length of time clients attended therapy sessions ranged from three months to two years. The quantity of clinical work described in each study varied ranging from 1,308 words to 7,510 words.

Results from the Grounded Theory Synthesis

Emerging themes and model

A core conceptual framework of working in the 'here and now' emerged from the grounded theory analysis. It was found within all of the other categories and could be used to link the other categories together. This seemed to be central in understanding how dramatherapists attempt to facilitate 'change' for clients. Within this 'here and now' context the framework encapsulates a further four inter related themes that interact and flow from one another. The first refers to the way in which therapists 'work alongside' their clients. Therapists do this both from 'within the drama' and 'outside the drama'. The second category is the 'establishment of safety' from 'within the drama' and 'outside the drama', to which both clients contribute. The third related theme is client 'choice and control'. By establishing the Dramatherapy space as a 'safe place' by 'working alongside' the clients, the clients are able to make choices which can lead to feelings of control. This enables clients to engage in the dramatherapeutic techniques and leads to the fourth theme that the clients become 'actively involved' with the therapist and in their own material by taking part in experiential techniques. These four themes combine to create a foundation to promote the potential for change in the 'here and now'. The themes identified represent the meta-

processes involved in facilitating change in Dramatherapy. Perceived change can be broken down into three areas: 'within the drama', 'in relation to self, others and illness' and 'outside of therapy'.

Table 1: Description of included studies

Study authors	Presenting difficulties	Group/Indiv	Length of intervention	Quantity of data analysed
*Barry, D (2006	Post-natal depression	Group	Weekly, 3 months	4,281 words
*Birdfield, T (1998)	Psychosis: hypomania	2 individual cases	Weekly, 2 years	2,418 words
*Bruun E (2012)	Homeless and psychiatric diagnosis	Group	Weekly, 3 months	2,942 words
*Dokter D (1991)	Anorexia Nervosa and Bulimia Nervosa	Group	Weekly, 6 months	1,308 words
*Hubbard C (2008)	Somatosising disorder	2 individual cases	Fortnightly, 2 years	1,972 words
*James J (1997)	Combat related post traumatic stress disorder	Group	Weekly, 4 months	7,510 words
Pendzic S (2008)	Low self esteem, relationship difficulties	Individual	unknown	1,350 words
Radmall B (1997)	Anorexia Nervosa	Group	Weekly group, unknown duration	1,656 words
Johnstone D (1984)	Schizophrenia	Group	unknown	6,300 words
Reinstien M (2002)	Depression, panic attacks, bi polar disorder, hypomania	Group	Weekly group, unknown duration	1,600 words
Robertson K (1999)	Obesity	Individual	unknown	5,795 words
Schnee G (1996)	Homeless and psychiatric diagnosis: schizophrenia, manic depression, schizoaffective disorder	Group	Weekly, open group (clients attended for varying durations)	3,588 words
Swanepoel, M (2011)	Co morbid diagnosis of depression borderline personality disorder,hx of self harming Schizophrenia	2 Individual cases	6 months	3,912 words

Specific Dramatherapy tools and techniques were subsumed by these four themes and are described in relation to each. A description of the tools and techniques employed is provided in appendix 1.4. A diagrammatic representation of the meta-processes model of change is given in Figure 2.

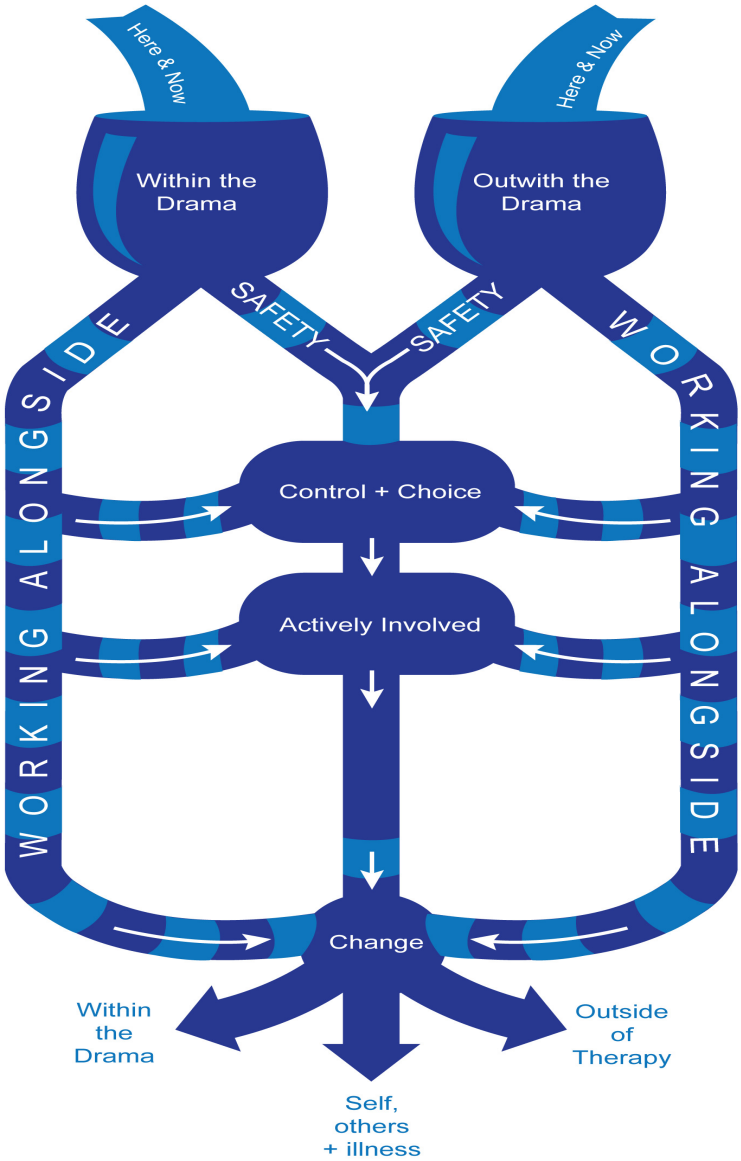

Figure 2: Meta-processes model of change

‘***Here and now’***

By working in the ‘here and now’, dramatherapists were able to engage their clients in their conscious and unconscious material. Although the dramatherapists had an idea of the themes to explore in a session, they primarily responded to what the client brought at any given moment. The dramatherapists remained ‘attuned’ to the needs of the clients. For example, while facilitating a group, Hubbard (2008) commented that:

> …in one session there was a lot of physical pain in the group at the moment and wondered with them if it would be helpful to externalise this in some way. They decided to draw an image of a body and show on this where their different problems were. The character was given back, neck, knee, foot and stomach pain and migraines. Some of the representation was of emotional pain too. It was given tears. The process proved very cathartic. They imagined the image as a real person and invited her/him to be a group member for that session, giving it a chair of its own. They then expressed sympathy for this new person with all its problems and pain. (Hubbard, 2008, p10)

Hubbard was responding to what she saw in the room. In doing so she allowed the clients to engage with their difficulty and acknowledge it while also providing an opportunity to potentially ‘shift’ feelings about it by offering a new perspective using a dramatherapeutic technique. Similarly, Robertson (1999) described hearing about a recurring dream that a client was troubled by. He responded in the ‘here and now’ by suggesting that the client relive the dream by acting it out in the session. Here, Robertson acknowledged the distress the client was currently feeling and responded by engaging the client in a Dramatherapy technique that aimed to explore the client’s current experience. In these examples, the therapists were attuned to the distress the client was experiencing in the ‘here and now’ and were ready to respond to it in the ‘here and now’.

‘Working alongside’

The therapists adopted a number of roles but each role was approached with the aim of working ‘alongside the client’. This was achieved both within and outwith the drama.

The therapists described doing this by taking account of specific information relating to clients mental health difficulties and culture. They also avoided making interpretations while also offering an opportunity for reframing to facilitate insights.

Keeping the client in context

In order to work within the clients' individual contexts, the therapists acknowledged a number of different factors. These included; type of mental health difficulties, severity of symptoms and wider cultural context. The following quote from Dokter highlights the importance, in terms of potential risk issues, in taking account of the specific mental health difficulties that a client presents with:

> Physical and mental relaxation was very important at the end of each session, as the cutting or bingeing was often used to release tension and this could mount in the sessions (Dokter, 1991, p18)

Developing a good working knowledge of the client and their specific difficulties and an awareness of cultural influences helped the therapist to work 'alongside the client'.

Avoiding interpretation

It was important to therapists that they did not communicate interpretations but instead allowed clients to come to their own understanding. The therapists understood clients' ideas in the context of the clients own lives, however, this was not always apparent to clients on a conscious level. Reinstein (2002) described working with an individual whose daughter had taken her own life. During a role play the client stated:

> 'Where could she have got to? I hope she comes back'. This is a woman whose daughter had committed suicide. At no point during the session did she appear to make any connection between her performance and her loss but clearly profound unconscious links were made. Perhaps this was a 'safe' way of sharing her sorrow with others. Perhaps this unfinished grieving found some resolution at that moment. (Reinstein, 2002, p14)

Robertson (1999) described his job as therapist working through a difficult dream with a client as being to:

> ..try to help the client make sense of their dream on their own and not to try to interpret it with my own criteria. (Robertson, 1999, p15)

Therefore, the therapists offered containment and structure to the client's experience, while ensuring that they were 'working alongside' the client and not bypassing them by making interpretations for which the client was not yet prepared. Related to this, another important task described by many therapists was their role in 'reframing' a negative experience. Dokter (1991) stated that her role was not to interpret but to model possible ways of expression and re-framing. Barry (2006), who worked with woman with postnatal depression, stated that:

> ..through the use of object sculpts, images and discussion the Dramatherapy sessions reframe a negative experience of gender polarisation into a more positive acceptance of the female role. (Barry, 2006, p5)

'Establishing Safety'

A key theme and task of therapy was for the therapist to establish a sense of 'safety' for the client. Dramatherapists described doing this from 'within the drama' and 'outwith the drama' through their *timely choice* of dramatherapeutic techniques and the use of dramatherapeutic techniques as containers for difficult emotions. Psychodynamic principles and their role in establishing safety were also identified in a small number of the papers. These included the importance of reflection and an awareness of transference between the therapist and client. This was important to ensure that the dramatherapist was not influenced by their own processes and always acted in a way that met the needs of the clients. As this theme was not developed fully within the majority of papers, it is not discussed further here.

Timely choice of dramatherapeutic techniques

All of the dramatherapists used techniques such as projection, distancing, symbol and metaphor to avoid the client becoming overwhelmed by strong emotions when working through difficulties:

> Through exploring and creatively developing the specific metaphoric realm the clients seemed to be able to access their unconscious in a safe way. (Bruun, 2012, p147)

Projection methods, such as the use of sculpts, poetry and storytelling were often used nearer the beginning of the therapy intervention. These were deemed a less threatening initial method of engaging clients:

> I use mostly projective techniques […..] many of the difficult to engage clients I work with wouldn't have come back if I had suggested embodiment of feelings or roles, at least in the early sessions. (Hubbard, 2008, p6)

Dramatherapeutic technique as container

Many of the therapists established safety by containing the clients' strong emotions from 'within the drama' in a number of ways. Some therapists described guiding the dramatic action while 'in role' within an enactment. James (1997) described a scene where emotions were running high and so he created some distance from the scene by transforming the clients into famous family therapists on a talk show with him as host. This allowed the clients some space from the previous enactment while still staying engaged with the resulting emotions.

Within the dramatherapeutic activities, the therapists remained attuned to the mood of the clients and responded accordingly to ensure that a sense of safety was maintained:

> ..we did a loud grotesque snort, this created some anxiety for certain patients, so I (therapist) did a movement to soothe them […] and added an aah sound. (Schnee, 1996, p56)

All of these strategies involve the therapists staying attuned to the reactions of clients and responding to them in the 'here and now' in ways that ensured that a feeling of *safety* was developed, maintained or restored.

'Choice and control'

Choice is defined in the analysis as the choices given to clients by the therapists to lead the direction of a session using their own ideas. The analysis suggested that if a client was afforded some choices within the session it may have increased the level of control they felt they had.

Dokter (1991) described always giving clients a choice of stories from which to choose from. This allowed the client to choose the story that they connected with most instead of the decision being made based on the therapist's interpretations. Bruun (2012) described offering choice to clients within the dramatic work:

> …the main event was for everybody to create their own imaginary garden as they wished. She (client) created an imaginary garden in her own chosen spot using what was in the room. (Bruun, 2012, p144)

The therapists offered the guiding structure for the client's own ideas to develop.

Many of the therapists discussed helping the client to feel that they were in 'control' of their choices and therefore, to an extent, in control of their difficulties.

> The enactments varied while making sure that each client became more and more empowered and in charge of leading the embodiment of his or her creation.
> (Brunn, 2012, p144)

The clients were encouraged to take the lead over their ideas to allow them to feel some control over their own experiences. James (1997) described a client who took control over a creative exercise in order to feel more comfortable:

> These forceful sounds and movements were full of angry affect. Bob (client) became uncomfortable as the violent affect became more pronounced and he transformed the movements into gliding slow arm gestures with a 'ssh' sound. (James, 1997, p144)

Here, the client was able to make choices within the dramatherapeutic techniques to regulate his own affect, helping him to feel in control of the situation and of his own emotions.

'Being actively involved'

Working 'alongside the client' to 'establish safety' so that the client can make 'choices' and feel in 'control' of the material, enabled the client to become 'actively involved' in the session. This was identified as the opportunity that a client had to be 'actively involved' in their own material rather than just talking in therapy. The therapist was also actively involved in the therapy. Being 'actively involved' was conceptualised for therapists as *creating and maintaining* the play space and for clients *entering and remaining* in the play space.

Creating and maintaining the play space

A central task of the therapist involved helping the client to *'become familiarised into an improvisational and playful environment'* (James 1997). This was important in helping the clients to feel at ease and 'able' to *engage* in dramatherapeutic activities. Schnee (1996) described an experience with a client where the client expressed fear that engaging in the dramatherapeutic activity would make them crazy. Schnee responded by making her own movements large and communicating the message that it was ok to be playful as an adult. The therapists' active involvement in the sessions allowed them to guide the action, ensuring the safety of clients and opening up opportunities for exploration and invitation into the play space. James (1997) described a scene where the clients were having difficulty accessing

painful memories. In response, the therapist created a role for himself in order to bring the clients into the play space. The distance of the dramatic play allowed the clients to access their emotions:

> The therapist played the role of the character of the dentist as each patient sat in the chair. He reached into the heart of the patient and with much struggle pulled out a difficult memory and put it into the 'memory projector'. The patient then described for the group the painful memory as it played on the screen. (James, 1997, p390)

Johnson (1984) described how the act of developing a client's image led to a physical movement which allowed the client to access emotions about a particular situation:

> 'When I asked if he (client) could show how the winding tighter and tighter felt in his /body, he stood straight up, clenched his fists, and slowly raised his shoulders, bringing his arms close to his body…I (therapist) then enquired about what the feeling reminded him of, the client replied 'anger'. (Johnson, 1984, p305)

The therapist then went on to ask if he felt anger towards anyone and the client answered 'his father'. Developing the image of 'winding tighter' into a physical experience that incorporated the client's body allowed the client to access the anger he was holding and allowed him insight into who this anger was directed at.

