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# Drama Therapy as a Tool for Promoting Resiliency in At Risk Youth

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Literature Review: Drama Therapy as a Tool for Promoting Resiliency in At Risk Youth

Capstone Thesis

Lesley University

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Clinical Mental Health Counseling with a Specialization in Drama Therapy

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Abstract

The purpose of this research was to explore and compare current literature in drama therapy and resiliency theory and investigate the usefulness of integrating drama therapy techniques as an intervention for at risk youth. This paper serves to encourage drama therapy as a tool in working with at risk youth. The research presented argues the effectiveness of drama therapy being used with at risk youth to encourage resiliency and support at risk youth in developing into stronger, healthier, functioning and well-adjusted adults. Though some bias and limitations are present within the language of resiliency theory, looking at the work through the lens of drama therapy provides a strength-based approach that can promote strong outcomes in at risk youth. By encouraging a continued understanding of the shared language, it creates a unity of the research and literature and allows clinicians to draw connections within the work.

Literature Review: Drama Therapy as a Tool for Promoting Resiliency in At Risk Youth

*"Persistence and resilience only come from having been given the chance to work through*

*difficult problems."*

*-Gever Tulley*

**Introduction**

The purpose of this research was to explore and compare current literature in drama

therapy and resiliency theory and to investigate the usefulness of integrating drama therapy

techniques as an intervention for at risk youth. There is a need in the mental health field to focus

on encouraging resiliency and offering support to at risk populations, and drama therapy is a

useful tool to do just that. This writer's intention was using this literature review as a beginning

step in researching longitudinal effectiveness of the creative arts therapies and particularly drama

therapy in encouraging stronger, healthier, and happier adult lives of at risk youth.

This topic is worthy of exploration as drama therapy is a relatively newer form of

expressive arts therapy and has not been explored longitudinally. Resiliency theory on the other

hand has presented significance in longitudinal studies. By illuminating drama therapeutic tools

that reflect and encourage resiliency it may provide support for the use of drama therapy as a

mental health tool in facilitating long term effectiveness in at risk youth. Based on this writer's

current studies in drama therapy and experience working with at risk youth in schools, agency

groups and in-home therapy; it has been noted there is a need for focus on building empathy to

encourage resiliency. This writer has also noticed a lack in drama therapy research exploring

long term effectiveness or change. There is the opportunity for future research in these two areas.

This literature review intentions include the uses of resiliency theory, particularly

protective factors and resiliency traits. The review will then explore drama therapy core

processes and draw connections to highlight drama therapeutic tools that are directly applicable in encouraging protective factors and resiliency traits in at risk youth. This writer will evaluate potential parallel and overlap of resiliency theory and drama therapy.

     To search current pertinent literature this writer first identified criteria to limit the search for the most relevant literature. Literature was narrowed to recent peer reviewed publishing within the last 10 years, with the exception of preliminary research in the field of both drama therapy and resiliency theory in order to provide historical context of the field. In regard to the population, the literature was obtained by narrowing the search to school aged children. The majority of the research in resiliency theory has been conducted with elementary aged children, however the longitudinal nature of resiliency theory required an understanding of not only the immediate social, emotional and behavioral outcomes but also the long-term outcomes of these individuals. For that reason, the population criteria were not limited by age but rather by identifying populations considered at-risk. Drama therapy literature was deemed appropriate by the inclusion of particular core concepts that will be identified later in the text. Drama therapy literature also included the addition of youth as the treated population. See further explanation of literature criteria below in Table 1 and Table 2.

Table 1

*Keywords for Literature Search*

| Word Group 1 | Word Group 2 | Word Group 3 |
| --- | --- | --- |
| Youth | Theatre | Resiliency* |
| Young* | Theater | Prevent* |
| Adolescen* | Drama | Risk* |
| School* | "Drama Therapy" | |
| "At Risk Youth" | "Core Process" | |

| | |
|---|---|
| | Embodiment |
| | Empathy |
| | Distancing |
| | "Interactive Audience" |
| | Witness |

Limits: English language articles, Education, private, community settings, Group and individual intervention, Peer reviewed articles

Notes: *Truncation, "Phrase Search"

Table 2

*Criteria for Selecting Literature*

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| 1. Drama Therapy Core Processes: empathy and distancing, witness and interactive audience and embodiment | 1. Teen and young adult interventions |
| | 2. Drama therapy including specific interventions i.e. role theory etc. |
| 2. Youth, school Age 6-12 with a trauma history or defined as at risk | 3. Peer reviewed articles over 10 years old, with the exception of original studies for historical context. |
| 3. Resiliency theory including protective factors and resiliency traits | 4. Published in other languages |
| 4. Peer reviewed | |
| 5. Published in English language | |
| 6. Published in the last 10 years | |
| 7. Culturally diverse within at risk population definition | |

**Literature Review**

**At Risk Youth**

  At risk youth can be defined as youth with two or more chronic adversities. Quas (2017) defines these adversities as marginalized communities including but not limited to socio-economic status, race/ethnicity, family history of mental illness, etc. It is further explained as the experience of chronic hardship, or on-going difficulties (Quas, 2017). This is similarly illustrated by Campbell, Roberts, Syder, et al. (2016), "exposure to traumatic events in early childhood often sets in motion a chain of events – a negative trajectory that places those children who have the greatest exposure and the fewest positive mediating or ameliorating factors at greatest risk for negative effects throughout their lifespans" (p. 308).

