

Drama and dance therapy for the treatment of psychiatric disorders

Sheng-Tsung (Dominique) Chiu

Fourth Year Medical Student
Auckland School of Medicine
University of Auckland

Dominique is a fourth year medical student at the Auckland School of Medicine, University of Auckland. She completed this essay as part of the MBChB 311 Medical Humanities paper, while in third year.

INTRODUCTION

Within contemporary medicine, therapy for psychiatric disorders has been a field of growing interest. Such disorders of the mind can be broadly classified into: affective, psychotic, anxiety and personality disorders. The progressive decline, though not yet eradication, of stigma associated with psychiatric disorders has risen with the emergence of new therapies developed as a supplement to the conventional psychotherapy. The possibility that art therapies - art, dance/movement, drama and music - could help people adapt to, or recover from, mental ailments has caught the attention of the public in the last few decades. These therapies have been described as an application of a creative medium to psychotherapy, based on the idea that self-expression and self-awareness are promoted and catalysed by creativity.¹ Creative processes thereby enhance one's psychological wellbeing. This essay will initially give an overview of how drama and dance/movement therapies have been used as part of treatment processes for psychiatric disorders. Examples of important concepts and techniques of dramatherapy will be discussed. The field of psychodrama, as a different entity to dramatherapy, will be considered and significant differences and similarities between psychodrama and dramatherapy will be outlined. Finally, an example of the use of dramatherapy in treating women who suffered from the traumatic experiences of domestic violence will be examined and conclusions will be drawn on the effectiveness of drama as therapy.

DRAMATHERAPY

*"Drama, by its very nature induces empathy and perspective"*²

Dramatherapy utilises aspects of dramatic processes to help people identify problematic issues in their lives in order to explore alternative ways of dealing with them. Dramatherapy has been applied in many contexts; such as in the treatment of children, adolescents, addiction, eating disorders, post-traumatic stress disorder, personality disorders and victims of sexual abuse.³ It can be done in a group setting or individually and is always under the guidance of a facilitator or dramatherapist. Story telling, story making, role-playing, role reversal, improvisation, narrative, imagery, props, masks and so on are used as stimulation for dramatisation.³ Jones explains in his book "Drama as Therapy", that the underlying theory of dramatherapy is that drama and theatre are more than imitations of life and are essentially ways for people to actively participate in the world.⁴

While drama and its potential healing powers have been recognised for many years, dramatherapy did not emerge as a specific professional discipline until the 1930s, and it was shaped and formed to the dramatherapy we see today by influential leaders such as Peter Slade, Billy Lindkvist and Sue Jennings in the United Kingdoms.⁴ (p 82-83) Dramatherapy emphasises creativity and spontaneity, which allows a participant to go on a journey in rediscovering their physical and emotional being. It is meaningful in many ways as the participants' life experiences are given validity by dramatic reenactments and the witnessing of these by others. It is important for the participants to feel that they have been heard and are empathised with and responded to by other group members.

Within the realm of dramatherapy, several dramatic processes are focused on to ensure the participants reach a state of wellbeing. Jones explains that through dramatic projection, where a participant's inner personal conflicts are externalised through the use of theatrical techniques such as enactments, change occurs through the creation of new perspectives, as the inner emotional states are played out onto the outer world.⁴ (p 100-102) On the other hand, distancing is important in two different ways. Aesthetic distancing (through the use of role-playing or acting out fantasies in a metaphorical or symbolic way) is useful in closed situations, as a way for participants to explore sensitive issues that may have been difficult for them to discuss.⁵ It does so by offering the safety net of exploring the problem in the context of a story. The other aspect of distancing is the idea that it aids reflection. Unlike in real drama, an actor in dramatherapy does not allow him or herself to be completely transformed into another character.⁴ (p 104) They remain an actor that is 'acting', so that they are able to identify and reflect on the role that they are playing.