The therapist also helped the client continue to *stay* within the play space to remain 'actively involved'. Pendzic (2008) described the difficulties that a client was having with this:

> …the quality of the dramatic reality that she created was fragile, she moved out of it very easily. (Pendzic, 2008, p353)

In order to enable the client to remain in the drama, Pendzic suggested co-creating a story together with the client. Thus, therapists were able to 'work alongside' clients by responding to their needs in the 'here and now' through the dramatic medium. This ensured that the client remained 'actively involved' in the drama or play.

Observed change in three areas

The themes described above influence one another and are thought to underlie 'change' for a client. Three primary areas of 'perceived change' were identified within the texts. These included:

Area one: changes within the drama i.e. ability to engage longer in a dramatic reality, the progression onto using more challenging techniques such as role play, returning to a dramatic process or technique to explore it further.

Area two: change relating to self, others and illness i.e. increased insight into self, increased coping abilities, an awareness of relationships with others, an increased understanding of difficulties or a decrease in 'symptoms'.

Area three: change outwith the therapy sessions i.e. the ability to get on better with others, increased ability to socialise.

Pendzic (2008) described a client's increased ability to engage in 'dramatic reality' (area 1) and the concurrent changes in her life outwith therapy (area 3). These included increased social engagements and an increase in confidence to live alone.

A second example of perceived 'change' was described by Swanpoel (2011). She observed that a client's 'metaphors evolved from simple fairy tales to more complex narratives'. This meant that the therapist could go on to develop these more in-depth and involved ideas creatively. It was observed that the client was then able to engage in an enactment using these ideas (area 1). This led to an insight for the client relating to her current situation with her partner: (area 2)

> ..she (client) told me (therapist) she wished she could marry her boyfriend but they were too ill to fall in love. (Swanpoel, 2011,p110)

Again, an increased ability to engage in the dramatic work, provided the client with increased insight into her situation.

Not all therapists go on to describe how the changes perceived in one area go on to influence the other areas directly. Hubbard (2008) described an exercise that appeared to be cathartic for the clients. She acknowledged that she did not have 'evidence' that this exercise in particular had a positive effect on reducing symptoms. However, she was able to describe positive changes that some clients had made once the group was over. These included increased insight into self and reduced episodes of physical illness (area 2) and changes relating to prioritising personal needs over others (area 3). Therefore, it is not always easy to attribute changes to specific dramatherapeutic activities and processes but changes may be a result of a number of different factors relating to the Dramatherapy experience.

Triangulation

The meta-processes model of change was sent to a dramatherapist working with adults with mental health difficulties in order to seek feedback regarding the relevance and usefulness of the emerging themes. The dramatherapist reported that:

> I can confidently say that all of them are extremely relevant to our own (dramatherapy) group and to my practice.

The dramatherapist was also keen to stress the importance of working in the 'here and now'. In addition the meta-processes model of change will be discussed in the context of previous research and current standards of proficiency in Dramatherapy.

Discussion

Grounded theory analysis was used to explore the processes that occur in Dramatherapy and how these may relate to perceptions of change for a client. The aim of the review was not to develop an exhaustive list of Dramatherapy activities and techniques or to describe particular models or approaches. Instead the aim was to synthesize published case

materials to develop a theory relating to the processes that occur in Dramatherapy that can be applied universally across any Dramatherapy session with any client group. The theoretical model that emerged from the data could be described as a model of *meta*-processes that create a foundation to promote three areas of change. These meta-processes underlie the decisions made about which dramatherapeutic techniques to utilise at what time and with whom. The three areas of change illustrate the *type* of changes that are perceived by therapists. The meta-processes contribute to *enabling* these changes.

Regardless of the techniques chosen, the dramatherapist endeavours to work in the 'here and now' with a client. The diagrammatic model illustrates how the 'here and now' flows through all the other meta-processes. This ensures that therapists 'work alongside' the client and that a sense of 'safety' is established for a client both within the drama and outwith the dramatic work. The model illustrates how therapists work alongside clients to offer them 'choice and control', to ensure that they are 'actively involved'. Once these meta-processes have established the foundation for change then this can be experienced within three potential areas. The meta-process model of change could be considered as a guide for understanding how Dramatherapy promotes change in a client regardless of the Dramatherapy approach being used or the type of mental health difficulties a client presents with.

The model that emerged perhaps reflects a developmental progression through therapy akin to Winnicott's (1973) theory of child development. Winnicott described the child's need to be close to the care giver in order to feel safe and to experience a sense of control. At the beginning of therapy, it is important that the client feels that the therapist is attuned to their needs and is close by to provide support to establish safety. The child then goes through a transition to develop an increased recognition of self and sense of others, before moving into relative independence where they can develop a sense of self that can be

presented to the world. Similarly, the client becomes more aware of self through the safe therapeutic space and is able to make choices and begin to take some control, before growing in confidence and becoming actively involved with their own material and with others in the therapy, relying less on the therapist.

Core Processes (Jones 1996)

In order to understand the relationship between Jones' core processes and the meta-processes model of change, it is useful to consider the following framework. Jones has identified specific core processes that can occur at any time point within a Dramatherapy session. They do not follow a developmental trajectory and can occur in isolation. The meta-process model of change can be used to understand *how* therapists can successfully engage a client in each of Jones' core processes. For example, in order to engage a client in the core process of *'playing'* or '*embodiment'* or *'role play',* the therapist must adhere to the meta processes underlying each process including working in the here and now, establishing safety, working alongside the client, offering control and choice and facilitating the client in becoming actively involved. If the therapist is successful in employing these meta-processes outlined within the meta-processes model of change, this will increase the opportunities to engage the client in the core processes as identified by Jones, and in facilitating change.

Dramatherapy models

The meta-processes model converges and diverges from other Dramatherapy models and approaches that attempt to capture *specific* process and techniques. A number of other theorists have adopted a developmental approach to Dramatherapy process. For example, Jennings (1994) developed a developmental paradigm called Embodiment – Projection –

Role (EPR). This model uses developmental theory to guide the appropriate timing of specific dramatherapeutic techniques. The developmental nature of this model converges with the meta-process model as they both illustrate the importance of understanding the developmental needs of a client. However, this model diverges from the meta-process model as it advises the use of specific techniques under each heading, while the meta-process model can act as a guide for the implementation of any dramatherapeutic techniques. The meta-process model works in conjunction with Johnson's (1982) approach to Dramatherapy. He states that:

> …the dramatherapist with the developmental approach works with processes and sequences not lists of games and techniques … (Johnson, 1982, p184)

The Dramatherapy models and methods that currently exist are useful as a guide for the application of specific dramatherapeutic techniques. The meta-processes model aims to expand on these methods and models by considering how the meta-processes are effectively applied throughout the course of therapy and within the application of techniques to facilitate change.

The Health & Care Professions Council (HCPC)

The meta-processes model provides an insight into the ways in which therapists employ the concepts, techniques and procedures to fulfill the HCPC standards effectively. dramatherapists must:

> 'use a range of dramatic concepts, techniques and procedures (including games, activities, styles and structures) competently'.**(14.19)** and 'understand forms of creativity, movement, play and dramatic representation pertinent to practice with a range of client groups, understand the symbolic value and recognise Dramatherapy as a unique form of psychotherapy in which the dramatherapeutic techniques have a central position for the

> enhancement of health'. (**13.24, 13.25, 13.27)** (Health and Care Professional Council: Standards of Proficiency - Arts therapists- revised, 2007, p 17, p14)

The meta-process of 'working alongside' the client is at the core of these competencies. Therapists are able to do this by utilising a range of techniques, structures and styles adapted for the individual needs of the client at any one point during a session. The therapists demonstrated an understanding of the symbolic content of the sessions and appreciated the value of this in engaging clients with their own material in a safe and non-threatening way. The meta-process of 'establishing safety' is central to the underlying intentions of therapists who seek to meet this standard effectively. The therapists understood that the dramatherapeutic techniques were the principal methods for facilitating change. This indicates that the therapists were choosing particular techniques that would 'actively involve' the clients so that they could enable change. The meta-process of enabling clients to be 'actively involved' is also at the core of this competency.

Limitations

The findings of the present study are based on thirteen dramatherapists' representations of clinical work and the interpretations drawn by the researcher. The studies included were case descriptions that did not include the use of qualitative research techniques and as such are likely to include bias in the interpretation and reporting of the work. The descriptions provided were treated as 'text' and analysed as such. It is acknowledged that other interpretations of the data could be made and be of equal validity. The researcher attempted to ensure that the conclusions drawn were not biased by utlilising the methods outlined by the grounded theory method of analysis. The study may also have been limited by the search strategy. The exclusion criteria meant that only studies that included clients over age 16 and

those published in English language were included. Pertinent studies may have been omitted from the analysis.

Future Research and Clinical Implications

Future research that aims to investigate the processes that occur in Dramatherapy and the ways in which these processes facilitate change for a client, would benefit from increased methodological rigor (Dokter & Winn 2010). Within the qualitative paradigm this would include the use of a transparent qualitative analysis that allowed the reader to clearly understand the origin of the interpretations and conclusions. Increased methodological rigor may help to identify a common language that can be used to communicate with others about the processes and corresponding changes that occur in a Dramatherapy session. Providing a high quality evidence base is an essential part of ensuring that Dramatherapy will continue to be seen as a valuable therapeutic approach and remain funded as part of mental health services.

Further validity testing of the meta-process model of change is necessary. The studies included in the review largely relied on the interpretation of the therapists. It would be helpful if future research incorporated the opinions and experiences of the clients who have attended Dramatherapy sessions. This would provide increased insight into perceived change from the perspective of the client and the key processes that appear to be involved. It would also be of benefit to further explore how applicable dramatherapists working with clients with mental health difficulties find the model to their own practice.

Conclusions

The studies included in the review all utilised a similar approach to communicate clinical work. Applying a grounded theory approach to the 'text' allowed an in depth exploration of the clinical descriptions and the corresponding themes to emerge. The emerging themes across the studies resulted in a theoretical model that proposed the 'meta-processes' inherent in any Dramatherapy approach and the three areas where a client experiences change. The 'meta-processes' appeared to underlie the intentions of the dramatherapists and helped to guide them in taking a developmental approach when engaging clients in dramatherapeutic techniques. The model could provide insight into the underlying meta-processes involved in (Jones, 1991,1996,2006) core processes and the underlying meta-processes central to meeting the competencies laid out in the HCPC standards.

Whilst there is a need to be cautious about the methodological limitations of the studies included in the review, the findings suggest that the meta-processes play an important role in facilitating change, regardless of Dramatherapy approach or client group. In order to explore the meta-processes model further, it is suggested that future research could focus on including the client's perspective on Dramatherapy in order to gain more insight into the processes involved in change.

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Chapter Two:

Major Research Project

An exploration of the processes that underlie change in Dramatherapy:

A grounded theory analysis

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(Appendix 1.1)

Plain English Summary

An exploration of the processes that occur in Dramatherapy: A grounded theory analysis.

Background: Dramatherapy uses drama based activities (games, improvisation, storytelling, role play, enactments) to help people understand their thoughts and emotions better. There are a wide range of methods and techniques used in Dramatherapy that allow the dramatherapist to adapt to the particular needs of a client. However, it also means that it is difficult to identify the core processes that occur in a Dramatherapy session and how these work to help a client make changes (Jones 2008). Core processes can be defined as the key therapeutic factors that lead to change for a client. The research in this area is limited and is mostly restricted to case studies written by therapists (Dokter 2010).

Aims: The aim of this study is to explore how dramatherapists *and* clients experience Dramatherapy first hand and to understand what techniques or process they perceive to be central to facilitating change.

Methods: Seven dramatherapists and seven clients were interviewed about their experiences of Dramatherapy. The interviewer encouraged the participants to speak openly and freely about the things that were important to them. The interviews were recorded and transcribed. They were then read through thoroughly and patterns and themes were highlighted. These themes provided information on the key processes experienced by both therapists and clients.

Main Findings: Three key themes emerged from the interview data. The first related to the way in which Dramatherapy allows a client to think about their difficulties in an indirect and *'distanced'* way. For example if a client was struggling to cope with a bereavement, the

dramatherapist might introduce a story about 'loss'. The client can use the story to think about loss in general without having to talk directly about their own bereavement. The second theme related to the opportunity that a client has to *play* and be *playful* in therapy. While playing, clients can *try out new ways of being*. Someone who is usually shy can try out being a loud outspoken person. The third theme related to the active nature of Dramatherapy. Instead of sitting talking about difficulties as happens in more traditional forms of therapy, Dramatherapy, encourages clients to become *actively involved*. So clients may take on a role using their body or they may move their body into a position that represents a feeling. Clients can also make collages or use objects to represent thoughts or feelings. These themes emerged from the interview data as the processes that are most important for helping a client make changes. The data also highlighted the *ways* in which these processes can create change. Firstly, they help clients to develop a *new awareness* about themselves, their illness and others. Secondly, they help clients *find a way to talk* about their problems.

Conclusions: The study provides important insights into the ways in which change occurs for clients in Dramatherapy. These results can be used to guide dramatherapists in their work and to direct future research.

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Abstract

Background: A number of core processes have been identified to be involved in Dramatherapy approaches and they are believed to be essential in effecting change (Jones 1996). However, limited research in this area highlights the need for a greater understanding of the therapeutic processes important in facilitating change.

Aims: The study aims to investigate the core processes involved in change across dramatherapeutic approaches and models.

Method: Seven dramatherapists and seven Dramatherapy clients were interviewed about their experiences of Dramatherapy. Using a grounded theory method a theoretical model emerged that identifies key processes involved in change.

Results: Three core themes emerged from the data: working within a safe distance; being allowed and allowing self to play and try out new ways of being; actively creating and physically experiencing. Key change mechanisms were also discovered, these included: developing new awareness and finding a language to communicate.

Discussion: Contributions and implications for practice are discussed in relation to the way in which change occurs, for example, new awareness can be seen in the context of increased reflective functioning and mind mindedness. Future research suggestions include further exploration of the key themes identified using a Delphi approach. Specific aspects of change such as a potential increase in reflective functioning after Dramatherapy also warrants further investigation.

Key words: Dramatherapy; grounded theory; change processes; client perceptions.

Introduction

Dramatherapy has been described as a therapeutic medium that lies on the border between science and art (Pitruzzella 2013). The British Association of Dramatherapists offers the following definition:

> Dramatherapy has as its main forms the intentional use of the healing aspects of drama and theatre within the therapeutic process. It is a method of working and playing which uses action to facilitate creativity, imagination, learning, insight, and growth.
>
> British Association of Dramatherapists (2013)

The Health and Care Professions Council Standards of Proficiency for Arts Therapists document (2003) describes Dramatherapy as:

> a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, and the performance arts have a central position within the therapeutic relationship.

Early influences originated from the theatre including techniques derived from Brecht and Stanislavsky. The key psychological theories and principles of Jung, Winnicott, Rogers, Freud and Klein and group dynamics theory, psychotherapy, and theories of play also played a significant role in the development of the approach (Jones 2006). The emergence of Dramatherapy can be dated back as early as the 1930s, however, it cannot be linked to any one single individual for its creation. Instead there has been a gradual evolution, with a number of key pioneers facilitating progress. The introduction of specialist trainings in the 1970s led to the birth of a professional identity (Jones, 2006). Dramatherapists' adherence to particular influences will inevitably lead to the use of techniques that accord with these theories. These decisions may be influenced by the individual experiences and style of the

dramatherapist and on the needs of the client group including the culture to which the client belongs (Dokter,2000).