  Stoddard et al. (2012) describes that at risk youth are significantly more likely to be at risk of poor health and social outcomes. This is further exemplified in Van der Kolk's (2014) book, *The Body Keeps the Score*. The text explores the physical reactions youth may have to hardships and/or trauma including but not limited to; stomach aches, headaches and/or fatigue. Not only do youth facing chronic hardships experience symptoms of poor health, but often struggle in school. Blitz (2016) provides the example that exposure to trauma and chronic stress can have a major impact on children's social, emotional, cognitive and academic growth. Students struggling at home or out of the academic environment could be students struggling within the educational setting. This writer's personal experience of working in a school system in Southern Massachusetts with students primarily of low socioeconomic status, provides numerous examples of this type of student. Many students in this school system with little to no structure at home have a challenge adapting to the structure of the school setting. This creates disruption for the student academically, behaviorally, socially, and emotionally. There is a clear need to

provide support for these students in order to reach academic achievement, as well as supporting the students socially, emotionally and behaviorally in order to increase the possibility for success in an academic setting.

Another notion Blitz (2016) acknowledges is, the negative effects of trauma in children are caused both by prolonged adversity and the absence of a supportive network of adults who are able to teach or model coping. There are many examples that come to mind when thinking of support and access in low socioeconomic communities. A common example is single parents who work two jobs to support their family often leaving children home alone or with siblings. These children who lack structure in the home have difficulties adjusting to the school setting. Students struggling in the school settings may exhibit disruptive behaviors such as acting out. When feeling overwhelmed some students are unable to complete work in the class and often require being removed from the classroom. These students run the risk of falling behind as they continue to miss classes for disruptive behaviors. The youth may have a supportive network of adults such as school adjustment counselors, teachers and what would be described as a good enough parent; but there are many holes and gaps where the child continues to fall through. Providing the modeling of appropriate coping skills in a variety of settings can mend these holes and encourage the child's growth socially, emotionally, behaviorally and academically.

This writer notes that there is a cultural stigmatization and perception of who is at risk and what is considered risk. The language used to describe this population can sound biased because the responses to adversity is individual. The word risk can imply the inclusion of risky behavior or suggest danger. Follesø (2015) described the word risk as signaling negativity and only directed attention to what was problematic about the youth. Defining youth as "at-risk" can be stigmatizing and may suggest a self-fulfilling prophecy. However, this is currently the

language that is often used to define the population. Abel and Wahab (2017) note that many studies of at risk youth have looked at how clinicians construct their clients through a rhetoric of risk as being at-risk but fewer studies have looked at the perceptions clients have of being dealt with as at-risk individuals. In order to truly help this population, arguably first, there should be an investigation of the population itself and its perception of the label of being at risk.

This writer also notes that in drama therapy, risk taking is often encouraged within the session as a chance to explore, experiment and try out different roles or maybe creating new endings. Recognizing that the word "risk" may be stigmatizing is important when defining the population, but it is also useful to remember there are many different definitions and interpretations of the word risk with less negative connotations. For the purpose of this paper, this writer will continue to use Quas' (2017) definition of at risk youth as individuals reporting two or more chronic adversities displaying difficulties and challenges socially, emotionally and/or behaviorally in a variety of settings. However, this writer also will continue to critically use the word at-risk and risk through the strength-based lens of drama therapy vernacular.

**Resiliency Theory**

Resiliency theory was developed to create a description of the process of human growth and change through the life of an individual. Resiliency theory addresses the development of at risk populations and overcoming adversity to achieve functional outcomes (Smith-Osbourne, 2008). Resilience also is defined by Luthar (2000) by two critical conditions: (a) exposure to a threat or severe adversity and (b) achieving positive adaptation despite the adversity. Luthar recognizes the component of time and how adversity can alter the developmental process. This is particularly important when considering at risk youth as they mature into adulthood. The disruption in development can result in a maladapted response to adversity, potentially

threatening the youth's mental health or social and emotional competencies. Smith-Osbourne

(2008) states that resilience is conceptualized as relative resistance to psychosocial stressors or

adversity and although varying models of resiliency have been tested, researchers and theorists

agree that the construct is salient in the framework of adversity.

In a pioneering study of resiliency theory, Werner, Bierman, and French (1971) studied

the children of Hawaii. This study identified protective forces (factors) that encouraged a healthy

adaptation in comparison to children who were comparatively less adjusted. Another preliminary

study was conducted by Masten and Germezy (1985). This study recognized three factors of

resilience: 1) attributes of the youth themselves, 2) the immediate family and 3) the individuals

wider social environments. This understanding is reminiscent of Bronfenbrenner's ecological

systems theory, by identifying the system of support and influence surrounding the individual,

i.e. microsystem, mesosystem, exosystem, and macrosystem. Bronfenbrenner's system also

