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Drama Therapy: Development of a hope based program for hospital implementation

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Abstract

This thesis examines the potential benefits of using drama as a therapeutic tool in adolescent cancer patients, diagnosed with acute myeloid leukemia (AML), for the construction of hope, grounded in curriculum theory. An examination of literature pertaining to drama therapy, hope, death, and curriculum theory, helped to create a drama therapy program intended to build hope for the patient admitted to hospital receiving chemotherapy for AML. Specifically, the study focused on the construction of a drama therapy program that combines theories and practices of drama therapy, grounded in curriculum expectations, which offers a complementary approach, alongside medical treatment, to ensure a patient's physical, emotional, mental and spiritual well-being. The program included many therapeutic techniques from various therapists, all grounded in a sequencing structure taken from therapist Phil Jones. The objective of the program is to move from projection to sharing, and finally to transformation, identifying a new self, through the construction of hope. A seven unit structure was created using specific therapies, including: games, masks, improvisation, storying, playback theatre, monologues and collective ensemble. The program as a curriculum is reflected in the planning and sequencing of group activities which are designed to facilitate the development of hope among adolescent AML patients. The program has not been implemented for use, however the programs reflects an essential requirement in hospitals, encompassing the physical, emotional, mental and spiritual care of the patient.

Keywords: Dramatherapy, psychotherapy, hospital based therapy, hope, cancer, acute myeloid leukemia, transformation, death, improvisation, masks, storying, playback theatre, monologue, collective ensemble.

Dedication

This thesis is dedicated to Gorda Dzolganovski. A woman, whose own battle with cancer, revealed an importance in maintaining hope, and whose unconditional love is inspirational.

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To Mom, Dad, Bily, Kathy, George, Frank, Bryan, and Markus, I am thankful for the love and understanding you have demonstrated throughout my journey. To my mother, your personal triumphant, and search for hope is the best reason for such a program. All the hope in the world is meaningless unless you have someone to share it with. Thank-you for giving me hope.

To Melissa, whose personal struggle and patience taught me there is so much to hope for.

Lastly, to those who maintain hope throughout any adversity, your strength is the foundation for this program, thank-you.

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CHAPTER 1

A dramatherapy program for hospital settings: An introduction

Introduction to the Study

The Research Problem and Questions of this Study

The purpose of the thesis is to develop a dramatherapy program, based upon theory and research, which offers benefits to patients hospitalized, with a focus upon their construction of hope. The program is developed by approaching it as a curriculum for developing constructs of hope. Assessment measures have been included which reflect the frame of therapy theory and understandings of hope.

The purpose of this thesis was to construct a dramatherapy program, grounded in both drama therapy and curriculum theory for hospital implementation to help cancer patients, specifically those diagnosed with acute myeloid leukemia, maintain and find hope throughout their treatment. The importance of such a program is to keep hope alive when circumstances beyond the individuals' control affect their lives. Hope is a core element in this program, as without it motivation and passion to move forward are lost. The original intention of the program was to implement it as a pilot project. This changed part way through, as the opportunity to trial the program was lost. Further, the program development did not accurately represent a drama therapy program, because the theories were not accurately represented in the drama activities. Rather, it was a curriculum program, designed to educate about drama and did not account for how the therapy aided. Therefore, this thesis then became the creation of dramatherapy program for hospital implementation.

The program was inspired by my role as a student and teacher of drama, and a former employee at the Hospital for Sick Children. As a student, my educational experiences in drama changed my perception of the world. I began to investigate many drama themes and genres which exposed me to how I understood my surroundings and how I engaged or communicated with others. Researching roles, in naturalist and realist theatre, allowed me to understand my own and others behavior, as we were imitating life on stage. This also aided in the creation of life, as roles and personas developed, and how the rehearsal process transformed our identities. These experiences provided opportunities to direct plays, where I took a leadership role and helped others develop their drama space. Engaging in this process, I knew I wanted to be a teacher, as I watched how others learned and accepted my help. It was really the moments within the moments that outshined any other, it was not the final performance that the transformation took shape for the production, but the experiences and connection that came about.

As an educator, the drama classroom has allowed me to watch students engage with the drama material in a new way. Watching students break down barriers, and transform themselves and learn new ways to communicate in their surroundings, made me appreciate drama on a new level. I recall one student during my practicum experience, who would not share or participate in the drama activities. I was informed this student had attention deficit hyperactivity disorder (ADHD), which presented a new challenge for me, as I was new to classroom and student environment and was unsure what his diagnosis meant. In each lesson, I began the class with a question of the day, which is included in every lesson plan I created. The purpose of the question of the day is to create a rapport with the students, and in turn have the students create a rapport with each

other. One question I asked was "if you could have theme music following you around what would it be?" Immediately this student stood up and began to rap the McDonalds theme song, from the commercials. In that moment I knew I had him, I knew the drama had him, and he was ready to let down his wall and begin to share. Other students began to recognize his talents, and as result incorporated him into their drama space.

As a former employee at the Hospital for Sick Children, I have been exposed to numerous environments, from in-patient to out-patient wards, including emergency. During my time there I became familiar with the hospital cliental, and I began to wonder how these patients, particularly in-patients, found normalcy in the hospital environment, and what type of learning takes place. I discovered that there is in-hospital schooling, however the classes did not reflect all curriculum material, especially drama, and I began to wonder how that affected their development. Further research led me to discover that the hospital did offer alternative therapeutic resources, clown therapy and arts therapy. However these programs are not offered to all cliental and not available daily. I began to wonder why drama was not included, and whether this therapy exists in Ontario. I soon discovered a hospital, Bloorview Macmillan Kids Rehabilitation, now the Holland-Bloorview Macmillan Rehabilitation, which uses dramatherapy with their disabled cliental. This provided proof that a hospital drama therapy program is feasible and does work. The decision to use cancer patients came about as I wondered what the most difficult place to be a kid is. I choose AML cancer in particular, not because I believed these patients were hopeless, rather it was the duration of their in-patient therapy treatment, which can last up to 5 to 6 months. This provided a suitable time frame for implementation of the program. Further researching cancer, and AML in particular, I

began to see multiple levels of isolation that I did not account for. Not only are patients isolated because of their disease, and fear of infection, but practitioners in the hospital explained the emotional and mental isolation, being away from family and friends, and normal day-to-day activities.

After researching and gathering many texts on the therapies, a model by Jones seemed to highlight the most suitable framework for structure and purpose of the program. The intention of a transformation, Jones explains that his work is only achieved when a patient projects, and through that projection a transformation happens and then play can occur. Using this framework, play represents the hope, the final goal to achieve, and therefore, if the first two can happen, hope would follow suit. Jones' sequence explains that all activities in drama therapy must include a warm-up period, focusing, main activity, and de-rolling or closing phase. And therefore each program plan contains these components. From this I needed to determine which units to include in the program, what areas to focus on. After reading multiple texts and theorist, I decided to sequence units, which I felt would best lead patients to project their hope or identify what blocks it, and transform that block into hope. The units are Introduction- chosen to build a rapport with the group, then Improvisation, which is necessary to introduce the elements of drama building, comfort zones, and free expression, introduction to how to communicate on the stage. Before entering into serious role development, the patient needs to find comfort in the performance role, and masks seemed the best way to help in this development. Also, masks allow for play, seeing the self in multiple roles, or re-writing the role we are understanding where patients may be constricted. I assumed from these experiences and rapport building, that comfort will be established allowing patients

to begin the sharing, which made sense to have the Storying unit follow. This unit is followed by Playback Theatre, which allows our stories to be retold, this can be a challenge, or an exhilarating experience, as it focuses on re-writing the projection of self. Monologue was chosen next, to perform the re-written stories. And finally, putting all stories, and experiences into a collective play, and retelling our stories, through our perspectives, rather than the illnesses. This experience taught me that this program might also be used as a communicative tool to engage parents and families, even staff, to understand the patients' story.

Curriculum theory helped develop the lessons plans by creating a structure for the program sessions to follow, which helped in determining an objective for each unit. The therapy theories have guided objectives, but the purpose here was to utilize those therapies in relation to hope, and curriculum helped achieve this by applying applicable evaluative measures. Curriculum theory also brought attention to the different type of learners in the classroom, and how different modes of learning need to employed in the program. Therefore, the program has multiple forms of communication including: verbal, written, visual, and expressive, via kinesthetic.

The program accounts for the following curriculum expectations: revealing the lesson purpose, experiences the program provides, effective organization, and individual evaluative measures to ensure that the purpose is being attained, through assessment and evaluation. Therefore, the program reflects a linear model, directed towards specific and overall objectives, content and method planning, and finally a means to measure the success. However, it does not adhere to overall curriculum expectations, since the expectations involving hope cannot be determined in this case.

Originally I thought there was a need to reach out to this particular population of patients, because their need for long term in-patient therapy made them isolated. As I developed this program, this belief was enhanced, as I began to understand about the treatment, and potential side effects that isolate them in many ways, particularly emotionally and physically. Discussing my thesis with a High School Principal, I discovered that this program has a universal appeal. She commented that it would work wonders with the behavioural children, allowing them to express their frustration through play.

Drama and its potential as a therapeutic tool with patients is not necessarily a new field of study in hospitals or in an educational setting. Drama therapy emerged from the art form of drama and began to be applied as a healing mechanism for psychotherapy and education since the teachings of Aristotle (Jones, 1996). Drama therapy is connected and indebted to the older discipline of psychodrama and specifically to the visionary, Jacob L. Moreno, who originated psychodrama in the 1920's (Emunah, 1999). Drama therapy is defined by the National Association for Drama Therapy (NADT) as "the systematic and intentional use of drama/theatre processes, products, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration and personal growth." (National Association for Drama Therapy, 2008).

This investigation relies on the strategies and practices that are described by NADT. While I have developed the program in this thesis, it is important that I disclose that I am an educator and not a qualified therapist. Drama therapy requires a degree with clinical training in a field associated with psychology and medical prognosis. The requirements for the use of these techniques are not accredited to an educator who has not fulfilled the

required research and education in drama therapy. Katz (2000) in her assessment of using drama as a therapeutic tool in the classroom assesses drama as a vital role in the curriculum that helps students through a therapeutic medium. Katz (2000) stresses that dramatic techniques should not be confused with drama therapy, but be recognized as a separate identity that can be used for therapeutic purposes. Therefore Katz (2000) specifies that drama can be a helping or therapeutic medium that prepares the student for life and provides a 'mirror for reflection' (Katz, 2000). Through dramatic action, the participants are empowered to transform themselves and their everyday worlds as a natural process of enactment (Katz, 2000).

Drama and its therapeutic promise in education is not a new field of study. Drama has held a prominent position since the late nineteenth century, not only as a therapeutic mechanism, but as a learning device for students through the enactment of language, especially in the education of children (Jones, 1996). According to Fishman (2007) who references Dewey, children's learning is reinforced by doing. Drama offers the natural segue for that learning to occur.

As the treatment of cancer has improved, life expectancy has been extended. With this outcome has come the heightened awareness of the need for support in dealing with the psychological and emotional aspects of patients dealing with potential death and the adverse side effects of treatment.

This investigation analytically explores how and whether dramatic arts can be used as a mechanism to help patients, institutionalized in hospitals, find hope in their circumstances. The proposal is to investigate and critique current drama therapies,

theories and drama activities for use in hospital settings as a recreational therapy with cancer patients. A focus on cancer patients, adolescents those diagnosed with Acute Myeloid Leukemia (AML), provides a sufficient time frame for the potential of a dramatherapy program directed toward the nurturing of hope to emerge.

This group was chosen as the client group for two reasons: first, the hospital stay is lengthy, often a period of 4 to 6 months; secondly, it has been observed that adolescent patients are the most overlooked group, because they do not fit clearly in either the child or adult group. By focusing on one particular inpatient unit can provide in-depth analysis when the pilot is administered. The objective is to create a dramatherapy program for future hospital implementation.

The expectation for the program is to include material that focuses on a patient's condition of hope during their treatment and to investigate the form of hope, through discussion, observation, and drama activities, to determine whether drama has any beneficial connection to transforming those patients' hope in a positive manner. The following is a list of research questions that need to be addressed before commencement of the program development, to demonstrate a reliable and valid need for the program.

Research Questions

What are the extant theories underlying the use of drama as a theoretical tool in hospital settings?

Drawing on the analysis above, what might be the characteristics of a hospital drama program which best serves as a therapeutic tool for a specific group of adolescent cancer patients?

Significance of the Thesis

This thesis draws attention to the potential benefits of using drama as a therapeutic tool with patients institutionalized in hospitals to find hope in their circumstances by investigating and critiquing current practices in dramatherapy, to develop a program that utilizes dramatherapy in a hospital setting. This thesis draws attention to the lives of (cancer) patients and their experiences. The methods and instructions developed by Dramatherapists will be used as a formal guideline in the preparation of a program. The thesis will not however rely solely on the structures used by Dramatherapists, specifically it will also draw from the theory to understand what games and techniques serve what purposes when determining and transforming hope. The need for such a program is to determine whether therapeutic programs can help patients discover or identify hope in their treatments and further endeavors beyond their disease. This is not a claim that patients have no hope; the construction of the program will be based on the patients' constructions of hope. An assumption is that hope will be defined by the patients; a factor contributing to this hope might be influenced by the state and degree of their illness. Utilizing drama as a tool may allow patients a positive outlook during their treatment, a chance to interact with others in the same circumstances, to tell their stories through dramatic script, and realize they are not alone in their circumstances. However this cannot be determined until a program has been tested and administered in hospitals. Investigating and critiquing specific techniques such as Absurdist theatre, mask building, improvisation, and Storytelling/Playback theatre, provide a structure for the program to introduce topics of hope. The main goal in creating a program is to foster a therapeutic program that allows patients specifically, in-patients, to find hope during their treatment.

The objective of this work is to draw attention to patients' individual circumstances so that they should not feel alone, by building a community that shares and experiences similar obstacles. The dramatherapy experience can be a changing force on patients' outlook, guiding them through an experience which allows them to help others during their stay. The program has been developed on the premise that patients endure repeated examinations, injections, and therapies for their survival. The program will therefore attempt to include material that will allow patients' to express and process their reactions to invasive and stressful procedures. The medical procedures by their very nature are not meant to be holistic; programs of care support the additional needs of the program. Do they go above and beyond, to engage these patients; to foster a sense of hope? Does a program exist to allow these patients a voice in their treatments? By creating a collective piece of drama with all participants, the program developed here aims to address their emotional needs during their treatments, and that is the goal for this program.

Constructing a theory-based framework for the program

This thesis draws from literature incorporating both dramatic text and drama therapy techniques. The inspiration for this study came by reading absurdist drama texts and trying to make sense of how hope survives when all seems lost. This allowed an examination of the circumstances in my life that would require me to seek inspiration and support in times of hardship. The research here began as an investigation of the current programs in hospitals that use Dramatherapy as a support mechanism to help patients. To my astonishment, some major hospitals catering to child patients had no such program in place. It is therefore my intention to create a program to help patients in dire circumstances find hope in their treatment, through the use of drama therapy. The

following is a brief description about Absurdist theatre and how that may contribute to this study. A focus on the techniques prevalent in absurdist theatre will allow an elaboration of the ways in which such an approach might help students understand their place in the world and their importance. Absurdist theatre is a philosophy based on the belief that the universe is irrational and meaningless and that the search for order brings the individual into conflict with the universe. (Merriam-Webster Online Dictionary, 2008) From personal teaching experiences using absurdist styles, students develop a multilayered perspective of their lives.

The assumptions drawn here by the investigator are that cancer patients frequently cannot cope with their circumstances or treatment without help, or that support mechanisms are not readily in place. There is literature that supports the view that cancer patients cannot survive without hospital intervention; however there needs to be more research incorporating the emotional or mental wellbeing of these individuals or the efforts made to care for that portion of their treatment.

Constructing a dramatherapy program

The program was based on research and literature reviews. Therefore, the construction of the program was determined by the facilitator's understanding and experience with the material. The structure of the program was based on Jones (1996). Jones explains that a process of transformation will only happen once projection exists. Jones explains projection, transformation and play as the core areas of the therapeutic process. Furthermore, Jones suggest that the process should include the following drama criteria, a warm-up, a focus period, the main activity, a de-rolling phase, also known as a

return to reality, and finally, a completion, which is the reflection phase. Therefore, each lesson incorporates this structure in the program. As a result, the program introduction and units in masks and role identity, and improvisation focus on Jones (1996, 2007) recommendations of projection and transformation. The remaining units focus on the process of play, however some areas co-exist, as is explained in the program theoretical framework. Jones (2007) explains play as a source for both content and process within dramatherapy. Play is a part of the expressive range which can be drawn on in creating meaning, exploring difficulties and achieving therapeutic change. What is important Jones (2007) explains is the way in which the patient finds meaning in the play process. Therefore, the first sessions, weeks 1 to 6, will provide an opportunity for the facilitator and participants to determine a schedule of availability and work to create a trusting relationship and environment for the creative process to occur. Therefore the first 6-7 weeks will provide an opportunity to work with drama themes, genres and games, including role playing and improvisation to secure a starting point for the creative process to begin.

The remaining units, including storytelling, playback theatre, and the collective ensemble, are developed in accordance with Jones' structure of play as the main objective, however other areas overlap, in particular the goal of transformation.

The process of introducing drama to those who have never experienced the techniques or those who cannot believe in *the big lie* or accept the magic of *what if*, might present a difficult obstacle. Booth suggests for those participants who are locked into their present reality and therefore an imagined world is outside their ken, a formal approach may allow them to enter the imaginary garden (Booth, 2005). Booth (2005)

explains some participants can naturally let go of this structured reality and suddenly the situation or tension pulls them inside the drama. For others, because drama is a social process, the participants may become concerned with fitting their own thoughts and feelings into the group, however Booth (2005) explains not worrying if the participant cannot let go of the reality of their world; a natural tendency to commit to the drama will unfold.

Finally, the time frame of the project provides ample opportunity to allow a break if a patient's condition worsens, or if patients withdraw because of improvement. The journal portions can allow patients to continue the process without the presence of a facilitator. Furthermore, the program can continue even if participants withdraw, as long as enough participants are still available. The patients' contributions to the experience and program will be kept, as a final contribution to the collective.

Safety Precautions

Throughout this investigation, the primary goal is to develop a program of dramatherapy for young cancer patients, grounded in current theory and research findings, to ensure the emotional wellbeing of patients is met through a construction of hope during their treatment in hospital. Another goal is to support patients' ability to cope with symptoms and treatment. The goal of the research is to provide patients a means of emotional care along with their physical care. A problem in the construction of a program that relies on both personal and private information to be shared by the participants is the emotional memories that they share could affect them in both a positive and negative manner. Positive because it allows them to connect with others and realize

they are not alone in their circumstances. Negative, because it can conjure up memories that are either too painful or unwanted. A consequence of this concern is that access to appropriate therapist(s) is an important condition of implementing a program such as the one developed here. In the implementation of a dramatherapy program each patient's personal factors should be noted by the facilitators and therapist(s) to understand their current support system and needs. The questions or topics in the program are not expected to present a problem, however it is a precaution that should be noted and support needs to be available if anything should arise.

Final Remarks

The dramatherapy program will include group work and journal writing from participants followed by both observation and documentation by the facilitator because drama is a social activity that is difficult to document through questionnaires and interview methods alone. Some topics developed for the program can produce sensitivity and participants may find it easier to be honest through the use of drama roles and activities as Jones (1996) explains. Also the journal writing provides an outlet for their responses when the participants do not wish to share the material with others. The critique and analysis of theories and research findings are included to support the approaches used in the program. In addition, the development of games, workshops and journal writing will be carefully designed to address the guiding questions.

This thesis draws our attention to the circumstances cancer patients face on a daily basis and what forms of help can be offered. While this specific program is developed with hospitalized adolescent cancer patients in mind, there is the potential to

create similar pilot programs for not only cancer patients but other diagnoses and even the school system. A program that helps to inspire hope in dire circumstances can be beneficial. How we can counter the most horrific experiences and use those experiences to achieve a positive outlook is the premise for the investigation here.

CHAPTER 2

Theory and illness analysis, AML, Death and, Hope

This chapter explains why patients diagnosed with acute myeloid leukemia (AML) were selected for this program, the characteristics of their illness and treatment, and the need to deal with death while maintaining a form of hope.

There was a need for a consideration of the "audience", or client group for whom the program is intended, rather than a generic offering. Second, the identification of a specific group who might most benefit from such a program was considered important. Finally, the availability of patients for the time frame was necessary in considering the viability of the implementation of the program. Consequently, adolescent AML patients, as noted in chapter 1, were chosen for the program because of their lengthy stay in hospital, lasting up to six months, in order to receive treatment and the severity of their illness. As the program is based on an 11 week trial, this schedule worked best. In no way does it assume that AML cancer patients struggle most with the lack of hope. Furthermore, this chapter focus on theories of death and hope in order to construct a program grounded in the process of securing hope. By understanding the limitations to such a program by investigating that which might hinder hope contributed significantly. First, understanding the illness and treatment for AML cancer, contributed to the structure and time duration of the program and its sessions. Secondly, understanding the treatment process helped develop suitable time frames, and how and why lapses occur using this clientele for the program: for instance, understanding that patients will withdraw if their condition worsens was noted. Analyzing theories of death contributed to incorporating how to motivate patient involvement in the program. Death is a real

presence in the lives of cancer patients, and in order to respect the clients mental bearings, this theory needed to be examined. Finally, investigating conditions of hope determined multiple forms of hope, which can be used as a final determining factor. All theories contributed to a framework for the program and a final objective of hope.

Death Awareness in Life-Threatening Illness

One of the problems in helping young terminally ill patients is recognizing their awareness of their potential death (Faulkner, 1997). Faulkner (1997) discusses how much of the literature was hampered by the researchers' reluctance to gather information from the affected children themselves, relying rather on reports from parents and observers. One study to acknowledge and observe anxiety and awareness of death in children was conducted by a centre for paediatric cancer patients (Faulkner, 1997). During the study it was noted that most parents did not discuss the topic of death with their children, rather it was the children who experienced the death of other patients that accelerated their understanding of death. (Faulkner, 1997)

Communication with Dying Children

Faulkner (1997) describes that the communication of death with children, historically has been a difficult task. Faulkner (1997) questions that even when one is aware of a child's cognitive ability, state of psychological health, sex, race, religion, socioeconomic status, nationality, experience with death and family background, how can one predict what the child understands as death's meaning. Without this specific knowledge, it can present a challenge to help relieve any anxieties or answer any questions a child may have. (Faulkner, 1997)

The implications for children facing life threatening illness are profound. The child may feel a growing sense of isolation from family and medical personnel. Faulkner (1997) points out that a growing number of researchers have indicated that a pattern of open communication with the child can markedly reduce, though not eliminate psychological isolation (Faulkner, 1997). Faulkner (1997) suggest that when engaging in open dialogue with children about death, adults need to follow guidelines to assure that children receive accurate and helpful information. Faulkner (1997) utilizes some guidelines that have been used and recommended by practitioners. The following is a list of some of those suggestions (Faulkner, 1997, pp68-69)

- Be flexible. Straightforward approaches don't always work with children.
- Recognize that many children communicate best through non-verbal means such as artwork or music. They also may be more willing to talk things over with puppets or stuffed animals than with real people.
- Respect both children's need to be along and their desire to share. Allow communication; don't force it.
- Be receptive when children initiate a conversation. Opportunities to teach may be fleeting, and to capitalize on them, you need to respond immediately.
- Be specific and literal in explanations of death. Euphemistic expressions that equate death with sleep or going on a long trip can be very confusing for children.

- Acknowledge that a child's life can be complete, even if it's brief. Let dying children know that they'll always be loved and remembered, and help them find a sense of accomplishment and purpose in the lives they've led.

- Empower children as much as possible in circumstances concerning own deaths. Reassure them of continued love and physical closeness, provide adequate symptom relief, and involve them in decisions regarding cares as much as possible (pp 68-69).

The goal of communicating with children who are dying, according to Faulkner (1997), is to meet the particular needs of that child.