Over the years dramatherapists and researchers have contributed to the development and understanding of dramatherapeutic methods through their clinical experiences. They have recorded and shared this work by writing clinical cases studies and theoretical pieces (Dokter & Winn, 2010). Defining what Dramatherapy is, and how it is effective, has been described as problematic (Courtney, 1979). This is partly owing to the variety of approaches adopted within this one form and to the difficulties in quantifying the outcomes.

Understanding how therapy processes link to change outcomes is a complex task across all therapeutic modalities (Roth & Fonagy 1996). 'Unspecific factors' such as a positive therapeutic alliance, have been indentified as helpful in producing change. However, in order to frame the experience of Dramatherapy, it is of interest to identify and explore the 'specific factors' or core change processes are, as they occur in *Dramatherapy*. Change processes are defined within the study as the key therapeutic factors present within Dramatherapy, as derived from the specific dramatherapeutic techniques adopted, that ultimately lead to change. The following research studies illustrate the main dramatherapeutic techniques and models (listed in italics) used to facilitate change within Dramatherapy approaches.

Dramatherapy: dramatherapeutic techniques and approaches

Mann (1996) described the role that *symbol* and *metaphor* can play in Dramatherapy: through metaphor, issues that are too sensitive or difficult to talk about can be expressed; and Dramatherapy can use symbol as a way of interpreting the systems in which we live. Weisberg and Wilder (2001) provide an account of how *playful* activities can encourage

spontaneous self-expression and act to re-stimulate interactions in elderly depressed clients in a nursing home. Similarly, Lev-Aladgem (1999) used *dramatic play* with patients in a geriatric day-care centre and clients engaged in metaphorical expressions of profound feelings of desire, loss of health and the need for relationships. In 1974, Nitson applied Slade's (1930) child *drama principles* and *physical movement, dramatic improvisations* and *enactments* of everyday situations with clients diagnosed with schizophrenia. He found clients had increased in spontaneity and were able to develop more complex stories in comparison to the verbal psychotherapy group. The use of *role play* and *role reversal* can serve to help clients to see situations from other's perspectives, increasing empathy and awareness of self in relation to others. Shuttleworth (1980) described working with a family and asking them to role reverse with each other. This allowed insight into the difficulties from each family members perspective. Scheff (1979) was the first to describe the theory of *therapeutic distancing*. Anderson – Warren (1992, 1996) utilised *mime, sculpting, masks, symbol* and *mirroring* in order to create a '*therapeutic distance'* with patients diagnosed with psychosis. Casson (2001) found that the creative structures provided within Dramatherapy provide *varying degrees of distance,* which created a safe container for feelings and fantasy to be explored.

Dramatherapy Models

A number of key Dramatherapy researchers have developed 'models' on which to 'guide' or 'structure' the various dramatherapeutic techniques. Johnson's (1992) Developmental Transformations (DvT) involves using the '*play space'* as a way to bring the body into therapy by embodying roles, sounds or gestures. Improvisational techniques allow the client to access and tolerate internal states that may have been cut off or repressed.

Jennings (1990) proposed a developmental paradigm that can be incorporated into Dramatherapy work called Embodiment – Projection – Role (EPR). This is based on research exploring the developmental progression of dramatic play from birth to 7 years. These stages can be explored with children and adults using dramatherapeutic techniques. Landy (1983) developed a conceptual framework of '*distancing theory'* and later a particular focus on the '*dramatic role*' method of therapy. The aim of his approach was to integrate roles of oneself to readdress the balance of tensions that may exist between these roles. Emunah (1994) developed an '*Integrative 5 phase approach*' based on humanistic and developmental principles. These models are not prescriptive but can act as a guide to focus or structure Dramatherapy sessions. As the number of 'discrete models' grow there is a need to analyse each and compare and contrast each one, in order that the *fundamental* principles emerge (Johnson, 1999).

Therapeutic factors

Jones (1996) proposed nine 'core therapeutic factors' that he hypothesised could apply across all Dramatherapy models and approaches. These include dramatic projection, drama therapeutic empathy and distancing, role playing and personification, interactive audience and witnessing, embodiment; dramatising the body, playing, life-drama connection and transformation. In defining these nine core 'therapeutic factors' Jones attempted to offer a unified understanding of theory as it links to Dramatherapy practice across client populations and practitioners. An analysis of clinical vignettes describing therapist's experiences of using dramatherapeutic methods indicated that Dramatherapists were using these core processes as a guide in their work; and that they served as a framework and provided a language through which to communicate Dramatherapy practice (Jones, 2008).

A systematic review consisting of a grounded theory analysis of clinical descriptions of Dramatherapy practice published in the literature identified five meta-processes important to Dramatherapy practice (Cassidy, 2013, unpublished thesis). These included '*working in the here and now*', '*establishing safety*', '*working alongside*', '*control and choice*' and being '*actively involved*.' It was proposed that these meta-processes are central to facilitating change and underlie Jones (1996) nine core processes.

The literature as it currently stands, however, is limited in the exploration of the proposed core therapeutic factors and their recognition within therapy as important agents for change. It is important for all therapists to understand the processes experienced by the client. None of the studies reported on above, with the exception of Casson (2001), incorporated the perspectives of the client and what they perceived to be integral to the changes they observed. In addition, research has shown that therapist and client perceptions of 'what goes on in therapy' can often differ (Bachelor, 1991) indicating that it is important to examine both perspectives when evaluating the potential key processes involved in therapeutic change. The proposed study aims to contribute to the literature base by developing an emergent theory that can apply across Dramatherapy approaches and models and that incorporates the range of theoretical influences inherent in the approach. The core change processes will be understood from the perspectives of both therapists and clients creating an in depth understanding of how change is experienced first hand. The inclusion of therapists who utilise a variety of techniques and approaches will allow for the emergence of a theory that incorporates the range of theoretical influences that exist within Dramatherapy. Including the client's understanding of change will allow the developing theory to reflect the true experiences of those receiving Dramatherapy.

Aims

The study aims to explore the 'core therapeutic factors' or 'processes' experienced by therapists and clients in Dramatherapy. The study also aims to explore which of these processes are important for change.

Method

Grounded Theory

A grounded theory method was used to investigate the processes that occur in a Dramatherapy session. Grounded theory has its origins in the works of Glaser and Strauss (1965, 1967). This method of data analysis emphasises the importance of developing new, context-specific theories from the data, rather than deriving from existing theoretical concepts. It aims to produce a shared social reality (Annell 1967). Adopting a social constructionist approach (Bryant 2002; Charmaz, 2006) allows for an acknowledgement and appreciation of the researcher as an active agent in meaning making and theory development. In this sense, theory is not discovered within the data, rather it emerges as a co-construction arising from the unfolding interactions between participants and the researcher. This differs from Glaser's original stance of objective reality. The clients and the therapists' individual experiences of Dramatherapy were collected and these were integrated to develop collective interpretations of the processes central to bringing about change.

Reflexivity

In line with a social constructionist approach to grounded theory, it was acknowledged that both researchers and participants interpret meanings and actions, and that this can impact on how the theory is developed. Therefore, consideration was given to how the theories emerged by recognising personal assumptions and interpretations based on

subjective experiences. The researcher is a qualified dramatherapist and a Trainee Clinical Psychologist, therefore she has personal experience of facilitating Dramatherapy sessions and knowledge of theory about therapy processes. In order to dissipate any influences, the researcher engaged in an audio recorded interview about her experiences and beliefs about Dramatherapy in order that these could be made explicit before beginning the interviews. A reflective diary was also completed throughout the research period and regular supervision was provided. At each stage the emerging theory was checked against the original interview to ensure that it did not become speculation and remained grounded in the original data.

A Systematic Review was conducted in parallel to carrying out the research interviews. Due to the possibility of developing pre-conceived ideas, it is not recommended that literature reviews are conducted early on in the research process (Charmaz, 2000). The researcher was mindful of this, however the literature review served as a useful reflection on the current state of the Dramatherapy literature and the methodological challenges that are evident in carrying out research in this area. As the researcher already had experience of Dramatherapy, this served only to increase her awareness of her own beliefs and assumptions and was used as an additional point for reflection. The interviews were not based on a preconceived theoretical framework, instead the interviews were transparent and flexible which allowed the theory to emerge from the data (Dey, 1999).

Participants

Ethical approval was granted by the Local Research Ethics committee (Reference number 12/WS0198: see Appendix 2.1). Dramatherapists were recruited through an advert in the British Association of Dramatherapists website http://badth.org.uk/ and through the public online register of dramatherapists. Dramatherapy clients were recruited through the

dramatherapist with whom they attended sessions. A total of fourteen participants were recruited to the study; seven therapists and seven clients. Participant characteristics are displayed in Tables 1 & 2. Dramatherapists recruited to the study had to be eligible for HCPC registration, have at least one years clinical experience and had to currently be using Dramatherapy in their practice or within the past two years. Clients recruited to the study had to have attended at least eight Dramatherapy sessions within the last year. Participants had to have been referred to the Dramatherapy service with a psychological difficulty and be aged 16 or over.

Table 1 Therapists' characteristics

Dramatherapist	**Gender**	**Years spent facilitating Dramatherapy sessions**	**Client group**	**Group/ individual**
Karen	Female	Above 5 years	Young people below 16 years with mild to moderate mental health problems	Individual
Justine	Female	Below 5 years	Adults with severe and enduring mental health problems	Both
Louise	Female	Below 5 years	Adults and young people with severe and enduring mental health problems	Both
David	Male	Above 5 years	Adults with mild, moderate, severe mental health problems	Both
Joan	Female	Above 5 years	Young people with mild to moderate mental health and behaviour problems	Both
Andrew	Male	Above 5 years	Adults with severe and enduring mental health problems	Group
Angela	Female	Above 5 years	Young people with mental health problems and family drug and alcohol use	Individual

Procedures

Consent and Information. Dramatherapists were initially contacted by email and given some information about the study (Appendix 2.3). Those who responded were then provided with an information sheet (Appendix 2.4) and consent form (Appendix 2.5) by mail. After consent was obtained and verified interviews were held in the dramatherapists place of work. Dramatherapists were asked if they could identify clients from their case load who may be suitable and willing to take part in the research. Four of the seven dramatherapists identified clients who met the inclusion/exclusion criteria and they provided each with an information sheet (Appendix 2.6) and consent form (Appendix 2.7). Seven of the eight clients identified chose to participate in the study and were interviewed in the place where they attended for Dramatherapy.

Theoretical Sampling

A theoretical sampling approach (Glaser and Strauss, 1967) was followed whereby the research was conducted in stages. This meant that new data sources were used to confirm emerging data and to explore further emerging themes. The researcher was interested in developing the emerging theoretical model by including insights from client perspectives. Interviews were conducted with the dramatherapists first with the client interviews occurring when these had all been completed.

Table 2 Client Characteristics

Client	Gender	Age	Length of time in therapy to date	Currently attending therapy sessions	Reason for referral
Monica	Female	40 - 50	15 years	yes	Severe depression & anxiety
Ros	Female	40 - 50	5 months	yes	Bi polar disorder
Mike	Male	30 - 40	6 years/ separate group for 6 months	yes	Alcohol addiction, anxiety and low mood
Kelly	Female	40 - 50	5 years	yes	History of abuse, psychosis
Sophie	Female	40	4 years	yes	Severe depression
Chris	Male	50 - 60	2 years	yes	History of abuse, Bi polar disorder
Anna	Female	30 – 40	3 months	yes	Obsessive Compulsive disorder, history of drug and alcohol misuse.

The interviews

The interview guide (Appendix 2.8) was developed with the research supervisors and was not formally structured. The questions were used as prompts to facilitate an open and flexible discussion. The researcher did not stick rigidly to the interview guide but instead questions were reordered and new questions added or removed dependent on the emerging themes. The researcher began the interview with an introduction to the study and an opportunity for the participants to ask questions in order to ease some participants into the process and to help to shift the power dynamic. Prompts were used to provoke in depth discussion and to ascertain clarity to help the researcher avoid biasing participants' responses with her own interpretations. As much as possible, the researcher attempted to use the

language chosen by the participants. Again, this allowed the researcher to stay true to the participant's experiences by allowing her to 'check out' her understanding with participants. The length of interviews ranged from 35 to 110 minutes. Questions raised in the first six interviews were used to guide the remaining eight interviews in accordance with the theoretical sampling method of grounded theory. This involved more follow-up questions being asked of participants in addition to the standard questions. The final two interviews consisted of more confirmatory questions in which participants were invited to reflect specifically on experiences relevant to categories already derived.

The client participants in the study were all attending Dramatherapy sessions as a result of experiencing mental health difficulties. The researcher was sensitive to the fact that this may cause distress. Therefore, the study incorporated procedures for managing this. As the researcher is a trained mental health professional she was adept at identifying distress and offering support. It was also agreed with the dramatherapists, prior to beginning the interviews with clients, that they would be on the premises during the interview should additional assistance be required. The researcher also had a discussion with the therapists after each client interview in order to pass on any salient information regarding client wellbeing. Participants reported afterwards that they had enjoyed the opportunity to share their Dramatherapy experiences.

Grounded Theory analysis

Theoretical insights and reflections were recorded in memos after each interview (Charmaz, 2006). The researcher carried out all of the interviews and transcribed each one. During transcription, additional memos (Appendix 2.9) concerning coding ideas were recorded and discussed in supervision. Some personal reflections made regarding the client participants centered around their varying ability to speak openly and fluently about their

experiences. These may have related to current mental health difficulties and/or comfort level at talking about therapy experiences. Open coding was used initially on the data (Glaser and Strauss 1967). The researcher went through each transcript and assigned every line an individual code (Appendix 2.10). Constant comparative methods (Glaser & Strauss, 1967) were used, throughout every stage of analysis, to generate similarities and differences between codes and later emerging theoretical ideas. Coding was compared within and across all interviews. Focused coding was then used whereby initial significant or common codes were integrated and organized under subcategory headings. This produced a set of categories that grouped labels and codes, together with short descriptions from the text. Analysis of the data was an iterative process, with the researcher continuously moving between coding and conceptualising data. Memos were used throughout the process to record reflections and notes on emerging themes. Three transcripts were subject to coding conducted by a doctoral level researcher with a background in social policy and grounded theory methods. The researcher had limited prior knowledge about Dramatherapy. As such, the process of constant comparative analysis was complemented by the inclusion of an external perspective. By interview 10, "theoretical sufficiency" (Dey, 1999) had been reached.

Findings

Where possible direct quotes are presented to facilitate interpretation and transparency. For the purposes of clarity the researcher's dialogue is presented in **bold** type. Brief remarks or comments made by the researcher are inserted into the paragraph in parentheses e.g. (*Right, okay)*. Pseudonyms are used to protect participants' identities.

'*Relationship' with therapist and others in the group*

All of the clients described the importance of developing a positive therapeutic relationship with the therapist. Many stated that they would not come back to therapy if they did not 'like' the therapist. Others discussed being impressed by what the therapist could help them to do in a session and that this helped to motivate them. Similarly, the therapists described spending considerable time building up therapeutic relationships with their clients and appreciating the importance of this in helping the client to feel safe and feel contained. Many of the therapists understood the value of 'being another human alongside the client' and providing them with a 'shared experience'.