recognizes the developmental aspect Luthar identified by categorizing the chronosystem or the
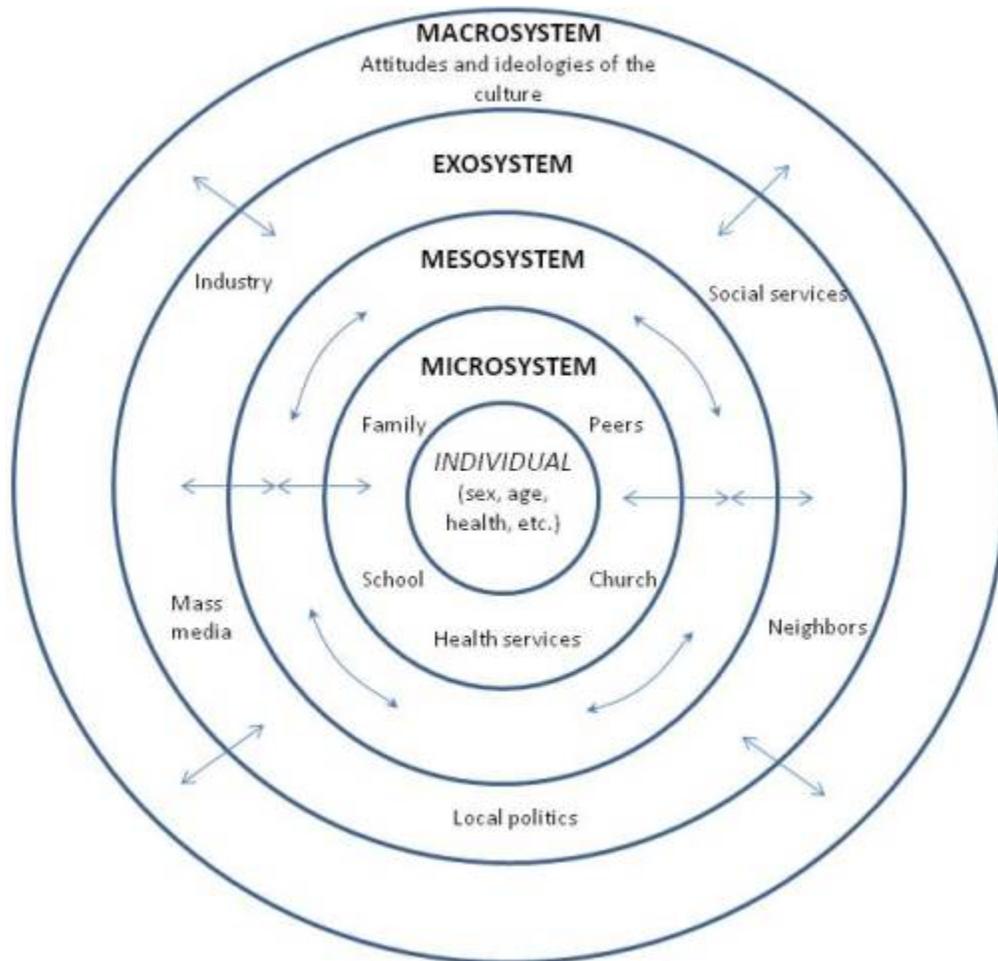
component of time (see Figure 1).

*Figure 1.* Bronfenbrenner's Ecological Systems Theory Model

Resiliency theory shows promise as it explores the development of youth through their

own traits. This theory has the potential to be a strength-based intervention for at risk youth.

However, limitations exist in the language of describing resiliency theory. Challenges arise in the

multiple definitions of the theory and the varying perspectives of what overcoming adversity

should or is supposed to look like. Moving forward looking through a resiliency theory lens it is

highly important to clearly define this studies definition of resiliency as well as intended

outcome. Clarity of the clinical language is crucial. Shah (2015) reminds readers it is important

to ask, what is enduring or sustainable about the resilience is the restoration of "normalcy" in a

site of cyclical violence appropriate? The language of describing normalcy as an outcome of

resiliency is discouraging. In the dictionary resiliency is defined as: a) the power or ability to return to the original form, position, etc. after being bent, compressed or stretched; elasticity; or b) the ability to recover readily from illness, depression, adversity or the like; buoyancy (dictionary.com, n.d.).

It has become evident that the language used to describe the human experience is problematic. How can it be expected that a person could "return to original form" or "normalcy" after a traumatic event or experience? For at risk youth the baseline or "normalcy" often is a continuing developmental trauma that may be due to a number of circumstances as evidenced by the definition of the wide range of youth who fall within the at-risk population. The assumption that resiliency theory will allow or encourage a client to return to an "original form" is difficult and it should not be distinguished as the intention. The expectation to return to "normal" and be cured after a traumatic event is near impossible. Especially for the at risk population, when trauma such as living in a low socioeconomic area and continually witnessing community violence is an everyday occurrence and "normal." When defining resiliency, it should not be encouraged strive to "return to our original form," but instead strive to learn, grow and change from an experience leaning on the individuals strengths and supports. Reframing resiliency from trauma as moving through and growing. Shah (2015) illuminates this idea by critically questioning whom resilience seeks to benefit and what the outcomes of resilience are or should be. It is clear that in at-risk environments, a different language and understanding may be needed in defining resiliency on a distinct basis stemming from encouraging the individual strengths and supports of the community as well as the individual. Zimmerman (2013) supports this idea by discussing using the framework of resiliency as a lens for a strength-based approach to understanding youth and informing intervention design.

**Protective factors.** One approach to resiliency theory explores resiliency through gaging protective factors. Zimmerman (2013) recognizes that the paradigm of resiliency theory orients researcher and practitioners to focus on positive or protective factors in youth's lives. This focus is intended to draw attention to the youth's strengths and provide additional support in areas of need or concern. These factors and characteristics promote resistance to adversity or stress. Protective factors function is to enhance healthy development. Protective factors are designed to work in resistance to risk factors, however it is important to note the protective factors do not remove the presence of risk factors but work in opposition to the risk.

Protective factors are defined by Smith-Osbourne (2008) as traits or characteristics that promote resistance to risks and encourage a functional developmental outcome. Protective factors include, reducing risk of impact, reduction of negative chain reactions to risk factors, promoting resiliency traits and setting new opportunities for success (Smith-Osbourne, 2008). These factors are important for at risk youth in encouraging success in life, mental health and wellness.