According to Faulkner's (1997) research, hospitalization can directly influence a child's overall development. At the same time, a child's age and development level are a primary determinant of his or her reactions to the experience and thus are fundamental in the planning of intervention to support knowledge and coping (Faulkner, 1997).

The following is an introduction and overview of a recreational therapy known as Dramatherpy, while also focusing on portions of Psychotherapy, playback theatre and group therapy as a method to assist children in their adolescent years in their coping with illness and death. The final component will be to utilize the theories into a proposal. Showing how these therapies can be used in hospitalizations and how each activity provides support for the patient's emotional well being.

The Illness of the Client Group

According to the American Cancer Society(American Cancer Society (n.d.), Acute Myeloid Leukemia (AML) is a quickly progressive malignant disease in which

there are too many immature blood-forming cells in the blood and bone marrow, the cells being specifically those destined to give rise to both types of white blood cells that fight infections. In AML, these blasts do not mature and so become too numerous. AML can occur in adults or children. Acute myeloid leukemia is also known as acute myelogenous leukemia or acute nonlymphocytic leukemia (National Cancer Institute, 2008). According to an article on the recent advances in pediatric acute lymphoblastic and myeloid leukemia (Ravindranath, 2003), acute leukemia is the most common form of childhood cancer and is the primary cause of cancer related mortality in children. Despite all the progress in the therapy of AML, Ravindranath (2003) discusses that it still lags behind with cure rates ranging only in the 40 to 50 % success rate (Ravindranath, 2003). Understanding the disease is important for understanding the needs and conditions of each participant.

The primary treatment of AML is chemotherapy. Radiation therapy is less common; it may be used in certain cases. Treatment through bone marrow transplantation is currently under study in clinical trials and is coming into increasing use (National Cancer Institute, 2008). According to the National Cancer Institute (NCI), there are two phases of treatment for AML cancer. The first is called induction therapy. The purpose of induction therapy is to kill as many of the leukemia cells as possible and induce a remission, a state in which there is no visible evidence of the disease and the blood count returns to normal. For this to work, the patient may receive a combination of drugs during this phase, including daunorubicin, idarubicin, or mitoxantrone plus cytarabine and thioguanine. (NCI, 2008) Once in remission, with no sign of leukemia, a patient than enters a second phase of treatment known as post-remission therapy, or

continuation therapy. (NCI, 2008) This treatment is designed to kill any remaining leukemic cells. In post-remission therapy, patients may receive high doses of chemotherapy, designed to eliminate any remaining leukemic cells. Treatment may include a combination of cytarabine, daunorubicin, idarubicin, etoposide, cyclophosphamide, mitoxantrone, or cytarabine. (NCI, 2008) According to the National Cancer Institute, the overall chance of recovery (the long-term prognosis) depends on the subtype of AML and the patient's age and general health.

In an article written by the World Health Organization (Vardiman, 2002), AML was classified into three distinct categories to distinguish the different forms of the disease: (1) AML with recurrent genetic abnormalities, (2) AML with multilineage dysplasia, and (3) AML and MDS, therapy related. Finally the article discusses if any of the patient cases do not satisfy the criteria for any of these subgroups, or for which no genetic data can be obtained, they should be classified as one of the entries in a fourth subgroup, AML, not otherwise categorized (Vardiman, 2002).

Pelcovitz et al (1998) explain, unlike other stressors such as violence or natural disasters, the child faced with a life-threatening illness, like cancer, has to deal with a trauma that is chronic to nature. Pelcovitz et al (1998) describe the treatment of childhood cancer as one of the most traumatic events that a child and their family can face. Not only is there an emotional impact, but the nature of the treatment poses an additional source of trauma (Pelcovitz, 1998). Pelcovitz et al (1998) explains the active treatment phase as follows: frequent spinal taps, venipunctures, bone marrow aspirations, broviac insertions, and blood transfusions, which all contribute to a psychological trauma (Pelcovitz, 1998). In addition, chemotherapy combinations may result in a wide range of

painful and uncomfortable side effects including nausea, vomiting, fatigue, mouth sores and hair loss (National Cancer Institute, 2009). Then, after the active treatment phase is concluded, the child and their family are faced with the constant threat of recurrence of the illness and late effects such as hearing loss, kidney failure and heart disease. (National Cancer Institute, 2009) Adolescents are particularly vulnerable to the psychological effects of trauma (Pelcovitz, 1998). Pelcovitz et al (1998) claims the adolescent who is dealing with a life threatening illness is at an advantage in comparison to younger children because of the adolescent's greater cognitive and emotional maturity. However, dealing with a serious illness at this developmental stage may affect the adolescent's ability to integrate past, present, and future expectations into a lasting sense of identity (Pelcovitz, 1998). This may have particular impact on the adolescent's ability to plan constructively for the future (Pelcovitz, 1998). Being diagnosed with a life-threatening disease and receiving treatment may cause a group of symptoms called post-traumatic stress disorder (PTSD) (National Cancer Institute, 2009). For example patients may relive the time they were diagnosed and treated for cancer, in nightmares or flashbacks, and thinking about it all the time or be constantly overexcited, fearful, and irritable, have trouble sleeping or concentrating (National Cancer Institute, 2009).

While the specific condition of patients will not be noted in the particulars of this program, it is important to understand the condition in order to work alongside the participants to implement the Dramatherapy and also secure their safety during the drama treatment. AML cancer is a serious disease affecting the lives, health, and physical nature of these patients. Some participants may not see the outcome of this particular drama treatment. It is important to include this information so that the drama sessions

can be helpful in understanding their conditions of hope during their hospital and drama experience.

Medical practitioners realize a need for this therapeutic support. Fochtman (2006) explains that survival rates in cancer patients have increased over the past two decades due to the intensity and complexity of treatment methods. A consequence of this is the need to address the distress or suffering of patients (physical, psychological, social, and spiritual), undergoing therapies for cancer for extended periods of time. Fochtman (2006) focuses on children's and adolescents' cancer treatments, and explains that hospitals need to reinvent their analysis of patient care to include studies on suffering. Pentheroudakis and Pavlidis (2004) further highlight the importance of psychological and social support, highlighting the emotional disorder adolescent patients encounter during diagnosis, treatment, and survival. Pentheroudakis and Pavlidis (2004) suggest from their findings that cancer patients require psychological support, and current hospital practices do not meet these needs, especially in the terminally ill.

Of over three-hundred titles on dramatherapy from multiple resources, only twenty touched on the subject of the therapeutic need for addressing hope during cancer survival, and even fewer examined that need in the preparation for or likelihood of death. Hinds' (2004) article stresses the need for hope in adolescents diagnosed with cancer. Her assessment, however, reflects the type of care provided by nurses, rather than a therapeutic treatment. However, she does stress that the emotional stability of the patient is central to recovery. Hinds (2004) explains that hopefulness is essential to allowing adolescent patients to cope with cancer, and describes this group as particularly vulnerable to the lack or loss of hopefulness during treatment. According to Hinds

(2004), hope emerges in the process of interaction with others and those who maintain hope during treatment are better able to respond to the care efforts of others. This touches on a significant point; unless their state of hope is communicated by the patient, care providers cannot provide optimal care. Another study viewed hope from the perspective of adolescent cancer patients as two dimensional. Juvakka and Kylma (2009) explain hope as intentional, (directed towards something), and experienced as an inner resource. Juvakka and Kylma (2009) observed that hope is the central factor that affects how adolescents participate in their recovery process, since hope is associated with the quality of life. They recommended that hope in cancer patients needs further research, as their survey of the current research on hope in adolescents with cancers in the last thirty years yields under 100 references. Juvakka and Klyma (2009) while identifying factors of hope commented that still many of the experiences during cancer treatment are deeply private and difficult to share, and recommend a holistic approach to patient care.

Dealing with Death

Children's understanding of death, according to Faulkner (1997) is a complex and evolutionary transformation that occurs spontaneously and inevitably. Faulkner (1997) discusses that as children acquire greater intellectual, social, and emotional capabilities, these skills are used to mature their understanding of death. There are variations however that Faulkner (1997) reflects which can affect and influence that maturity, be it emotional, personal experiences, cultural beliefs, learning environment or family values to recite a few. Faulkner (1997) outlines different phases that a child can experience when coping and understanding death: the *Separation Phase, the Structural Phase, the Functional Phase and the Abstract Phase.*

The *Separation Phase,* Faulkner (1997) attributes to a child's early years, ranging from birth to 3 years. In this stage the child is unable to distinguish death from abandonment (Faulkner, 1997). The *Structural Phase,* ranging from 3-6 years in age, is distinguished as death being a temporal stage, even reversible (Faulkner, 1997). In this stage, children's reasoning is more magical and fantasy like, believing in their ability to cause death by their thoughts and actions, which is linked according to Faulkner (1997) by their egocentric reasoning. Such occurrences concern these children with issues of separation, immobility, fear of sleep, and conflicts with their internal and external realities (Faulkner, 1997). The *Functional Phase,* according to Faulkner (1997), is attributed to children 6 to 12 years. This phase is described as the child's problem solving dimension, where the showings of logical thoughts begin (Faulkner, 1997). The child begins to recognize the irreversibility, universality, nonfunctionality, and causality of death (Faulkner, 1997). The child is fascinated by specific details of death, including decomposition, burials, and coffins (Faulkner, 1997). At this stage, Faulkner (1997) describes that even though children are able to envision their own death, they still associate death with old age. At this stage it is important to help the child obtain correct facts in their struggle to understand death, because they are susceptible to believing incorrect facts (Faulkner, 1997). According to Faulkner, (1997) it is extremely important that children in this phase have their bodies treated with respect, to be offered factual information, and to have as much control over the situation as possible. Without this children may not be able to interrelate the various components in their understanding of death, in order to move into the phase of abstract thinking. Children 12 and older enter the abstract thinking phase. According to Faulkner (1997) their thinking is logical and

consistent with reality; furthermore they are able to speculate on the implications and ramifications of death. In the early stages of adolescence it is possible for the child to conceive death as heroic or tragic and because they are future orientated, it is possible for them to conceive their own deaths in the future; it is difficult however for them to appreciate death as a present possibility (Faulkner, 1997). According to Faulkner (1997), these children are vacillating between a new awareness of the outside world while receiving continued need for support from family. Faulkner (1997) discusses how adolescents in this stage may develop acting-out behaviour, rather than approach a problem directly and therefore may express anger by being medically non-compliant in the face of impending death. Adolescents are best supported by realizing their needs as children while recognizing their developing adult skills (Faulkner, 1997). Adolescents usually have a strong drive to document their lives in a global context, through making tapes, drawing, or writing stories (Faulkner, 1997).

Conditions of Hope

The search for hope and identifying hope within cancer patients can render many possible answers from different people. Therefore the investigation of identifying hope in cancer patients might present a challenge because of the different interpretations of hope that exist. This investigation draws attention to understanding AML Cancer patient's conditions of hope, investigating those conditions of hope by identifying them, adapting and interpreting their construct of what hope is. First a brief introduction to theories and conditions of hope from individual experiences will allow perhaps a clear structure for the term in this investigation. Hope is different than a wish or a desire, because it implies some expectation of obtaining the good desired, or the possibility of

possessing it (Merriam-Webster, 2008). Usually the term coincides with a feeling connected to future goals. Speaking with friends and family members I have targeted many forms of definitions and expectations when considering the term hope. One friend exemplified that hope means they know that the sun will shine in face of adversity, as long as they never give into the pain. What type of pain, I wonder would dissolve that individual's concept of hope? Another individual suggested things people can hope for, love, life, wealth, and concluded by adding that hope is just a guiding force to begin your journey and eventually it transpires into the motivational factor that keeps you on that journey.

Is hope just a feeling or can it be more? This question arose as I continued my investigation to understand what hope meant to others. The answers that I received remarkably resonated with hope being a feeling. Majority of the answers articulated this assumption, "Hope is really just a feeling, when all is lost and you still think there is something to live for that is hope". Therefore in this investigation is it accurate to assume that all cancer patients have a form or condition of hope in their lives. The opinions of the participants are only portions of what hope means, since none of the friends questioned have been diagnosed with a terminal illness it is hard to render their conditions of hope as an accurate representation of what hope means to cancer patients.

Hope can be articulated in a cultural and spiritual context. Hope is one of God's principle Graces: The three principles that the bible articulates will last forever are faith, hope and love. The Hebrews believe that Hope is an anchor for the soul; firm and secure. So with so many versions and concepts of hope how is it possible to narrow down any specifics of the term? Dewey according to Fishman (2007), believed that living in hope

is gratitude toward our ancestors and toward nature. This gratitude not only gives us a sense of belonging in the world; it also provides us with purpose: to preserve and enhance the goods we have inherited from our predecessors and nature (Fishman, 2007). In sum, Fishman articulates Dewey's position related to feelings of deep connection and gratitude to nature and the human community- suggesting that, as links in a long evolutionary chain, the decisions we make about whether to abandon or maintain ultimate hope are not fully our own. Fishman provides a summary of Dewey's work, articulating the three keys to living in hope: using gratitude to maintain our motivation to act in the world, using intelligent wholeheartedness to choose and sustain faith in our choice of ultimate hopes, and using enriched present experience to unify our lives.

Dewey argued that hope can be characterized as an emotion, an estimate or expectation often intertwined with gains or losses where an individual's expectation or estimates of success rise and fall (Fishman, 2007). He further claims that despite hope referring to a state of being and attaining ultimate goals, hope is among the native activities that carry us on regardless of calculations about future achievements. Dewey's philosophy provides an appropriate backdrop for the relationship between hope and cancer.

There are many viable techniques that standard testing could provide in understanding patients; conditions of hope during their treatment (Fishman, 2007). However this investigation is targeting dramatic techniques in relation to cancer patients' conditions of hope and therefore standardized testing such as the Hope Scale (Fishman, 2007) will not be a practical solution during this investigation. However some model of the testing will be applicable in determining their condition of hope prior to the

Dramatherapy and their condition of hope preceding the therapy. The questions and sessions will target specifics about hope and future goals that will allow for observational detail about conditions of hope for patients. The games and workshops will provide both insight and observation about the conditions and understanding those conditions of hope for patients with AML Cancer.

Freire (1992) asks in his Pedagogy of Hope, how can we find hope in a world without hope? Similarly to thinkers and writers of absurdist theatre, how can we prevail, move forward when all seems lost? Freire (1992) speaks to the conditions of his people in Brazil and attempts to make sense of their world by refusing to let hope be extinguished. He writes about the "untested feasibility", this category embracing a whole belief in the "possible dream" and the utopia that will come for those who create their own history. Freire (1992) writes that when borders and blockades invade our dreams they can be removed, as long as we act and never give in to passive acceptance. Freire's passion and reasoning can make a moralistic statement for cancer patients who deny hope and accept the defeat and rejection of the given. However, it must be noted that Freire did not write with patients in mind. Hope can come in multiple forms as I have encountered in my discussions with friends and family, what all articulate though, including Freire, is that without hope we cannot prosper. From the review of the literature (Fishman, 2007, and Freire, 1992) multiple conditions of hope, which related to the program, were established, namely: hope related to illness, hope related to death, and hope related program implementation.

Conditions of hope for a dramatherapy program

The hopes determined here are examples of what the researcher anticipates to receive by participants. This list may change depending on what the participants wish to discuss.

Different forms of hope related to dramatherapy program:

- Hope for treatment to work
- Hope for catching the AML before it is too late
- Type of life if treatment is successful, what patients hope for
- What hope exists if not treatable
- Hope for death
- Hope in improving patient life (personal perspective)
- Hope from researcher
- My desire of hope versus patient desire of hope
- When hope exists regardless of diagnosis
- How hope is linked to treatment of the illness, without treatment can patient survive

Despite all forms of hope addressed, this thesis will focus on the patients' forms of hope in their treatment. The program will target current conditions of hope, any transformation of hope during drama workshops and finally an interpretation of hope.

The examination of the theories and the illness introduced limitations to the structure of the dramatherapy program. The patient's well-being of course is at the forefront, making sure nothing interrupts the patient treatment schedule. This treatment schedule can conflict with the therapy since patient treatment time varies with their

condition and doctor. Having all patients present can conflict, and therefore multiple sessions could be the result. Furthermore, the seriousness of the condition, calls for an examination of multiple theories and practices in drama, drama therapy, psycho therapy, drama curriculum expectations, and current therapies in practice. An examination of multiple theorists and their approaches to client success must be determined; understanding how certain practices and theories help patients, will determine which to use in the formation of the program. The following chapter highlights those theories, and the work of multiple therapists, their successes and limitations for patients.

CHAPTER 3

Overview of Literature: Dramatherapy, clown therapy, psychotherapy, drama and education, drama therapy and hospitals, and curriculum theory.

Chapter three introduces the literature examined and used in the construction of the program. Understanding, the theoretical framework that Jones (1996) uses in his assessment and construction of his dramatherapy is important, as it is the framework on which the program is grounded. All theories examined in the dramatherapy portion have been implemented into the program, aside from the clown therapy. The program is structured with dramatherapy techniques and an educational framework. The reason for this is that the researcher is not a therapist and cannot implement methods of psychological therapy. Therefore, material on drama in education and hospital use were examined to determine how to combine these elements to produce a dramatherapy program. Finally, it must be noted that there are numerous theories and therapies, and those not included are not less beneficial. Certain therapies were selected because they worked well alongside curriculum expectations and could easily contribute to patient success.

Theoretical Framework

Jones (1996; 2007) has highlighted Dramatherapy as an approach to facilitating therapeutic growth and change. Two central components to drama therapy are known as "Playing" and "Playing it out" (Erickson, 1950). Some therapists consider "playing it out" is a means of creating an imaginative realm in which fantasies and images are embodied and transformed as they emerge. For other therapists, the term refers to replaying actual life encounters (Jones, 1996). Between these two extremes lies a vast

range of dramatic possibilities – improvisation of fictional scenarios, interactive theatre, storytelling, and self-revelatory performance (Jones, 1996). Jones (1996, 2007) reflects that participating in drama and theatre allows connections to unconscious and emotional processes to be made. Participation is seen to satisfy human needs to play and to create. The festive act of people coming together through drama and theatre is seen to have social and psychological importance. Theatre is both an activity set apart from everyday reality, while at the same time having a vital function in reflecting upon and reacting to that reality.

Practitioners such as Grotowski, Brook and Boal discuss how theatre can bring people together, and comment upon and deeply affect their feelings, their politics and their ways of living. Therefore drama therapy originates from these beliefs, which see theatre as being necessary to living (Jones, 1996). Drama has been used as a way of making stays in hospital more enjoyable, or sometimes as an opportunity to raise emotional material which would be dealt with later in the hands of a psychologist or psychiatrist. According to Jones (1996, 2007), however over the past four decades, it has come to be fully acknowledged that the drama itself can be a form of therapy. This change marks the emergence of Dramatherapy as it is currently practiced. Importantly, Jones (1996, 2007) argues that the drama does not serve the therapy; the drama process contains the therapy.

The relationship between therapist and client is always at the heart of therapeutic work, and is the primary factor that diminishes clients' resistance to action-oriented work (Jones, 1996). In group work, the relationships among group members are also crucial in sustaining participants' involvement and commitment to the treatment process. The

interactive nature of dramatic activity helps promote interrelationships within the group and also fosters a playful, flexible, and trusting relationship between the therapist and individual clients (Jones, 1996).

According to Jones (1996, p.10) the basic processes of Dramatherapy include:

1. Dramatic projection: the client becomes emotionally and intellectually involved in encountering issues brought to therapy in dramatic forms such as characters, play materials or puppets.
2. Transformation: describes the ways in which the client's experience of the expressed problems changes during Drama therapy work. This change is due to the use of dramatic processes to express and explore (to transform) the clients material. Transformation also comes about through experience of the relationships formed during the Dramatherapy, both with the therapist and with other clients if the work is in a group.
3. Playing: (a space (playspace) where clients can try things out without consequences, and (which) enables both therapist and client to explore the material. (p.10)

The structure of treatment includes a *warm-up* process, the starting point for treatment a *focusing* section, a *main activity,* followed by a *closure and de-roling* segment to complete the session (Jones, 1996).

1. The *warm-up* is an activity that helps an individual or group prepare for dramatherapeutic work: it usually takes the form of a variety of exercises that concern the emotions of the group and/or the group's use of dramatic process or

language. The warm-up often marks the start of the creation of a special Dramatherapy space. Warm-up is a prelude to "action" but action comes in many shapes and sizes.

2. *Focusing* is a period when the group or individual engages more directly with the area or areas to be worked on – (subject or content of the work). The focusing section usually involves a move toward more specific areas. Focusing is said to be the way in which clients arrive at a state where they are ready to explore an issue in some depth and with involvement.
3. *Main Activity* is a period of time which marks an intensity of involvement. It may take the form of
    - One or more individuals dealing with an issue
    - A group as a whole working together with a specific theme or focus
    - All members of a group working on their own material with each other in small groups, pairs or in the large group.
4. *The closure and de-roling* phase marks the ending of the main active work involving dramatic forms. Marked by a clear point at which individuals leave or disengage from the dramatic space or activities and the ending of any audience/performer divisions. This closure period includes 'de-roling' exercises if character, role or improvisation is used. De-roling is fundamental after the client finishes explore, enacting their fantasies, to de-role, means to find a way to leave behind and separate themselves from the role he or she has played in order to prepare herself/himself to face reality or the outside world. If group activities

have taken place, then closure is a time for group dramatic relationships to be ended.

5. *Completion* is a crucial aspect of Dramatherapy. Completion has two main components. The first is a space for further integration of the material dealt with during the main activity. The second is the preparation for leaving the Dramatherapy space. Integration can take a purely verbal or dramatic form such as reflective game or activity. It might involve discussion of the work: the making of personal connections and sharing of perceptions and feelings. For some groups completion might be a time of internal reflection, so the period might be spent partly or wholly in silence. (Jones, 1996, p.13)

Dramatherapy and Meaning

According to Jones (1996, p.14) the discovery and communication of meaning in dramatherapy is a key concept of how dramatherapy is effective for clients.

Important aspects include:

1. Life experiences are given *added validity* by depicting them dramatically with, and in front of, others.
2. An individual's dramatic work is *recognised and understood* by others; the feelings and experiences they depict are empathised with and responded to by others.
3. The process of dealing with life problems through enactment leads to the creation of a *vital relationship between the client's life experiences outside the Dramatherapy and the enactments they take part in within the therapy.* (p.14)

In Psychodramatic replay of real-life events, the pain from the past is brought to life, relived, and re-experienced in the body. One of the central debates within the field of drama therapy is whether it is important to connect what emerges in the realm of play and pretence to real life. Some therapists believe that healing takes place within the realm of metaphor and fiction, others believe that it is in understanding the connection between one's acting and one's life that much of the therapy occurs (Jones, 1996).

According to Jones (1996), Drama therapist, David Read Johnson, developed a form of drama therapy known as developmental transformations. Essentially "roles and scenes are constantly transformed and reshaped according to the clients' ongoing stream of consciousness and internal imagery" (Jones, 1996, P.166). Within the playful and dynamic method, there is no interpretation or verbal processing. The client remains in the "playspace" – generally along with the drama therapist, who engages with him or her but does not interpret the action (Jones, 1996). Using this process clients are able to engage with the natural process of play they experience in their everyday activities. Play is a concept that is unique to drama and Dramatherapy. The term can be used to account for activities in childhood, adolescence and adulthood. The term can mean play as in a learning process that Caldwell discusses or the daily activities human engage in. Jones (1996) who cites Caldwell, explains that the term play is an ongoing process where individuals are constantly learning and interpreting the world around them. In play, the player becomes aware of the play where they are in a constant state of submersion in the roles they take on. The individual enters a state of awareness that roles and role playing involve choices and decisions.

According to Jones (1996) Drama therapist Robert Landy, works with a more structured fashion through his role method. Landy believes that role is the primary healing component of drama. Landy has clients invoke and identify a role, play out this role, usually within the container of a story, explore various aspects of the role, and then relate the fictional role to their real life (Jones, 1996). This approach sees the therapist as a director rather than a fellow player. One role at a time is sustained, expanded, and developed, and reflection on each role is a critical part of the therapeutic process (Jones, 1996).