It was important to make reference to this emerging theme as it was pertinent for both therapists and clients. The therapeutic relationship is a crucial element central to all therapeutic approaches (Horvath, 2000) and has been found to account for approximately 5% of the variation in client outcome (Wampold, 2001). It is, therefore, not discussed further within this research paper. Instead, the findings focus on pertinent themes that emerged relating to the specific processes involved in change within a *Dramatherapy* context.

Core themes and processes and the theoretical model

Three core processes emerged from the data: 'working within a safe distance'; 'being allowed and allowing self to play and try out different ways of being'; and 'the opportunity to actively create and physically experience'. The *core* process that underpinned change within Dramatherapy was the opportunity that clients have to work within a 'distanced medium'. This core category also influenced the degree to which clients engaged in the other core processes identified. Figure 1 illustrates the diagrammatic representation of the emerging theory.

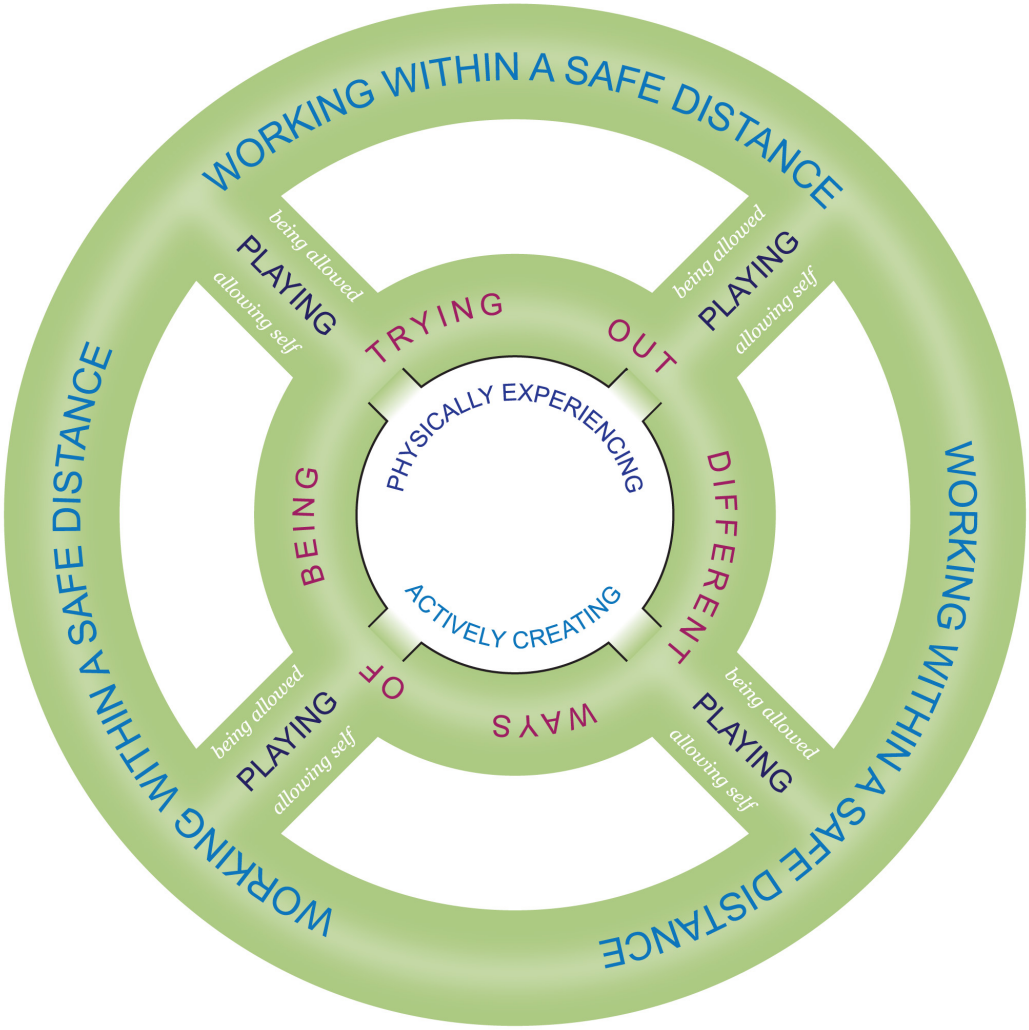

Figure 1: Model of core change processes

Working within a safe distance

Working within a safe distance was defined from the analysis as the ways in which the dramatherapeutic tools provided a way of distancing clients from difficult material in order that they could explore it indirectly. Many of the therapists and clients described the value in working in this way. Working within a distanced medium 'allowed' clients to 'play' and be playful and to 'try out different ways of being'. It allowed them to engage in the

therapy process by 'actively creating' physical representations of thoughts or feelings using objects or materials and to have 'physical experiences' using their body to explore roles, movement or sound. Subthemes arising from this core category were: dictating the degree of distance: therapists and tools; and dictating the degree of distance: clients.

Dictating the degree of distance: therapist and tools. The therapist negotiated the degree of distance a client required. All of the therapists described using 'projective' techniques with their clients, regardless of the age of the client or severity of illness, as a way to help a client explore something difficult. These techniques could be relied upon to allow the client to remain within a safe distance for as long as they needed to be:

> I use projected methods because they are off the body and in the space between us. They are concrete objects and so they are safe and can be manipulated and rejected without any hurt in any way. And they enable the client to tell me their story in a distanced way. (David, therapist, 330-338)

Although many of the techniques involved in Dramatherapy have the aim of providing a safe distance, some can be relied upon to ensure that this happens more readily than others. Factors such as severity of mental health difficulty and client's age played a role in deciding which techniques to use and when, based on the degree of distancing a client required.

Louise described the differences between the dramatherapeutic tools in terms of the degree of distance that they offered. Those that were perceived as more 'challenging' involved the client using their body to access emotions e.g. when embodying a new role clients may have felt that they were no longer working in a distanced way and that they were faced with their own difficult material which may be overwhelming.

> Sometimes a client might find it too difficult to embody.. children, young people tend to go straight into using the body whereas others who may be more poorly, might find

> it too real. Some people have that blurring of what is real and what's not, I might be more cautious about using that with them. (Louise, therapist,82-85)

This was echoed by Anna. She found it distressing when attempting to play a role as she became confused between reality and fiction. So in attempting to embody a character she was unable to achieve the 'safe distance' from her own material and this was challenging:

> At the beginning I was finding it confusing playing a role, between playing a role and how you're feeling. I was getting mixed up. […].. I was a wee bit confused about am I playing a role or am I playing me…(Anna, client, 282 – 290)

Dictating the degree of distance: client. Once they have accessed thoughts or emotions using a technique that offers distance, clients are given a choice. Clients can either make direct links to their external world and leave the drama medium or they can choose to stay within the medium and communicate through the drama. Karen described how offering the client the opportunity to work in a distanced way, allowed the client to communicate how they were feeling. The client was then able to make direct links to their external world by linking the colour of the material to an emotion:

> I used chair work as it's really simple, I used fabric, you can choose different colours to represent different people in the room. **So one bit of material might be mum and another someone else?** Yeah and they can select that or they can be parts of themselves, as sometimes people don't know how to talk about a feeling but they can pick a colour for it. *Yeah.* And so it makes it easy. (Karen, therapist, 404-411)

This was mirrored by Anna. She described how the use of objects allowed her to access thoughts and emotions about her Obsessive Compulsive Disorder and how it had impacted on her life:

> Um well today we had to pick 3 items off the table she's got, ooh the things she's got, loads of stuff..i picked a mask, Russian dolls and a watch. The watch was..[….]tormenting time and so I had to describe why we had picked these things..so the mask was like people look at me and because I'm always immaculate, oh she's ok, far from ok and I've gotta say, like a clown, I'll put on a show. The Russian dolls

> were that I've got that many layers to us, the depression, the drugs, the OCD, the alcohol.. it goes on and on and on but here it's like you're one.…this table is full of things but as soon as you look at it, you ken [know] automatically what you're going for. *(yeah)* and the thing is it's a really good way of telling and expressing…(Anna, client, 120-133, 150 – 155)

Through the use of objects, Anna was able to communicate something about her inner world. These techniques provided a language for her to tell others something about her and her illness. She was able to speak 'through' the objects. Anna made direct links to her external world and was able to verbalise these links, increasing insight into her situation.

Alternatively, clients could choose to remain within the dramatherapeutic medium to explore their difficulties. Joan described working with a client who had been abused as a young child, at a preverbal stage. The client was unable to articulate his feelings about these episodes and he found it difficult to trust others. As the relationship with the therapist developed, it was reflected in his play. The client remained within the distanced medium to communicate:

> He did eventually allow me to become part of the action…[..]..often he would put me in role as someone who helped people, so I would be this character who would come in and either I would be his side kick or someone who would try to make things ok..[..] a lot of that was him bringing me in and saying to me I trust you now and you can come in and its ok for you to help me *(yeah)* He wouldn't have been able to sit and say to me, its ok for you to help me now…(Joan, therapist, 413-420)

Many of clients also described how the dramatherapeutic techniques offered distance and allowed them a way to explore their own material safely by staying *within* the drama.

> **What do you think helps to make it (group) safe?** I think its because most of the stuff is symbolic rather than asking direct questions…(Sophie, client, 279-281)

Allowance: allowing self and being allowed: 'To play' and 'To try out a different way of being'

This is defined as the opportunities that are offered to clients in the session by the therapist. The therapists will 'allow' the clients to act in ways that may not be 'socially acceptable' outside of the therapy space e.g. to be of adult age and throw a child like tantrum, to jump up and down when feeling angry, to scream as loud as possible to convey frustration. On the other side of this spectrum is how able clients feel to 'allow' *themselves* to act in these ways. In particular, the emerging themes of clients 'being allowed' and 'allowing themselves' to '*play'* and clients 'being allowed' and 'allowing themselves' to '*try out a different way of being'* seemed to be particularly related to facilitating the process of change for a client. Variations in clients' abilities to allow themselves to play and to try out new ways of being related to how safe the clients felt in relation to the distance they experienced from their own difficult material.

Being allowed and allowing self to play. Many of the therapists described how Dramatherapy attempted to set up the therapy space as a *play space* from the very beginning:

> I think empowerment is a crucial thing in play. As adults we block our capacity to play or it has been blocked for us by life and sitting and behaving yourself in a chair in therapy would not necessarily release you into playful mode. *(No)* Dramatherapy is very good at that. (David, therapist, 720-726)

David described how Dramatherapy could offer clients an opportunity to feel empowered through play. He recognised that this is not something that adults have the opportunity to do anymore but this does not mean they would not like to, if given the chance.

Many clients also recognised that playing was something that they used to do when they were younger and that it was beneficial that they were 'allowed' to do it here as adults. Mike stated that:

> ..my sister asked me what I do there. I told her [….] and then you do therapeutic things with paint, playdough and drawing..she asked what age am I…but I had to laugh when we got out the playdo…but it was great the way it can get at your feelings out from inside… (Mike, client, 344-351)

For these clients, play appeared to offer them a freedom that allowed them to engage with the playful parts of themselves. This is in turn allowed them to bring feelings into awareness and acted as a vehicle for communicating to self and others. Other clients recognised that play was usually associated with fun and not with serious issues, but in reality, through their play, difficult emotions could arise. Chris stated that:

> It seems a bit strange because you are asked to play again, and it is play and it can be fun but inevitably along the way, because we have serious issues, these things spring up. (Chris, client, 80-84)

Many clients appeared to appreciate the value in playing and that they were making a conscious decision to 'allow' themselves to play again, even if it was difficult at times.

Being allowed and allowing self to 'try out a different way of being'. This is defined as the client being given the opportunity to be playful in order that they could try out an alternative way of behaving, feeling or thinking. The client is 'allowed' to experiment and play around with roles that may be seen as 'unusual' outside of therapy e.g. the monster, the dictator, the lost child. As there is a sense of 'allowance' among both therapists and clients, there is an understanding that clients will not be judged for their choices. Justine stated that:

> …. a lot of the clients who come here have been coming for some time so there is a safety and trust and they do try out different ways of being, there's a learned

> politeness and a sense of people strongly identifying with their polite and respectable sense of self out there. I think in here there is a sense that they can bring something different and it be witnessed and umm they not be persecuted for it. Just thinking last week, if a person can take on the role of a monster and give it a sound even and that will be appreciated or the very least others won't annihilate the monster. (Justine, therapist, 289-303)

The client was given the opportunity to reflect on their own personality traits and think about how these play out in daily life. This helped them to consider which roles they would like to adopt in therapy and in life. A client could choose to *be* different people or exaggerated versions of themselves or they could show parts of themselves that were usually kept hidden. This could help to shift their thinking and provided new insights:

> Ok yes I use a lot of role, when I say role, it's looking at what roles a client puts themselves in and giving them alternative roles to explore their identity. So someone might be stuck in the victim role and they're presenting that in a group and in Dramatherapy we can become a different role, they can act out being the angry, bossy person. (Louise, therapist, 46-53)

Many of the clients described that in 'allowing' themselves to try out a different way of being, it was a chance for them to ultimately be themselves. It seemed that this provided insight into their personality and clients recognised parts of themselves in the new way of being.

> ..we've looked at things like the inner saboteur, it's really interesting. We've just looked at it as a play and we've written characters and time lines for our characters and developed characters and inevitably it's a part of you. **Is that what you find when you're developing a character?** Definitely, definitely,. If you think about it it can be nothing else. The more you do, the more you realise that it is a reflection of you…(Chris, client, 56-68)

Physically experiencing and actively creating

These are the ways in which the dramatherapeutic techniques offered the clients an opportunity to become 'actively' involved in their therapy offering the clients an 'active and physical experience' that allowed them to engage in a way that offered a deeper connection with their own material. Physical experiences could include embodying a role, using the body in movement activities or creating a sculpt using the body. Many of the clients described emotions 'springing' up when they were engaged in physical experiences. Clients also had the opportunity to 'actively create' something that they could hold and look at or that was a visible representation of something. This could include a sculpt using various objects or materials or using the body.