**Resiliency Traits.** Within protective factors there are sub-categories which include, reducing risk impact, reducing negative chain reactions to risk factors, promoting resiliency traits and setting new opportunities for success. The sub-category of protective factors includes traits of resiliency.

Traits of resiliency contain; social support and connection, optimism and confidence, belief in the capacity to cope, ability to seek help, effective problem-solving skills, self-awareness, empathy and compassion, identity as a survivor, and spirituality. For the purpose of this review there will be a focus on three traits in particular; self-awareness, social support and

connection and empathy and compassion. These were determined to be most connected to drama therapy theories.

Self-awareness is the trait that requires the client's ability to notice and become conscious of self and the body and to modify emotional reactions. This trait allows the client to gain insight surrounding their individual state of being. It challenges clients to notice and become aware of bodily, behavioral and emotional reactions to external stimuli. By gaining awareness, they then are able to gain control and understanding of their individual responses to adversity.

Social support and connection is the trait that requires recognizing self and others. This trait follows the recognition of self and requires integration of the community into the individuals understanding of the world. This trait is important for support as well as interpersonal relationships and connections. This trait allows the youth to notice themselves in relationship with their community and through shared experience gain insight and understanding.

Finally, empathy and compassion are the final trait when the client should become aware of self in connection to others by not only recognizing the presence of others but also fostering connection and understanding to others. Empathy goes beyond identifying a shared experience to understanding an experience and having compassion for the adversity on a level beyond hearing their peers individual experience but also then relating to personal experience.

**Drama Therapy**

The North American Drama Therapy Association or NADTA (2018) defines drama therapy as:

> active and experiential. This approach can provide the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be

actively explored and interpersonal relationship skills can be enhanced.

Participants can expand their repertoire of dramatic roles to find that their own

life roles have been strengthened. (NADTA.com, n.d.)

The working definition of drama therapy for this paper is, the *intentional* use of theatre as

a therapeutic tool. This writer notes that intentional is the key word in this definition as it defines

theatre as being used specifically and deliberately chosen for treatment purposes. Many

therapists and counselors use therapeutic tools such as stories or metaphors and although drama

therapists do not own these tools and cannot order therapists and counselors to omit story and

metaphor from their practice, it is important to note that a drama therapist has been specifically

trained to use these particular tools in treatment with clients. Registered Drama Therapists have

been certified by the NADTA after completing a master's level education at a NADTA

accredited school or through a specific alterative training program. Drama therapists are required

to complete a number of internship and professional hours under the supervision of a Board-

Certified Drama Therapist in order to be trained properly to use theatre arts as a tool for

treatment.

Drama therapy engages clients in an active and experiential approach, allowing clients to

express personal stories or feelings, set goals, problem solve and/or achieve catharsis. Drama

therapy literature suggests, improvisation and play as an effective tool for not only engaging with

at risk youth, but also allowing children to better understand and explore their personal

experience and trauma (Armstrong, 2015; Feldman, Ward, Handley, & Goldstein, 2015 Jarman,

2014; and Pitre, 2016). This research is fairly recent exploring initial benefits of drama therapy

interventions. However, there is no current understanding of the long-term effectiveness of

drama therapy.

Havesteen-Franklin, Jovanovic, Reed, et al (2017) encourages "having a shared language may have the potential to reduce an overly limited notion that one construct is superior to other constructs and can also help to make sense of sequential observational studies." (p. 108). In the literature currently, there seems to be favor for individual work and this raises questions of how that reflects the treatment plans of this population. The component of social supports and empathy continually comes up throughout the literature as a key component of effective treatment and resiliency. Arguably, drama therapy offers the opportunity to foster the social support piece of resiliency while also allowing flexibility for individual needs to be addressed within a group setting. There is an opportunity for further research in exploring the focus of treatment effectiveness being group versus individual and explore the outcomes of who displays more resiliency. Feldman, et al. (2015) have presented a program entitled ENACT that too has noted the effectiveness of drama therapy groups by not only providing the space that allows for social support and connection, but also is appropriate to serve a high number of students. A group provides a more effective use of time while also supporting therapeutic goals of encouraging resiliency. Drama therapy literature is highly focused on the concept of group, which fits nicely with the desired objectives of serving the at risk youth population. Literature researching resiliency theory within a group is critical for bettering the understanding of resiliency in at risk youth.

Interestingly, while looking at group treatment the clinician or group leader is often forgotten or looked over in their experience of holding the space for a group who have experienced continual trauma or oppression. Newer research in resiliency has begun studying vicarious resiliency. This is described by Acevedo and Hernandez-Wolfe (2014) as the healing qualities of witnessed resilience by the group leader.

Acevedo and Hernandez (2014) stated that therapists identified:

> (a) increased recognition of clients' capacities and resources for healing and
>
> recovery, and being inspired by these capacities; (b) increased resilience (e.g.,
>
> perceiving and reassessing problems as more manageable, increased perception of
>
> self as resourceful, increased capacity to cope with challenges in life and at work,
>
> etc.); (c) changes in life perspective (e.g., life direction, goals, priorities,
>
> connection with others, etc.); (d) increased self-reflection, self-attunement,
>
> mindfulness, and self-care practice; (e) increased comfort with the therapeutic
>
> process, engagement, and trusting clients to do their own work in therapy; and (f)
>
> increased recognition that clients' social contexts have an impact on their ability
>
> to overcome adversity. (p. 475)

**Drama Therapy Mechanisms**

Drama therapy can also be defined further by Jones' (2007) therapeutic core processes. The core processes include; dramatic projection, drama therapeutic empathy and distancing, role playing and personification, interactive audience and witnessing, embodiment: dramatizing the body, playing, life-drama connection, and transformation. These core processes are separately defined, but often more than one may be present within a session depending on the lens and focus of the work one may stand out more than another. For example, within a session the client may be engaging the core process of play, however the goal or purpose of the play may be more focused on the role within the play or more specifically the empathetic concern for a particular role.