Landy (1993) expresses that working through roles is a key component of therapeutic growth and change. Fictional roles require a movement from the ordinary role into an imaginative dramatic one. Landy (1993) stresses that to discovering meaning in a fictional role, a client must be able to accept the dramatic paradox of person and persona and find a way to live in an ambivalent world of being and not being. Landy (1993) argues that to understand how fictional roles serve the individual in everyday life, a client must be able to see both that fictional role and its reality-based counterpart clearly, comprehending the content, purpose, and form of each. Furthermore, the client needs to examine the difference and similarities between these roles.

According to Jones (1996) Drama therapist Alida Gersie believes that clients identify with classical, cross-cultural, personal, and improvised stories, and in doing so explore their own concerns and themes.

Drama Therapist Sue Jennings (Jones, 1996), who is an international pioneer in the field of drama therapy, works within a theatrical context, often using scripts. Like the others, Jennings uses the fictional, symbolic, and metaphorical realms as central

components in her work. In her view healing takes place through the drama itself. (Jones, 1996)

In Jennings (Jones, 1996, pp 89-90) five-phase integrative model, the work progresses from

1. Interactive dramatic play to
2. Developed theatrical (and fictional) scenework to
3. Role-playing, dealing with personal situations, to
4. Culminating Psychodramatic enactments exploring core life themes, to
5. Dramatic ritual related to closure.

Jennings' model begins with a fictional mode that provides a protective safeguard as well as a means of expanding clients' capacities for (and range of) expression. Eventually the roles are shed and the masks unravelled, and the fictional scenarios give way to life scenes (Jones, 1996). Jennings work is comparable to dramatist Grotowski's analysis of acting, the process is one of chiselling away all that is excess and discarding roles until one arrives at the innermost form (Jones, 1996).

The drama process is only one component of the therapy. The assessment, recording and evaluation alongside the drama is what will help the therapist determine what treatment is most effective for their client (Jones, 1996). Assessment discusses the importance of discovering the difficulties encountered by the clients. Through this the therapist is able to decide what therapy would be useful and how to bring that therapy into the client's space to work the material. Assessment is linked to the formation of aims. Aims will be negotiated depending on the group or individual's needs, sometimes

the aim maybe general, sometimes it may be specific (Jones, 1996). Also the aim maybe decided before hand if the psychologist is targeting a certain group, such as using role play to enable individuals to become more assertive in their everyday dealings with people in the community (Jones, 1996). There are two central methodologies in assessment: one is to identify the areas or difficulties which might be brought and worked with by clients and the second is to identify how the clients might best find meaning in the dramatic and expressive media within Dramatherapy.

Evaluation is the process whereby the dramatherapist documents whether the client's original status has changed as a result of the therapists' interventions, through in the moment decisions about how they interpret the clients response to material (Jones, 1996).

It is important to highlight what Jones (1996, pp 99-129) describes as the nine core processes in Dramatherapy. They are dramatic projection, therapeutic performance, dramatic empathy, distancing, personification and impersonation, interactive audience and witnessing, embodiment, playing, and transformation. *Dramatic projection* is the process by which clients project aspects of themselves or their experiences into theatrical or dramatic material or into enactment, and thereby externalize inner conflicts (Jones, 1996). *Therapeutic performance* process involves the process of identifying a need to express a particular problematic issue, followed by an arrival at an expression of that issue which uses drama in some way. Here performance takes the primary role of creating access to, and allowing expression of, material (Jones, 1996). *Dramatic empathy* and *distancing*, is the process where empathy is used to encourage emotional resonance, identification and high emotional involvement within any work. Empathy often plays an

important part in warming up clients to engage with material to be worked with (Jones, 1996). *Distancing* encourages an involvement which is more orientated towards thought, reflection and perspective. The client functions more as a reader to the material presented. This does not mean the client is disengaged in the drama; they are just involved with the material from a different perspective (Jones, 1996). *Personification and impersonation* is when the client represents a feeling, issue or person, themselves or aspects of themselves within a dramatic framework. They do this usually by impersonation, where they depict something or play a part themselves, or by personification, where the clients use objects to represent the material (Jones, 1996). *Interactive audience and witnessing*, is the act of being audience to others or to oneself within Dramatherapy. The audience in Dramatherapy is interactive and has little of the formal demarcation of place and continuity of role of traditional Western European theatre. The audience-performer relationship in Dramatherapy consists of a series of possible interactions that include being witnessed by other group members or the facilitator, witnessing others, or the client witnessing themselves through video, role reversal or being represented by objects (Jones, 1996). *Embodiment* refers to the way the body relates to an individual's identity during the Dramatherapy work. Embodiment is concerned with the way in which the client physically expresses and encounters materials in the here and now of a dramatic presentation. Embodiment is connected to change and taking on different identities. (Jones, 1996) *Playing*, is seen as part of an expressive continuum, as part of a drama. A state of playfulness is created whereby the client enters into a special playing state. The Dramatherapy session is a space which has a playful relationship with reality. The relationship is characterized by a more creative, flexible

attitude towards events, consequences and held ideas. This enables the client to adopt a playful, experimenting attitude towards themselves and their life experiences. (Jones, 1996) Life-drama connection refers to work which involves a direct dramatic representation of reality, for example in a role play of a specific life event, or the improvisation of an experience. (Jones, 1996) Finally, *Transformation* is when life events are transformed into enacted representations of those events. People encountered in everyday life are transformed into roles or objects; also objects can be transformed into others or are given significance which is additional to their concrete properties. (Jones, 1996)

These theoretical approaches highlight the significant contributions of the field of Dramatherapy and Dramatherapists' approach to understanding their clients' needs. They also show how dramatherapists approach their understanding and assessment of their patients. These are the core characteristics necessities in Dramatherapy and provide a framework for its use in hospitals and patient care.

Psychodrama

The origins of psychodrama began with the visionary mind of Jacob L. Moreno. Moreno envisioned that there could be therapeutic value in the freedom of play with patients (Dayton, 1994). According to Dayton (1994) the formal introduction of psychodrama came in the late 1920's when Moreno travelled from Vienna to the United States, founding the Moreno institute. In the preliminary stages, Moreno felt that a full treatment of psychodrama required a threefold system: (1) psychodrama, (2) group psychotherapy, and (3) sociometry. Moreno believed that utilizing these three approaches was the only means that an individual could begin the healing process.

Moreno explains the significance of his method as follows (Dayton, 1994, p.7), "psychodrama represents the chief turning point away from the treatment of the individual in isolation, to the treatment of the individual in groups, from the treatment of the individual by verbal methods to the treatment by action methods". (p.7) Dayton, author of the text "The Drama Within: Psychodrama and Experiential Therapy" (1994), provides a recent investigation of the concept of psychodrama used by therapists in the twenty-first century. Psychodrama is a method of treatment that follows people into their inner reality, allowing them to describe it and work with it as they see it. Through dramatic action the Psychodramatist brings long-buried situations to the surface to relieve emotional pressure, creates a "holding" environment through sharing, support and acceptance, and then allows the natural healing forces of the psyche and the emotional self to continue to work. Psychodrama has the ability to tap into our innate healing forces, using its methods to release them, then backing up and trusting that we will continue movement in our daily lives. Thus healing is not confined to a clinic, but is an ongoing process.

Curse, a medical director at the Betty Ford Center indicates on the website that tears shed in grief release a chemical enzyme from the body (Betty Ford Centre, 2008). Psychodrama has similar qualities, where painful stored material can be released within a clinical structure. It not only releases the feeling, it also allows the feeling to draw from the unconscious the events that are stored in the psyche. According to Dayton (1994), the beauty of exploring the emotion through action is that the emotion can surface as originally felt, and can be understood from that perspective *first*-before it is edited or reflected upon in any way. This is the process according to Dayton, which allows the

joining and moving into a person's inner reality, of validating it as it exists within that person, with no attempt to manipulate it to conform to other people's perceptions.

One of the concepts repeatedly used in the field of psychodrama is the "role development stage", which will be a prime model for the program. Essentially role development according to Dayton (1994) involves learning a new role through three stages, described as (1) role taking, (2) role-playing, and (3) role creation (Dayton, 1994, p21-22). Dayton explains role-taking as a process of modeling, where the individual imitates, at the deepest level, how they perceive experiences outside themselves. Role-playing is the stage of doing what we learned in role-taking while bringing something of ourselves to the new role we are practicing, incorporating adaptations during the process (Dayton, 1994). Therefore role-playing operates at the conscious level, since the individual has already learned the role; they assume a comfort level to test that role in multiple scenarios. Finally, role-creation, according to Dayton, is the stage in which the individual recreates the role with a unique vision, incorporating talents to suit the needs and desires of the creative process. Usually this stage can only occur if the first two stages have been fully integrated so that the most creative part of the self can reconstruct the full identity of the role. (Dayton, 1994)

The role development stage model provided by Moreno (Dayton, 1994, p20-21) is a suitable strategy for the particulars of this program. Most of the exercises and games during the sessions will provide multiple scenarios for the group to experience and develop character roles both different and similar to their lives. The dynamics of using Moreno's approaches, especially the role development stage model, is that it provides a glimpse into the unique perspective of every participant in the study, as the role

development becomes a rehearsal for living (Dayton, 1994). It allows participants to interact in multiple scenarios, while showing how each interaction has the ability to change us. Each interaction is felt differently by each individual, especially through multiple roles. Dayton argues that psychodrama, and especially role development, is a safe way for participants to distance themselves from traumatic events. Since the participants are playing roles, the ability to distance yourself from the character, yet feel and understand the emotions, allows the experience to be both safe and provide closure.

Dayton provides insight into the workings of psychodrama and Dramatherapy, largely these fields are similar, however there are some points of divergence, that should be addressed before exploring the concepts of Dramatherapy that are relevant to this particular study. The large difference between the two fields is the manner which they operate within group therapy sessions. The Psychodramatists' approach is to focus on the group experience while Dramatherapy is concerned with the individual's needs (Dayton, 1994). Psychodrama originated in the workings of Moreno. Dramatherapy, which is rooted in a variety of dramatic and theatrical traditions, is similar to Moreno's approach, but its roots can be traced back to early ritual celebrations, storytelling and creative play. Dramatherapy uses more improvisational and fictional play, with a belief that engaging in the world of make-believe allows not only a healthy sense of freedom but also a protective disguise that actually enables self-revelation (Jones, 1996). This Dramatherapy model largely underpins how the sessions in the program are structured and therefore the majority of the games and units are structured similarly. Both fields do discuss that a decision to use either field largely depends on the style and process the therapist decides the population will require. This depends on the clients age group, needs, and stage of

treatment and the theoretical approach the therapist, or educator wishes to pursue, or is most comfortable with. Both psychotherapists and dramatherapists have roles in the treatment of their clientele, however the psychodrama approach allows the therapist to take a prominent position, such as a director, while the model for Dramatherapy sees the therapist as a facilitator, rather than a prominent figure in the healing process. (Dayton, 1994) Finally, psychodrama, according to Dayton (1994), has the ability to create new learning. Dayton writes that as human beings we take information in through all five senses and those experiences and traumas usually occur during our pre-verbal stage, where the individual may be unable to express themselves through speech. Therefore Dayton argues that it useless or nearly impossible to reflect upon these experiences with language. When we engage the bodies, there is the ability to move through the memory and show what happened rather than try to reconstruct the past through words, similar to Moreno's role development (Dayton, 1994). Dayton continues to provide examples of how psychodrama can be a powerful action method. When used in treatment, it can be effective for trauma patients, releasing pent-up emotions and also a tool for learning new behaviour. Dayton argues it is a valuable tool for those in pain, and well suited for those with addictions. Dayton (1994) leaves the reader to conclude that the overall significance of psychodramas is its ability to be incorporated into a variety of treatment situations while also conducive to other methods of experimental therapy.

History of Dramatherapy

Dramatherapy, as mentioned earlier, has a long history in ritual traditions, and therefore has roots tracing back to the time of Aristotle's teachings (Jones, 1996). Aristotle proposed that the function of tragedy was to induce the emotional and spiritual

state of catharsis-a release of deep feelings that would produce a purification of the senses and the soul (Jones, 1996). Aristotle formally established a theme that recurs throughout the history of writing about theatre and one that is relevant to the relationship which drama as therapy has to theatre. According to Jones, that theme can be characterized as drama having a unique and direct relationship with human feelings and as being able to produce change in people's lives. Aristotle saw the potential of healing in theatre and drama. The difference from Aristotle's beliefs and a twenty-first century analysis lies in the system in which the healing is practiced. According to Jones (1996) who references Goodman, provides a summary of Aristotle's approach: Tragedy has the effect of purging us of pent up and hidden negative emotions (Jones, 1996). According to Jones, Dramatherapy is an active and creative approach to psychotherapy in which dramatic processes are used to facilitate therapeutic growth and change. Dramatherapy is concerned with an environment of play and pretence, according to Jones, where client's spontaneity and imaginations are engaged, dissolving their inhibitions, so that their unconscious may come closer to the surface. Within Dramatherapy there are two central components known as "Playing" and "Playing it out" (Jones, 1996) These two terms provide a vast range of dramatic possibilities depending on the circumstances in which they are used. For some "playing it out" provides a means of replaying actual life encounters, for others it is a place to create an imaginative realm in which fantasies and images are embodied and transformed as they emerge (Jones, 1996). The "playing it out" method provides opportunities for the therapist to use improvisation of fictional scenarios, interactive theatre, storytelling and self-revelatory performance.

Dramatherapy was established as a field of study in the United States in 1979, with the founding of the National Association of Dramatherapy (NADT, 2008). The therapy emerged from the art form of drama and has been used as a means to heal those in both clinical and educational settings (NADT, 2008). Although its roots are indebted to the field of drama, the work done by Moreno has provided the clinical necessity to progress the field.

There is no central model that a Dramatherapist or Psychodramatist follows, the choice of therapy is determined by patient need. One of the central debates within each field is whether it is important to connect what emerges in the realm of play and pretence to real life. Jones (1996) articulates that some believe that the healing takes place within the realm of metaphor and fiction, and others believe that it is in the understanding the connection between one's acting and one's life that much of the therapy occurs. It is important here to note the different contributions of therapists that have made the field a specialized area for treatment. Some of the prominent names when researching the field of Dramatherapy include, David Read Johnson, Robert Landy, Alida Gersie, Sue Jennings, and Jacob L. Moreno, founder of psychodrama (Jones, 1996). Johnson is a Dramatherapist specialized in therapies known as developmental transformations. Johnson argued that "roles and scenes" are constantly transformed and reshaped depending on the client's ongoing stream of consciousness and internal imagery. Within Johnson's model, there is both a playful and dynamic model; however there is no interpretation or verbal processing. The client remains in the "playspace"- usually with the therapist where they are engaged, but the material is never interpreted (Jones, 1996).

Robert Landy, a Dramatherapist, works with a structured approach through his role method. Landy believes that roles are the primary healing component of drama where his clients invoke and identify with a role and play out that role, usually within the container of a story. Landy allows his clients to explore various aspects of the role, relating their fictional role to their real life (Jones, 1996). Another Dramatherapist, Alida Gersie, allows her clientele to identify with classical, cross-cultural, personal, and improvised stories, while exploring their own concerns and themes (Jones, 1996). Finally Jennings, who is known as an international pioneer in the field of Dramatherapy, works within a theatrical context, often using scripts (Jones, 1996). Like others, Jennings relies on the fictional, symbolic, and metaphorical realms as a central component to the healing process. In her work, the healing takes place through the drama itself. Jennings' model begins with a fictional mode that provides a protective safeguard while including the capacity for expression. (Jones, 1996) The goal for Jennings' model is have clients both engage with the role while allowing them to shed those masks or roles, unravelling the fictional scenario to give way to life scenes (Jones, 1996).

The safeguard that Jennings discusses is a prominent feature in the work done by all therapists in the field. Dramatherapy practitioner recognize a need to protect clients through providing a defined space, ensuring clients consent, protecting clients confidentiality, and professional control, when the therapist is operating. Therefore each therapist has constructed an appropriate code of conduct that must be followed, so that their clientele is aware of the therapy purpose and protected when participating.

Another safeguard implemented is the relationship between a therapist and their clientele. This relationship is seen as the heart of the therapeutic work and it is the

primary rapport that diminishes any resistance to action-oriented work (Jones, 1996). The interactive nature of dramatic activity and the interrelationship within the group, according to Jones, promotes a playful, flexible and trusting relationship between the therapist and the individual clients.

The necessity for such safeguards because participating in drama and theatre allows connections to the unconscious and emotional processes to be made (Jones, 1996). Participation is therefore seen to satisfy the human need to play and create. Jones discusses that the act of people coming together through drama and theatre is seen to have social and psychological importance. This allows the individual to separate from everyday reality, while at the same time having a vital function in reflecting upon and reacting to that reality (Jones, 1996). Early dramatists, such as Grotowski, Brook, and Boal discuss in their teachings the potential that drama has to bring people together to comment upon and effect their feelings, their politics, and their way of life (Jones, 1996). According to Jones and his analysis of the field over the last four decades, the drama itself can be a form of therapy, the drama does not serve the therapy; the drama process contains the therapy, and therefore this program will attempt to articulate that model.

Other Hospital Based Therapies

The Therapeutic Clown program at the hospital for Sick Children, (descriptive) engages in what is known now as the Child Life model in clowning that is credited to Karen Ridd (n.d.). Clown therapy literature, like Dramatherapy literature, is sparse. "There Ought to be Clowns", a thesis developed by Ridd (n.d.), a professional clown, and Child Life Therapist with CHTV-The Variety Network of the Child Life Department, Children's Hospital, Health Sciences Centre, in Winnipeg Manitoba, acknowledges the

crucial requirement of laughter during patient hospitalization. Ridd argues that laughter secures a positive state of mind, which has a positive effect on the patient's physical health. Ridd, examines the crucial importance of Robo, a therapeutic clown, at the Children's Hospital of the Health Science Centre in Winnipeg, and articulates the positive attributes Robo creates with patients. According to Ridd, laughter has the ability "on the deepest sense", to provide the will to live (Ridd, n.d., p.3). The clowns are seen as beyond the border of an entertainer. The clown is a healer, in the case of Robo, a caregiver who heals without words. The importance of the wordless environment has universal benefits, because large portions of hospital clientele in Winnipeg do not speak English, or are incapable of using language to communicate because of medical circumstances. The clown is an order-breaker and producer of creative chaos who is able to break the deadlocks of withdrawn patients, so that a healing process can unfold (Ridd, n.d.). Furthermore, Robo's wordless communication provides a safeguard for patients, knowing their secrets and fears will never be revealed through a clown who cannot speak.

The appearance of a clown in a hospital setting is unsettling, where the environment is typically sombre. However, the clown becomes an intrusion into the intimidation, suggesting that a hospital can be benevolent, rather than a malevolent place (Ridd, n.d.). Ridd embraces that Robo's devotion to patient well-being is an uncanny display of self-giving. In some circumstances the clown can be mistaken by younger patients as frightening. In these circumstances a child life expert accompanies the clown and engages with it until the child feels no threat exists. One of Robo's beliefs crucial to human growth and development is the ability to give and receive care. Therefore Robo's interaction with patients allows them opportunities to help Robo tie his/her shoes,

straighten his/her jacket and fix his/her tie. Clowns, according to Ridd (n.d., p.13) "serve to encourage imagination and creativity and act as stimulation for the patients, thereby helping to keep them from apathy and withdrawal".

In the hospital setting there are two main models that are followed by a therapeutic or hospital clown. The first is known as the Doctor model, and the second, is what has come to be known as the Child Life model. (Gryski, 2002) The Doctor model originated with Michael Christensen and the Big Apple Circus Clown Care Units in the mid 1980's. This type of therapy involves the clown in doctor attire, usually having a silly or descriptive name, such as Dr. Ginger Snap. (Gryski, 2002) According to Gryski, just as the clown challenges the authority of the ringmaster in the circus, it also mocks the authority figures in the hospital. On the other hand, the Child Life model, which began in Canada, and is credited to Karen Ridd, and her clown Robo, uses a clown in traditional attire. Although their garb may be different, their objectives are similar.

A final point: the therapy is not suitable for all patients, because some find it too scary, as others find it too childish. However, most agree that the presence of a clown dissolves the hospital sterility for a time. Most importantly, it is the clown's "gifts of laughter, warmth and frivolity help that strengthens patients' will to live by reminding them of the joy that is with life." (Ridd, n.d. p.20)

The literature review provided important insight into the different current therapeutic practices in hospital settings, in particular the Hospital for Sick Children. What is important to note is how clowning differs from dramatherapy. Although, both have similar objectives, securing a positive state of mind, which reflects a positive effect on patient health, they differ in their approaches. The clown engages the patient and acts

as a healer through laughter. The clown carries multiple personas for patients: a friend, a rejection of authority, or an escape. Dramatherapy has similar qualities, however the therapy is a structured approach. There are multiple techniques that dramatherapy offers, whereas clowning is a subdivision of dramatherapy, and is only one approach to patient healing. Laughter is an important contribution to recovery, and dramatherapy utilizes this too. However, the sessions require structure, as Jones notes, to make sure patients experience the process from projection to transformation. Both use similar strategies to generate a rapport with patients, however, that is only one objective of the dramatherapy. Lastly, the clown is not suitable for all patients, as some find its presence too childish. This might present problems with a program intended for adolescent patients. Thus clowning is not appropriate here, and will not be used in the development of the program.

Art therapy is another therapeutic alternative, and according to The American Art Therapy Association (2010), art therapy is the therapeutic use of art making, with a professional relationship, by people who experience illness, trauma or challenges in living, and people who seek personal development. By creating art and reflecting on the product and process, individuals can increase awareness of self, while reflecting on causes of symptoms with art strategies to cope. Although Dramatherapy differs from the Art Therapy, it is beneficial to know what programs are in place and who benefits from such programs.

Dramatherapy Effects in Hospitals and Patients

Drama has a long history in the mental and emotional care of patients, traced back to early European asylums where facilities were provided to reform the mental health of patients. Known as "Moral Therapy" this therapeutic approached involved occupational

and some artistic activity for patients. In one particular case, the history of theatre in the hospital, Julio de Matos in Lisbon, was a means for the asylum to create a self-sufficient community, a centre for entertainment within the asylum. (Jones, 1996) Fryrear and Fleshman suggest that the groundwork for the arts as therapies in hospital care lies in the arts and crafts movement as part of occupational therapy. Despite the early presence of drama in European asylums, the movement began to degenerate after the First World War, marking the beginning of recreational therapy (Jones, 1996).

Reli, a German author, wrote about the use of theatre in a psychiatric hospital (Jones, 1996). Reli remarked that hospitals should include theatre space where patients could be urged to portray scenes of their former life by acting out events in their past. In the mid-nineteenth century, the majority of asylums were being built with theatres as a part of their main structure (Jones, 1996).

The emergence of Dramatherapy as a specific discipline and as a profession has grown significantly since the 1930's. There are many documented cases about the effects and inclusion of drama and theatre in health care settings, especially those in mental health institutions (Jones, 1996). One facility in particular, the Green's Play Production, described the creation and performance as a therapy rather than entertainment.

Attending patients are heartened in many ways, both as individuals and in general. For the long stay patients, from the rehabilitation and convalescent departments, the show brings welcome relief from the tedium "...Patients from the psychiatric department....discover in being members of a theatre audience that their return to reality is a smoother path than it might otherwise be" (Jones, 1996; p.47.)

Blanter (2007) discusses the structure of Dramatherapy to include theatre, psychology, drama and therapy, however these components only merged recently during the twentieth century after the work completed by Jacob L. Moreno. Recently more work has involved patients being included in the creation process as writers, directors and performers. In some instances this is the process that the therapeutic program initiates.

A Dramatherapy Program as a Curriculum

Treating a dramatherapy program as curriculum provides the background for thinking about both overall purpose as it relays to the patients, and to structural issues.