Physically experiencing. Kelly described accessing some of the strong emotion that she felt during a technique where she was invited to use her body to express her emotion:

> Yeah well we were doing some work on the anger thing, we did some work with the cushions whereby the Dramatherapist held the cushion and she said push against it with all your anger and all your thoughts so I was pushing and all this adrenalin sort of woomfed out, it was mental. It was actually quite scary.. I amazed myself. That was what I wanted to do with my mum and my brother and that was me trying to get it out and it did, it got a lot of it out for me.. (Kelly, patient, 109-121)

Kelly described 'amazing herself', indicating that physically engaging with her anger allowed her an insight into the strength of the anger. It also seemed to offer insight into whom the anger was directed. The physical experience, and the distance from the underlying reasons, offered Kelly *a way in* to fully engage with her anger, offering her new insights. Many of the therapists also described the positive effects of using the body in therapy and highlight how this allowed the client to connect with those emotions, offering insight and a way to express them to others. Justine stated that:

> …people can hold a lot of stuckness in their body (*yeah*) I think with the amount of psychosomatic symptoms that get presented with this client group aswell (*uhuh uhuh)* Where a lot of pain is manifesting in the body that to work physically, it can free some of that up. It can be really useful…(77-87) I think to be able to give physical expression [..] to something that has been stuck or to an experience which seems impossible to name [..] in Dramatherapy we bring them into some level of consciousness and then invite people to make a conscious reflection on those..(Justine, therapist, 386-393)

Many of the therapists acknowledged that offering clients an opportunity to take on roles that they physically embodied allowed them to access material that was difficult to engage with:

> When they find it difficult to connect to what they're feeling or find words for it[…] we wrapped it up into some role work so we're experimenting with her taking roles in the scenes we're setting. (Karen, therapist, 191 -195)

Actively creating. Chris described how engaging in an activity where he had to choose to place himself anywhere in the room offered a *visual representation* and insight into his and the rest of the groups feelings about a conflict that had happened in a session:

> ..and all she said was find a safe space in the room. And yet we lined up, it was remarkable, one person in the corner, me in that corner, the person I felt I needed to support was in that corner, and there was somebody in the middle who didn't want to take sides...(Chris, client, 413-418)

Although not specifically asked to position themselves with reference to the conflict experience in the session earlier, all of the clients lined up in a way that illustrated how they were feeling in relation to the situation and the others in the group. Following this, there was an opportunity for reflection on each client's physical position. Being able to 'see' a visible representation of their feelings allowed a new perspective and insight into a situation. Actively creating a representation of feelings or thoughts using objects also offered the therapist some insight into the client's internal world

> We had a lot of cushions and he would literally build a wall between us every week and I would have to stay on one side of it. **That's very visual isn't it?** Yes, very visual and very symbolic. I'm not going to let you into my world, I'm going to keep you at a distance, a clear message to me…[..] over the weeks the wall became smaller and less robust…. (Joan, therapist, 360-369)

Mechanisms of change

Two key change mechanisms were identified from the analysis. These included *developing a new awareness* and *a language through which to communicate*. These mechanisms offer insight into the ways in which the core themes facilitated change for a client. Sam described what it felt like to engage in the dramatherapeutic techniques and how they helped to stimulate the development of *new awareness* that motivated him to explore further.

> You start of with nothing, not understanding anything, not having a character..[..]..because you are dealing with emotions in acting eh, no matter what happens you can't help but be dealing with your emotions..[..]..it seems like it comes out of nowhere and the word spring is really important here. But these realisations are what drive you forward to explore a bit further, ya know? (Sam, client, 91-94)

Louise described how using various dramatherapeutic techniques including the sand tray and working through metaphor helped a client to find a method to *communicate* to others about difficult material. It was her role, as therapist, to observe and understand what the client was communicating while respecting that it may be too difficult to verbalise these thoughts.

> So when a client has used a sand tray, and they haven't told me anything about what's going on, they're almost avoiding, but then they'll pick up a teddy, and they'll say, oh look it's hitting itself. So they're telling you something, in that metaphor, it's my job to pick up on that..[..]..the creativity…[..] creates some safety and again distance from something that might be too traumatic to talk about…(Louise, therapist, 265-279)

Participant feedback

The researcher communicated the core themes and key change mechanisms to a subset of dramatherapist who participated in the study. All provided feedback that indicated that the core themes were consistent with their own experiences of practicing Dramatherapy. Discussions regarding the wording of the core categories were used to make minor refinements to increase the 'fit and grab' of the emergent theory (Glaser, 1992).

Discussion

This study provides a unique contribution because it has generated a consensus across therapists and clients as to how they conceptualize the processes involved in change within Dramatherapy. Although general questions were asked about what happens in a Dramatherapy session and what is helpful or unhelpful for clients, the theoretical model largely emerged from the inductive analysis of data on the therapists' and clients' reports of creating and experiencing change rather than from leading questions. These findings go beyond an explication of any one Dramatherapy model or approach to identify common therapist intentionalities and client experiences across Dramatherapy sessions.

The core themes that emerged suggest that therapy follows a particular story. Both clients and therapists are co-creating the plot line together. The story begins with the therapists using the dramatherapuetic techniques as a way to engage their clients indirectly with their own material. The clients respond well to this as it is non-threatening and they are not asked directly about their difficulties. The clients are 'contained' within the safety of working in a *distanced* way and are not under threat of becoming overwhelmed. The therapist then encourages the clients to *play* with the techniques and their own ideas. Clients *allow* themselves to *play*. Through play clients *try out new ways of being* experimenting and

detaching from the constraints placed on them in their life outside of therapy. As they do so, they become more and more active within the Dramatherapy session. They are guided and encouraged to move into action, *creating visual representations* of emotions, situations and people. *Using their body* to engage with their emotions, they participate in movement exercises and embody roles. The therapeutic value of some of these core themes have previously been described in the literature.

Working within a 'safe' distance

Jones (2006) identified *dramatherapeutic empathy and distancing* as one of the nine core processes within Dramatherapy. Casson (2001) also found that 'distancing' was central to facilitating change. This study lends empirical support to these findings. The concept of 'distancing' in therapy first arose in Scheff's (1970) theory of catharsis and distancing. When a balance of 'aesthetic distance' is achieved a process of catharsis can occur. Catharsis is the process whereby an individual can relive emotions without becoming overwhelmed by them. Within this analysis clients described this process. Some clients described finding value in making direct links with their material and the ability to relive emotions without distress. Others, described the safety of wanting to remain distanced. It seemed to be important that clients were able to stay distanced if that is what they needed as breaking out of this mode prematurely caused barriers to engagement. The therapist chose techniques based on the distancing they perceived a client required. Landy (1996) highlights the responsibility of the dramatherapist in understanding how to use distancing as an intervention tool and *manipulate* it to inform the choice of techniques and to establish goals which will depend on how closely a client is able to work with their own material directly.

Playing and trying out new ways of being

The use of play outwith and within Dramatherapy is well documented in the literature. Jones (2006) identified play and playing as one of the nine core processes within Dramatherapy. He described it as an active process and a conceptual process. Winnicott (1979) described the potential that 'playing' has for human development. In his theory of playing and creativity, he noted the importance of playing in shaping our imagination and offering an opportunity to 'shape the external world without the experience of compliance, climax, or too much anxiety'. Therefore, playing offers a space for the individual to test out boundaries, to *try out new ways of being*, to be spontaneous. Winnicott theorized that playing cannot occur if there is pressure to be consistent, to make sense, or to live up to some kind of expectations. This is echoed in the comments made by clients, many of whom relished the opportunity to act out of character and to break 'social norms' by engaging in spontaneous playful acts. Winnicott described play as a 'creative reaching out' and the search for the self. However, he described the essential need for play to be 'accepted' in order for this exploration to be successful. This is illustrated through the theme of *allowance* that emerged from the therapist data. Clients felt that they were *allowed* to play, indicating that the play was accepted by the therapist and others in the group.

Active creations and physical experiences

A number of Dramatherapy approaches have incorporated the use of the body into their models offering the client an opportunity for a 'physical experience'. An important element of Johnson's (1992) theory of Developmental Transformations (DvT) is based on the client's ability to engage in 'free play'. Within this DvT theory, a large part of the play is focused on embodiment, bringing the body into the play space using actions, roles,

movements, sounds and gesture. Jones (1996) identified 'embodiment' as one of the 9 core processes in Dramatherapy. However, there is little writing on the role of *active creations* within Dramatherapy. Within this analysis, therapists recognised the benefits of helping a client to see a visual representation of an emotion or situation. Similarly clients identified that creating visual representations using objects or materials made things more 'real'. It also helped develop their new awareness and provided a language through which they could communicate.

Mechanisms of change

The Grounded Theory analysis had the aim of identifying the core processes involved in change. However, the analysis also provided insight into the *ways* in which the emerging processes bring about change. Two key mechanisms of change were identified: 'Developing a new awareness' and 'A language through which to communicate to self and others'.

Developing a new awareness

Many therapists reported that it is their intention, through the safe therapeutic relationship and dramatherapuetic techniques, to provide a reflective space where clients can bring their attention to hidden aspects of themselves or difficult experiences that are otherwise too painful to consider in normal life. Clients described the effects of working through a distanced medium to develop new awareness. They reported it as an experience where feelings were 'springing up' and where 'things will come up you don't expect'. Clients' difficult experiences can be beneath their awareness or they will actively choose to avoid thinking about them. Body work, where there is an opportunity to connect to the emotion through physical exercises such as shouting or stamping, or embodying a role helps clients to become attuned to their physical and emotional self. This allows experiences and

fantasies to unfold, connections to be made and a move into new awareness. Communication with self and communication with others can then follow. The development of new awareness in therapy is thought to be a central indicator of client growth (Levitt & Williams, 2010). Rennie (1992) found that the process of 'reflexive self examination' was a core element of psychotherapy and 'new perspective' was identified as a central task in psychotherapy by Elliott (1985).

A language through which to communicate to self and others

The second key mechanism for change relates to the ways in which Dramatherapy offers clients a *language* for communication. Communication can occur using symbolic language through play and story. In playing a role or developing a character, clients are ultimately communicating something of themselves and gaining greater access to that experience.

Material outwith awareness is transformed through the Dramatherapy medium. It is transformed into drama, a role, a playful act or a metaphor. All of which communicate something from within. New insights can stay here within the creative process until the client is ready to make links to the external world. Damasio (1999) argues that 'our first impetus to *story* an *experience* is the awareness of an inner bodily feeling'. This new awareness does not need to be verbalised, it can be evoked and subsequently communicated through movement, gesture or sounds. Alternatively, if the client is able, new awareness can be discussed with the therapist and/or the group. The client can use the story they created or the characters they became, to talk *through*, providing them with a *language* and a *narrative* for discussion. Developing a narrative through which to tell an emotionally charged story, that links to a

client's own experiences, is thought to be central to the process of change in therapy (Angus & McLeod, 2004).

Through the process of developing new awareness and insight clients are learning skills in reflective functioning which will allow them to cope better with difficult situations and emotions. Increased coping will enhance their ability to regulate their emotions. Learning new ways of communicating thoughts and emotions will also allow for improved interpersonal interactions. The potential for improved reflective functioning as a desired outcome in Dramatherapy warrants further exploration.

Strengths and Limitations

This study has a number of strengths. The study achieved 'sufficiency' suggesting that the analysis was comprehensive. Feedback from therapist participants was positive and consistent with the emerging themes. This suggests that the findings were reflective of the participants' experiences. The inclusion of clients in this study led to new understandings of the key processes involved in change from both a therapist *and* a client perspective.

Limitations identified included a lack of diversity within the participant samples. All of the therapists and clients were of white British nationality with the exception of one therapist who was from outwith the UK. There were also more female than male participants. However, no particular differences were observed between the male therapist and client interviews when compared with female interviews. All of the client participants were over the age of 16, although a number of the therapists described their experience of working with adults *and* young people. The client experiences may not, therefore, be generalisable to young people. Another potential limiting factor was the variability in duration of the clients' interviews. It may be that influential information was lost due to some

clients being unable to take part in longer interviews due to the impact of mental health difficulties or comfort level in discussing therapy experiences.

Clinical and research implications

The emergent themes provide insight into the ways that Dramatherapy can facilitate change in a client. The study highlights that change in Dramatherapy is not focused on symptom reduction, rather changes include developing new awareness and increased insight into self, others and illness. This has implications for improved reflective and interpersonal functioning and affect regulation. Improved reflective functioning can serve to increase a client's ability to engage in mind-mindedness. This is defined as the ability to see ourselves as others see us and facilitates an understanding that all of our experiences are filtered through our own perceptions and are therefore provisional (Holmes, 2008). It is thought that an inability to engage in mind-mindedness can lead to significant difficulties navigating negative emotional situations.

In order to triangulate the data and increase insights, the researcher plans to explore the findings derived from this study by sharing and exchanging knowledge with dramatherapists and other related disciplines such as drama teachers and actors. This will allow for a reflective discussion about the core emerging themes with those with similar and new perspectives. Future research that employs Delphi methods would also be helpful in gaining consensus from an expert panel regarding the key ingredients involved in change in Dramatherapy.

Conclusions

This study has produced a theoretical model that aims to capture the core change processes central to Dramatherapy. It is hoped that this model will provide a frame to increase understanding of the ways in which Dramatherapy can bring about change for clients. Particular change mechanisms were identified, including developing new awareness and a language for communication. It was proposed that these change mechanisms may result in increased reflective functioning and mind-mindedness. Specific change outcomes warrant further exploration. Further investigation in regards to the applicability of the model across dramatherapists would also be valuable.

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Chapter Three:

Advanced Clinical Practice 1

Reflective Account abstract

A reflective journey through supervision

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Abstract

Introduction: This reflection focuses on my experiences of the important role of Clinical Supervision in guiding and evidencing developments in personal and professional practice. The role of Clinical Supervisor is particularly important particularly important in the current climate of change in the NHS. Increased demands for the provision of supervision within mental health teams have arisen out of the Layard Report (2006) and the Increasing Access to Psychological Therapies strategy. In Scotland, the introduction of a 'stepped care approach' to delivering psychological therapies highlights the importance of sufficient supervisory support at each stage of the model. As a training Clinical Psychologist it is vital that I have an in depth knowledge and understanding of the role of the supervisor and the factors that ensure an effective supervisory relationship. In particular the complexities involved in developing good communication between the supervisor and supervisee.

Reflections: I have chosen four key situations with my four Clinical Supervisors in order to illustrate my development and my evolving understanding of myself and the role of supervision. I have related my understanding of these key situations to my clinical work in order to apply my learning. I have incorporated Developmental Theories including those of Winnicott (1954), Erikson (1950) and Bowlby (1969). These theories have helped me to develop my reflections further. I have also referred to both the Atkins & Murphy Model of Reflection (1994) and Stoltenberg's (1998) Integrated Developmental Model to guide my reflections.

Reflective summary: This process allowed me to reflect on the role of supervision and the factors that may lead to a successful supervisory relationship. In particular it helped me to develop some insight into the ways in which I can work towards becoming an effective supervisor in the future.

Chapter Four:

Advanced Clinical Practice 2

Reflective Account abstract

"We don't need to know that"
Whose needs are we meeting in training?

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Abstract

Introduction: This reflective account allowed me an opportunity to reflect upon the role that Clinical Psychologists have in training other professions and staff groups. This is an important and developing area and has been outlined in the Wells Report (2010) as one of the ways that Clinical Psychologists can help to contribute to the wider aim of 'Increasing access to psychological therapies'. The Clinical Psychologist's specialist knowledge of mental health difficulties across the life span and experience of utilising a range of psychological intervention approaches makes them an invaluable resource in helping to implement government policy through training. An example of this in practice is the government initiative set out in Better Health, Better Care (SGHD 2009) that has tasked NHS Education for Scotland (NES) and Clinical Psychologists with developing a training package to teach psycho social intervention skills to staff working with children and young people with physical health needs across Scotland.

Reflections: I have described two key examples where I developed and facilitated training for multidisciplinary team members. I have reflected upon my needs and the needs of the staff groups and how these have impacted on the way in which the training was received. I have applied psychodynamic theory in order to enhance my reflections and offer a deeper understanding of my interactions with the teams. In order to guide my reflections I used Atkins and Murphy's (1994) model of reflection and Schon's (1983) model of 'reflection in action' and 'reflection on action'. I also kept Stoltenberg's (1998) Integrated Developmental Model in mind when reflecting on the changes between my first training experience and my second.

Reflective summary: This process allowed me to reflect on the important role that Clinical Psychology has in helping to build the psychological capacity of others. I developed insight into the key ingredients needed to deliver effective training and the potential barriers that can exist on an individual level and on a wider systems level. Key learning points emerged from the reflections that have increased my competencies and confidence in delivering training in the future.