For the purposes of this literature review focus will be drawn on empathy and distancing, embodiment: dramatizing the body, and interactive audience and witnessing. However, this

writer notes that it is important to be aware that while focusing on one core process others may still be in effect within the individual concept, for example life-drama connection- while very pertinent in this research is an overarching concept that cannot be discounted. This will be explored further in following text. These core processes have been selected and identified as processes that are interconnected with traits of resiliency.

**Embodiment: Dramatizing the body.** Jones (2007) describes the body as the individuals primary means of communication. In drama therapy, clients are encouraged to embody roles and portray characters both real and pretend in a dramatic space. Jones (2007) explains, "embodiment in drama therapy involves the way the self is realized by and through the body" (p.113). Embodiment includes the use of movement, gesture, expression and voice.

Embodiment allows the opportunity not only to portray a character or role but also serves as a tool to allow clients to access and remember certain bodily feelings and/or emotions. For example, through this process clients may notice within the play that the feeling of pretending to be a baby deer learning how to walk reminds them of when they were learning to ride a bike. Feelings of excitement and nervousness may come back to the client while embodying this role. The embodiment allows clients to become aware of themselves in space and identify feelings, emotion or even memories within the body. Embodiment connects with the resiliency trait self-awareness. The client physically becomes aware of themselves with in a space, noticing bodily and emotional reactions to story or outside stimuli.

Bronfenbrenner identified the self at the center of the ecological system. If Drama therapy was included in this theoretical framework, embodiment could live at the center-representing the individual and the awareness of self, feelings and emotions. The parallel

resiliency trait in this instance would be the at-risk youth's capability of self-awareness (see

Figure 2 for a visual representation of this parallel an intermodal model).

Resiliency Traits and Core Processes Overlap and Relationships. Inspired by Bronfenbrenner's
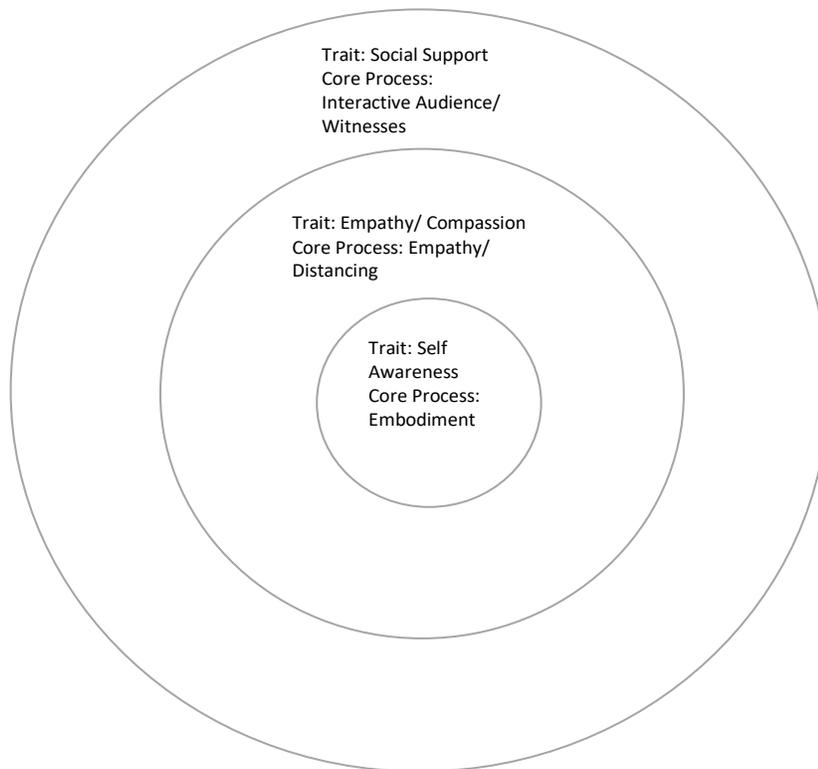ecological systems.

Trait: Social Support
Core Process:
Interactive Audience/
Witnesses

Trait: Empathy/ Compassion
Core Process: Empathy/
Distancing

Trait: Self
Awareness
Core Process:
Embodiment

*Figure 2.* Intermodal Model, Drama Therapy in Relation to Resiliency Traits.

**Empathy and distancing.** Jones (2007) defines empathy in drama therapy as

encouraging emotional resonance, identification and high emotional involvement. Through

drama therapy clients are encouraged to engage and develop response to role, object, or dramatic

situations. An example of this may be a client who is not able to emphasize with another.

Through dramatic work the client has the opportunity to practice or rehearse empathetic

responses and understanding in the hopes that this work can be then transferred to life outside of

the dramatic realm. Often at-risk youth are not reflected empathetic response in their day to day life. Providing a space for validation and empathetic concern allows clients the opportunity to build upon protective factors including the resiliency trait of empathy and compassion and social supports.

Jones (2007) then goes on to explain distancing as the process in which thought, reflection and perspective are stimulated. Distance allows the client to use metaphor or play to engage in situations or scenes that are similar to their experience. Through the distance the client has the opportunity to approach dangerous or risky experiences or memories in a safe and contained way. This is further explained and clarified below in the life drama connection section as aesthetic distance.