The total curriculum, according to Kelly (2009), must have priority, meaning the planning should be whole, with a total scheme built, instead of a collection of separate subjects. Issues in response to planning concern what is known as the 'hidden curriculum'. Therefore, a distinction between planned curriculum and received curriculum must be noted. According to Kelly (2009), a planned curriculum is that which is laid down in syllabuses, and the received curriculum is the reality of the pupils' experience. Therefore, it is important that in the implementation of a curriculum there cannot be only consideration for the planned. Lastly, Kelly (2009) incorporates a distinction between a formal and informal curriculum. The formal curriculum is referenced to a timetable, which allocates specific periods. The latter is referenced to the extracurricular that takes place outside of institutional time. Even though there is a distinction between the two, it is hard to separate since both are regarded as having educational validity. However, there is more than planning that must be addressed, such as teacher activity. According to Kelly (2009), there must be a definition that embraces four dimensions of educational planning and practice: the intentions of the planners, the

procedures adopted for the implementation of those intentions, the actual experience of the pupils, resulting from the teachers' direct attempts to carry out their or the planners' intentions, and the 'hidden; learning that occurs as a by-product of the organization of the curriculum, and, indeed, of the institution.

The centrality of the teacher must be stressed in curriculum planning since the development and preparation of lessons' or other programmes lies with them. According to Kelly (2009) the quality of any education experience depends largely on the individual teacher responsible for it. Therefore, there is an obligation for teachers to understand the curriculum and to ensure effective practice.

According to Kelly (2009) it has been suggested that the curriculum must consist of four elements, objectives, content or subject matter, methods or procedures, and evaluation. According to Kelly (2009), who references Tyler, recommends four fundamental questions which must be answered in developing any curriculum and plan of instruction. While Kelly and Tyler write of the school, here the curriculum is to be considered in a non-school context (Kelly, 2009, p.15)

1. What educational purposes should the institution seek to attain?
2. What educational experience can be provided that are likely to attain these purposes?
3. How can these educational experiences be effectively organized?
4. How can we determine whether these purposes are being attained?

These questions allow for a linear model which forces the specific of objectives, content and method planning, and finally the means to measure success. The problem with Tyler's model is that it is too simple. However, Tyler's model offers the possibility

of adopting several planning models (Kelly, 2009). For example, philosophy can be used to guide in the organization and implementation (Ornstein et al, 2011). Ornstein (2011) believes that philosophy provides educators with a framework for organizing schools and classrooms. More specifically, philosophy helps answer questions about the schools' purpose, what subjects are of value, how students learn, and what methods and materials to use. Ornstein (2011) claims that philosophy provides a framework for broad issues and tasks, such as determining the goals of education, subject content and its organization, the process of teaching and learning, and, in general, what experience and activities to stress in schools and classrooms. (Ornstein et al, 2011)

According to Ornstein (2011) who quotes Hopkins, (1941) "Philosophy has entered into every important decision that has ever been made about curriculum and teaching in the past and will continue to be the basis of every important decision in the future...There is rarely a moment in a school day when a teacher is not confronted with occasions where philosophy is a vital part of action." (Ornstein et al, 2011, p.3) According to Ornstein who references Goodlad (1979b) philosophy is the beginning point in curriculum decision making and is the basis for all subsequent decisions regarding curriculum.

The philosophy of curriculum specialists, according to Ornstein (2011), therefore reflects life experiences, common sense, social and economic background, education, and general beliefs about people. This philosophy stems from what social scientists call the 'social lens', and therefore philosophy determines principles for guiding action (Ornstein et al, 2011). In this case a philosophical approach must reflect a community's philosophy.

According to Ornstein (2011), philosophy allows for an educational framework. Ornstein (2010) believes any educational philosophy must incorporate learners, society, and the school goals, while maintaining a solid curriculum. There are many schools of thought, each with their own goals and agendas, however regardless of the approach; the philosophy's objective must improve the educational system. Ornstein addresses the topic effectively, simplifying the philosophies into a dichotomy, with traditional philosophy of Perennialism and Essentialism at one end and contemporary philosophy with its Progressivism and Reconstructionism at the other. From this overview a difficulty arises as to what philosophy is best suited for an educational curriculum which is politically democratic. Walker and Soltis (2004), discuss the philosophy in relation to honouring individual needs. In the article "Curriculum and Aims" Walker and Soltis advocate that a philosophy must enable all students with an equal education, so they in turn can become productive members of society. Ornstein (2011), comments that if there is no clear philosophy of education there can be no clear approach to discovering the path of enlightenment for students and in turn no search will yield a curriculum that works.

Ideologies must be addressed in relation to curriculum formation (Kelly, 2009). Ideologies focus on the differing views and beliefs on which individuals base their action. The problem with ideology is that it is ambiguous, and can present a hidden agenda, or belief. Some of the greatest philosophers describe it as a dirty river, a warped belief, contaminated (Kelly, 2009).

Ideology can be compared to Plato's lies; (Ornstein et al, 2011) ideology is not like lying, because the liar knows the lie, but the ideologist believes they are telling the truth, they believe the lie, and do not realize there is a lie, a sense of false consciousness.

Therefore, in order for ideology to work in relation to curriculum structuring it must be deconstructed. One must understand historically, how did it happen? However, this is not enough, it must also be addressed functionally; how does it function for differing parties? Is the ideology implanted the right way; otherwise it may work against the objective. Presently, how does ideology play out in the institution? One must question why some knowledge has been rejected, who has been ignored, and for this a historical approach must exist.

This examination of curriculum theory reveals a connection between students and patients, in regard to objectification. According to Ornstein (2011) who references Freire, both the patient and the student experience objectification at the hands of those who aid in their development; education or health. Freire explains (Ornstein, 2011), the student is objectified as curriculum and institutions denote their educational growth and capabilities. Teachers enforce standards on students, through testing, and the role of the teacher as authority, rejects the voice of the student in their education (Ornstein, 2011). Similarly, patients in hospital settings have similar objectifications. For one, their disease objectifies them as other, the doctors and medicine that regulate their health, determine how the patient will feel. Furthermore, the role of the doctor as authority cannot be removed. They cannot go against authority or treatment, in fear of deterioration. Investigating curriculum theory revealed the similarities between student and patient objectification. The next step then is to remove objectification in the lives of patients, as this may be the reason they lack hope. A further exploration reveals that perhaps the drama environment can offer a solution to objectification. By understanding pedagogy in terms of negotiating and transformation, as McLaren (Ornstein, 2011) explains, the

objectification can be removed. Investigating multiple theories and strategies from dramatherapy, reveals the therapy is structured to negotiate what patients need as oppose to prescribing their treatment, as institutions so often do. Therefore, the combination of curriculum and dramatherapy will remove objectification by addressing what the patient needs in their emotional recovery.

The examination of the therapy literature determined a structure suitable for the construction of a dramatherapy program. The following section and chapter examine and explain, how and why each unit was chosen for the dramatherapy program.

Issues leading to constructing a dramatherapy program

Landy and Hadari (2007) conducted a study in the context of the Israel – Palestine conflict. Landy (2007) explained the importance of having a guide or leader in the drama process, as such a person is crucial in leading the group on a difficult journey, fostering balance, and helping the individual move through external and internal obstacles that block the way. The process of storying was used in this workshop. The therapy did not focus on terminal illness, or patient well-being; however, by examining severed relationships in Israel and Palestine and stories of destruction and renewal, they revealed the importance of imagined dialogue. Imagined dialogue is important to address as it is part of the transformation process in the storying unit. Participants are asked to introduce personal stories to the drama process. For this purpose, those stories become transformed into scenes by the participant and other group members. Transformation and possible dialogue occurred during this process and it is important to draw from Landy's and Hadari's experience the positive transformations that happened. According to Landy and Hadari (2007) the experience revealed a sense of being lost and confused. Working

through individuals' stories of despair ultimately led to guidance, hope and grace, by removing despair. The final outcome, commented by the group members revealed a renewal, and a wonderful feeling of togetherness, which awakened a new consciousness (2007).

Haen (2005) introduces the importance of group therapy. Focusing on children affected by the September 11 attacks on New York City, the study identifies the importance of rebuilding security in a shattered environment. The study focused on how each child reconstructed the traumatic event, and how they ascribed meaning to it. Haen (2005), explains that dialogue happened because the children's words help transform the environment into one that is safe; they created their own metaphor for the tragedy. Furthermore, the group therapy had a common, "shared trauma" (Haen, 2005) and this enabled a quick rapport between participants. Thus, any therapeutic process best focuses on patients with a commonality. There are parallels which might be drawn with the case of adolescents sharing a common cancer treatment: in order for dialogue to emerge security must be built.

The importance of verbalization

Haen (2005) explains a traumatic event is usually accompanied by a loss of language, because words are inadequate in conveying the trauma, and as a result the trauma is locked away or integrated in the psyche. Haen (2005) suggests that the use of words, such as the storying and sharing units in this program, break the taboo around talking about the trauma. Haen (2005) observes that alongside talk, play, especially enactment is a crucial component of working through trauma. This idea of play and re-enactment is important in relation to the playback theatre unit, as individual stories are

retold and transformed, in the hope of transforming their stories of (trauma) into stories of (hope). The extent to which a diagnosis of cancer and its subsequent treatment is traumatic suggest that Haen's observations concerning verbalization is relevant to this study.

The importance of verbalization also emerges from Landys' work. Landy (2002), also in reference to the September 11 terrorist attacks, reveals in a personal account how dramatherapy shaped itself, in relation to what patients required. Landy (2002) observed his initial response to help patients suffering from the trauma of September 11 was to provide aesthetic distancing through projective work. Projection is the process by which clients project aspects of themselves or their experience into theatrical or dramatic material, to externalise inner conflicts (Jones, 1996). Landy (2002) explains that the clients felt too overwhelmed to tell their narrative. By encouraging work with the images of horror (911) or obstacles (sharing), therapists had the opportunity to help those who were traumatized to engage in playful dialogue which helped achieve a greater sense of control and mastery of their lives. This is crucial in the drama program, where patients' identities, freedoms and limitations are strongly influenced by their illness. By sharing stories, patients are motivated to engage in dialogue, which then open up a means for them to take control of their narratives, by re-writing their story.

According to Snow (2003) therapeutic theatre therapy, an approach to drama therapy, must include roles with therapeutic goals in mind. The process of play production is seen as a form of group therapy, facilitated by a leader, and the final outcome must be performed for a public audience. This is slightly different than dramatherapy, as not all dramatherapy happens in a group environment. This particular

structure was chosen for the final unit in the program, and Snow et al. (2003) observe that this form of therapeutic approach is not a cure, but a great indicator of healthy functioning and relationships with clients, as many grasp the importance of their accomplishment: creating their play. In the context of the work reported in this thesis, the therapeutic goal in mind is the development in the adolescent of a sense of hope.

CHAPTER 4

Construction of a Dramatherapy Program for Hope

Chapter 4 explains the process of how the program was constructed. By drawing information from the literature review, an 11 week program was built with twenty sessions. While conceived in this framework, flexibility is possible in adapting the session lengths and timing to meet the patient's schedules and conditions. The following information highlights how the program is structured in line with the construction of hope. In particular this chapter identifies what each unit prepares to do in relation to theory and practice, and how each lesson incorporates enough time to achieve the expected outcome.

The program was built on a seven-stage sequence based upon a rationale derived from Jones (1996). As explained in Chapter 3, the process started with an examination of literature, including dramatherapy, drama theory, psychotherapy; hope concepts, and death theory. The examination of dramatherapy included multiple theorists including Jones, Jenkins, Jennings, Dayton, and Landy. By examining the theories, process, and client success of these therapists, specifics were drawn for the program. From these therapists and their specialities in the field of drama therapy, drama theory was researched. Jones structures a flow of classes, and discusses the therapy in stages, with each stage preparing the client for the next drama procedure, from projection to transformation. Furthermore, Jones explains that each therapy session should utilize the following structure: a warm-up, a focus period, the main activity, a de-roling phase, also known as a return to reality, and finally, a completion, which is the reflection phase. Each lesson in the program is structured with Jones' recommendations in mind.

The seven stages are introduction, masks, improvisation, storying, playback theatre, monologue, and collective.

The therapies used in the introduction unit, unit 1, are drawn from Jones and Dayton's (1994), warm-up recommendations. Dayton explains the importance of warm-up in his theory of "as if" into the "as". The first unit is structured to create a rapport with patients. The journal is a non-verbal portion of the therapy taken from a pedagogical and commedia perspective, a non-verbal resource for documentation. The warm-up is an extension of the theory taken from Samuel Alexander and Heidegger who explain, that play is the relation between the persona and the object (Dayton, 1994). In particular, "Being & Analogue" see play between life and death. Heidegger focuses on consciousness versus the environment, the subjective freedom versus the objective thing. This understanding of play and being introduces the notion that we are nothing without playing at being. Patients institutionalized in hospital need a source of play and being for purpose of normalcy and isolation - to remove them from a position of objectification. The question of the day in this unit is drawn from a pedagogical theory, the linear model, used in classroom settings (Kelly, 2009).

The second and third units: masks and improvisation are structured with the model of "Playing and Playing it out" taken from Jones, Landy, and Erickson, who describe the process as follows. The two terms provide a vast range of dramatic possibilities depending on the circumstances in which they are used. For some "playing it out" provides a means of replaying actual life encounters, for others it is a place to create an imaginative realm in which fantasies and images are embodied and transformed as they emerge (Jones, 1996). The "playing it out" method provides

opportunities for the therapist to use improvisation of fictional scenarios, interactive theatre, storytelling and self-revelatory performance. The creation of the mask will help relate the fictional role of the mask to everyday life. According to Landy (1993), the success of any therapeutic initiative is its ability to lead the client into and out of the projection. Drama therapist, David Read Johnson's, model of developmental transformations is also used here (Jones, 1996). Essentially "roles and scenes are constantly transformed and reshaped according to the clients' ongoing stream of consciousness and internal imagery" (Jones, 1996, p.166).

The fourth unit, storytelling is structured with the following therapy in place, role-talking. This therapy is taken from Landy (1993). Role-talking can represent a feeling, an issue or a person, or the patient themselves or an aspect of themselves within a dramatic framework. [Role-talking allows for playing a part of the self through a dramatic representation of one's life.] According to Landy (1993), this creates empathy and can help in developing ways to relate to others. Furthermore, it can assist in the process of seeing a problematic situation from the point of view of another. The involvement of fictional or imaginative material through role taking creates opportunities to transform and explore the issue in a new fashion. The fictional world can give permission to explore what the participant might censor or deny in their everyday life. The text or story can take on personal meaning for a patient. According to Jones (2007), who quotes Gersie, "The potential for positive, projective identification between a story-character and oneself does inspire new ways of being" (Jones, 1996, p.146).

The fifth unit, Playback Theatre, is structured with the therapy taken from the information on the Playback Theatre website and theories of "Narrative and Stories in

Play" from therapeutic practices described by Weber and Haen (2005). Weber and Haen (2005) outline the stages of the therapy in seven benefits and strategies, which are also included in chapter five. The Toronto Playback theatre objective is to listen to people's stories and transform them into theatre. Playback theatre, aims to create a space where every voice and story is important, it is a process for personal and social transformation through art.

Weber and Haen (2005) outline the importance of Narratives and Stories in Play and Drama Therapy:

1. Telling stories and playing stories can be a way of controlling our world and what happens to us in that world. For a child who lacks power, it can be an enriching experience. For once, the child can say, "I'm the king of the castle, and you're the dirty rascal," and not experience the consequences of their reality world.
2. The use of narratives and stories in Play and Drama Therapy can help children make sense of their own lives and also learn empathy through imagining how others in their stories might feel.
3. Working with stories and narrative play means that there is collaboration between child and therapist, where what happens in the session is co-constructed between the two.
4. This model is based on social construction theory and narrative therapy, which describes the development of identity as based on the stories we tell about ourselves and the stories others in our environment tell about us.
5. Some dominant stories we have about ourselves are not helpful and can lead to victimization. In Play and Drama Therapy, we can explore ways to shift and

expand aspects of identity through exploring roles and ways of being in play, knowing that we do not have to take all these experiments into our lived lives.

6. This approach also recognizes the fact that the developing child is part of an ecological system, not an isolated individual. We live in a time and culture, and this influences our way of seeing.
7. In this kind of collaboration, the child can play with small toys and objects, create a dramatic event, draw a picture, or just make marks on clay or slime. But as they do so, they tell a story about what they are doing. The role of a therapist is to listen, perhaps ask question about the story if required, and record the story by writing it down if requested. (Weber and Haen, 2005, pp 232-233).

The sixth unit, monologue is structured with the therapies taken from Landy's role-talking therapy and Naturalist Theatre. How it applies here is it helps discover meaning in a fictional role, by accepting the dramatic paradox of person and persona, and in turn the individual finds a way to live in an ambivalent world of being and not being. Therefore, to understand how the fictional role serves in everyday life, one must be able to see the fictional role in comparison to its reality based counterpart, comprehending the content, purpose, and form of each. From there the differences and similarities can be understood. (Landy, 1993) This is helpful in turning the story (fictional) into a monologue presentation (reality).

Finally unit 7, the collective ensemble, draws its therapeutic benefits from drama therapist Sue Jennings, who, works within a theatrical context, often using scripts. Like the others, Jennings uses the fictional, symbolic, and metaphorical realms as central components in her work. In her view, healing takes place through the drama itself (Jones,

1996). This refers to early units that will be included in the ensemble piece, from games to masks and improvisation. Eventually the roles are shed and the masks unravelled, and the fictional scenarios give way to life scenes, the stories and the monologues. (Jones, 1996)

Each unit has Jones' structured class flow, as each lesson incorporates a warm-up, a focus period, the main activity, a de-roling phase, and finally, a reflection phase.

The program is structured as follows

Analyses of Drama Theories in program –After each lesson plan there are detailed notes explaining why certain strategies were used in accordance with therapist success.

1. **Introduction** – Comfort Zone – rapport, address isolation where relevant. These techniques are crucial for creating a relationship with patients. A level of trust must exist in order for a sharing community to occur. The specifics of the program include not only performance – the verbal, but also a journaling portion. This was selected by examining the narrative benefits of dramatherapy. Sometime patients are unable to share verbally, and the journal portion was included for this purpose.

This introduction portion was structured to introduce clients to the specifics of the program, what is expected of them; what are their roles and what is the role of the instructor. According to Dayton (1994), the warm up is an important part of the drama, because it allows group members to be in touch with their own inner stories, which they will later translate into scenes. That is why the program includes a question of the day portion. The question of the day is structured to include personal response so that sharing

feels natural, not forced. Dayton (1994) explains that the warm-up makes the transition into action feel compelling, allowing the suspension of disbelief to occur smoothly as the protagonist's surplus reality becomes real on stage. At this point the "as if" falls away and becomes "as", and the protagonist interacts with surrogates as if they were the real people. The past becomes the present. Lastly, the question of the day and warm-up directly associates with Jones' suggested structure. After each session the facilitator will spend time reflecting on the material done during the session. The final component is to have each participant reflect on a journal question. The participants my wish not to share information through a journal and that is the choice of the each participant. The journal writing however will provide a leeway into the collective creation of the final presentation by participants and therefore the participants will be encouraged to write. This journal writing is important as Jones (1996) explains a need for a de-roling phase, where participants reflect on the events and therapy.

2. **Masks** – Role playing, mechanism to create or expand comfort zone. Role play in particular through masks will help patients develop a comfort level of performance; the ability to play without masks is a crucial mechanism for the therapy.

Identity was important to introduce second, since clients need to determine their identity or their lack of identify. Mask work and identity roles established early may be the best means to understand the transformation of hope, through a transformation of self. Masks provide a means for patients to feel comfortable with sharing. Masks can hide the identity of a patient for presentation purposes, however reveals much about their personal situation. The mask becomes a safe means to share, when sharing does not come

naturally. Masks provide a means for play and playing out. Also, patients may/may not be willing to share, therefore masks can provide comfort by hiding the person. The structure of this unit is dedicated to the how roles are developed.

The creation of a mask helps relate the fictional role of a mask to everyday life. According to Landy (1993) the success of any therapeutic initiative is its ability to lead the client into and out of the projection. Drama therapy is concerned with the movement from the everyday into an imaginative one, back to the original, with an examination between the two. How am I alike, how am I different? For others this role might be difficult to separate since they may portray a large portion of their self into the role. In that case it was best to address how the role serves the client.

Dramatherapy is concerned with an environment of play and pretence according to Jones (1996), where clients' spontaneity and imaginations are engaged, dissolving their inhibitions, so that their unconscious may come closer to the surface. Within dramatherapy there are two central components known as "Playing" and "Playing it out". (Erickson, 1950) These two terms provide a vast range of dramatic possibilities depending on the circumstances in which they are used. The playing it out method provides opportunities for the therapist to use improvisation of fictional scenarios, interactive theatre, storytelling and self-revelatory performance. Therefore, the decision to move into improvisation in the next unit was best suited for the program.

3. **Improvisation** – Shift from comfort zone; a means to assess how adaptable one is when fitting into a variety of situations. Improvisation requires spontaneous reaction to scenarios. Sometimes patients, because of lengthy hospital duration,

begin to forget how to socialize; improvisation reintroduces this notion, while also allowing patients to play out scenarios. Sometimes individuals cannot communicate openly; improvisation allows them to share without being consciously aware of the sharing process.

Improvisation provides patients with performance guidelines for the final presentation. This implies understanding the elements of stage and blocking techniques. Improvisation provides a way to educate the group using free form and structure. Improvisation provides a sense of free form where patients develop a sense of the stage without forced expectations. However, structure does exist in improvisation and in the expectations of the improvisation and how to succeed in the role, reinforcing the drama form. The decision to put this section after identity and masks was determined by therapy and curriculum standards. Erickson (1950) explains that the form of "playing out" prepares clients for the improvisation therapy. The purpose of improvisation was to educate on the specifics of performance, however it can also be a spontaneous means of revealing authenticity. The structure of the improvisation units is to develop an understanding of relationships and communication barriers and turn the fictional world into reality.

It is important to note that improvisation is guided by the authenticity of simply being and staying in the moment. Improvisation encourages spontaneity, flexibility, expressivity, sensitivity, and the ability to communicate. According to Iljines (Jones, 1996), a dramatherapist, these attributes are commonly absent in individuals with mental illness or other health problems. Therefore, Ilijines (Jones, 1996) explains the loss of these qualities is distinct part of the illness. Therefore, the activities are developed to

assist patients in regaining access to them. This process is attributed to the transformation process that Jones explains is an important process in the therapy. Once transformation of self can be reflected, an understanding of what type of hope is lacking can surface.

Improvisation training places emphasis on the body and voice. The idea here is that a body is essential to the expression and exploration of emotion, thus training patients to use their body and voice through drama, and allowing them to enhance their ability to express and explore emotions.

The improvisational games selected introduce aspects of spontaneity, while introducing elements of social settings and personal space. What is important in the games is how patients act out situations in every day, buying groceries for instance. Has their environment, or the institutionalization, affected their perceptions of reality? Can they respond to simple tasks, or socialize in these tasks? Has institutionalization affected their behaviour or socialization skills? Knowing this unravels much of how they understand themselves in relation to their disease. Improvisation is important in the development of both verbal and physical strategies for the theatre stage. Therefore, improvisation helps communicate physical and emotional imagery to audiences. This is important in preparation for the storytelling, since words alone may not be enough.

4. **Storytelling** – From favourite childhood stories, to personal reflections and concerns. Storytelling will focus on both verbal and written materials. Patients will be motivated to keep a journal and the journal will be private; if patients are

willing to share, this will be encouraged. Storytelling helps provide a safety net for sharing, using the story to reveal a personal tale.