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Edited by Paulo P. P. Machado

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Appendix 1.2 Sample of coded transcripts: James (1997)

Line no.	TEXT	LINE BY LINE CODING	HIGHER ORDER THEMES
271	the group. Each member began to offer variations.	Becoming involved	
272	Movements included punches, kicks, a grinding	Using the body	Actively involved
273	movement with the hands and wringing movements,	Using the body	
274	such as wringing out a wet towel or breaking a cat's	Bringing in sounds	
275	neck. The sounds accompanying these movements	Bringing in sounds	
278	were grunts, growls and percussive "huh" sounds.	Expressing emotions	
279	These forceful sounds and movements were full of	Expressing anger	
280	angry affect. Bob became uncomfortable as the violent	Staying attuned with client	
281	affect became more pronounced and he transformed the	Taking control	
282	movements into gliding slow arm gestures with a	Changing the pace	Control & Choice/Working alongside/in the 'here and now'
283	"shhh" sound. The group seemed relieved by this and	Staying attuned to needs of grp	
284	the energy and flow increased. However, the group	making choices	
285	returned to the more violent and direct movements a	making choices	
286	short time later and this time Bob participated more	Feeling more at ease	→ Change within the drama (area 1)
287	comfortably.		
288	The therapist next directed the group to turn to each	Facilitating the group	
289	other, increasing slightly the interpersonal demand. The	Challenging the group	
290	group responded with more flow, indicating to the	Making choices	
291	therapist that they were comfortable with this	Staying attuned to the group	Actively involved/control and choice
292	progression. These movements spontaneously	Progressing within the drama	
293	transformed into symbolic gestures of raised fists and	Communicating w` gestures	
294	gestures like "giving the bird" to each other. The image	Getting involved in drama	
295	of throwing some strange substance on each other	Making choices	
296	began to emerge, joined by sounds of disgust as the	Going with the flow of group	
297	group members tried to avoid the "stuff," which	Making choices within drama	
298	Richard defined as shit. Bob transformed the image	Staying attuned to clients	Working in the 'here and now'/working alongside/control
299	into water that the group splashed on each other. The	Exerting control within drama	
300	therapist understood this as Bob's attempt to distance	Staying attuned	
301	the group from the shit image.	Establishing own safety	
	The therapist (in an effort to support the group defense)		Establishing safety
	provided the dramatic structure of the "wash line."	Offering structure within drama	

Appendix 1.3 Sample of a memo

Research Memo

Example of research memo documenting part of the analytic process of developing the higher order theme 'choice and control'

7th March 2013
Offering the clients choice and control within the session

It seems that therapists will take any opportunity to try to give the clients choice in the session. This can take the form of letting the client know that they can tell as much or as little of their own story, how they portray others in a story, choice of story/characters/objects/movement, what they do with the ending. The client has some say on how they work through their own difficulties (with guidance). Does this choice lead onto feelings of empowerment and then control? Therapists seem to think it offers clients control of their own material. It seems that therapists would have to have established some safety first before 'allowing' clients so much choice and control? Would clients be able to make choices if they did not feel safe? This links into the higher order theme of 'establishing safety' which must come first.

Appendix 1.4 Dramatherapeutic techniques found within the papers

Paper 1

Dramatherapy technique	Description
Sculpts: Object Sculpts	Using objects to create a sculpt representing feelings, thoughts and ideas
Images	Comparing images of sculpts created.
Symbol	Using objects to symbolise elements in a client's life.
Reflection time	Reflection on work completed in the group, thoughts and feelings.
Story	Telling own story, creating stories using objects
Props/objects	Using the objects to symbolise thoughts, feelings and situations
Body map	Drawing around the image the body and filling with images that relate to specific experiences

Paper 2

Dramatherapy technique	Description
Object Sculpt	Making sculpts using objects to represent closeness and distance to people in their lives
Physical and mental relaxation	Envisaging a soothing place
Story	Painting and story writing, use of myths and cyclic stories
Reflection time	To allow clients to make their own connections
Symbol	Keeping symbolic material at the end of a session, using a symbolic continuum to increase insight

Paper 3

Dramatherapy Technique	Description
Movement and gesture	Making a movement or gesture to represent feelings
Mirroring	Group mirroring back movements to individual participants
Creating characters	Using body outline to create characters, creating characters to externalise emotions
Images	Using images to reflect emotions

Paper 4

Dramatherapy techniques	**Description**
Story	Creating a collective story within the group, creating a story relating to an imagined space
Symbol	Choosing a symbolic representation of something to keep from the session, to explore themes, use of 'mother' archetype to explore characteristics.
Ritual	Repeating an activity at the start or end of a session: imaginary box to keep memories of the session in.
Gesture	Using body movements to represent emotions
Physical touch	Holding hands
Voice work	Creating sound scapes: making noises to create a imagined place
Dramatic play	Bringing characters to life, to play in the imagined space
Creating characters	Creating characters within the imagined space to further explore themes
Improvisation	Improvising story creations using characters
Metaphor	Use of metaphors to explore themes

Paper 5

Dramatherapy technique	**Description**
Developmental transformations	Include unison movements that are developed into images then personifications of characters and roles leading to role play
Symbolic imagery	Images that illustrate how a client is feeling
Gesture and movement	Movements to symbolise emotion
Creating characters	Characters to represent emotions and ideas, used to explore these further, externalizing emotions
Role play	Playing self or a character, exploring themes and gaining insights and new perspective
Voice work	Warm up exercises using sounds, using sound to represent emotions.
Ritual	Using the magic box at the end of the session, placing all the images of the session into the box to help to leave the play space
Reflection time	Writing in journals or talking to other staff and each other about feelings from a session

Paper 6

Dramatherapy technique	**Description**
Enactment	Using imagined or real scenes from a client's life to act out.
Role play and role reversal	Taking on roles and swapping roles with others
Ritual	Starting the group with a group hug in every session
Relaxation	Focusing on breathing exercises
Voice work	Making sounds to create imagined scenes
Reflection time	Reflection on emotions evoked in the group
Movement	Following the leader's movements around the room

Paper 7

Dramatherapy techniques	**Description**
Body work	Adopting a body posture
Reflection	Time to discuss the activities just completed
Object sculpt	Using paper, crayons and small toy animals to construct a map of the personal passage clients were making
Creative letter writing	Writing letters to the object sculpt created and to other people in the groups object sculpts to offer support
Story	Suggestions of stories from the therapist to offer a dramatic structure to explore themes safely
Role play	Choosing roles to adopt in the enactment of the story

Paper 8

Dramatherapy techniques	**Description**
Story	Six part story method to facilitate clients in creating their own stories, use of myths and legends to explore themes
Enactments	Using clients own stories to develop into enactments
Creating Characters	Developing characters within the evolving stories
Role play	Choosing characters to play in the enactment
Reflection time	Verbally reflecting on the work created in the session
Dramatic play	Developing ideas and 'playing' with them to explore them further e.g. creating an imagined object and locating it in chosen place to create a small improvisation
Objects	Using objects to represent feelings
Symbol	Reflecting on how client's ideas for stories symbolise internal and external struggles in their lives.

Paper 9

Dramatherapy techniques	Description
Sand tray	Creating pictures and small objects using the sand
Objects	Using objects to represent people, emotions, places in the clients life
Reflection time	Verbal reflections and interpretations made by the client regarding the creative work completed
Dream work	Client discussing distressing dreams in order to alleviate the distress
Enactments	Bringing the dream (story) to life through enactment to exploring the meaning
Story	Creation of own story – journey through therapy to gain insight into progress made.

Paper 10

Dramatherapy techniques	Description
Drawing	Drawing significant relationships on paper
Character	Creating a character out of feelings – naming it, interviewing it
Story	Co-creating a story in order to maintain a dramatic reality for a client.
Embodying the character	Embodying the emotions and physicality of a new character.

Paper 11

Dramatherapy techniques	Description
Body work	Therapist developing movements for the group to follow as a warm up exercise
Voice work	Adding sounds to the movements, for others in the group to mirror
Objects	Passing the imaginary object around the room
Symbol	Engaging in symbolic gestures as a group exercise
Developmental Transformations	Transforming the imaginary objects into new objects and responding to these playfully
Role play	Developing roles through improvisation and interacting with others in role
Play	Playing games, working playfully with ideas to build new ideas

Paper 12

Dramatherapy techniques	Description
Dramatic metaphors	Using clients metaphors and developing them into dramatic metaphors by exploring them further using images and embodying the images
Images	Using imagery cards to explore and represent feelings
Body work	Using the body to embody the images chosen and add some movement
Object sculpt	Building a sculpt using objects, that relates to events, people, feelings in own life.
Character creation	Creating a character out of a metaphor to explore it further
Enactment	Creating an enactment out of the dramatic metaphors
Drawing and art work	Creating a life map using paper and pens, drawing significant events on the map
Ritual	Story making ritual done every week
Story	Creating stories from postcards, objects and image cards

Paper 13

Dramatherapy techniques	Description
Body and Movement work	Physical exercises involving pushing back on one another and holding each others weight to create an equilibrum, developing postures using the body to represent emotions
Voice work	Adding voices and sounds to movement
Improvisations	Developing improvisations using words and gesture, and embodying roles such as a gorilla
Mime	Using mime to develop roles within enactments
Symbol	Using places in the room as a symbol to represent emotions
Role play	Taking on roles within an activity and swapping over, taking on roles in a client's life, role reversal.
Sculpts	Creating sculpts using other people in the room
Music	Choosing music to represent mood states and provide a structure for rhythm and movement with touch
Objects	Using objects to interact with others and express emotion safely

Appendix 2.1 West of Scotland Research Ethics Approval Letter

WoSRES
West of Scotland Research Ethics Service

NHS
Greater Glasgow and Clyde

West of Scotland REC 5
Ground Floor - Tennent Building
Western Infirmary
38 Church Street
Glasgow
G11 6NT

Ms Susan Cassidy
Trainee Clinical Psychologist
Mental Health and Wellbeing
Administration Building
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Date 21 August 2012

Direct line 0141 211 2102
Fax 0141 211 1847
E-mail sharon.macgregor@ggc.scot.nhs.uk

Dear Ms Cassidy

Study title: **An exploration of the processes that occur in Dramatherapy: A grounded theory analysis.**
IRAS project number: **109542**
REC reference: **12/WS/0198**

The Research Ethics Committee reviewed the above application at the meeting held on 15 August 2012. Thank you for attending to discuss the study.

Ethical opinion

To summarise your discussion with the Committee, you advised that there are approximately 200 Dramatherapists registered in the UK, with eight or nine being based in Scotland. Since only six Dramatherapists are needed for the study, you hoped that you won't have to recruit many therapists based in England. You also confirmed that you would not recruit any of their clients as those interviews have to be face-to-face.

No funding is available to pay travel costs but the researcher will travel to where the drama therapy sessions are usually held. However, you will try to arrange interviews on same day as the normal session.

The nature of psychological difficulties will be approached sensitively by asking questions such as the reasons why the clients are attending the sessions.

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

1. In the Client Participant Information Sheet, the wording in the "Purpose of the study" section needs to be simplified and written in lay language. Terms such as "core processes" should be removed. The section also contains information that the clients don't need to know (eg Jones 1996).

2. In the "What do I have to do" section, the last five lines of the second paragraph regarding audio recording of interviews) should be removed as this information is also stated in the "Confidential" section. ("All interviews will br audio recorded.....")

It is responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

You should notify the REC in writing once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Confirmation should also be provided to host organisations together with relevant documentation

Approved documents

The documents reviewed and approved at the meeting were:

Document	*Version*	*Date*
Evidence of insurance or indemnity		04 August 2011
Interview Schedules/Topic Guides	1	30 July 2012
Investigator CV		30 July 2012
Other: Email invitation to Dramatherapists	1	
Other: Cover letter to Dramatherapists and Clients re interview date	1	30 July 2012
Other: Interview Schedule (Dramatherapists)	1	30 July 2012
Other: Supervisor CV		
Participant Consent Form: Clients	1	30 July 2012
Participant Consent Form: Dramatherapists	1	30 July 2012
Participant Information Sheet: Clients	1	30 July 2012
Participant Information Sheet: Dramatherapists	1	30 July 2012
Protocol	1	30 July 2012
REC application		31 July 2012

Membership of the Committee

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

12/WS/0198	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project

Yours sincerely

[redacted]

for
Dr Gregory Ofili
Chair

Enclosures: List of names and professions of members who were present at the meeting and those who submitted written comments
"After ethical review – guidance for researchers"

Copy to: Debra Stuart, University of Glasgow

Appendix 2.2 West of Scotland Research Ethics approval: Minor amendments

WoSRES
West of Scotland Research Ethics Service

NHS
Greater Glasgow and Clyde

West of Scotland REC 5
Ground Floor - Tennent Building
Western Infirmary
38 Church Street
Glasgow
G11 6NT

Ms Susan Cassidy
Trainee Clinical Psychologist
Mental Health and Wellbeing
Administration Building
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH

Date 16 October 2012

Direct line 0141 211 2102
Fax 0141 211 1847
E-mail sharon.macgregor@ggc.scot.nhs.uk

Dear Ms Cassidy

Full title of study: **An exploration of the processes that occur in Dramatherapy: A grounded theory analysis.**
REC reference number: **12/WS/0198**

Thank you for your email of 3rd October 2012. I can confirm the REC has received the documents listed below as evidence of compliance with the approval conditions detailed in our letter dated 21 August 2012. Please note these documents are for information only and have not been reviewed by the committee.

Documents received

The documents received were as follows:

Document	*Version*	*Date*
Covering Letter		03 October 2012
Participant Information Sheet	2	02 October 2012

You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&D offices at all participating sites.

12/WS/0198 **Please quote this number on all correspondence**

Yours sincerely

[redacted]

Mrs Sharon Macgregor
Committee Co-ordinator

Copy to: Debra Stuart, University of Glasgow

There is no requirement for separate Site-Specific Assessment as part of the ethical review of this research. The SSI Form should not be submitted to local RECs.

Communication with other bodies

All correspondence from the REC about the application will be copied to the research sponsor. It will be your responsibility to ensure that other investigators, research collaborators and NHS care organisation(s) involved in the study are kept informed of the progress of the review, as necessary.

12/WS/0198	**Please quote this number on all correspondence**

Yours sincerely

[redacted]

Mrs Sharon Macgregor
Committee Co-ordinator

Copy to: Debra Stuart, University of Glasgow

Appendix 2.3 Initial email contact with Dramatherapists

Dear…..

I hope that you don't mind me being in touch. I found your contact details on the British Association of Dramatherapists website. My name is Susan Cassidy and I am currently training to be a Clinical Psychologist at The University of Glasgow. I am planning to do my final research project on 'an exploration of the processes that occur in dramatherapy' and so I am looking for dramatherapists to take part in the study.

The research will involve interviewing dramatherapists about their experiences of facilitating sessions. Interviews will be relaxed and informal and last for approximately 45 minutes.

As I also hope to interview clients who have had dramatherapy, in order to gain insight into their experiences, I wonder if you could let me know if you work with clients who are over the age of 16? I would very much appreciate it if you could keep in mind, any clients who you think would also be suitable to take part in the study.

If you would like to hear more about the study, and think that you might be interested in taking part, then please get in touch with myself by email or by telephone on (XXXXXXXX)

I look forward to hearing from you,

Best wishes,
Susan

Follow up email

Dear ……..