Shah (2015) states that research found that traits such as having hope, purpose, social competence, problem-solving skills, emotional regulation, and a sense of place and future were all critical to being resilient as an individual. Utilizing empathy and distancing in relationship with other core processes (they work in tandem) these traits cane be encouraged within the play. This then arguably encourages resilient youth. This concept connects directly with the resiliency trait encouraging building empathy and compassion (see Figure 2 for visual representation of the paralleled process).

**Interactive audience and witnessing.** Jones (2007) states, "The audience's presence can be used or experienced in a number of ways: as support; as a confronter; as a guide; as a companion; as a pool for individuals to take part in enactment" (p.102). The audience may be a group of peers in a group therapy setting or could even be solely the therapist. The witness is also described as interactive audience as it is a role itself within the dramatic space and within the play of the session. In regard to resiliency theory this particular concept relates to the

connection to social supports and connection as well as possible the ability to seek help. The

interactive audience or witnesses set up a structure within the session that allows for social

interaction and commentary within the dramatic space which then can be reflected outside of

session or group into everyday life. This again provides a rehearsal within the session for clients

to address conflict or disagreement in a safe space. It also allows practice for social pragmatics

and can allow clients to develop a sense of support within a group setting. This is supported in

Shah (2015) research, identifying and acknowledging the important role that external assets such

as protective social support networks provided by peers and social service agencies played in

building individual resilience. This research presented two findings: (a) acknowledgment that

resilience was a process of interaction between an individual and his or her environment; and (b)

resilience is built through agreeing and mutually reinforcing strengthening of an individuals'

interpersonal relationships. Drama therapy as a group process allows the clients to work together,

not only empathizing but also understanding and witnessing shared experiences.

**Life Drama Connection**

As mentioned earlier, this core concept is not fully explored within this particular

literature review, however this writer notes the inclusion of this core process in action through

out literature. The phrase *life drama connection* provides a nice description of what is happening

in the process of the work with this population. Life drama connection allows the client to draw

association from the work be it in play, metaphor or role and make connections to their outside

life. This is a concept that can be further explored in future research but is mentioned as

clarification for the reader of the intended goal when using drama therapy for at risk youth.

Drama therapy provides the space to rehearse what is happening in the outside world.

Currently, resiliency theory has a greater amount of research than drama therapy observing long term interventions and effectiveness of treatment. This writer is interested in continuing to study drama therapy as a long-term relationship in addressing trauma and client experience. The future of the research would include identifying the life drama connections made by at risk youth and identifying weather or not these insights have been reflected into their outside lives. Eventually this literature review may be used to begin to test the longitudinal effects of drama therapy techniques in building resiliency in at risk youth.

Baxley (1993) reported:

>Before they begin school, and even in the primary grades, children depend on play, movement, song, dramatic play and artistic expressive activity as their means of making sense of their world. However, that these pastimes gradually give way, in both form and substance, to activities that blunt and dull the spirit is more a testament to the power of oppressive social forces and to the often-chaotic environments in which children live than it is a statement of the natural process of expressive maturation. Thus, the role of creative expression in prevention is to strengthen the resiliency of youth in order that they do not succumb to the assaults of their environment. In more recent work by artists, the hands-on use of creative arts has come to play a vital role for enhancing the development of resiliency among high risk youth. (p.7)

By providing an outlet in the arts to work through play and providing aesthetic distance drama therapy can be a useful tool for clients to address personal stories creatively and in their own time. Aesthetic distance is the art form as the tool providing distance from an intimate or traumatic event so the client is able to engage with the instance through metaphor or imagery that

contains the experience in safe way. Engaging youth in play also allows for the clinician to enter and communicate with the youth in a familiar language. Through play and story the youth can communicate challenges, hardships and ask questions as a way of exploring and understanding what is happening in their world. For example, the story of Little Red Riding hood could be used as a metaphor for someone working through an abusive relationship, or the journey of a caterpillar as a representation for change or transformation.

Jarman (2013), explores and the paradigm of embodiment, projection and role (EPR). This method challenges participants to move from the first stage of embodiment or play and the recognition of self in a space, to projection which identifies others in the space with self and finally moving to role which is when the play allows client to move out of self and into the playing differing roles (Jennings, 1995). These steps parallel the stages of child development (Piaget, 1977). This particular study identified the use of drama therapy as a group intervention as being a crucial part of the treatment because children find it useful to meet other children with similar experiences and situations (Jarman, 2013). Another example of drama therapy with youth provided by Pitre (2016) explores clients in a school setting are challenged to engage with and identify stressors in the play. Through this model, clinicians are able to assess what may be triggering stress for each client with in the play also known as the dramatic reality.

This is an example of how drama therapy core processes are effectively used within a session and encourage youth to make a life drama connection that can illuminate or provide insight to what they are experiencing out in the world. This literature provides examples of how resiliency traits are working and potentially can be encouraged within the framework of a drama therapy session. Drama therapy groups can incorporate multiple practices of resiliency theory including social support and connection, empathy building and encouraging confidence. The

work can also provide an outlet for the client to shift their view of victim to survivor and encourage more optimistic and positive relationships with others and the world.