It is important to introduce storying and narrative following the improvisation unit, as Jones explains, once transformation has occurred, there needs to be a reflective portion. Even though reflection is included in every lesson, storying provides a deeper form of reflection. The choice to share a story, adds another element of transformation, letting go of that which blocks hope. What is important in this unit is that the story has personal meaning for the patient. According to Jones (1996) who quotes Gersie, "The potential for positive, projective identification between a story-character and oneself does inspire new ways of being" (Jones, 1996, p146).The structure of the storying units is developed to communicate verbal and physical images, while identifying positive qualities hidden within the self.

What this process initiates is participants are becoming aware of communicating to others and developing a sense of audience. This sense of audience is important for the final collective, as it requires an understanding of projection. Therefore, focus must reveal personal connection to stories, no matter what exercises are utilized. The personal narrative must come into play.

The structure of story is important to the process, as the story re-creation allows for the shift into multiple roles and perspectives. This shift indicates a break from the all-consuming role of a cancer patient, and allows patients to enact other roles. A single role can be isolating; storying draws attention to the multiple roles in our lives. Drama and role playing allows one to express the authentic self through a creative process.

The therapy will encourage a transformation since all forms of projective therapy are successful to the extent they lead the participants into and out of the projection. In drama, the projective work involves a movement from an everyday, ordinary role into an imaginative, dramatic one. The next step returns them to their own reality and challenges them to look at the way they play the role in their interactions with others.

The participant will then reflect why they demonstrated the fictional character as they did and what power, voice, emotion, came from the fictional self, which does not exist in the reality of the character.

When we shift roles, what is it about playing the self that seems less hopeful? Why does reality differ from the fictional character so much? What power lies in the fictional character that can be put into the real person? Targeting these aspects is the crucial component of the exercise. The next step must therefore reflect these stories, and that is why playback theatre is necessary.

5. **Playback Theatre** – Provides a means for personal stories to be retold through the eyes of others. This allows patients to see how their stories are interpreted and allows them to step in and re-tell their own story or re-write the story.

It is important to introduce this unit next, as the process and stories are fresh in the minds of participants. This unit encourages action and control. The previous unit, storying, allowed for a reflection period, understanding the past, and understanding the reality through the fictional. The stories may reflect a portion of why hope is limited, or what problems exist. According to the Toronto Playback Theatre (TPT) the objective is to retell stories for personal and social transformation. According to Weber and Haen

(2005), telling stories is a way to control our world, and what happens to us in that world. For a cancer patient, who lacks power because of their disease, it is an enriching experience. The structure of the playback units is to ensure every voice and story is told, with the hope that transformation may occur.

Finally, as individuals retell others' stories, perceptions of the self emerge. Furthermore, the individual is expected to interrupt the story to help retell what others misconstrue. This will happen since no one knows the narrator's story better than the narrator. Finally, these revisions are important, as the story can take on a new meaning for the client. The story may take on a new form, as the narrator dissects how others perceive their stories. Thus a transformation of self begins.

This process is important as it is preparatory for the monologue unit. Participants re-writing their story will transform that story into a monologue presentation. The monologue does not have to take similar form, in hope that the persona from the story will transform.

6. **Monologue** – This provides an opportunity for a patient to create or act a different role. This allows the patient a chance to step out of their isolation, or sickness, and become other.

Monologue work reintroduces work with roles. In this case, role becomes something that we take on, that we play, and that we create. Every day of our lives we take on different roles. In an educational drama context, it is not the personal psychology of the character that is of importance; rather it is the interaction between that character and their social and political environment. Therefore, to ensure the therapeutic transformation, the

participant must engage with the dramatic fiction as themselves in the role. To achieve this and not have patients hide behind the mask of a character, they need to first assume a comfort with their character. If this is not achieved, they cannot develop attitudes, opinions or points of view. Therefore, it is best not to direct patients in the process of how they are to act out their monologue; the lack of direction will provide an uncontaminated version of their story to be told. It is the hope here that through this a condition of hope may enter their dialogue. The structure of the monologue unit is predicated on the transformation or identification of hope.

According to Landy (1993), to discover meaning in a fictional role one must be able to accept the dramatic paradox of person and persona and find a way to live in an ambivalent world of being and not being. Thus the fictional role serves a patient by revealing the equivalent non-fictional role. As a result the role requires fiction for clarification. Therefore, to understand how the fictional role serves in everyday life, one must be able to see the fictional role in comparison to its reality based counterpart, comprehending the content, purpose, and form of each. From there the differences and similarities can be understood. Finally, from that the modification of the everyday role can happen, in that it serves the individual better than the fictional one. Only then can it be noted the difference between the real and ideal, the true and the false, the substance and the shadow – all providing sustenance to each other.

It is in this process and presentation of the monologue that the transformation of the individual will be understood, and the condition of hope emerges. The projection of the multiple self will explain why hope does not exist, or what hope was found. Multiple selves will exist as the patient incorporates and re-writes their journey. The monologue

includes all aspects of the process from the mask self, the improv-self, the story-self, and how it has transformed into the final piece. Understanding the original persona of mask self, what spontaneity occurred in the improvisation, and the story chosen, will explain the change in the final story. The final piece is documented and discussed with the participant. Finally, the entire process is combined into a collective ensemble.

7. **Collective Drama** – Combining Stories – The final obstacle is to create a collective drama using, journals, monologues, games, and any element patients include; the collected stories are constructed into a final production, written by patients, alongside the leader. The leader only helps in the structure and flow of the piece, by encouraging what dramatically works.

The importance of a final ensemble is to give voice outside the space of the therapy. By sharing their stories, the patients are sharing their construction of hope or lack of hope with others. This process is essential as communication is the first step to transformation. This is also important for reflection of the therapy process. As individuals reflect, growth will happen, especially in the journal writing. Reflecting on their original construction of self, the transformation, and the final image of self, will be the final therapy portion. It is this process that will determine their final construction of hope. The structure of the collective units is dedicated to the reflection process, so patients understand their experience in relation to their construction of hope.

The program was constructed for an 11 week trial and contains a minimum of twenty lesson plans. An extra week was added in case of overlap. The program was structured to anticipate two days per week, so that this is not daunting on patient time. The program

chose AML cancer patients because of the length of treatment time. Each session should not last more than two hours, because of the treatment schedule for each participant. Each session will try and accommodate each participant's schedule and therefore will try and have each participant present at the same session. The goal is to secure 5-6 participants for a program trial. However if more are interested in the program then two or three sessions a day can be utilized and participants can be separated, depending on their time availability. The goal is to have a group of 5-6 participants at one session, in order to create rapport between participants and researcher. It is important to note because of the nature of the program that a trained psychiatrist will be informed of the program, in case patients require emotional support that the leader cannot provide. The next chapter is the program and draws on all the information and theories described here.

CHAPTER 5

A dramatherapy program for hope: A handbook

Chapter 5 is an introduction to the dramatherapy program. This chapter focuses on the methods of implementation and the theories associated with each program plan. The program plans are included, consisting of twenty and a suggested 11 week trial for the program.

Drama Therapy Program: 11 Week Program

Purpose: To instill hope in adolescent cancer patients based upon their construction/definition of hope.

Hope is what contradicts an obstacle or negative situation, in aspiration of an improved or happier outcome as is defined differently by different patients. That is the inspiration for a program that targets the negative obstacles in life. It can be applied to any situation that seems hopeless; it is a reminder that hope, though an abstract idea, can manifest itself as a real force in our life.

A problem that must be addressed for this program to work is we cannot assume patients have no prior forms of hope, nor that they are hopeless as they enter the program. Rather the objective is to support, to maintain and draw more upon it. The program's objective is not to create false hope for patients- concerning survival. The hope one seeks will be structured so the patients are able accept the physical reality of their cancer and cope with it.

Instructor Notes

The first week will consist of drama games, involving name games, which reflect on context-building action, narrative action and improvisational techniques (Dayton, 1994). The outcome is to progress participants from isolation to sharing, from ennui to engagement. The characteristic through which the outcome is to be achieved is as follows:

Introduction

Each session will begin with an opening technique, known as "question of the day". This technique allows for improvisation, to play an active role in the start of every session. The premise here is to ask a question unrelated to the participant's particular circumstance. As the sessions progress these questions become more personal. Hopefully, in time, when a secure relationship has been established between participant and instructor, the participant will feel unrestrained to share more information about their personal lives, without the facilitator probing for information. By beginning with simple and familiar topics allows trust and rapport to develop (Dayton, 1994). For instance the questions can begin as:

- What is your favourite food, and then include a question about their favourite Christmas present.

The questions can be both a conversation starter and begin to reform the hospital environment for the participant. Questions cannot start by probing for information, since the participant's level of isolation/withdrawal is unknown. As the questions progress, issues from favourite memories, to their hopes and fears will be explored. The goal of

these exercises is for the facilitator to grasp and interpret the participant's construct of hope. Throughout this process the goal is to identify each participant's hope, document any transformation in their hopes and finally interpret their creation of hope, by utilizing the data of documentation and observation.

The 11 week course will be structured with the following criteria:

Introduction – Comfort Zone – rapport, address isolation where relevant. These techniques are crucial for creating a relationship with participants. A level of trust must exist in order for a sharing community to occur. Sharing is a difficult task, especially when isolation exists. Isolation is constantly referred to, since hospitalization during treatment segregates patients. The participant may feel alone in their circumstances and the approach is to help participants realize they are not.

Identity – Role playing, mechanism to create or expand comfort zone. Role play in particular through masks will help participants develop a comfort level of performance, the ability to play without masks is a crucial mechanism for this unit.

Improvisation – Shift from comfort zone, a means to assess how adaptable they are fitting into situations. Improvisation requires spontaneous reaction to scenarios. Sometimes participants, because of lengthy hospital duration, begin to forget socialization, improvisation reintroduces this notion, while also allowing participants to play out scenarios. Sometimes individuals cannot communicate openly, improvisation allows them to share without awareness of the sharing process.

Storytelling – From favourite childhood stories, to personal reflections and concerns, storytelling will focus both on verbal and written materials. Participants will be

motivated to keep a journal and the journal will be private, if participants are willing to share, this will be encouraged. Storytelling helps provide a safety net for sharing, using the story to reveal a personal tale.

Playback Theatre – Provides a means for personal stories to be retold through the eyes of others. This allows participants to see how their stories are interpreted and allows them to step in and re-tell their own story or re-write the story.

Monologue – This provides an opportunity for a participant to create or act a different role. This allows the participant a chance to step out of their isolation, or sickness, and become other.

Collective Drama – Combining Stories – The final obstacle is to create a collective drama in which stories, journals, monologues, games, anything that happened during the program, is constructed into a final production that the participants write together alongside the facilitator.

Each session should not last more than two hours, because of the treatment schedule for each participant. Each session will try and accommodate each participants' schedule and therefore will try and have each participant present at the same session. The goal is to secure 5-6 participants in the program. However if more are interested in the program then two or three sessions a day can be utilized to include all patients schedules.

After each session the facilitator will spend time reflecting on the material done during the session. The final component is to have each participant reflect on a journal question. The participants may wish not to share information through a journal and that is the choice of each participant. The journal writing however will provide a segue into

the collective creation of the final presentation by participants and therefore the participants will be encouraged to write.

Day one will provide an opportunity to open up dialogue to introduce drama language into the group's vocabulary. The day will provide a chance to introduce the structure of the drama workshops. Each day will begin with a question of the day, then proceed to a game, since the first couple of weeks is dedicated to introducing drama techniques, there will be a multiple games and workshops. The final component will include a reflection period discussing the activities that took place. Also a question or comment of the day will be posed at the end of each session. This will provide a segue into the personal journal writing for the participants. The facilitator will leave the group with a question or comment to reflect upon. This journal question will be addressed during the following session and each participant if willing will be asked to share their responses or any other material they wish to share.

The goal is to secure two to three visits per week with participants. At the moment it is predicated that three sessions per week is practical, however this may change depending on the participants, their conditions, and their treatment times.

Weeks one to three will be dedicated to strategies and incorporating different forms of techniques, while the fourth week will solely be dedicated to improvisational techniques. The fifth and sixth weeks will be dedicated to narrative and playback theatre techniques, incorporating personal narratives from participants. If participants are still not comfortable with sharing their stories, this week will be pushed back and more narrative teachings and techniques will replace that component. Once the narrative and

play back sections are complete, participants will be dedicating their time to reflection and personal journal writing, in order to complete components for their final collective piece. Weeks seven to eleven will be dedicated to creating a collective play utilizing the journal writings and techniques taught and explored during the sessions. The goal is to create a 30 minute collective focusing on the participants' experiences and based on the stories shared during their sessions with the facilitator.

The question of the day is a necessary component to provide an opportunity for participants to share personal recounts of their life. Perhaps with time, participants can share experiences or thoughts on hope. The question of the day allows for the facilitator to document the participant's concept of hope, from the initial interpretation to perhaps a different interpretation or entire transformation of their initial concept. The early stage also provides an opportunity for participants to feel secure with the facilitator, so that a dialogue may exist if they wish to explore discussion about hopes and fears. Creating a drama space in the hospital, it will be assumed that a stage does not exist in the environment used for the program, therefore when a dramatic setting is required the best tactic is tape on the floor, or simply face all chairs in the room to one end of the room.

FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:

Unit:	**Topic:**	**Day:**
Introduction	Introduction and Comfort Zone – Building Rapport	One

Overall Expectations: Is for students to become comfortable with their ability to work in groups and share with others. This unit is to introduce them to the overall expectations of the program and to begin a dialogue of hope. This exercise also teaches them different ways to approach situations of social exchange.	**Specific Expectations:** to develop mechanisms of cooperation and respect for others in the group dynamic. Trust is a key ingredient to making this experience enjoyable; once the group can trust one another it will be easier to work together. Listening skills are a key requirement to the perfection of group sharing.

Time	**Program Plan**	**Materials Required**
	Question of the Day: What is your favourite board game? This question draws the personal into the institutionalized, creating a comfortable and familiar family environment. Board games are part of childhood and this remembrance can generate a comfort zone for discussion to begin. Games and Activities: Multiple games will be initiated to introduce group dynamic to the sessions The name game: Each participant will take the opportunity to introduce themselves and a special quality about themselves. After each introduction the next participant will do a similar introduction, however must repeat the earlier introductions. For example, the facilitator can introduce their name and a special quality, Mary is a Gemini; this will ensure a fair opportunity for each participant to have a formal introduction, while ensuring that the facilitator has an	Imagination, fun, and participation. **Leading Strategies** To develop better group dynamic, trust and observational skills. **Assessment** Facilitator will assess the participation of patients/group members, noting which are able to communicate and which are not. Observational and journal notes will be maintained.

	opportunity to formally meet and greet each participant on a name basis. There is only one liar: There should be no talking until this exercise is over. The group sits/stands in a circle and closes their eyes. The facilitator reveals that one person will be selected by a tap on the shoulder. The facilitator walks around the whole circle, and then asks the group to open their eyes. The group members must look around and try to guess who was chosen. They are asked to remember who they decided upon but not to reveal it at this point. The game is repeated, when everyone has finished looking round, the facilitators asks them, on the count of three, without talking, to point to the person they thought was chosen the first time, and then the second time. Afterwards, participants are asked what it was that lead them to choose a particular person, for example, the facial expression that person had. Then, they are asked to put up their hands if they were touched the first time. They discover that no one was touched, similar for the second round. There is only one liar – the workshop facilitator. Group Dynamic – group psychology affects educational drama in two ways: improvisation and rehearsal occurs in groups. The introduction to group dynamic will prepare participants for the upcoming units of improvisation, playback theatre, and the collective work. Question of the day: The early stage provides an opportunity for participants to feel secure with the facilitator, so that a dialogue may exist if they wish to explore discussion about hopes and fears. If students at this point introduce personal memories, such as the games they miss playing – early dialogue can begin about what they hope to do when they leave the hospital environment. There is no specific moment that dialogue will begin; the facilitator must prepare for any point.	**Commentary** Question of the day. This technique must be monitored carefully as the more personal stories becomes, the more emotionally engaged the participant is.

Theoretical Framework: Day 1

According to Dayton (1994), the warm up is an important part of the drama, because it allows group members to be in touch with their own inner stories, which they will later translate into scenes. Dayton (1994) explains that the warm-up makes the transition into action feel compelling, allowing the suspension of disbelief to occur smoothly as the protagonist's surplus reality becomes real on stage. At this point the "as if" falls away and becomes "as", and the protagonist interacts with surrogates as if they were the real people. The past becomes the present.

This revelation is extremely important as the purpose for this program is to instill patients with hope. Hope is defined in terms of patient need, therefore, targeting a form of hope, in light of the circumstances, is critical for the process to work. Hope, therefore cannot exist if a patient cannot become the protagonist of their story. Participants who are institutionalized may find this a challenge since their position is objectified by the environment in which live. The hospital environment, staff, the disease, forces limitations onto the participant, thus diminishing their voice. It is the programs' objective, that by making the participants the subject, their hopes can be realized and maintained throughout their treatment. For example, they have been separated from their families, friends, and normal day-to-day activities while undergoing often painful and invasive procedures.

The specifics of the program are laid out in order to incorporate theory and educational principles. The program may however the components should not be altered in order to maintain the principles of the program.

Firstly, generating dialogue and comfort is a must, therefore the question of the day becomes a routine format that participants will come to expect and want. The purpose is to generate dialogue with the participant, understanding their circumstances. It is not a probing method to generate answers for the facilitator's observation. This implementation is important as it allows participants to feel comfortable with the program facilitator. Program facilitators should contribute to the question of the day dialogue, allowing participants to acquire a personal relationship, so sharing can begin.

The warm-up exercises are important to create both comfort and a drama ambience. Warm-up exercises can differ as long as they do not force the participants onto the stage. Some games push participants into performers', the first games are purposely designed to create a rapport with the group. Be willing to go slow for the first units, as some participants may not be familiar with drama games.

Slowly, participants will bring their own stories to light, creating personal narratives on stage, but this must occur naturally without force.

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<tr><td colspan="3">FACILITATORS NAME:
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<tr><td><u>Unit:</u>

Introduction</td><td><u>Topic:</u>

Introduction and Comfort Zone – Building Rapport</td><td><u>Day:</u>

Two</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> to become comfortable with their ability to work in groups and share with others.</td><td><u>Specific Expectations:</u> Negotiating and selection of content, sequencing ideas; building a complex character from minimal clues; extrapolating and analyzing human behavior on the basis of influences and social relationships.</td></tr>
</table>

Time	Program Plan	Materials Required
	Question of the day: If you could play any character in a movie, who would it be and why? This question can generate a heroic fascination – this can reflect a struggle they experience that is similar in film – or in turn someone they idolize. **Games and Activities:** Circle of Life (25) Description: A large sheet of paper is divided into five sections with a circle in the centre of the page where the name and age of a character are written. (The first completion of this exercise is to have the participants complete the chart for a fictional character, later we will attempt the exercise with their histories). The surrounding paper is then divided into four sections that will represent areas of that characters life and the people they interact with at those times. These sections are labeled: **Home, Family, Play, and Day.** The heading Home indicates where the character normally lives, while Family indicates any immediate or extended family and may include estranged family members we might otherwise expect to find at home. Play indicates any type of social life and, finally, Day indicates the character's workplace, if appropriate, or otherwise encompasses their daily routine, for example if they are too young to work or unemployed. These headings are hopefully as value free as possible so that participants can determine for themselves the specifics of the entries to be made. The participants then brainstorm ideas about the character and these ideas are entered into the appropriate section. Once each participant has completed the charts, they will come together and create a story about the characters, perhaps even a short dialogue, deciding, which the central character is and how others play a role or part in that characters diagram. These	Large sheet of paper Marker Paper for writing (Journal Notebooks) Pens **Leading Strategies** Group dynamic, role and responsibility – fitting in and working together. Personal reflection. How others influence our lives – in turn how participants influence the lives of others. **Assessment** Once again the question of the day is to motivate participants to think on the spot, introducing them to techniques prevalent in improvisational theatre, to guide them later in the workshop of their collective stories **Journal Reflection** Introduce the concept of a journal reflection period. Since day one had no formal journal assignment discuss the expectations and any concerns participants may have.

	encounters can be determined from a previous collective agreement. The final component is to complete a mini sketch with the characters created, to see how participants interpret different relationships. (Time permitting) Goal: For this exercise the goal is to connect the significance of others, and how they influence our own lives. **Journal Question for participants**: Write a formal description about the character you have created. Include as much detail as possible for a visual representation, including the character's age, the colour of their hair, eyes, lips, skin, clothes, etc. Reflect on what type of character they would play in a film, the heroine, the villain, the side kick, and discuss why they are suited for this particular role. **Reflection**: Leaving 15 minutes at the end of every session is ideal to reflect on the strategies and activities explored for the day. Remind participants of enjoyable moments, or why some strategies did not necessarily work. Reflect on what could have been done differently or why some things were done a certain way. This section is also dedicated to the facilitator's comments about events that transpired throughout the week.	

Theoretical Framework: Day 2

Play & Being: According to Courtney (1989) "being" is consciousness, who we are, becoming is the potentiality of being: our consciousness of what happens next. Who we are lies at the core of dramatic action, however there are many views of what this means. According Fishman et al (2007), who reference Samuel Alexander, play is the relation between the persona and the object. In particular, "Being & Analogue" see play between

life and death. Jones (1996) focuses on consciousness versus the environment, the subjective freedom versus the objective thing. This understanding of play and being introduces the notion that we are nothing without playing at being. Patients institutionalized in hospital need a source of play and being for purpose of normalcy - to remove them from a position of objectification.

Identity in the hospital setting – how do patients understand identity within a hospital setting? Looking to curriculum theory (Ornstein, 2001), the classroom, much like the hospital, is structured to objectify. This objectification streams from the patient's position in the hierarchal system in hospitals. Who is the patient in relation to their disease, their environment, and the staff who administer their care? Does the patient have the voice and opportunity to intervene on their own behalf? What relationship do the patients have with their caregivers?

Remember that the question of the day is important, but there is leeway in the questions, it introduces a means for sharing. Later the questions can probe deeper; however this should only be tested once a rapport exists with the group. Furthermore, journals are a crucial component to the process. The journaling done by participants will ensure a form of script and progress for the final component, the collective. The journals are also therapeutic in that those who do not wish to share verbally can do so in writing. The journal questions are targeting personal stories, while introducing elements of character and scene development. This technique is to introduce them to writing for the stage, without pushing the group to do so. Educational drama explains that creativity is best achieved when not expected.

In particular, this journal question allows the facilitator to interpret perhaps how participants may view themselves, or wish to view themselves. The construct of the character can be a sign of how they view their position or wish to view their position in relation to their cancer. For instance, does the participant identify any of their illness in their character? Does the character they construct resemble the participant at all; if not is this something they wish to be? These questions will not be asked of the participants, but later character development will draw on this. Does the participant repeatedly return to this character in their performances? How does this original character change throughout the process, for instance, were they originally bald and now have hair? Does this change reflect hope? This is extremely helpful, as it will allow the facilitator to interpret the individual's current emotional stability. How do they view themselves? Or how do they perceive they are viewed by others? This technique targets the subconscious mind in an attempt to withdraw hidden desires, fears, and hopes.