I hope that you don't mind me being in touch again. I emailed you on the (date). I am still in the process of recruiting dramatherapists for my study and I would very much appreciate it, if you would consider taking part.

If you would like to learn more about the study before making a decision, then please do not hesitate to be in touch by email or telephone (xxxxxxxxxxx).

If I don't hear from you over the next two weeks I will assume that you have decided not to take part.

Thank you so much for taking the time to consider my request.

Best wishes,
Susan

Appendix 2.4 Participant Information Sheet (dramatherapists)

Participant Information Sheet

Study Title: An exploration of the processes that occur in Dramatherapy: A grounded theory analysis

You are being invited to take part in a research study. This study will explore the experiences of dramatherapists in facilitating Dramatherapy sessions and the experiences of clients who have attended Dramatherapy sessions. Before you decide whether you want to take part it is important for you to understand why the research is being done and what it will involve for you. Please read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this information.

What is the purpose of the study?

A number of core processes have been identified to be involved in Dramatherapy approaches and they are believed to be essential in effecting change Jones (1996). However, limited research in this area highlights the need for a greater understanding of which methods and processes are perceived to effect change. This knowledge will increase the likelihood of understanding the relationship between client and therapist experiences, therapeutic processes and tools and change outcomes in Dramatherapy.

Why have I been chosen?

You have been chosen because you are an HPC registered qualified Dramatherapist who is currently working as a Dramatherapist or has done in the last year. A minimum of 6 Dramatherapists will be recruited to the study.

Do I have to take part?

It is up to you to decide whether to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

What do I have to do?

If you decide to take part you will be interviewed about your experiences of facilitating Dramatherapy sessions. The interview will take place in a therapy room in your place of work or the interview will be conducted through the computer based programme 'Skype'. Whichever method is used for your interview, it will last around one hour. The interview will be relaxed and informal and will give you the chance to describe your thoughts, feelings and experiences of facilitating Dramatherapy sessions.

As I will be recruiting clients who have experience of attending Dramatherapy sessions, I also ask that you consider if you are working with any clients who would also like to take part in the study. Suitable clients include those who are over 16 years of age and who have attended a minimum of 6 Dramatherapy sessions. I can discuss this further with you if you decide to participate in the study.

The study will begin in August 2012 and should be finished by August 2013. If you become involved in the study you will only be required to attend one interview session.

What are the possible disadvantages and risks of taking part?

There are no identified disadvantages to taking part in the study. However, please remember that you can stop the interview at any point.

What are the possible benefits of taking part?

The interview will give you an opportunity to talk about your experiences of facilitating dramatherapy sessions. This may allow a space for you to reflect on your practice and may evoke interesting observations and ideas. The interview data will allow an opportunity to seek insights into commonalities and differences in the perceptions of various dramatherapists, allowing further insight into the core processes involved in dramatherapy.

This study allows you to contribute to the emerging evidence base for dramatherapy.

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will have your name, address and any other identifying markers or personal references removed so that you cannot be recognised from it.

All interviews will be audio recorded to ensure that the data collected is accurate. This information will be immediately transferred to an encrypted laptop and deleted from the digital recorder. The recordings will be transcribed and all indentifying information will be anonymised. Once your interview has been transcribed, the recording will be destroyed. The transcribed interviews will be held at the University of Glasgow for 5 years and then destroyed in accordance with university guidelines.

What will happen to the results of the research study?

The results of this study will form part of a student dissertation at Glasgow University that will be marked. A hard copy of the thesis will be held in the University of Glasgow library. It may also be published in a peer-reviewed journal or presented at conferences. All results (which may include direct quotes) will be anonymised so you will not be identified in any report/publication. If you would like to receive a summary of the study findings and/or be alerted to the publication of the study then please let the researcher know by ticking the appropriate box on the consent form.

Who has reviewed the study?

The study has been reviewed by the NHS GG&C Research Ethics Committee.

Contact for Further Information

If you require any further information or if you are not happy with the research process please contact:

Name: Susan Cassidy

Email: s.cassidy.1@research.gla.ac.uk

Phone: xxxxxxxxxxxxxxxxx

Or a member of academic staff who is independent from the research study:

Name: Dr Sarah L. Wilson, Senior Lecturer In Health Psychology

Email: sarah.wilson@glasgow.ac.uk

Telephone: +44 (0)141-211-3938 (direct); 0141-211-3935 (secretary)

Thank you for taking the time to read this!

Reference: Jones P (2006) Drama as Therapy (2nd ed) Routledge Publishing, New York

Appendix 2.5 Consent Form (dramatherapists)

University of Glasgow | College of Medical, Veterinary & Life Sciences

CONSENT FORM

Title of Project: An exploration of the processes that occur in dramatherapy: A grounded theory analysis

Patient Identification Number for this study:
Name of Researcher: Susan Cassidy

Please initial boxes

1. I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without consequences. ☐

3. I understand that the interview I take part in will be digitally recorded (all recordings will be destroyed once the study is finished). ☐

4. I understand that anonymised quotes from the interview may be used in reports and publications written about the study (no-one will be able to identify you from these quotes). ☐

5. I understand that I am under no obligation to approach clients to take part in the study and that I can continue to take part without identifying clients to take part. ☐

6 I understand that this is a student project that will result in a dissertation that will be marked. ☐

7 I would like to receive a summary of the results after the study is completed. ☐

8 I would like to be alerted to the publication of the study. ☐

Name of participant_____**signature**_____ **Date**_____
Name of resercher _____ **signature** _____**Date**_____

Appendix 2.6 Participant Information Sheet (Clients)

Participant Information Sheet

Study Title: An exploration of the processes that occur in Dramatherapy: A grounded theory analysis

You are being invited to take part in a research study. This study will explore the experiences of clients who have had Dramatherapy and also the experiences of Dramatherapists in facilitating Dramatherapy sessions. Before you decide whether you want to take part it is important for you to understand why the research is being done and what it will involve for you. Please read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this information.

Why is the study being carried out?

A number of important factors are involved in Dramatherapy and they are believed to be essential in helping people to make changes. However, limited research in this area highlights the need for a greater understanding of which methods and activities are helpful in creating changes. This knowledge will help us to understand the experiences that people have in a Dramatherapy sessions and the factors that they believe have helped them the most.

Why am I eligible to take part?

You are eligible because you are over the age of 16 and have attended 6 or more Dramatherapy sessions. A minimum of 6 people will be recruited to the study.

Do I have to take part?

It is up to you to decide whether to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

What do I do if I want to take part?

The Dramatherapist whom you are attending sessions with, will have passed this information sheet on to you.

If you wish to take part in the study then please contact me by telephone or by email (*my contact details can be found at the end of this sheet*) to let me know that you would like to take part. You can also ask me any questions that you might have and find out more about the study to help you to make a decision.

Or alternatively, you can let your Dramatherapist know that you would like to take part and we can arrange a time to meet through her.

If you decide to take part, we will arrange a time together, that suits you, to carry out an interview. It will take place in a therapy room in the place where you attend your Dramatherapy sessions. The interview will be relaxed and informal and will give you the chance to talk about your thoughts, feelings and experiences of attending Dramatherapy sessions. The interview will last approximately 45 minutes.

The study will begin in August 2012 and should be finished by August 2013. If you become involved in the study you will only be required to attend one interview session.

What are the possible disadvantages and risks of taking part?

As you are describing your therapy sessions, you may feel upset if you chose to describe difficult times in your life. I will be sensitive to this and please remember that you can stop the interview at any point.

What are the possible benefits of taking part?

The interview will give you an opportunity to talk about your experiences of attending Dramatherapy sessions. This may allow a space for you to reflect on your experiences and may help you to further understand your sessions.
This study allows you to contribute to the emerging evidence base for Dramatherapy.

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will have your name, address and any other identifying markers or personal references removed so that you **cannot be recognised from it.**

All interviews will be audio recorded to ensure that the data collected is accurate. This information will be immediately transferred to an encrypted laptop and deleted from the digital recorder. The recordings will be transcribed and all indentifying information will be anonymised. Once your interview has been transcribed, the recording will be destroyed. The transcribed interviews will be held at the University of Glasgow for 5 years and then destroyed in accordance with university guidelines.

What will happen to the results of the research study?

The results of this study will form part of a student dissertation at Glasgow University that will be marked. A hard copy of the thesis will be held in the University of Glasgow library. It may also be published in a peer-reviewed journal or presented at conferences. All results (which may include direct quotes) will be anonymised so you will not be identified in any report/publication. If you would like to receive a summary of the study findings and/or be alerted to the publication of the study then please let the researcher know by ticking the appropriate box on the consent form.

Who has reviewed the study?

The study has been reviewed by the NHS GG&C Research Ethics Committee.

Contact for Further Information

If you require any further information or if you are not happy with the research process please contact:

Name: Susan Cassidy

Email: s.cassidy.1@research.gla.ac.uk

Phone: XXXXXXXXX

Or a member of the academic staff who is independent of the study:

Name: Dr Sarah L. Wilson, Senior Lecturer In Health Psychology

Email: sarah.wilson@glasgow.ac.uk

Telephone: +44 (0)141-211-3938 (direct); 0141-211-3935 (secretary)

Thank you for taking the time to read this!

Appendix 2.7 Consent Form (Clients)

University of Glasgow | College of Medical, Veterinary & Life Sciences

CONSENT FORM

Title of Project: An exploration of the processes that occur in Dramatherapy: A grounded theory analysis

Patient Identification Number for this study:

Name of Researcher: Susan Cassidy

Please initial boxes

7. Iconfirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without consequences. ☐

3. I understand that taking part in this study will not affect my Dramatherapy sessions or the service that is being provided to me. ☐

4. I understand that the interview I take part in will be digitally recorded (all recordings will be destroyed once the study is finished). ☐

5. I understand that anonymised quotes from the interview may be used in reports and publications written about the study (no-one will be able to identify you from these quotes). ☐

6 I understand that this is a student project that will result in a dissertation that will be marked. ☐

7 I would like to receive a summary of the results after the study is completed. ☐

8 I would like to be alerted to the publication of the study. ☐

9. I agree to take part in the above study. ☐

Name of Participant Date Signature

Researcher Date Signature

*1 copy for the participant; 1 copy for the researcher.

Appendix 2.8 Interview guide for Dramatherapists and Clients

Interview Questions for Dramatherapists

The interviews will be led, to some extent, by the topics that participants chose to discuss.

1. How would you describe Dramatherapy?
2. What do you do as a Dramatherapist?
3. What do you think is most helpful about the sessions for the clients that attend?

Prompts for Question 1:

- Do you find it easy or difficult to describe? Why do you think this is? Anything more to add?

Prompts for Question 2:

- What techniques and processes do you use most? Do you run groups or individual sessions?, Are there any parts that you find challenging? Is the experience of facilitating sessions with different client groups different?

Prompts for Question3:

- Are there any examples that you can use to illustrate this? In what way was the technique/process/ experience helpful? Did it relate to any goals that were set for therapy?

Interview Questions for Dramatherapy clients

The interviews will be led, to some extent, by the topics that participants chose to discuss.

4. How would you describe Dramatherapy?
5. What sorts of things do you do in your Dramatherapy sessions?
6. What do you think is the most helpful thing that you get from your sessions?

Prompts for Question 1:

- Do you find it easy or difficult to describe? Why do you think this is? Anything more to add?

Prompts for Question 2:

- What types of things do you do most? Are you part of a group or do you have individual sessions?, Are there any parts that you find challenging? Are there parts that you enjoy about the sessions or parts that you don't enjoy? Why do you think that is? Any examples?

Prompts for Question3:

- Can you tell me more about this? Is there anything that is different now from when you first started coming to Dramatherapy? Did you know what you wanted help with?

Appendix 2.9 Sample of a memo

Development of category: Being allowed and allowing self to play

Date: 16th May 2013

It seemed like it was almost quite euphoric, the idea that clients were 'allowed' to play. They compared it to being a child and it seemed to bring back memories from child hood. There was a feeling of almost not believing that they were being given the opportunity to play and there were lots of comparisons to the play space in therapy compared with what would be 'tolerated' outside of therapy. There was a sense of freedom and that clients could 'be themselves' amidst the mental health difficulties they were struggling with. The Dramatherapy session seem to 'free' them from the constraints of having a mental health problem, for a short period of time. At times, for some clients this was quite challenging. Although clients appeared eager to play and wanted this experience, it was not always easy. It was acknowledged by some that it required a 'letting go' and that some people would not be ready for this. Some clients acknowledged that this might be the reason that some clients don't come back to therapy. They are not ready to 'let go.' Clients are 'allowed' to play but they must also 'allow' themselves to play….Some clients appeared annoyed that people outside of therapy might think playing is always fun and easy. They know that there is an inevitability that play will bring up difficult emotions and difficult experiences from people's past or current situation. Some people might not be ready to allow this to happen and so will find it difficult to engage in play and be playful.

Appendix 2.10: Sample of a coded transcript: Therapist David

Line no.	Text	Line by line coding	Higher order themes
691	Playing the roles of gods of animals or figures from	Playing roles	
692	history, enables the person to expand their sense of	Finding new parts of self	
693	self and relieve that constricted self and you cant do	Allowing parts of self to emerge	Trying out new ways of being
694	that in CBT, you are restricted to cognitive ego	Allowed to access parts of self	
695	focused stuff.		
696	**Yes**		
697	So i think DT enables an expansion of the self and a	Accessing other parts of self	
698	capacity to explore aspects of the self, perhaps that are	Allowed to explore self	
699	in the 'shadow', or difficult to access. So in your ego	Accessing hidden parts of self	
670	personality you might say well i don't do anger, i	Going beyond held beliefs	
671	don't get angry, i don't like conflict, i live a restricted	Understanding self	
672	life and people walk over me and i don't complain. So	Knowing 'presented' self	Trying out new ways of being
673	we create a role of somebody that complains, bossy	Creating roles	
674	auntie. I've had a client play Margaret Thatcher.	Playing new roles	
675	Powerful woman who says things as it is. Yes, and	Experiencing different ways	
676	that expands people and i think that's of enormous	Opening up new ways of being	
677	value in DT.		
678	Yes, and there's something about just in the doing of	Getting involved physically	
679	getting up and holding onto things, objects or getting	Using objects	
680	up put of your seat and sitting somewhere different.	Using body	Physically experiencing
681	I think empowerment is a crucial thing and play. As	Becoming empowered	
682	adults, we block our capacity to play or it has been	Being unable to play	
683	blocked for us by life and sitting and behaving	Blocking ability to play	Being allowed and
684	yourself properly in a chair in therapy would not	Using dramatherapy to play	allowing self to play
685	necessarily release you into playful mode.	Becoming playful	

Appendix 2.11 Major Research Proposal

Major Research Project Proposal

An exploration of the processes that occur in dramatherapy: A grounded theory analysis

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Abstract

This study investigates the processes that occur in dramatherapy from both the drama therapist and the client's perspective. A number of core processes have been identified to be involved in dramatherapy approaches and they are believed to be essential in effecting change (Jones 1996). However, limited research in this area highlights the need for a greater understanding of which methods and processes are perceived to effect change. This knowledge will increase the likelihood of understanding the relationship between client and therapist experiences, therapeutic processes and tools and change outcomes. The aim of the study is to use a grounded theory method in order to explore the themes relating to perceptions of change for both dramatherapists and clients who have experienced dramatherapy. By gaining insight into the experience of dramatherapy, a fuller understanding of how drama therapeutic tools and techniques relate to client's and therapists understanding of change will emerge. The study will advance theoretical understanding of the processes experienced in dramatherapy and how they effect change. It will also identify commonalities and differences between client and therapist perceptions potentially highlighting implications for clinical practice.