Jones describes in his book the importance of embodiment in dramatherapy, or ways in which an individual relates to their body through dramatic processes.⁴ (p 112-115) The way that the body communicates consciously and unconsciously could raise important issues for the individual and their dramatherapist to work on. For example, Jones explained that one particular woman in his group chose to enact someone who was severely debilitated and constantly fell backwards.⁴ (p 163) During the reflection, she became distressed as she realised that the character she played out had many similar bodily aspects as her mother. She noticed how familiar it felt to have her mother present inside her body. The woman was able to then conclude that she must own her body more thoroughly without the influence of her mother. This physicalised way of knowing and being marks a crucial difference between the dramatic representation of an issue in dramatherapy and the verbal description of a participant's problem in psychotherapy.

The relationship between fantasy and reality is a recurrent theme in dramatherapy. This is based on the paradox "what is fictional is also real", where real events and emotions are occurring on a fictional stage.⁴ (p 10) That is, there is an intimate connection between life and drama. Participants need to bring their real life experiences into dramatherapy and the dramatic

experiences should be taken out of their sessions so that they can utilize what they have learned in their lives outside. In this way, Jones explains that dramatherapy is "a form of theatre as living rather than theatre as an escape from life".^{4 (p 11)} Finally, therapeutic transformation is one of the most vital concepts of dramatherapy, as the participants' perception of their problems are changed by the dramatic experiences encountered and the relationships formed with the dramatherapist and other group members.^{4 (p 11-12)}

PSYCHODRAMA

*"The body remembers what the mind forgets"*⁶

The word psychodrama is derived from the words "psyche" (soul/spirit) and "drama" (action) thus implying the process of utilizing actions to present the soul. Psychodrama was developed by Jacob Levy Moreno in the early 1920s and the first professional psychodrama society was founded in 1942.³ In many ways, psychodrama employs the same theories and basic concepts as dramatherapy. In psychodrama, the main protagonist is the participant whose concerns are to be dealt with in that particular session. The protagonist would enact scenes from the past, inner conflicts, fantasies, dreams and so on, much like in dramatherapy. Other roles in the situation are filled in by other members or inanimate objects.

Bradshaw Tavon, in "The Handbook of Psychodrama",^{7 (p 33)} gives a detailed description of the important principles emphasised in psychodrama. One example of these principles is the idea of tele. Tele is a way of measuring two-way empathetic relationships between people. The concept of relationship is important especially in the context of "inter-psyche" where something experienced jointly by two or more people (for example, families or friends) must be reenacted jointly to achieve the same emotions.^{7 (p 38)} This illustrates the importance of an auxiliary ego (another member of the group who plays a role that represents a significant other in the life of the protagonist) and the network of relationships that are necessary for the success of the therapy.^{6 (p 7), 7 (p 38)} Moreno believed that the existence of 'roles' is of great importance to a person's psychosocial wellbeing.^{8 (p 286)} The way in which a person takes on and perceives a role will influence others. As in the example where the way a mother brings up her daughter will alter the way the daughter partakes in parenting later on in life. Roles are interactive and it was suggested the more roles one had in the society (for example, that of a son, a father, a boss, a friend) the better the quality of life due to the increased relationships inherent within these roles.^{8 (p 286)} Psychodrama focuses on this idea and aims to extend, create or modify roles and reassess a person's perception of these new and old roles.

In an article comparing psychodrama to dramatherapy, Kedem-Tahar and Kellermann suggested that there is more cognitive integration in psychodrama than dramatherapy.³ For example, psychodrama focuses on the meaning of an expressed enactment, connecting experiences and awareness. It is often direct and confrontational in dealing with the protagonist's issues. Dramatherapy, on the other hand, allows for expressions to have value in themselves, while the particular experiences are not always dealt with. Participants in dramatherapy are able to manage their own issues in a much more subtle and indirect fashion. Psychodrama, as a therapy, is more theoretically based and the sessions are much more structured. In dramatherapy, however, spontaneity is encouraged and each session has a degree of flexibility incorporated. An interesting point is that psychodrama focuses on the protagonist's emotional involvement in dealing with problematic areas of their lives while dramatherapy allows for dramatic distancing of emotions.³ As such, one can conclude that the effectiveness of psychodrama depends on a degree of a person's intellectual ability and emotional stability. On the contrary, dramatherapy is capable of benefiting participants of any levels of cognitive and behavioural functioning. Thus psychodrama could be more effective in treating alcoholics or addicts with confrontational methods of questioning. Conversely, dramatherapy is especially useful for children, adolescents, disabled and handicapped individuals. In many incidences, dramatherapy techniques are used as warm up exercises for psychodrama and psychodrama as a follow-up for dramatherapy as more personal issues are investigated.³