Drama therapy as a modality differs in the approach to the other expressive art therapies such as art therapy because it allows for the social component through group members acting as a witness or interactive audience. This requires the client to tolerate being seen and heard. In art therapy the work is outside of the client as visual and representational art, while drama therapy allows for the body to be dramatized and the client becomes the visual representation. There may be an added layer of distancing such as the use of a familiar story or metaphor, allowing the client to feel protected in the role or play, but there is no denying that within drama therapy the client psychically becomes the art form, which is seen and heard by the group. This process also promotes empathy and compassion for the group through shared experiences happening within the therapeutic space as well as the shared connections from the outside world that are brought in a shared with the group.

## Discussion

Drama therapy techniques allow clients to encourage resiliency traits. While this investigation focuses beginning with three core processes and resiliency traits, there is a clear connection and pattern of the uses of core processes in promoting resiliency theory. As mentioned before the core processes are interconnected and though they have been labeled and described separately, the core processes work in tandem with one another to provide support for the client. Much like in resiliency theory, the traits work together and there is no prescriptive combination of traits that facilitates resiliency. This is important to remember too in treatment of at risk youth, as there is a range of experiences.

To effectively support this population, it is crucial to be reminded of the fluidity of the human experience and recognize that response to adversity is individual therefore the treatment of at risk youth too should be individualized. Based on the strengths of the youth, by identifying their personal traits of resiliency and encouraging the development of new traits will foster optimism and resilience to adversity.  Through this exploration of the literature, the usefulness of drama therapy as a tool for facilitating resilience in at risk youth was further supported. It also has become clear that there is a fluidity of shared language between expressive arts therapies and other theories such as resiliency theory. By encouraging a continued understanding of the shared language, it creates a unity of the research and literature and allows clinicians to draw connections within the work.

This further exemplifies the empathetic qualities of healing offered in a group not only by the group members but also the leaders. This also shed light on the preventative nature of the work, for those who not yet defined by this at-risk population- the work may provide an outlet for betterment through a group process.

There are some concerns raised with the concept of resiliency. Within western culture there is a challenge in treatment of mental health issues including providing support only after a traumatic even or problematic behaviors occur. Would treatment look different if mental health field had a proactive and preventative approach? In western culture are youth taught to adapt to a bad situation instead of trying to rectify the problem itself? This is cyclical and dangerous. What kind of intervention can actually illicit change the root of the issue, which could be identified as the population itself? Is it possible to rectify the developmental trauma experienced by at risk youth, instead of teaching skills to repel the trauma? Instead of just preparing the individuals for the inevitable pain and suffering what can be done to discourage the trauma from ever

happening? There is a need to bring more attention to societal issues that are currently working within this population in order to truly give the support that is necessary.

The concept of resiliency theory comes from a strength-based place to encourage and protect youth. In drama therapy it is encouraged for participants to take risks in order to learn and challenge themselves, so finding how this unfolds while working with at risk youth is beneficial work. By utilizing the clinical language provided by resiliency theory, drama therapists may also be able to clearly articulate the benefits of utilizing a creative intervention with at risk youth. And in return, resiliency theory may benefit from reframing the work to not only a strength-based intervention, but also reframing the population of at risk youth to youth willing to take a risk in treatment. Risk can be more than a stigmatizing label for the population: it may also be the encouraging language to express vulnerability and facilitate a space for connection and lead to taking a risk to be vulnerable and find happier, healthier, and fulfilled lives.

This writer also notes the limitations of this literature review. For brevity only three core processes relating to resiliency theory have been explored. Further research exploring the parallels between drama therapy core processes and resiliency theory. And even further, future research could explore specific drama therapy interventions in connection to resiliency theory, such as Developmental Transformations, Role Theory, or Psychodrama. This writer notes there is an opportunity for further research and exploration including the other traits of resiliency especially in relation to drama therapy. This is a limitation of the research, and future research should be explored including all resiliency traits.

The hope of this exploration of the literature was intended to encourage the exploration of individual experiences of adversity and trauma and developing a language and understanding of how to best learn and grow. Perhaps by accepting and understanding the individual experience at

risk youth can learn to move through it. Through approaching the work with a strength-based

approach and by taking the time to really understand the individual relationships with the

event(s), drama therapy may allow the space to sit in these uncomfortable moments and really

understand what makes them so uncomfortable. Perhaps reframing these adverse experiences and

learning to effectively move forward and lead successful, healthy and happy adult lives is really

what resiliency and other interventions should truly strive for.

References

Abel, G., & Wahab, S. (2017). "Build a friendship with them": The discourse of "at-risk" as a

barrier to relationship building between young people who trade sex and social workers.

*Child and Family Social Work*, *22*(4), 1391–1398. https://doi.org/10.1111/cfs.12357

Acevedo, V. E., & Hernandez-Wolfe, P. (2014). Vicarious resilience: An exploration of teachers

and children's resilience in highly challenging social contexts. *Journal of Aggression,*

*Maltreatment and Trauma*, *23*(5), 473–493. https://doi.org/10.1080/10926771.2014.904468

Armstrong, C. R., Tanaka, S., Reoch, L., Bronstein, L., Honce, J., Rozenberg, M., & Powell, M.

A. (2015). Emotional arousal in two drama therapy core processes : Dramatic embodiment

and dramatic projection. *Drama Therapy Review*, *1*(2), 147–160.

https://doi.org/10.1386/dtr.1.2.147

Baxley, G. (1993). Building Resiliency in Youth: Imagine the Difference. Proceedings from

National Conference, *Imagine the Difference! Building Artistic Partnerships to Save Our*

*Children.* Living Stage Theatre Co.: Washington, D.C.