Introduction

Dramatherapy

The emergence of Dramatherapy can be dated back as early as the 1930s, however, it cannot be linked to any one single individual for its creation. Instead there has been a gradual evolution, with a number of key pioneers facilitating progress. The introduction of specialist trainings in the 1970's led to the birth of a professional identity (Jones, 2006).

In the Dramatherapy research literature a number of theories are considered to influence the processes within the approach, for example, group dynamics theory, psychotherapy, theories of play, the work of Jung, Winnicott, Rogers, Freud and Klein (Jones, 2006). Adherence to particular theories will inevitably lead to the use of techniques and processes that accord with these theories. These decisions may be influenced by the individual experiences and style of the Dramatherapist and on the needs of the client group including the culture the client belongs to (Dokter,1994).

Over the years Dramatherapists and researchers have contributed to the development and understanding of drama therapeutic methods through their clinical experiences. They have recorded and shared this work by writing clinical cases studies and theoretical pieces (Ditty Dokter & Linda Winn, 2010)

Defining what Dramatherapy is, and how it is effective, has been described as problematic (Courtney, 1979). This is partly owing to the variety of approaches adopted within this one form and to the difficulties in quantifying the outcomes produced. The following research studies illustrate the range of different processes and techniques used to effect change.

Dramatherapy research studies and the evolving 'core processes'

Metaphor and Symbol

Mann (1996) described the role that symbol and metaphor can play in Dramatherapy: through metaphor, issues that are too sensitive or difficult to talk about can be expressed; and Dramatherapy can provide a 'frame of reference' to use symbol as a way of interpreting the systems that we live in. Dent Brown (1999) described a 6-part story assessment tool for use with clients with personality disorder. This tool employs metaphor in aiding communication, empathy and relationship building to assist clients who find it difficult to discuss painful life stories.

Dramatic play

Weisberg and Wilder (2001) provide an account of how playful activities can encourage spontaneous self expression and act to re-stimulate interactions in elderly depressed clients in a nursing home. Similarly, Lev-Aladgem (1999) used dramatic play with patients in a geriatric day-care centre in Israel. Clients participated in scenes that were the metaphorical expressions of profound feelings, of desire, of loss of health and of the need for relationships. She hypothesised that the 'distance' of the dramatic play allowed them to reveal these thoughts and to share them with others.

Story

In 1974, Nitson compared drama therapy with a verbal psychotherapy with patients in long stay institutions with schizophrenia. He applied Slade's child drama principles and physical movement, dramatic improvisations and enactments of everyday situations. He found clients had increased in spontaneity and were able to develop more complex stories in

comparison to the verbal psychotherapy group. Bird (2010) describes a case study where he worked with a young lady with anger difficulties. In allowing the client to author a new ending to a well known story, she was able to separate from the idea of a dominant and fixed story in her own life. This allowed a new narrative to develop with the option of new possibilities in her own narrative.

Role play and role reversal

The use of role play and role reversal can serve to help clients to see situations from other's perspectives, increasing empathy and awareness of self in relation to others. Shuttleworth (1980) described working with a family and asking them to role reverse with each other. This allowed insight into the difficulties from each family members perspective.

Therapeutic Distancing

Scheff (1979) was the first to describe 'therapeutic distancing'. Anderson – Warren (1992, 1996) went onto utilise mime, sculpting, masks, symbol and mirroring in order to create a 'therapeutic distance' with patients with psychotic illness. Many of the drama therapeutic techniques described offer a client a 'safe' distance in which to explore their difficulties. Casson (2001) found that the creative structures provided within Dramatherapy provide varying degrees of distance which creates a safe container for feelings and fantasy to be explored.

The selection of research studies above illustrates the richness and the diversity of drama therapeutic techniques and tools that are readily available to the dramatherapist. This can be viewed as an advantage in that interventions can be designed to meet the varied and complex needs of individuals. However, this can also cause confusion as the variance in approaches can lead to uncertainty about the nature of Dramatherapy and how to measure and

identify the core components involved in the changes observed. In response to these questions Jones (1996) proposed nine 'core therapeutic factors'. These include dramatic projection, drama therapeutic empathy and distancing, role playing and personification, interactive audience and witnessing, embodiment; dramatising the body, playing, life-drama connection and transformation. In defining these nine core 'therapeutic factors' Jones attempts to describe the common processes present across all Dramatherapy approaches. This is an important development in Dramatherapy research as it offers a unified understanding of theory as it links to practice across client populations and practitioners. In 2008, Jones conducted research into the nine core processes. He analysed clinical vignettes provided by dramatherapists working across different client groups. The vignettes described therapist's experiences of using drama therapeutic methods and the core processes and sought to understand their perceptions of how these effected change in their clients. Jones found that dramatherapists were using the core processes as a guide in their work. They served as a framework and provided a language through which to communicate Dramatherapy practice.

The literature as it currently stands, however, is limited in the exploration of the proposed core concepts and their recognition within therapy by therapists and clients as important agents for change. It is important for all therapies to understand the processes experienced by the client. None of the studies reported on above incorporate the perspectives of the client and what they perceived to be integral to the changes observed in them. In addition, research has shown that therapist and client perceptions of 'what goes on in therapy' can often differ (Bachelor, 1991) indicating that it is important to examine both perspectives when evaluating the potential key processes involved in therapeutic change.

Exploring the client's perceptions of therapy

In the literature, there are strong arguments made for using therapist and client perspectives in therapy research. For example, Rayner, Thompson & Walsh (2011) explored client's experience of CAT (Cognitive Analytic Therapy) and how specific CAT tools play a role in client's perceptions of change. The experience and use of CAT tools were understood and contextualised within the identified processes. A core theme that emerged as related to change included a sense of 'doing with' the therapist. Within this theme were four interrelated themes that included 'being with the therapist', 'keeping it real', 'understanding and feeling' and 'CAT tools'. Clarke, Rees & Hardy (2004) explored client perceptions of cognitive therapy for depression. Emerging themes included 3 clusters relating to 'the listening therapist, 'the big idea (related to particular therapy techniques) and 'feeling more comfortable with self'. Messari & Hallam (2003) conducted a study investigating client's perspectives of receiving cognitive behavioural therapy for psychosis. Using semi-structured interviews, they found that the educational components of CBT and the respective therapeutic relationships developed between therapist and client were of most value.

There are few studies in the Dramatherapy literature utilising client perspectives of therapy. One study that did, was carried out by Casson (2001) with clients with psychosis. He investigated, using interviews and questionnaires, which aspects of Dramatherapy clients found helpful or unhelpful. Casson's research results revealed the notion of 'distancing' (one of the nine core processes identified by Jones 1996) as a central component in facilitating change.

Grainger (2001) states that Dramatherapy can only be evaluated by 'living the drama'. Therefore, tapping into the subjective experiences of those who have 'lived the drama' using qualitative methods will provide an invaluable account of what is experienced in Dramatherapy. Jones (2008) recognises the need for further insights, discoveries and connections to be made. He encourages researchers to continue to explore the proposed 'core processes' and build on them using the unique insights of those who have experienced them first hand. The proposed study aims to add to the current drama therapy literature base by incorporating both therapists' and clients' views of the processes that occur in Dramatherapy.

Aims

The study aims to explore the processes experienced by therapists and clients in Dramatherapy. The study also aims to explore which processes are perceived by clients and therapists to be important for change.

Plan of Investigation

Participants

The study will recruit two sets of participants: Qualified dramatherapists registered with the HPC and individuals who have completed a course of Dramatherapy. The dramatherapists will have at least one year of clinical experience. They will currently be working as dramatherapists or have worked with clients no longer than two years ago. They will work in a variety of settings e.g. NHS adult psychological services, charity organisations and council services. They will be working with clients with a range of psychological difficulties, age groups and demographic backgrounds.

Individuals who have experienced Dramatherapy will have attended at least eight sessions and be nearing the end of the work or have been discharged in the last year. Participants will have been referred to the Dramatherapy services with a range of psychological difficulties and will range from age 16 and above and be male or female. Participants will be recruited from services that offer Dramatherapy. All participants will have been referred through the NHS or voluntary sector.

As this study is qualitative in nature it is difficult to predict the number of participants needed in advance. The researcher will aim, however, to include a minimum of six Dramatherapists and six clients.

Inclusion and Exclusion Criteria

*Dramatherapists:*Inclusion criteria: accredited dramatherapists who are eligible for HPC registration and who have at least one years experience working as a dramatherapist. They will have worked with clients no longer than two years ago.

Exclusion criteria: those who are not eligible for HPC registration as a dramatherapist and those who have not had an active Dramatherapy case in the past two years.

Clients: Inclusion criteria: those who have been referred for Dramatherapy due to psychological difficulties and who are nearing the end of their therapy sessions or who have been discharged for no longer than one year.

Exclusion criteria: those under 16 years old.

Recruitment Procedures

Dramatherapists will be identified using the British Association of Dramatherapy website. They will be contacted by email and telephone to introduce the study and if interested will be sent written information about the study. This information will include the consent form. The researcher will contact the therapists by telephone to arrange a time to discuss the study further, check eligibility and arrange a time for interview. The consent form will be collected on the day of the interview. If the interview is carried out using Skype, therapists will be asked to send the researcher a signed consent form by post. Those who have consented to take part in the research will also be asked to identify potential clients who may be willing to take part. The researcher will provide dramatherapists with an information pack about the study to pass onto suitable interested clients. Clients will be requested to contact the researcher by email, telephone or by returning a consent form by freepost mail to agree to be approached for consideration in the study. The researcher will then contact them by telephone to discuss the study further, to ensure eligibility and to arrange a time to interview them should they choose to take part. Formal written consent will be asked for on the day of the interview.

Measures

Interviews: The data will be collected by semi structured interviews lasting 45 minutes. Information regarding socio-demographic details and the nature of the participant's psychological difficulty will be collected at the beginning of the interview. The interview will then go on to focus on individual experiences of Dramatherapy. The interviews will include a small number of open-ended questions designed to act as a guide to facilitating a flexible conversation. This will encourage participants to stay true to their individual experiences.

Design and Research Procedures

The researcher will utilise a grounded theory method to investigate the processes that occur in a Dramatherapy session. Grounded theory is most appropriate for this study as it emphasises the importance of developing new, context-specific theories from the data, rather than deriving from existing theoretical formulations. Grounded theory methodology allows a rich description of participant's experiences and aims to capture the individual nature of these experiences for both dramatherapist and Dramatherapy client. It aims to produce a shared social reality that emerges from the data.

Reflexitivity

In line with grounded theory, it is acknowledged that both researchers and participants interpret meanings and actions, and that this can impact on how the theory is developed. Therefore, the researcher will take a constructivist approach to the process of data collection and analysis, and will consider howthe theories emerge by recognising that their own assumptions, values and interpretations will affect the research. This is of particular relevance as the researcher is a qualified Dramatherapist. It is acknowledged, therefore, that pre conceived ideas may influence the study. In order to dissipate any influences, the researcher will keep a reflective diary and will meet regularly with the research supervisor. In addition to this, at each stage the emerging theory will be checked against the original interview to check that is does not become speculation and remains grounded in the original data.

Theoretical Sampling

A theoretical sampling approach (Glaser and Strauss, 1967) will be followed whereby the research will be conducted in stages. New data sources will be used to confirm emerging

data and explore further emerging themes. Therefore, the researcher will conduct interviews with Dramatherapists first before moving on to interview clients.

Data Analysis

The interviews will be audiotaped and transcribed by the researcher. Concepts of potential interest will initially be identified, gathered together as categories and assigned codes. The theory will be developed by examining the properties of categories and the relationships between them. In line with grounded theory, the 'constant comparative method' will be used. The researcher will also take notes alongside conducting interviews in order to encourage reflection to help elaborate categories and identify gaps (Charmaz, 2006). Interviews will be analysed and coded after each one is completed to allow for new questions to develop as new themes begin to emerge. These new questions will then be incorporated into subsequent interviews in order to explore them further. Coding will continue until categories are 'saturated' and no further themes emerge from new data (Charmaz,2006).

Settings and Equipment

Interviews with Dramatherapists will be carried out in person or using 'Skype™' (Skype™, 2012). Interviews conducted in person will be held in a private room in the clinical setting where the Dramatherapist is based. Those conducted through 'Skype™' will allow face time contact on a computer screen and will be conducted in a quiet and confidential space. This will require that the Dramatherapist has access to a computer with a web-cam, 'Skype™', and has a fast broadband internet connection. All of the interviews with clients will be conducted in person. Clients will be interviewed in the clinical setting where they currently attend or previously attended for Dramatherapy. A Dramatherapist will be available during the interviews with clients. Digital recording and transcribing equipment

will be needed to record and transcribe the interviews, with a phone adaptor for the 'Skype™' interviews. An encrypted computer will be required to transcribe the interviews.

Health and Safety Issues

Researcher/Participant Safety Issues:

Participants will be interviewed in clinic settings that are familiar to participants. The researcher will follow the existing health and safety guidelines in the clinical setting. Home visits will not be conducted. During client interviews, a Dramatherapist with whom the client is familiar will be present in the building should additional support be required. Interviews can be terminated at any point by the researcher or the participant.

Ethical Issues

The researcher acknowledges that interviewing participants about their experiences of Dramatherapy may be upsetting, and may cause distress as clients may be feeling vulnerable. The researcher has experience of working with vulnerable adults with psychological difficulties and is able to monitor participant comfort and potential risk issues. Should a participant become distressed they will be asked if they wish to take a break or terminate the interview. If it becomes apparent during the interview that the participant has current psychological difficulties that are not currently being supported the researcher will consult with their Dramatherapist and signpost them to their GP and/or local mental health services for further advice.

The data used in the study will be anonymised and kept confidential in adherence with the NHS Confidentiality Code of Practice. All interviews will be digitally recorded and

the file will be transferred to an encrypted laptop. All ethical issues will be addressed through appropriate ethical committees.

The researcher will submit the completed study to 'The Arts in Psychotherapy' journal or the 'Dramatherapy' Journal.

Financial Issues and Travel

Financial costs to the university will include stationary and postage costs. The employer will be approached for consideration of travel costs to clinical sites that may include Kilmarnock and Dundee.

Timetable

Ethical Approval and R&D Approval applications will be completed from July 2012. Provided ethical approval is granted, the organisation of sites and materials and interview schedules will be undertaken from August 2012. Data collection is expected to be undertaken from August 2012 until approximately February 2013.

Practical Applications

It is hoped that this study will add to the existing knowledge base regarding the processes that underpin Dramatherapy and will uncover useful insights into its clinical application with various client groups and psychological presentations. A greater understanding of individual's experiences of Dramatherapy both from a dramatherapist perspective and from a client perspective will highlight congruence and/or disparages in the way in which Dramatherapy is interpreted. This may help to provide insight into the effectiveness of particular drama therapeutic techniques and help to inform the practice of

dramatherapists. Understanding what a client finds helpful first hand will provide valuable information about what is involved in effective therapy.

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