<table>
<tr><td colspan="3">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td><u>Unit:</u>

Introduction to Masks</td><td><u>Topic:</u>

Masks – Construction of Identity and Role Playing</td><td><u>Day:</u>

Three</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> Masks – dedicated to the construction of masks and the exploration of identities. Understanding the self in relation to the roles we play.</td><td><u>Specific Expectations:</u> Building a mask and playing a role. The objective is to secure a comfort zone for participants to open dialogue concerning their illness. The mask is a form of protection, which provides a safety net for dialogue to begin.</td></tr>
</table>

Time	Program Plan	Materials Required
	Question of the day: If you could play any role on television, what role would you play? **Extension:** This question probes their interests while also reveals interests and perhaps how participants see themselves in relation to what they do not have or possibly want. **Journal Reflection:** This section is dedicated to reviewing the journal question posed last session. The facilitator can begin with some of their own character creations if no one is willing to begin. The following is an instructional plan for the process. Construction of masks in drama, meaning, understanding and creating a voice: 1. The following assignment is to individually construct a mask. 2. Each participant, with help from the facilitator, shall construct a mask of their liking. 3. The masks will be constructed during three sessions with the facilitator. If time is permitted and participants wish to pursue their construction while facilitator is not present they may do so. 4. The construction of the mask will be dictated by the participants. However for time purposes the masks will be made from construction paper and tape, the shape and facial expressions is what the participants will decide. A formal explanation and written explanation will be provided by the facilitator and so will the material for the project. 5. Upon completion of the masks, the participants will return to the character synopsis created in the first week and use the resources there to create short-skits with their masks. 6. There will be workshops and material available from commedia dell'arte to discuss what facial expressions mean when used in masks. For example a long nose in commedia usually	Materials for mask making: Construction paper, scissors, masking tape, elastic string, hole punch, and white paint. **Leading Strategies** Roles – Characters Self in relation to hospital environment, self in relation to disease **Assessment** It is important to note what emerges in the realm of play and pretence to real life **Group Reflection** This is an opportunity to make sure all participants are on task and to address any concerns they may have.

	represents the ignorance of a character. The use of masks and identity can be a serious topic of exploration for the participants. However the objective at the moment is to use them for play and incorporate the use of masks in the final production. Identity exploration will become a topic of interest as we further explore personal narratives in the following weeks. This section of the session is dedicated to working on the masks. **Journal Question**: If you could change any physical quality about yourself what would it be and why?	

Theoretical Framework: Day Three

Masks provide a means for participants to feel comfortable with sharing. Masks can hide the identity of a participant for presentation purposes, however reveals much about their personal situation. The mask becomes a means to share, when sharing does not come naturally. Masks provide a means for play and playing out.

Dramatherapy is concerned with an environment of play and pretence according to Jones (1996), where client's spontaneity and imaginations are engaged, dissolving their inhibitions, so that their unconscious may come closer to the surface. Within dramatherapy there are two central components known as "Playing" and "Playing it out". (Erickson, 1950) These two terms provide a vast range of dramatic possibilities depending on the circumstances in which they are used. For some, playing it out provides a means of replaying actual life encounters, for others it is a place to create an imaginative realm in which fantasies and images are embodied and transformed as they emerge (Jones, 1996). The playing it out method provides opportunities for the therapist

to use improvisation of fictional scenarios, interactive theatre, storytelling and self-revelatory performance.

Landy (1993) believes that roles are the primary healing component of drama where his clients invoke and identify with a role and play out that role, usually within the confines of a story. Here clients explore various aspects of the role, relating their fictional role to their real life.

The exploration of masks is an important element, and it does not matter what masks the participants create, rather the emphasis is how they use the masks. Do the masks provide a means for projection of the self, or does it reveal hidden desires. It is important to use the masks to explore the character construct in the journal. This will reveal more about the participant's subconscious.

<table>
<tr><td colspan="4">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td colspan="2"><u>Unit:</u>
Masks</td><td><u>Topic:</u>
Masks – Construction of Identity and Role Playing</td><td><u>Day:</u>
Four</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> Masks – dedicated to the construction of masks and the exploration of identities. Understanding the self in relation to the roles we play.</td><td colspan="2"><u>Specific Expectations:</u> Building a mask and playing a role. The objective is to secure a comfort zone for participants to open dialogue concerning their illness. The mask is a form of protection, which provides a safety net for dialogue to being.</td></tr>
<tr><td><u>Time:</u></td><td colspan="2"><u>Program Plan</u>

Question of the day: If you could have the ability to fly, be invisible, or have super human strength, which would you have and why?</td><td><u>Materials Required</u>

Materials for mask making: Construction paper, scissors, masking tape, elastic</td></tr>
</table>

	Extension: This question can generate themes of weakness and explore topics of hope. **Journal reflection**-discuss the previous day's journals, whoever is willing to share. More than likely after a couple of sessions all participants will be willing to share. **Work On Masks** End of the day drama game **Drama Game: Turn and Freeze** The purpose of this exercise is to expose the students to develop a sense of spontaneity, to try new techniques, and become comfortable on stage by allowing the students to come up with ideas and not be afraid **Group reflection**: Discuss what was successful and what did not work at all, comment on the blocking choices and the risks people took. Discuss with participants what could have been done differently? Journal Question: Create a character for your mask, using the notes from the previous journal exercise. Who is this person, their name, age, any physical description you wish to share? Do they have a job, are they in school, who are they in relation to the world? Do they have any talents?	string, hole puncher, and white paint. **Leading Strategies** Roles – Characters Self in relation to hospital environment, self in relation to disease **Assessment** It is important to note what emerges in the realm of play and pretence to real life **Commentary** Masks have the ability to give participants the sense of being anonymous – allowing more candid and honest expression.

Theoretical Framework: Day Four

The creation of the mask will help relate the fictional role of the mask to everyday life. According to Landy (1993), the success of any therapeutic initiative is its ability to lead the client into and out of the projection. Dramatherapy is concerned with the movement from the everyday into an imaginative one, back to the original, with an examination between the two. How am I alike, how am I different?

For others this role might be difficult to separate since they portray a large portion of their self into the role. In that case it is best to address how the role serves the client. This will be helpful in determining hope, if topics of hope are emulated by the mask. However, it is crucial to know where the client ends and the fictional role begins.

The masks unit is an important element to introduce comfortable role play for participants who are unwilling to share. The creation of their character can reveal numerous elements of hope. It is best to ask this journal question following completion of the masks.

It is important to continue with drama games as well during these units as it is building drama technique for the final performance. Introducing games of spontaneity, movement, and blocking, will make participants aware of the drama space when on stage.

<table>
<tr><td colspan="3">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td><u>Unit:</u>
Masks</td><td><u>Topic:</u>
Masks – Completion and Assessment</td><td><u>Day:</u>
Five</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> Masks – dedicated to the construction of masks and the exploration of identities. Understanding the self in relation to the roles we play.</td><td><u>Specific Expectations:</u> Building a mask and playing a role. The objective is to secure a comfort zone for participants to open dialogue concerning their illness. The mask is a form of protection, which provides a safety net for dialogue to being.</td></tr>
<tr><td><u>Time</u></td><td><u>Program Plan</u>
Question of the Day-If you could have theme music following you around, what would it be and why?
This question can reveal the participants' frame of</td><td><u>Materials Required</u>
Sparkles, feathers, glue, markers, streamers, discuss with participants what they wish to use</td></tr>
</table>

	mind – music has the ability to reveal the current feelings – what music they choose can reflect their current emotional state. Work on the completion of the masks, final day. Since painting is probably not permitted on the wards, the masks will be decorated with appropriate material designated by hospital staff **Journal Question**-What is the happiest memory you can recall, what happened, where did it take place, and who was there? **Group Reflection-** Once again reflection time should permit an opportunity for all participants to touch base with the facilitator and make sure everyone is on the same task. Games for Masks – A unique game to introduce is the exploration of who the character may be. If participants are done with their masks ask them to wear their masks and walk around the room without engaging with others, this will allow the participant and mask to become an identity. Music can be added to this. **Week 2 Goal:** These sections will be delegated to the facilitator to input information pertaining to the week's goals and what has been achieved. This section will make note of how the participants are responding to the activities and what is and is not working. **Week 2 Objective**: Each week has an objective depending on what is trying to be achieved. One week can be learning narrative strategies the next could be mask construction. Each week the facilitator will make note of the objectives for the participants and make sure these objectives are completed. **Facilitators weekly Reflection:** The final component of the week is for the facilitator to include personal	**Leading Strategies** Roles – Characters Self in relation to hospital environment, self in relation to disease **Assessment** It is important to note what emerges in the realm of play and pretence to real life **Commentary** Week 2 Objective: Have participants become open to dialogue, are some restrained? Have masks been completed?

	reflection in their journal, including observation notes about the objectives and goals. It is the facilitator's personal narrative contribution of the research as they experience it firsthand, a personal narrative from start to finish that includes the personal trials and tribulations of cancer patients.	

Theoretical Framework: Day Five

If masks have been completed prepare games or workshops that allow for mask use. If this is not the case and you wish to end the week with a game – in preparation for the next stage of the therapy, this may also be optional.

The mask of the actor: "I take my make-up off after the performance, and I am lost and lonely" (Landy, 1993, p.72). Landy (1993) reveals that underneath the persona of a performer is a lost person, a stranger. Similarly the role of a patient in a hospital setting, can generate a similar loss, the patient playing the role of the sick person may lose themselves in this role and find themselves trapped within the confines of a role they created. The role can be unnatural, but losing themselves in it, they can perhaps now only play this one role. Playing the role of the helpless, or hopeless person, the patient may project this unto their family and peers; - the patient takes on a representational style – endowing their roles with feeling; attempting to be seen. The role may become a dominant fixture of their character, and if removed from the hospital environment, they may become depressed because the role disappears. They may no longer know how to engage in other environments. Introduction to masks and role playing will offer

participants different means to play multiple roles, while identifying how they respond or act in different scenarios.

It is important that once the masks are completed, participants have a chance to explore who the mask is, in relation to who they perceive the mask is. This can reveal much of the participant's hidden concerns or desires. Do not force any scenarios into this original exercise as it might reflect the facilitator's interpretation of who their character is; let participants identify the identity independently.

<table>
<tr><td colspan="4">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td colspan="2"><u>Unit:</u>
Masks</td><td><u>Topic:</u>
Masks – Introduction to role/mask play</td><td><u>Day:</u>
Six</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> Masks –the exploration of identities. Understanding the self in relation to the roles we play. Understand how the body works in relation to the persona we use, understanding behavior in relation to the masks we wear.</td><td colspan="2"><u>Specific Expectations:</u> Playing a role. The objective is to use the mask to create a skit or performance. The objective is to leave the mask behind –to allow a reading of the individual's performance, how does the mask change the participants' behavior – do they personify any desires with the mask.</td></tr>
<tr><td><u>Time</u></td><td colspan="2"><u>Program Plan</u>

Question of the day- What is your favourite cartoon – show?

A return to the familiar, cartoons provide a reflection into simpler times.

Journal reflection-Favourite memory question.

Skit prep and performance: This section is dedicated to allowing for rehearsal time to make a short skit using the</td><td><u>Materials Required</u>

Masks

<u>Leading Strategies</u>

Encourage creativity; develop physical awareness, group</td></tr>
</table>

	masks. The scenes do not have to be long but allows an opportunity for the participants to play around with identity and role playing. A step into improvisation. **Group reflection:** This section should concentrate on the performance aspect. Remind participants of their earlier skits without the masks. Discuss the difference in body movement and voice projection. Make note how blocking, a stage technique, was achieved. Was it easier or harder, can masks be utilized for the final performance? **Journal Question-**If you could only have one object to hold on to forever what would it be and why? **Extension:** This exercise may generate multiple personas of the participants, without them knowing. They may be willing to share unearthed feelings through their masks. Subconsciously, desires and hopes may manifest, this can only be interpreted if they are willing to present without a mask. See what identities or personas come from each presentation, discussion about how the mask changes their outlook, this is an important revelation during the therapy.	cooperation. Understanding self in relation to using a mask and not using a mask. **Assessment** Does the mask help identify a concept of hope – do they project a different person in the mask identity – are they willing to share when hidden in the mask **Commentary** Group reflection and journal reflection are important as the therapy is opening up emotional gates – let the sharing process take centre stage.

Theoretical Framework: Day 6

The mask is viewed by many expressionists as an empty shell to hide in. There are three main points of consideration to note for dramatic projection. The type of mask may affect the material projected. For instance a blank mask versus a clown mask, versus one decorated by a participant, may project different experiences.

Another concern to note is the paradox that exists with masks – "mask is the expression of somebody unmasked". It becomes a second skin where the participant can present

themselves through the mask. This is the objective of using the mask, but sometimes it may get lost. The participant believes through the mask that this is not really them, and therefore can project their feelings and or ways of behaving into the mask. The mask creates a freedom to express material that is sometimes repressed by the participant.

Finally, the mask can, depending on its construction, highlight only one aspect or facet of the client to the exclusion of others. The mask may encourage a concentration upon a particular aspect of the self that is usually denied in expression. This focus may introduce an isolated version of their situation.

This introduces the concept of surplus reality. Moreno (Jones, 1996), worked with this early on in his theories of psychodrama, and noted the difficulty of interpreting it on paper. The easiest explanation asserts a heightened sense of awareness – experiencing the power of action. The masks metaphorical power is working on the subconscious mind, bringing to the surface memories, feelings and reactions that were not in the mind before the masks presence. The mask can bring an expansion of an experience as scenes are re-formed. The world of isolation (hospitalization) is replaced by the surplus reality.

Extension: Scenes to play out

Each scenario should target some attainment or goal, and how the participant masters the goal should be noted. For instance, you need to persuade someone to let you into an inclusive club, but there are no more memberships, how do you gain access? Furthermore, their behavior, or socialization, within the scene, can reveal issues of isolation. Has hospitalization affected their normalcy; is socialization unnatural?

What is most important here is performing with and without the masks, noting how the performances change or do not change; what does the mask do, and what does it represent to the participant, who is the mask? What persona do the masks take? Reflect with participants after the performances, what they understood from the scene, and ask participants, if willing, to share their character constructs with group members.

<table>
<tr><td colspan="3">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td><u>Unit:</u>

Improvisation</td><td><u>Topic:</u>

Improvisation – Introduction to improvisation and natural play</td><td><u>Day:</u>

Seven</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> To develop verbal and physical strategies for improvisation. To develop an understanding of status relationships, to communicate physical images clearly to others.</td><td><u>Specific Expectations:</u> To understand the behaviour mechanism of everyday life, versus hospitalization. How we behave in relation to the environment that socializes our behaviour. Find normalcy in unnatural environments.</td></tr>
<tr><td><u>Time</u></td><td><u>Program Plan</u>

Introduction to the dramatic technique of improvisation. This week will be dedicated to teaching and understanding different units in improvisation. This will be accomplished by introducing the games and improvisational techniques used by professionals in the dramatic field.

Question of the day: If you could only eat one type of food from now on, what would it be and why?

The question of the day is also a means to generate spontaneity, a form of improvisation.

Journal reflection: Reflect on last day's Journal.

Introduction to Improvisational Games:</td><td><u>Materials Required</u>

Imagination
Participation

<u>Leading Strategies</u>

Verbal and physical improvisation skills.
Awareness of social settings and personal space.</td></tr>
</table>

	1. Superheroes: The premise for this game is for the audience to create a scenario where superheroes are needed. Once the scene and dilemmas are established four characters who play superheroes will attempt to rectify the problem. One character begins the scene and the audience establishes that characters super power. As each character enters the scene the preceding character announces their super power until all characters have a part in the scene. The next goal is for the superheroes to find a solution to the crisis; once this is complete the task is achieved. 2. Party quirks: The premise for this game is similar to that of the superheroes. There are four participants for this game as well. The host is chosen to throw a party. Upon cue cards each individual is given a trait or identity they must play. Each character enters the party, and performs their given identity; the host must then guess who these individuals are without the performers directly revealing their identity. 3. Emotional rollercoaster: The host of a party and the guests acquire the emotional state of whoever enters the party. One person begins, as the host, with a neutral emotion. The first guest knocks or rings the bell (saying "knock-knock" or "ding-dong"), and enters in highly charged emotional state. Emotions that work well with this exercise include excitement, fear, anger, jealousy, joy, sadness, etc. As soon as the host picks up on the emotion, she "catches" it, and interacts with the guest. The next guest enters with a different emotion, and the host and guest "catch" it. Things get more chaotic as more guests enter, as each new guest causes a different emotion to permeate the party. Once the first guest has entered, the	**Assessment** Improvisation is a difficult skill or technique to master. It is not the mastering of this technique that is important, rather how they can interact or how they interact with the scenarios that are important.

	participants can interact with different people until they notice a change in the emotion, and then they must adapt that emotion. The participants should not watch the new guests for the emotional state; rather, they should let the emotion "travel" to them as it will. To make things really tricky, two guests could enter at the same time with different emotions. The participants will be really wired after this game, so plan accordingly to use that energy. 4. Three-headed genius: The premise for this game allows for three individuals to play. What happens in this game is that three people join minds to become one. They become a specialist in a field chosen by the audience. The audience can pick any category from brain surgery to hot dog maker. The genius must act as though they are a specialist in that field and answer any questions posed by the audience. This game can also be played by one genius. 5. Movie styles: The premise for this game is to create a scene for the participants. The scene can be a simple scenario, where a man goes on a blind date to meet the girl of his dreams. The scene is played out and then repeated three times changing on the style of genre selected. Start by discussing different styles in film, simple scenes is the best to use, go from drama to horror to thriller to comedy to soap opera to western, the list is extensive so make use of multiple genres. **Group reflection**: At the end of each improvisation unit it is important to discuss why some elements worked and why others did not. It is important in this type of theatre to understand why some techniques are funny and humorous, explore these elements with participants. **Journal Question**: If you could write a play or movie	

	about your life what type of genre would you pick and why? **Topic:** Improvisation – Introduction to improvisation and natural play	

Theoretical Framework: Day 7

It is important to note that improvisation is guided by the authenticity of simply being and staying in the moment. Improvisation encourages spontaneity, flexibility, expressivity, sensitivity, and the ability to communicate. According to Iljine's (Jones, 1996), a dramatherapist, these attributes are commonly neglected, especially in people with mental or health problems. Therefore, the loss of these qualities is a distinct part of the illness. Therefore, the reintroduction of these qualities, allows participants to have access to them.

Improvisation training places emphasis on the body and voice. The idea here is that a body is essential to the expression and exploration of emotion, training participants to use their body and voice through drama, allowing them to enhance their ability to express and explore emotions.

The games should introduce aspects of spontaneity, while introducing elements of social settings and personal space. What is important is how participants act out everyday situations, buying groceries for instance. Has their environment, or the institutionalization, affected their perceptions of reality, can they respond to simple tasks,

or socialize in these tasks. Has institutionalization affected their behaviour or socialization skills?

<table>
<tr><td colspan="4">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td colspan="2"><u>Unit:</u>

Improvisation</td><td><u>Topic:</u>

Improvisation – Introduction to improvisation and natural play</td><td><u>Day:</u>

Eight</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> To develop verbal and physical strategies for improvisation. To develop an understanding of status relationships, to communicate physical images clearly to others.</td><td colspan="2"><u>Specific Expectations:</u> To understand the behavior mechanism of everyday life, versus hospitalization. How we behave in relation to the environment that socializes our behavior. Find normalcy in unnatural environments.</td></tr>
<tr><td><u>Time</u></td><td><u>Program Plan</u>

Question of the day: Describe a moment in your life that you wish you could relive?

Reveals a memory that is pleasant and happy – how can we regenerate this moment if the answer does not revolve around hospital stay.

Journal reflection: Review the journal question; could provide some incentive for playback theatre to occur.

Continue with Improvisation Games:

1. Object story: The premise for this game to make one thing, something else. An object is placed in the hands of the beginning narrator; the narrator begins to describe the object, for example, a broom, as something that it is not. The broom is a magic transporter that will take you to a far away land. Then the narrator passes the object to the next person and they</td><td colspan="2"><u>Materials Required</u>

Imagination
Participation

<u>Leading Strategies</u>

Verbal and physical improvisation skills. Awareness of social settings and personal space.

<u>Assessment</u>

Improvisation is a difficult skill or technique to master. It is not the mastering of this technique that is important, rather how they can interact or how they interact with the</td></tr>
</table>

	continue the story, this magic transporter is also a guitar. And the story continues until the object returns to the original narrator. 2. Miming down the line: A pantomimed version of "Whisper down the alley". Participants try to communicate an object or idea to each other so that the last person has the same "message" as the first. Participants are divided into groups. Each group sits in a straight line, facing backward except for the first person. Participants are not allowed to talk at any point in the game. The first person in each line is given an object to mime (i.e., a toaster, a computer, a jack-in-the-box) – the only requirement is that it can be shown in pantomime in a seated position. The first person taps the second person in line on the shoulder so that they turn to face each other. The first person mimes the object, and when the second person thinks he knows what the object is, he nods. Then the object is mimed to the next person, traveling down the line to the last person. The objective is for the pantomime of the object to be clear enough each time that it stays the same object all the way down the line. Usually, the object changes into something entirely different – the interesting thing is to see how it changed along the line. Each person should tell the others what they thought the object was, and discuss what they saw the others demonstrating. 3. Story telling: The premise for this game is simple. The participants and the facilitator sit in a circle. The opening narrator begins a story and the story is continued by each member in the group until the story is complete. The story can be passed along by sentences previously made that must be included or single words by each participant. This game is a precursor to the narrative drama. 4. Switch: two characters play at a time. The audience picks a scene, including a situation and a setting and the actors begin acting it out. At any time, the teacher may call	scenarios that are important.

	"switch" and the actors will switch places and characters with each other picking up where their partner left off. 5. Energy field: This game is an opportunity for the group to come together and trust their energy fields to create strength for themselves. The process allows the group to create energy and show their energy through imaginary tableaux and mime. **Group reflection**: After these sessions reflect back on all the games played. Ask participants which ones they enjoyed and which they did not. Ask if there are any games they know of that they wish to try out. **Journal Question**: What is something you wish people saw about you during first impressions but no one ever does?	

Theoretical Framework: Day 8

Improvisation – as a main activity allows for the group to take on individual and group issues, working together with a specific theme or issue – to understand and find a solution to the problem, improvising a traumatic event; can benefit a real-life event.

Improvisation brings to light the teaching of John Dewey (Fishman, 2007), who believed that children learn by doing. Therefore, the therapeutic value of improvisation, re-teaches aspects of socialization and normalcy that may be lost while participants are institutionalized. Providing scenarios of everyday situations will help participants feel the sensation of everyday, in an attempt to eliminate the sterility of an environment that confines them.

FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:

Unit:	**Topic:**	**Day:**
Improvisation	Improvisation – Turning the fictional world into real	Nine

Overall Expectations:	Specific Expectations:
To develop verbal and physical strategies for improvisation. To develop an understanding of status relationships, to communicate physical images clearly to others.	To understand the behaviour mechanism of everyday life, versus hospitalization. How we behave in relation to the environment that socializes our behaviour. Find normalcy in unnatural environments.

Time	**Program Plan**	**Materials Required**
	Question of the day: Discuss a situation where you were labeled by something you wore, how did that make you feel? **Journal Reflection:** First Impression 1. Sit/Stand/Bend: The premise for this game is to have a scene unfold where one participant must always be standing, one sitting and one lying down. The objective is to change positions to confuse your opponents. Remember they can do the same to you. 2. Dating Game: assign participants characters and the single player guesses who they are and picks the date 3. Whose line is next: Four actors in an improvisation scenario pull random lines out of their pocket 4. George is late: 3 to 5 actors act out a scene while George sits on the sideline listening to the dialogue; the point of this game is for the other characters to gossip. George must take on the improvised persona and then when George enters each character must find an improvised reason to leave.	Imagination Participation **Leading Strategies** Verbal and physical improvisation skills. Awareness of social settings and personal space. **Assessment** Improvisation is a difficult skill or technique to master. It is not the mastering of this technique that is important, rather how they can interact or how they interact with the scenarios that are important.

	5. World's Worst: 4 to 5 actors go on stage; the audience gives them scenarios of the world's worst things to say. 6. The Question Game: each line must be delivered in the form of a question. The facilitator should gain permission to screen the improvisational game, from television "Whose Line Is It Anyway" for the participants to view how improvisation games are played by others. Group reflection: Discuss the different mechanism that the professionals use versus what has been done with the group, why did some things work or did not work for the actors. **Journal Question** – If you could go back in time and do something over what would it be and why?	

Theoretical Framework: Day 9

Improvisational techniques: One of the most important aspects of play – is the notion of entry into a specific "special" state and space. Improvisation will produce the conditions necessary for play to occur.

Once a comfort with the games has been established, the next step is to secure participants position as characters in the space. What persona or narratives are being told in the improvisation? The games are irrelevant; rather it is the language that is of importance. What dialogue, themes, topics or scenarios, come out during the games? Discuss these topics with participants, do not simply tell them what topics emerged, ask if they see a common theme or thread within their scenes.

FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:

Unit:	**Topic:**	**Day:**
Improvisation	Improvisation – in anticipation of Story unit – building real into fictional into real	Ten

Overall Expectations: To develop verbal and physical strategies for improvisation. To develop an understanding of status relationships, to communicate physical images clearly to others. To identify strengths and positive qualities hidden within ourselves.	**Specific Expectations:** To understand the behavioural mechanisms of everyday life, versus hospitalization. How we behave in relation to the environment that socializes our behaviour. Find normalcy in unnatural environments. ***These games involve memory reflection and may cause some discomfort, make sure a psychologist is present during these games.***

Time	**Program Plan**	**Materials Required**
	Question of the day: Is there a situation that you can recall in which you rebelled? ***These games involve memory reflection and may cause emotional strain, make sure a psychologist is present during these games.*** • If you feel the group is not communicating or sharing ideas – because they are not comfortable with each other – try the following group building dynamics exercise: **"Role-Reversal Introduction"** 1. Ask everyone in the group to stand up and take a slow walk around the room, weaving around one another. 2. After a couple of minutes, ask members to look around and make eye contact with	Imagination Participation **Leading Strategies** Verbal and physical improvisation skills. Awareness of social settings and personal space. Awareness of personal strengths. **Assessment** Improvisation is a difficult skill or technique to master. It is not the mastering of this technique that is important, rather how

	someone they don't know well, who they would like to know a little more about. 3. Ask them to slowly approach that person and, in a pair, to find a place to sit down. 4. Ask them to take several minutes each to get to know as much as they can about one another, instructing them not to share anything that they would not be comfortable for the whole group to know. 5. After they seem to have shared enough, instruct them to reverse roles with one another and to introduce themselves to the group pretending that they are their partners. For example: Michael and Ellen are partners they reverse roles. Michael plays the role of Ellen and introduces himself to the group as Ellen, using the information he has just learned; then Ellen introduces herself from the role of Michael. 6. Repeat this with each pair until everyone is introduced. The purpose of this exercise is to bond group members, to warm up group members to sharing personal information, and to share personal material with the group. **"If The Walls Could Talk"** 1. Participants need a pencil and paper 2. Ask them to close their eyes and go within. Say, "allow images of your childhood home to surface in your mind. Let you mind take you to a particular room. Let any images of feelings arise and simply be there with them." 3. Say, "Using the image of a wall that can talk, speak as if you were the wall and describe what you see that is going on. Describe it on	they can interact or how they interact with the scenarios that are important. **Commentary** This allows the process of writing drama to begin without participants being aware they are creating a voice for their collective. When writing is forced, it can become unnatural this writing is pure, from the hidden inner self.

	a piece of paper." 4. Ask participants to share what they have written with the group, do not force sharing, if participants do not wish to partake, they can keep material as a journal entry. The purpose of this exercise is to clarify the unspoken atmosphere. To get in touch with unspoken feelings or activities. **"Writing the Subtext"** 1. Participants need a pen and paper. 2. Say "close your eyes, relax, regulate your breathing and allow your mind to drift. Imagine that there is a stage in your mind and onto that stage let a scene appear, one in which you felt that the reality that was being acted out by others on the surface was very different from what was being felt on the inside. This was a time when you felt that the outside or inside were out of sync, making you question your perceptions, feel isolated, feel out of it or crazy." 3. Continue by saying, "look at the characters in your scene. Look at their faces and their body postures and listen to what they are saying." 4. Continue, "Look at yourself in the scene, and allow yourself to feel the feelings that are evoked." 5. Continue, "There is a small voice inside of you trying to speak. Listen to the voice and pay attention to what it is saying. Let the voice get louder." 6. Continue, "On a piece of paper, begin to write everything that the voice is saying whether or not it makes any sense. Write it as it comes up without trying to sound good or intelligent	

	or correct. Just write what the voice is saying. 7. Ask participants to share what they have written with the group. The purpose of this exercise is to speak the unspeakable or give words to the unspoken atmosphere. To gain insight into messages in the atmosphere that became internalized into the personality. **"Scene and Subtext"** 1. Ask participants to close their eyes and allow a situation from their past to surface – one in which they felt inwardly split or "crazy", one in which what they were feeling did not seem to fit with what was going on outside them, for example, being pleasant and polite at a quiet family dinner while they were feeling rejected, unseen, or angry. 2. Choose a protagonist, and ask her/him to choose people to play each part in the scene. 3. Then ask the protagonist to put the people in place, describing the character in a sentence or two or showing them the character by reversing roles and taking the character's body position. When the scene is in play, ask the protagonist to speak to whomever she/he needs to. Next, have the protagonist reverse roles with the person playing her/him and speak the unspoken words of the subtext as she/he saw and felt it. She/he may also wish to double for herself/himself or her/his auxiliaries and speak out the unconscious feelings in the situation. 4. Next, the protagonist can step out of the	

	scene and restructure it as she/he wishes it had been, putting people and herself/himself in the relationship that she/he would have preferred at the time. 5. Allow the group to share with the protagonist what came up for them as a result of watching the scene, and then let the auxiliary egos de-role. The purpose of this exercise is to make concise the subtext of a situation. To understand more fully the power of repressed feelings in the atmosphere. **"Positive Messages"** 1. Participants need a paper and pencil. 2. Ask participants to make simple line drawings of themselves as children, in any way that feels expressive and right. 3. Say, "let yourself remember the positive messages that you heard or felt about yourself as a young person." 4. Say, "write these messages down anywhere on the page. Next to the message, write from whom the message emanated, including yourself." 5. Finally, "share this with the group, or choose role-players to say these messages to the person in whatever way you choose." The purpose of this exercise is to claim the good in one's childhood. To understand the many places from which good can come. According to Dayton (1994) we all have internalized positive messages about ourselves – the affirmative ways we feel about ourselves are a vital part of our well-being.	

Theoretical Framework: Day 10

These improvisational games are extremely important to draw upon personal narratives. These games focus towards finding the story within. They allow discovery of hidden memories, desires, fears, and hopes that the individual themselves are unaware even existed. These games are crucial in progressing into the story unit. Modifications can be implemented to the games as long as the purpose remains the same, generating dialogue of things that have been held onto, in order to break the silences.

<table>
<tr><td colspan="4">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td colspan="2"><u>Unit:</u>

Improvisation</td><td><u>Topic:</u>

Improvisation – in anticipation of Story unit – building real into fictional into real</td><td><u>Day:</u>

Eleven</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> To develop verbal and physical strategies for improvisation. To develop an understanding of status relationships, to communicate physical images clearly to others. To identify strengths and positive qualities hidden with ourselves.</td><td colspan="2"><u>Specific Expectations:</u> To understand the behaviour mechanism of everyday life, versus hospitalization. How we behave in relation to the environment that socializes our behaviour. Find normalcy in unnatural environments.

* These games involve memory reflection and may cause some discomfort, make sure a psychologist is present during these games.</td></tr>
<tr><td><u>Time</u></td><td colspan="2"><u>Program Plan</u>
Question of the day: What is your favourite children's story?</td><td><u>Materials Required</u>

Imagination
Participation</td></tr>
</table>

	"Personal Burdens" 1. Participants will need a pencil and paper. 2. Ask participants to locate themselves on the paper, either representing themselves as a symbol, a stick figure or a picture. 3. Around the drawing, anywhere that feels right, ask participants to use words or phrases to describe the burdens they felt while growing up. They may represent them in any way that they choose. 4. At this point they may share their notes with the group – or the group may use themselves to represent those burdens, speaking to them or reversing roles with them. 5. Allow plenty of time for sharing and processing feelings with the group. The purpose of this exercise is to bring to the surface what has been personally lost as a result of living with dysfunction. To experience feelings of loss in the present, so that one can begin to let them go. **"Separating the Disease from the Person"** 1. Ask the protagonist to choose two people or use two empty chairs, one to represent the disease and one to represent the person with the disease. 2. Allow the protagonist to fully express all their feelings by talking to each chair. 3. Let the protagonist reverse roles into each chair and speak from both roles. Role reversal can be called in to play over and over again as necessary. 4. Let the protagonist end the scene any way that feels right. 5. Allow plenty of time for group sharing. The purpose of this exercise is to separate the disease	**Leading Strategies** Verbal and physical improvisation skills. Awareness of social settings and personal space. Awareness of personal strengths. **Assessment** Improvisation is a difficult skill or technique to master. It is not the mastering of this technique that is important, rather how they can interact or how they interact with the scenarios that are important. **Commentary** This allows the process of writing drama to begin without patients being aware they are creating a voice for their collective. When writing is forced, it can become unnatural. This writing is pure, from the hidden inner self.

from the person. .

"Brief Encounter"

1. Ask participants to think of an argument or an encounter with one other person that they found difficult and would like to work with.
2. Set up two chairs.
3. Tell the person doing the work to give a thumbnail sketch of the situation and to describe briefly both people involved.
4. Ask the participant to re-enact the encounter, saying what they said and then changing chairs and saying the other person's part. They may have to reverse roles many times throughout this process. It is important that they change chairs each time.
5. Ask for group feedback and sharing.

The purpose of this exercise is to let out held feelings related to a particular incident. To gain insight into each person's point of view. To rewrite history and practice an alternative behaviour.

"Personal Gifts and Strengths"

1. Participants need a pencil and paper.
2. Say, "we all have qualities we feel good about. We sometimes focus on the negative and forget the positive qualities we inherited and developed. Write down some of those upbeat, character-building qualities that have brought you this far in life and that will be your strength for change and rebuilding the future."
3. Ask participants to choose any person in their lives from whom they wish they had received a letter of appreciation thanking them for their strength and help and acknowledging their good qualities. Instruct them to write that letter to themselves as if

	they were that person. 4. Ask participants to share their letter with the group, or to break up into pairs to share their letters. Alternatively, ask participants to choose someone in the group that they would like to have read the letter to them. The protagonist may also choose someone to play himself/herself while they read the letter from the auxiliary role. 5. Return to the large group for continued sharing. The purpose of this exercise is to acknowledge and bring into the open strengths and gifts and to foster feelings that arise when acknowledging our positive qualities. To take responsibility for good qualities and act on them, and also to focus on the positive.	

Theoretical Framework: Day 11

Similarly, these improvisational games generate a sense of worth and positivity, reflecting on talents and qualities individuals posses. This allows the positivity in our lives to take centre stage, by focusing on the positive attributes, the negative ones are replaced. What is important to note, that during treatment, it is hard to not focus on the negative circumstances. Focusing on the positive will allow participants to foster positive energy into their treatment, perhaps focusing on the positive, can introduce dialogue for hope.

FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:

Unit:	**Topic:**	**Day:**
Storytelling	Storytelling – Personal and fictional narratives	Twelve

Overall Expectations:	**Specific Expectations:**
The overall expectation is to use stories for real emotional responses, despite the fiction of the story, to work with texts from which participants can find meaning and draw interpretation – identifying themes and meaning significant to participants.	Participants will use an existing text or create their own script to work from. Using fiction/real text to uproot inner conflict/problematic material, therefore projecting the inner self into dramatic material to gain insight and new awareness/relationship with problems. Also in an effort to understand hidden desires and hopes – of participants.

Time	**Program Plan**	**Materials Required**
	Question of the day: Have you ever wanted to re-write the ending of a story, if so, how and why? **Journal Reflection**: Reflect on the journal question from previous day. Storying is the process of narrative telling. In trying to find "essential meanings in life," we objectify our experiences by translating them into narrative, which we may then play out in our mind and which we may also communicate to others. (Landy, 1993) According to Booth, drama is the act of crossing into the world of story. In sharing drama, we agree to live as if the story we are constructing is true. Booth argues that in drama and in narrative the context may be fictional, but the emotional responses are real. The benefit of using ideas of a story as cues for their own dramatic responses allows participants to test the implications of the text and of their own responses to it. (Booth, 2005) In order to make sense of a story Booth demands that the participants apply their own experiences to those explored	Imagination **Leading Strategies** Conflict Projection Exploration of conflict and emotions. Insight New Relationships **Assessment** Will target how participants use the fictional narratives to reflect on personal narratives. They key is to use the

	in the story. Therefore the facilitator's role is to help participants go back and forth between the story and their own responses to it, allowing the participants to translate the experiences of the story into the context of their lives. The process should begin with the facilitator providing stories for the participants to recreate. The story can be a simple scenario. This exercise should build until the participants are willing to make up stories for other participants to act. Finally the last portion is introducing personal stories to recreate. This portion will connect into the strategies used by Playback theatre. David Booth's guidelines for structuring a story drama event: • Discuss the story with the participants, helping them focus their responses towards the areas of interest that will form the basis of their playmaking. • Select several incidents from the story to enact or dramatize. • Help the participants choose situations that will connect them to the theme of the story. • Determine the techniques, forms, and conventions that will help structure the development of the work. • Mine the riches of the resource for details, information, and tensions that can add to the depth of the drama. • Use the ideas, the questions, and the role playing of the students to enrich the work and to determine the direction the drama can take. • Add tension whenever possible by establishing mood and atmosphere to support the role playing. • Reflect on improvised scenes both in and out of role in order to build stronger frames for continuing	emotional responses that come from the workshops to create a personal narrative.

	the work. • Incorporate written forms, visual arts, and mask making to construct dramatic scenes. • Draw the different scenes to a conclusion that represents the work that students have developed. • Create opportunities for reflecting upon and connecting their improvised drama to their lives through discussion, journal writing, and art. Easiest mechanism to start with is Story Tableaux: Story Tableaux are frozen pictures, or still images, created in response to a theme, situation, or story. (Booth, 2005) The following is a list of the different variations to approach tableaux that Booth recommends. • **Talking images**: Each member of the frozen picture speaks one line and makes one movement, and as each one takes a turn, those in the picture and those watching gain insight into the issue being presented in the still image. • **Sculpted images**: A participant may mould or sculpt an already existing image to represent individual ideas about the drama being explored, for example: two sides of an issue or the unknown dreams of a character. The participant gently moves tableaux members into the required positions. • **Images in series**: Working with a familiar story, a group of four to six participants can create two or three images that depict events in the story. Once members identify the high points in the story, they create the series of tableaux. Making smooth transitions from one tableaux to the next is important. The groups melt from one tableaux to the next as a signal is given. They might also create a tableaux based on conflicts, characters, and events "outside" the original story (e.g.,: something	

	that happens 10 years before that story begins) • **Mass tableaux**: Participants listen to a piece of music, paying attention to the images it suggests to them. The music is played a second time, and any participant may go to the centre of the room and assume a position suggested by the music. One by one the remaining participants join the centre to develop a mass tableaux. It may be necessary to play the music several times to give everyone time to join in. • **A prism of images**: A single moment can be represented visually in different ways; for example, the many different gifts given to the king. • **A pause in the action**: A still image in a drama can be brought to life through improvisation and then frozen again as in a paused video frame. Examples of story starters • The Dream Eater • Children of the Wolf • Greying • Of Skins Left on the Shore • Gold Mountain • The Monument • The Iron Horse **Group Reflection**: This reflection time should focus on whether the content of the drama was appropriate and relevant to the participants' concerns. Did the story stimulate lively discussion and reflection and did it sustain the interest of the participants. For participants, this process creates awareness of communicating to others and developing a sense of audience. If props are used, such as the masks, discuss whether that enhanced the drama or	

	not? **Journal Question:** When you think about your favourite childhood book, what memory comes to mind? Does this book remind you of anyone or does it make you think of a special place?	

Theoretical Framework: Day 12

Storying and Narrative – The text or story can take on personal meaning for a participant. According to Jones (1996) who quotes Gersie, "The potential for positive, projective identification between a story-character and oneself does inspire new ways of being" (Jones, 1996, p146). What this process should do is make participants aware of communicating to others and developing a sense of audience. Therefore, focus must be to reveal personal connection to stories, no matter what exercises are utilized. The personal narrative must come into play.

FACILITATORS NAME: DATE: TIME OF INSTRUCTION:		
Unit: Storytelling	**Topic:** Storytelling – Personal and fictional narratives	**Day:** Thirteen
Overall Expectations: The overall expectation is to use stories for real emotional responses, despite the fiction of the story. To work with texts that participants can find meaning and draw interpretation from – identifying themes and meaning significant to participants.	**Specific Expectations:** Participants will use an existing text or create their own script to work from. Using fiction/real text to uproot inner conflict/problematic material, therefore projecting the inner self into dramatic material to gain insight and new awareness/relationship with problems. Also in effort to understand hidden desires	

	hopes – of participants.	
Time	**Program Plan** **Question of the day:** Has a story ever changed your perception of the world, if so how? **Journal Reflection:** Discuss journal question from previous day. This day will be dedicated to games and exercises incorporating storytelling techniques. The premise is to introduce the participants to the structure of storytelling and incorporate activities that explore those structures. The six stages of story structures: (Taken from Paula Crimmens) 1. Who is the character, animal, creature, or thing that this story is about? 2. What is his or her task or goal? 3. What or who are his or her supports? This can be external, as in the case of people or animals, or internal, as in the case of personal attributes like courage or steadfastness. 4. What are the obstacles, the things that stand in the way of achieving the goal? 5. How is the goal achieved? 6. What happens next? What is the outcome? Is that the end of the story or does it carry on? These questions can be a guiding structure when breaking components of storytelling. Using these strategies may help participants to understand the necessary components involved when developing stories for their collective and playback models. Using traditional stories in this exercise is best because these stories provide a universal	**Materials Required** Narrative Text **Leading Strategies** Conflict Projection Exploration of conflict and emotions Insight New Relationships **Assessment** Will target how participants use the fictional narratives to reflect on personal narratives. They key is to use the emotional responses that come from the workshops to create a personal narrative.

	framework allowing participants an existing structure, a recognizable beginning, middle and end. Also, traditional stories have a vast resource for the facilitator and are very accessible. Also because of the vast resources of fairy tales, myths and folk tales, the facilitator can target those that are applicable and mirror aspects of the participant's experiences. Therefore the facilitator can specifically target fairy tales and other material that deal with hopes and fears. According to Crimmens using these types of stories can allow issues to be addressed in an indirect manner, as they are located in the far way and long ago. Crimmens, argues that this is best used when professionals are working creatively with participants where they are concerned about accessing unconscious material which they do not feel qualified to deal with. Working with traditional stories performs the function of distancing and providing emotional safety. The participant can choose to identify with the character and their dilemmas or not. (Crimmens, 2006) The stories will be chosen on the basis and need of the participants. Once the facilitator has documented their concerns throughout the process a universal fairytale-myth-folk tale, will be picked or participants may select one they wish to investigate and the process will begin. **Group Reflection:** The reflection will be dedicated to discussing how certain points in the story were interpreted, what would happen to the story if certain aspects were eliminated or reversed. What they anticipated, how they felt, what they hoped, and what they feared. **Suggestions for use**: The Paper Bag Princess, Little Red Riding Hood. The process to select a book will be guided by themes of hope and fear, and the obstacles that place those hopes and fears in our lives.	

	Journal Question: If you could rewrite a story or point in your life, what would it be and why?	

FACILITATORS NAME: DATE: TIME OF INSTRUCTION:		
Unit: Storytelling	**Topic:** Storytelling – Personal and fictional narratives	**Day:** Fourteen
Overall Expectations: The overall expectation is to use stories for real emotional responses, despite the fiction of the story. To work with texts from which participants can find meaning and draw interpretation – identifying themes and meaning significant to participants.	**Specific Expectations:** Participants will use an existing text or create their own script to work from. They will use fiction/real text to uproot inner conflict/problematic material, therefore projecting the inner self into dramatic material to gain insight and new awareness/relationship with problems and possibly understand hidden desires and hopes.	

Time	Program Plan	Materials Required
	Question of the day: What is something that makes you smile every time you think about it? **Journal Reflection:** Last days journal question will lead into the day's activities Re-writing a story: This exercise will provide participants a chance to act, or see, their stories enacted. Each participant	Narrative Text **Leading Strategies** Conflict Projection Exploration of conflict and emotions Insight

	will have the opportunity, if they wish to share their journal reflections with the group. Once all participants have shared their story, the facilitator will ask participants to recreate the original story and change the plot or ending with multiple re-enactments. This will read into the playback exercises. Participants can participate in their own stories or watch others perform the action. This activity will require at least two days completing all stories. If some participants to do not wish to share their stories, leave them to the end and re-invite them to share before the process is complete. **Group Reflection**: This reflection is important for all participants to share their concerns and feelings about the process. This can be an emotional time so make sure all participants are reminded that if they do not wish to share or feel uncomfortable with the process, they can stop at any point or they may be excused, as they wish. **Journal Question**: No journal Question	New Relationships **Assessment** Will target how participants use the fictional narratives to reflect on personal narratives. They key is to use the emotional responses that come from the workshops to create a personal narrative.

Theoretical Framework: Day 14

In re-creating stories or playing roles – allowing for multiple roles and shifting focus as needed, it is important to note the shift, because the shifts indicate a participant's inability or unwillingness to work within one defined role. The role can isolate them, drawing attention to their circumstances, or can threaten their comfort zone. Drama and role playing allows one to express the authentic self through a creative process.

All forms of projective therapy are successful to the extent that they lead the participants into and out of the projection. In drama, the projective work involves a movement from

an everyday, ordinary role into an imaginative, dramatic one. The next step returns them to their own reality and challenges them to look at the way they play the role in their interactions with to others.

The participant should reflect why they portrayed the fictional character as they did, what power, voice, emotion, came from the fictional self, which does not exist in the reality of the character.

Why we shift roles, what is it about playing the self that seems less promising? Why does reality differ from the fictional character so much? What power lies in the fictional character that can be harvested into the real person?

Targeting these aspects is the crucial component of the exercise; any exercise that is supplemented in this unit should address these goals.

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<tr><td colspan="3">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td><u>Unit:</u>
Storytelling</td><td><u>Topic:</u>
Storytelling – Personal and fictional narratives</td><td><u>Day:</u>
Fifteen</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> The overall expectation is to use stories for real emotional responses, despite the fiction of the story. To work with texts from which participants can find meaning and draw interpretation – identifying themes and meaning significant to participants.</td><td><u>Specific Expectations:</u> Participants will use an existing text or create their own script to work from. They will use fiction/real text to uproot inner conflict/problematic material, therefore projecting the inner self into dramatic material to gain insight and new awareness/relationship with problems and possibly understand hidden desires and hopes.</td></tr>
</table>

Time	Program Plan	Materials Required
	Question of the day: What is one of your pet peeves? **Continue with stories:** This day will be dedicated to the completion of the story exercises started last day. **Dance as a mood setter to finish the day:** The final exercise for this day is a technique called dance as a mood setter to telling stories. Booth (2005) suggests that movement and dance in drama offers participants an opportunity to explore and express thoughts and feelings through physical action. This process may increase the participant's willingness to get involved in the drama and to encourage interaction amongst group members. Dance drama is movement to a piece of music, a series of sound's; a story, with interpretation of an emotional theme as its objective. (Booth, 2005) Dance drama offers expression rather than form. According to Booth (2005), music that is strong in evoking images and that offers changes in moods, pace and rhythm should be selected for this activity. Activity: The participants should find comfortable positions on the floor, close their eyes, and listen to the music. After listening to the music, they briefly discuss the images they saw while listening. They then form as a group and each participant describes the story he or she imagined. The group chooses one participant's story or parts of each participant's story and through movement only, tells the story. To encourage slow, graceful movement, Booth (2005) suggests playing the music throughout the activity and to suggest to the participants that the story is a dream. **Group Reflection:** Discuss the different feelings and movements associated with the music. Provide scenarios for participants. How did they communicate certain feelings? How did they represent certain objects and people? What roles did they take on and how did they use the space? Were there any verbal cues, and how did	Narrative text **Leading Strategies** Conflict Projection Exploration of conflict and emotions Insight New Relationships **Assessment** Will target how participants use the fictional narratives to reflect on personal narratives. They key is to use the emotional responses that come from the workshops to create a personal narrative.

	the performance end? **Journal Question:** Reflect on the space that was created for you during the musical activity, describe the area, what did it look like and was there anyone there.	