Blitz, L. V., Anderson, E. M., & Saastamoinen, M. (2016). Assessing Perceptions of Culture and

Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-

Informed Schools. *Urban Review*, *48*(4), 520–542. https://doi.org/10.1007/s11256-016-

0366-9

Bungay, H., & Vella-Burrows, T. (2013). The effects of participating in creative activities on the

health and well-being of children and young people: A rapid review of the literature.

*Perspectives in Public Health*, *133*(1), 44–52. https://doi.org/10.1177/1757913912466946

Campbell, C., Roberts, Y., Synder, F., Papp, J., Strambler, M., & Crusto, C. (2016). The

assessment of early trauma exposure on social-emotional health of young children. *Children

and Youth Services Review*, *71*, 308–314. https://doi.org/10.1016/j.childyouth.2016.11.004

Feldman, D., Ward, E., Handley, S., & Goldstein, T. R. (2015). Evaluating drama therapy in

school settings : A case study of the ENACT programme, *1*(2), 127–146.

https://doi.org/10.1386/dtr.1.2.127

Follesø, R. (2015). Youth at Risk or Terms at Risk? *Young*, *23*(3), 240–253.

https://doi.org/10.1177/1103308815584877

Guli, L. A., Semrud-Clikeman, M., Lerner, M. D., & Britton, N. (2013). Social Competence

Intervention Program (SCIP): A pilot study of a creative drama program for youth with

social difficulties. *Arts in Psychotherapy*. https://doi.org/10.1016/j.aip.2012.09.002

Havsteen-Franklin, D., Jovanovic, N., Reed, N., Charles, M., & Lucas, C. (2017). Developing a

shared language within arts psychotherapies: A personal construct psychology approach to

understanding clinical change. *Arts in Psychotherapy*, *55*, 103–110.

https://doi.org/10.1016/j.aip.2017.05.002

Jarman, S. (2014). The effectiveness of drama therapy for children who have witnessed domestic

abuse. *Mental Health Practice*, *18*(2), 19.

https://doi.org/http://dx.doi.org/10.7748/mhp.18.2.19.e925

Joronen, K., Häkämies, A., & Åstedt-Kurki, P. (2011). Children's experiences of a drama

programme in social and emotional learning. *Scandinavian Journal of Caring Sciences*,

*25*(4), 671–678. https://doi.org/10.1111/j.1471-6712.2011.00877.x

Klein, J. (2017). From Children ' s Perspectives : A Model of Aesthetic Processing in Theatre

Author ( s ): Jeanne Klein Source : The Journal of Aesthetic Education , Vol . 39 , No . 4 ,

Special Issue : Aesthetics in Drama and Theatre Education ( Winter , 2005 ), pp . 40-5, *39*(4), 40–57.

Leahy, M. A. (2015). Children of mentally ill parents: Understanding the effects of childhood trauma as it pertains to the school setting. *International Journal of Educational Research*, *71*, 100–107. https://doi.org/10.1016/j.ijer.2015.04.005

Luthar, S. S., Cicchetti, D., & Becker, B. (2016). The Construct of Resilience : A Critical Evaluation and Guidelines for Future Work Author ( s ): Suniya S . Luthar , Dante Cicchetti and Bronwyn Becker Published by : Wiley on behalf of the Society for Research in Child Development Stable URL : http://www, *71*(3), 543–562.

North American Drama Therapy Association (2018). *What is Drama Therapy?* http://www.nadta.org/what-is-drama-therapy.html

Ostaszewski, K., & Zimmerman, M. A. (2006). The effects of cumulative risks and promotive factors on urban adolescent alcohol and other drug use: A longitudinal study of resiliency. *American Journal of Community Psychology*, *38*(3–4), 237–249. https://doi.org/10.1007/s10464-006-9076-x

Pitre, R., Mayor, C., & Johnson, D. R. (2016). Developmental Transformations short-form as a stress reduction method for children. *Drama Therapy Review*, *2*(2), 167–181. https://doi.org/10.1386/dtr.2.2.167

Quas, J. A., Dickerson, K. L., Matthew, R., Harron, C., & Quas, C. M. (2017). Adversity, emotion recognition, and empathic concern in high-risk youth. *PLoS ONE*, *12*(7), 1–19. https://doi.org/10.1371/journal.pone.0181606

Resiliency. (n.d.) In *Dictionary.com*. Retrieved from http://www.dictionary.com/browse/resilience

Shah, R. (2015). Protecting children in a situation of ongoing conflict: Is resilience sufficient as

the end product? *International Journal of Disaster Risk Reduction*, *14*, 179–185.

https://doi.org/10.1016/j.ijdrr.2015.06.003

Smith-Osborne, A. (2008). Life Span and Resiliency Theory: A Critical Review. *Advances in

Social Work*, *8*(1), 152–168. Retrieved from

https://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/view/138

Stoddard, S. A., Whiteside, L., Zimmerman, M. A., Cunningham, R. M., Chermack, S. T., &

Walton, M. A. (2013). The Relationship Between Cumulative Risk and Promotive Factors

and Violent Behavior Among Urban Adolescents. *American Journal of Community

Psychology*, *51*(1–2), 57–65. https://doi.org/10.1007/s10464-012-9541-7


Werner, E.E, Bierman, J.M., & French, F.E. (1971). *The children of Kauai Honolulu:* Hawaii,

University of Hawaii Press.


Zimmerman, M. A. (2013). Resiliency Theory: A Strengths-Based Approach to Research and

Practice for Adolescent Health. *Health Education and Behavior*, *40*(4), 381–383.

https://doi.org/10.1177/1090198113493782