DANCE/MOVEMENT THERAPY

*"If you can dance in your heart, you can dance"*⁹

Dance and movement therapy is another form of arts therapy, which provides a "primary vehicle for non-verbal communication". Marian Chace, in the 1940s, was one of the pioneering figures in the field of dance and movement therapy.¹⁰ She danced waltzes with psychiatric patients in the back wards of a hospital and soon found the therapeutic effects that dance had on the patients. Dance and movement therapy focuses on the mind/body connection and allows movement to become a medium through which the mind could be healed.¹⁰ It is especially useful in patients who cannot use words to express their feelings. In dance/movement therapy, techniques such as mirroring, reflection and amplification are adopted and the space and objects around the participants are paid specific attention to.⁹ Wethered explains in her book "Drama and Movement in Therapy", that in movement therapy, space is used as a "progression towards greater awareness" and objects to emphasise external reality.^{11 (p 36-40)}

Anne Wennerstrand, a dance therapist in the United States explains: "dance/movement therapy can be used to bring body images closer to reality in eating disorders, to support remembrance and socialization in the elderly as well as to increase functioning in developing disorders."¹⁰ Dance and movement therapy, like both dramatherapy and psychodrama, requires the participant to be fully engaged with the therapist and form relationships with one another using the movements as a means of communication. At the Maplewood nursing home of Cheshire County in Westmoreland, New Hampshire, dance and movement therapy was used as an adjunct therapy that complemented traditional therapy.⁹ It was noticed that dance and movement therapy can promote meaningful interactions among participants, increase self esteem, support self-regulation and alleviated effects of depression. At this nursing home, participation in dance and movement therapy was encouraged for everyone, whether they were physically, sensory or mentally disabled, demented or handicapped. The philosophy of dance and movement therapy is that "if you can dance in your heart, you can dance".⁹ Thus even the smallest movement was encouraged, as it still remained a significant form of self-expression.

DRAMATHERAPY AND VICTIMS OF DOMESTIC VIOLENCE

In the article "Voice of Pride: Drama Therapy with Incarcerated Women" by Leeder and Wimmer,² examples were given where dramatherapy assisted women who had suffered domestic violence in coming to terms with the past and bringing new hope for the future. The women of this article were residents of Project Pride, a facility built for the treatment of alcohol and drug disorders in West Oakland, California. These women were either serving the last portion of their sentences of their imprisonment at the California Department of Corrections or were referred to the facility from the community or sentenced to residential treatment as an alternative to county jail. The goal of the dramatherapy programme was to help these women build positive new relationships with themselves, develop a compassionate understanding of other women that were going through the same issues and become valuable contributors to the greater community. The women at Project Pride were diverse in their age, ethnicity, socio-economic and cultural backgrounds, education and literacy levels, emotional functioning and life experiences. Many of them suffered from past experiences of domestic violence, sexual abuse and many have been diagnosed with symptoms of depression, anxiety, post-traumatic disorders, eating disorders, psychosis and learning disabilities.

Dramatherapy was aimed at educating a group of these women about domestic violence and its implications and to help them make sense of their past and choose new paths for their future. Many of the important concepts of dramatherapy discussed previously were used in these sessions to help these women build self-esteem and trust. Enactments of "typical" abusive situations (for example, a stereotypical drunken abusive boyfriend) provided the aesthetic distancing required for the women to analyse scenarios that may be too difficult to discuss.

A concept of "Cycle of Violence" developed by Dr. Lenore Walker in 1979 was adapted by the dramatherapists and used in this group as an attempt to educate the women about domestic violence.² Phases of the cycle of violence: The Honeymoon Phase, The Tension Building Phase and finally The Violence Phase were acted out and were considered more powerful than simply discussing about domestic violence. The women were able to identify with the acted scenes and relate them to their own experiences. The fear of disclosure and judgment had initially inhibited the women from sharing personal stories. Techniques that helped overcome this included exercises such as "Step Into The Centre If..." which helped these women lower their guard and allow others to partake in their personal matters. This exercise would initiate with benign statements from the dramatherapist telling the women (who are standing in a circle) to step into the centre if the statements applied to them. Examples may be "step into the centre if you were raised by your mother... graduated from high school..." The statements would become progressively more personal and the women were encouraged to call out their own statements such as "step into the centre if you have ever been hit... if you have ever been raped... if you still love your abuser..." Guidelines were laid out at the beginning of the exercise and everyone could decide how much they wanted to disclose. Exercises like this proved to the women that they were not the only ones with these horrifying experiences. The universality of their pasts gave them a sense of relief and understanding, thus the fear of judgment from other participants was soon overcome by empathy and support from one another. They realised that they were not to blame for their victimisation and that being a victim itself was not a crime.

Another exercise was that of imaginary phone calls, where the women were able to pick up a disconnected cell phone and speak to an imaginary recipient. A woman pretended to call her abuser and was able to say the things she had always wanted to say to him, as she never had the chance to do that. Through this activity, a second chance was given to this woman and she was able to reclaim some personal power that was lost to her many years ago. Completing this exercise allowed her to release the tension, anger and regret she had carried with her throughout the years. This process had a powerful impact on the women because they could speak out what they wanted to say in a safe and supportive environment where their emotions were validated and acknowledged by their fellow group members.

Finally, dramatic reenactments and role reversal were useful for the participants to gain new valuable perspective. On one occasion, a woman cast another group member to be her 15-year-old-self while she spoke to 'her teenage self' directly explaining that she was not to blame for being stuck in an abusive situation and that she forgave her for the choices she had made. The roles were reversed and the other group member repeated what the woman had said directly to her as if she was back as her younger self. This technique of role reversal was important here as the woman was able to receive her own words of forgiveness.

In an unconditional atmosphere, dramatherapy helped these victims of domestic violence to regain their self-confidence through performance. They were able to build trust and teamwork: things that were missing in these women's lives, which played an important part in their healing process. They were given the chance to participate in a playful and spontaneous environment, which stimulated the stepping forth of their otherwise dormant innate creativity. Participating in dramatherapy allowed these women to see themselves in a different light independent of the stigma associated with being in prison. Through performances in the wider community, these women were benefited from the public's acknowledgement and recognition of how courageous they were in overcoming their troubled past. One participant of the domestic violence group stated that: "[the domestic violence group] made me feel stronger about myself... to not be afraid of this man and to stand up for myself." This demonstrates the positive therapeutic effects dramatherapy had and how it helped these women in finding their voices in the society.

CONCLUSION

Dramatherapy and dance/movement therapy, along with the other modalities of art therapies, have proven their value in the treatment of many psychiatric disorders over the years. Studies have been done in looking at the effect of art therapies in alleviating symptoms of detrimental disorders such as schizophrenia and post-traumatic stress disorders. Although it is difficult to quantify the benefits these therapies might have on the patients, it has been shown in most cases that arts therapies are generally helpful as part of treatments for psychiatric disorders. In the case of the group of women who were victims of domestic violence, dramatherapy was used to honour what they had to say. They were able to gain a different outlook of their futures and most importantly, they were recognised as more than women with traumatic histories, but talented women who had a lot to offer to the greater community. Dramatherapy has certainly changed lives and this can be best summed up by another woman in the domestic violence group: "...you get to express it, however, whatever, you want to say. No judging. That's what was really amazing for me, that your drama is your therapy."²

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