Theoretical Framework: Day 15

According to Landy (1993) role taking can represent a feeling, issue or person, or an aspect of themselves within a dramatic framework. Role taking – allows for playing a part of the self through a dramatic representation of their life. According to Landy (1993) this connects to the process of creating empathy and can help in developing the ways in which a client relates to others. Furthermore, it can assist in the process of seeing a problematic situation from the point of view of another. The involvement of fictional or imaginative material through role taking creates opportunities to transform and explore the issue in a new fashion. The fictional world can give permission to explore what the participant might censor or deny in their everyday life.

The objective is to create an emotional response from music; the facilitator should choose melodies or wordless songs so that the music is interpreted rather than the words in the music.

FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:

Unit:	**Topic:**	**Day:**
Playback Theatre	Playback Theatre – Understanding self in relation to how others re-create stories	Sixteen

Overall Expectations: The overall expectation is to view the self through multiple explorations. Playback theatre provides opportunities for personal growth and development. The aim is to make every voice and story heard and told. Committed to personal transformation through art.	**Specific Expectations:** Participants will create multiple versions of personal narratives. Writing and re-writing definitions of hope through the personal narratives they share. They search for hope, in circumstances that seem hopeless.

Time	**Program Plan**	**Materials Required**
	Question of the day: If music could tell a story about your life what would that music sound like? **Journal Reflection:** Reflect on the creation of space that was created from listening to the music from the previous session. Introduction to playback theatre. This is an original form of improvisation theatre where audience or group members tell stories from their lives and watch them enacted on the spot. The purpose of this activity is to incorporate personal stories from the participants into the drama activities. Stories will be selected based on memories that participants wish to share. The objective is to allow participants to share without hesitation, however if none are willing to share, use techniques such as storytelling and musical	Imagination Sharing **Leading Strategies** Projection Exploration of conflict and emotions. Writing and re-writing our worlds. **Assessment** Will target how participants use the Playback theatre model to write their stories, re-write other's stories and share personal narratives with group members

	drama to entice discussion. Samples of how to get stories started: 1. What was your best vacation? Describe it. 2. Which teacher do you best remember? Why? 3. What was your most memorable birthday party? Why? 4. Have you ever been in danger? What happened? 5. What special toy(s) has been part of your life? Describe it/them. 6. What special accomplishments have you achieved? 7. Tell about a time you had to move. 8. Describe a time when you were surprised. Sometimes, someone's story triggers other stories that the participants may wish to share. This can provide a great opportunity to have a group discussion about circumstances where participants feel alone. **Group Reflection:** This reflection provides an opportune time to discuss how stories were recreated and interpreted. Allow for participants to share and perhaps recreate how they would have performed the scene. **Journal Question:** How did it feel to see a re-creation of your story by others? Method Acting and Stanislavski will provide a great means in the implementation of Playback theatre. Method Acting – the psychological approach to	

	character construction and performance. Method acting involves creating theatrical roles that stress the ways in which memory, the actor's individual unconscious, and the portrayal of feeling could effectively connect. An important link is formed between the actor's life, the individual's experience of it, the storage of the unconscious material, and the creation on stage and in rehearsal of a system by which the actor enters into an emotional state based on their own life experiences. The development of character through improvisation is innovatory and influential.	

Theoretical Framework: Day 16

The Toronto Playback theatre objective is to listen to people's stories and transform them into theatre. Playback theatre aims to create a space where every voice and story is important, it is a process for personal and social transformation through art.

Weber and Haen (2005) outline the importance of Narratives and Stories in Play and Drama Therapy:

1. Telling stories and playing stories can be a way of controlling our world and what happens to us in that world. For a child who lacks power, it can be an enriching experience. For once, the child can say, "I'm the king of the castle, and you're the dirty rascal," and not experience the consequences of their reality world.
2. The use of narratives and stories in Play and Drama Therapy can help children make sense of their own lives and also learn empathy through imagining how others in their stories might feel.

3. Working with stories and narrative play means that there is collaboration between child and therapist, where what happens in the session is co-constructed between the two.
4. This model is based on social construction theory and narrative therapy (Weber and Haen, 2005), which describes the development of identity as based on the stories we tell about ourselves and the stories others in our environment tell about us.
5. Some dominant stories we have about ourselves are not helpful and can lead to victimization. In Play and Drama Therapy, we can explore ways to shift and expand aspects of identity through exploring roles and ways of being in play, knowing that we do not have to take all these experiments into our lived lives.
6. This approach also recognizes the fact that the developing child is part of an ecological system, not an isolated individual. We live in a time and culture, and this influences our way of seeing.
7. In this kind of collaboration, the child can play with small toys and objects, create a dramatic event, draw a picture, or just make marks on clay or slime. But as they do so, they tell a story about what they are doing. The role of a therapist is to listen, perhaps ask question about the story if required, and record the story by writing it down if requested.

FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:

Unit:	**Topic:**	**Day:**
Playback Theatre	Playback Theatre – Understanding self in relation to how others re-create stories.	Seventeen

Overall Expectations: The overall expectation is to view the self through multiple explorations. Playback theatre provides opportunities for personal growth and development. The aim is to make every voice heard and every story told. Committed to personal transformation through art.	**Specific Expectations:** Participants will create multiple versions of personal narratives. Writing and re-writing definitions of hope through the personal narratives they share. The search for hope, in circumstances that seem hopeless.

Time	**Program Plan**	**Materials Required**
	Question of the day: What is the earliest memory you can recall? **Journal Reflection:** Majority of the topics would have been discussed in the last day reflection however if participants want to discuss more ideas take this time to reflect on any questions or concerns they may have. Finish the last day's exercise by allowing all participants to have a chance to recreate their stories. Once this is complete ask participants to create their stories into a personal monologue. Introduction to Monologues: The purpose of this exercise is for participants to recreate a piece of their story into a monologue that present a commentary or personal reflection about the events, allowing for in-depth analysis about the events in their playback piece. A monologue can provide an in-depth perspective to the outsider on the condition and psyche of the presenter. The purpose is not to force an emotional	Imagination Sharing **Leading Strategies** Projection Exploration of conflict and emotions. Writing and re-writing our worlds. **Assessment** Will target how participants use the Playback theatre model to write their stories, re-write other's stories and share personal narratives with group members.

	reaction from the participants, but to gain an in-depth perspective of how they feel about their story, where they stand in comparison to how others have recreated their space. **Group Reflection:** Writing a monologue is not an easy task, and therefore the remainder of the session will target strategies that help the participants share their thoughts and prepare them with writing strategies, to get them started. Therefore the remainder of the journal writing will be dedicated to completing the monologue. The monologue may not directly be associated with a memory that participants have shared in the group, it can spring from other events they may wish to share with the group. Monologue exercises to promote writing: **Part A- Visualization** Have the participants spread out in comfortable positions around the room. Ask them to close their eyes as you guide them through a series of questions for them to think about. 1. I want you to go back to the place that you shared with the group. Look around and see where you are, what are you doing there? 2. Why are you there? 3. Do you want to be there? 4. Who else is there? 5. If you are alone, does that bother you? 6. If you are surrounded by people, does that bother you? 7. How are you feeling today? Was it a good day, a bad day? 8. Are you in a hurry to be somewhere or are you quite content with where you are?	**Commentary** Drama is a metaphor for everyday life, a means of self-examination and life enhancement.

	9. Is there something eating at you today? 10. What's eating at you? **Part B- Putting it on its feet** At this point have participants walk around the room in character. Be clear and do not allow participants to engage with others. Tell them to imagine they are in the same space they pictured in their imagination. As they walk, ask them the following questions: 1. Wouldn't you just love to tell someone exactly what is eating at you today? 2. Who could you tell? 3. Do you need to tell someone off? Or do you want to speak to someone who will really listen? 4. Do you owe someone an explanation? 5. Are you keeping something from someone? 6. Do you have something to vent about? What is it? 7. Imagine that person you need to speak with has just walked into your space. 8. How do you feel about them? 9. Are you excited to see them or do you want to dig a hole and disappear, run away or stay and speak? 10. Go over there and make your presence known to them. At this point have participants think about the questions, and then ask them to begin to write anything that comes to mind in their journals. It does not have to be formal just thoughts, feelings, ideas they feel from the exercises. **Journal Question:** Begin brainstorming ideas and writing your monologue.	

Theoretical Framework: Day 17

According to Woolland (2008) what a person says and the way that they says it reveals their attitudes, their state of mind, their thoughts, their emotions, their hopes and fears, desires and dreads, and their personality. It can give similar information about other characters. It can imply or provide information about situations – what has happened elsewhere or at an earlier time can suggest what might happen in the future. In scripted plays, dialogue can imply stage action. Dialogue is also the means by which ideas are explored, through which opposing views can be set against each other and meanings teased out.

<table>
<tr><td colspan="4">FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:</td></tr>
<tr><td colspan="2"><u>Unit:</u>

Playback Theatre/Monologues</td><td><u>Topic:</u>

Playback Theatre and Monologue – Understanding self in relation to how others re-create stories.</td><td><u>Day:</u>

Eighteen</td></tr>
<tr><td colspan="2"><u>Overall Expectations:</u> The overall expectation is to view the self through multiple explorations. Playback theatre provides opportunities for personal growth and development. The aim is to make every voice heard and every story told. Committed to personal transformation through art.</td><td colspan="2"><u>Specific Expectations:</u> Participants will create multiple versions of personal narratives. Writing and re-writing definitions of hope through the personal narratives they share. The search for hope, in circumstances that seem hopeless.</td></tr>
<tr><td><u>Time</u></td><td colspan="2"><u>Program Plan</u>

Question of the day: If you could run away for a day and do whatever you wanted, where would you go, what would you do and why would you</td><td><u>Materials Required</u>

Pen and paper for writing
Imagination
Sharing</td></tr>
</table>

	choose that activity? This day is dedicated to games and activities to help with writing their monologues. **Story Wheel:** This activity promotes listening skills and collaboration, a good technique for the future work on the collective presentation. Participants lie on their backs and make a wheel formation, that is, their heads face into the centre. One person is chosen to begin a story. Each person, in turn, adds to it. The following phrases provide possible beginnings for the collaborative storytelling session. • It was a dark and stormy night... • Long ago, in a kingdom far away... • Once, on the shores of a sea, a strange bottle was found... • He was always told to stay away from the door, but one day... • With a rub of the lamp, the genie was at last released... • Until today, everyone laughed at the idea of a time machine... • Once upon a time... **It could be worse:** The purpose of this is to build on existing stories to create a complicated tale. Participant 1: What a trip I had. First, I thought I lost my tickets for the place. Facilitator: It could be worse. Participant 1: Then the taxi got lost on the way to the airport.	**Leading Strategies** Projection Exploration of conflict and emotions. Writing and re-writing our worlds. Writing Monologues **Assessment** Will target how participants use the Playback theatre model to write their stories, re-write others stories and share personal narratives with group members **Commentary** Drama is a metaphor for everyday life, a means of self-examination and life enhancement. The creation of a monologue will provide opportunity to have the participants provide a voice for their character, a voice that is their own.

	Facilitator: It could be worse. Participant 1: I left my luggage in the taxi. The facilitator can work individually with participants or as a whole group. Another variation is to allow participants to work in pairs. Here are some suggested beginnings: • Today, I was late for school. • Yesterday, I was chased in the forest. • This morning I lost my wallet. • My sibling was in a bad mood today. • I was flying in a helicopter when it ran out of gas. Another variation is that participants could also have each participant alternate the storytelling with words "Fortunately" or "Unfortunately". For example: Fortunately, my lottery number was called, and then another participant can respond with, Unfortunately, I lost my ticket. **Invent A Story:** Participants work in a group to create a story, with each participant contributing one word at a time to it. The storytelling continues around the circle until a satisfying ending has been reached. Example: Participant 1: Once Participant 2: Upon Participant 3: A Participant 4: Time Participant 5: There	

	Participant 6: Was Side note: These storytelling activities could be repeated using a familiar tale, or recreating a familiar story. **Relaxation Writing:** This activity is similar to the music exercise. The facilitator will play sound effects or music, for example sounds of the forest, beach, water, etc. After listening to the music participants will write stories or conversations, whatever the music triggers. Later they will share this writing with the group. **Journal Question: Complete Monologues**	

FACILITATORS NAME: DATE: TIME OF INSTRUCTION:		
Unit: Playback Theatre/Monologues	**Topic:** Playback Theatre/Monologue – Understanding self in relation to how others re-create stories and how we interrupt those creations – writing monologues.	**Day:** Nineteen
Overall Expectations: The overall expectation is to view the self through multiple explorations. Playback theatre provides opportunities for personal growth and development. The aim is to make every voice heard and every story told. Committed to personal transformation through art.	**Specific Expectations:** Participants will create multiple versions of personal narratives. Writing and re-writing definitions of hope through the personal narratives they share. The search for hope, in circumstances that can foster hopelessness. Furthermore, writing their own monologue from the personal accounts shared.	

Time	**Program Plan**	**Materials Required**
	Question of the day: What is something you	Pen and Paper for writing Imagination

	wish you could change about the world? This session is dedicated to the presentation of the participant's monologues. Each participant will be asked to share what they have written. They have the option of presenting their piece or reading their monologue as a story to the group. The objective is to see an interpretation of their stories, to gain an emotional understanding of how they interpret or feel about an event in their life. **Group Reflection:** This section will be dedicated to sharing about the final written piece. Reflecting about each other's work and discussing the plans for the final portion to create the collective ensemble. Introduction to the collective ensemble: After the final presentation and group reflection, the facilitator will take an opportunity to introduce the final project with the group. If time permits scheduling can begin this day.	Sharing **Leading Strategies** Projection Exploration of conflict and emotions Writing and re-writing our worlds Writing Monologues Presenting Monologues **Assessment** Will target how participants use the Playback theatre model to write their stories, re-write others stories and share personal narratives with group members **Commentary** Drama is a metaphor for everyday life, a means of self-examination and life enhancement. The creation of a monologue will provide opportunity to have the participants provide a voice for their character, a voice that is their own.

Theoretical Framework: Day 19

A role is something that we take on, that we play, that we play with. In everyday of our lives we take on different roles. Naturalist theatre, for instance, prides itself on characters

that are more real to us because they are more psychologically complex. In an educational drama context, it is not the personal psychology of the character that is of importance; rather it is the interaction between that character and their social and political environment. This is not the purpose for this monologue; the purpose here is to have the participants engage with the dramatic fiction with themselves in the starring role. To achieve this and not have participants hide behind the mask of a character, they need to first assume a comfort with their character. If this is not achieved, they cannot develop attitudes, opinions or points of view. Therefore, it is best not to direct participants in the process of how they are to act out their monologue; the lack of direction will provide an uncontaminated version of their story to be told. It is the hope here that through this a condition of hope may enter their dialogue.

According to Landy (1993, p.53), "to discover meaning in a fictional role, one must be able to accept the dramatic paradox of person and persona and find a way to live in an ambivalent world of being and not being. Thus the fictional role serves a participant by revealing the equivalent non-fictional role". As a result the role requires fiction for clarification. Furthermore Landy (1993, p.53) explains, to understand how the fictional role serves in everyday life, one must be able to see the fictional role in comparison to its reality based counterpart, comprehending the content, purpose, and form of each. From there the differences and similarities can be understood. Finally, from that the modification of the everyday role can happen, in that it serves the individual better than the fictional one. Only then can it be noted the difference between the real and ideal, the true and the false, the substance and the shadow, all providing sustenance to each other.

FACILITATORS NAME:
DATE:
TIME OF INSTRUCTION:

Unit:	**Topic:**	**Day:**
Collective	Collective – The creation of a therapeutic drama story	Twenty

Overall Expectations: The overall expectation is to create a final ensemble – that discusses the participants' creation of hope and the importance of hope in relation to their circumstances.	**Specific Expectations:** This process will provide reflection for the therapy process. Hopefully participants can reveal their understanding of hope in relation to their treatment and illness, and understand the benefits that hope can have in their lives.

Time	**Program Plan**	**Materials Required**
	Question of the day: The process: return and re-sketch the process that took place. By using the methods, masks, stories, and journals, written and created, to help this process along. The facilitator should create a schedule for deadlines so the creative process can begin. There should be a deadline for the final piece so that the participants have a schedule to accomplish tasks. The facilitator's role changes from observer to director and the participants become actors and writers in the final component of the research. The topic was established from the onset so finding a topic is not part of the criteria. The process is for students to write and produce each of the short episodes, and all material relates to the therapy experiences. The collective process is a means for participants to reflect on the process that place during the program. To return to their journal notes and creations during monologues and Playback theatre to investigate topics or issues that arose during that time frame. New	Pen and Paper for writing Journals Cooperation Imagination Sharing **Leading Strategies** The role of the facilitator will change to director – helping with blocking notations and creations of sets/costumes and props. **Assessment** The final assessment will be a reflection piece written by participants describing their role and feelings in the collective. The objective is to have them incorporate their construction of hope throughout the process; however they are not confined to this.

	material may be added into the scene if the participants wish to explore that option. The final weeks will be dedicated to organizing material and journals to create a final ensemble. If participants and facilitator feel that the material is not complete they may return to activities to create pieces to incorporate into the process. Sometimes during the rehearsal stages material may seem lacking or unproductive and this allows for opportunity to revise or create material. These weeks will be dedicated to rehearsing and constructing the scenes for the final collective. Also, this time provides opportunity for the creation of set pieces, props and costumes. The final week will be dedicated to the presentation of the collective. Members of the ward and families of the participants will be asked to join the participants either on the ward, or theatre, for the presentation of the collective. The objective is to ensure all participants have a chance to create and tell their stories. Ensuring that each have an opportunity to reflect on issues that concern them, while incorporating their hopes, fears, and sharing their experiences with others. This process will hopefully incorporate an understanding of their hopes and fears, an interpretation and transformation of those hopes and fears. To understand they are not alone in their circumstances.	

Theoretical Framework: Day 20

Sue Jennings, a drama therapist, works within a theatrical context, often using scripts.

Like others, Jennings (Jones, 1996), uses the fictional, symbolic, and metaphorical realms

as central components in her work. In her view healing takes place through the drama itself. (Jones, 1996)

Jennings five-phase integrative model: The work progresses from

Jennings model begins with a fictional mode that provides a protective safeguard as well as a means of expanding clients' capacities for (and range of) expression, this refers to early units that will be included in the ensemble piece, from games to masks and improvisation. Eventually the roles are shed and the masks unraveled, and the fictional scenarios give way to life scenes, the stories and the monologues. (Jones, 1996)

CHAPTER 6

Discussion

General Discussion

The intention of the thesis was to develop a dramatherapy program, based upon theory and research, that offers benefits to institutionalized patients. The original aim was to identify the potential benefits that drama as therapy can provide for cancer patients as a mechanism of hope during patient treatment and stay in hospitals, from analysis of literature, interview material and implement and trial a program with patients. The project changed part way, as the opportunity to implement the program was no longer available for an *in situ* trial. The focus of the work then moved to a more comprehensive consideration of the relation of the structure of such a program to theory drawn from dramatherapy and from curriculum studies. A theory based model was then employed to construct a sequencing that would best suit a dramatherapy program, modeled along curriculum guidelines.

The program was developed by approaching it as a curriculum for developing constructs of hope, and assessment measures have been included, all reflecting the frame of dramatherapy theory and the understanding of hope. Considered as a curriculum, the program provides a planned and sequenced set of group activities designed to facilitate the development of aspects of hope among young people for whom death is a real and not distant possibility.

Theoretical foundations of the program are drawn from two backgrounds: (i) curriculum theory – with the program as a curriculum, and (ii) dramatherapy with work dealing with creative play providing a foundation for the dramatherapy program.

The literature review revealed many structures and types of therapies related to the use of drama. The theory best suited for the structure and sequencing of the dramatherapy program when thought of as a curriculum was that of Jones. Jones's theories provided both a sequence for the program and structure for individual lesson plans. The Jones model fits easily with curriculum structure and design, as it reflects a transition from projection to transformation. The activities in the program reflect that certain objectives need to be meet to so that projection and transformation will occur. Jones's structured therapy sessions provide an appropriate frame for the lessons. This program seems to work well because it provides a structure, time frame for individual lesson plans, and criteria for objectives. At the same time, it allows for flexibility in time allocation to suit situational conditions and individual patient trajectories.

Theorists such as Landy (1993), Erickson (Jones, 1996), Dayton (1994) Jennings (Jones, 1996), Johnson (Jones, 1996), and Weber and Haen (2005), were identified as best suited for inclusion, since their work seem best matched to Jones's theory for sequencing from projection to transformation. Jones's theories and therapies are utilized multiple times, and the majority of the overall and specific expectations in each program plan take into account his therapy sequencing, in line with curriculum expectations. However, the outcomes to a degree are, individual. Therefore, they will reflect individual patient progress, rather than that of the group. Furthermore, individual program plan evaluations are formative, and dependent on patients, and leader.

It is through the drama that transformation of self is possible. How patients interpret the change itself, from the beginning to end, will reveal a construction of hope.

Each unit was constructed with Jones's sequence, and the use of other theorists seemed to fit into different stages of the program's sequence. Landy's (1993) theories on masks, roles, playing and storytelling, dominated many of the units in the program. Landy's (1993) model of "playing out" is very much a reflection of Jones's (1996) sequence. Playing out, then, became a focal point for the program, and Landy's (1993) ideas, in connection to those of Jones (1996), Erickson (Jones, 1996), and Johnson (Jones, 1996) led to the use of masks/improvisation as a starting point for projection to happen. The move into improvisation is suggested here by all theorists, and fit well into the overall sequencing. Johnson's (Jones, 1996) work, with Landy's (1993), was drawn upon in seeing the need for transformation in the play space. Erickson (Jones, 1996), like Landy (1993), and Johnson (Jones, 1996), advocates the "playing out" method also, all highlighting that play can be imaginative or reflect reality. Play became important to my thinking in relation to projection.

Since communication is important in the dramatherapy, especially in the sharing of stories, Landy suggests that storying and narrative be used later in any program. Communication skills and sharing need to be introduced and developed in order for the sharing to happen (Landy, 1993), therefore the sessions focusing on sharing are placed later in this program . It is also suggested that storying will create a new means to explore the client's projection or construction of hope. Therefore, projection must happen in order to be re-viewed later in the storying unit. This worked well with the program design, anticipating a patient's initial construction of hope to exist, to be re-examined later on. Jones's model of transformation highlighted Landy's approach well. Landy's approach to dramatic transformation, from fictional into reality, best suited the

monologue unit, and fitted well into Jones's sequential structure. This worked with the structure of the program, since fictional draws out the reality, meaning that the fictional world examined can connect to patient experiences, reflected the monologue portion. It therefore works well placing this aspect near the end of the program.

Weber and Haen's theory of Narratives and Stories in Play could be placed in Jones sequencing, as the theorists explain the process of storying as an original projection, leading into the transformed piece and person. Their theory helped me determine the next unit as Playback Theatre, and highlighted the importance of why this unit should follow storying.

Certain of the theorists contributed to my insight into Jones's sequencing of individual lesson plans. Dayton's theories on the warm-up reflected an introduction to the transformation phase that needs to happen. Dayton's model is represented in each unit, in the warm-up and in the question of the day.

The Jennings model emerged as very appropriate for application in the late stages of the process. Her model reflects the importance of script and stage work, and therefore became directly relevant near the end of the sequencing. In particular, the movement through the sequence developed, of play-based sessions initially leading to guideline driven activities later, lent itself to the culminating sessions drawing on her work.

Therefore, to reflect the Jones model of projection to transformation, the theories overlapped. Drawing their distinct theories and therapy into each unit nevertheless led to a relatively seamless program. The final product, the seven stages, best suited this mode of sequencing, as each stage introduced a new form of projection for the final transformation to happen. Finally, each projection or unit was chosen in this sequence,

since one stage prepares the client for the next therapy or drama.

The curriculum model utilized for this program was drawn out of the curriculum proposed by Kelly. According to Kelly (2009) the curriculum must consist of the following four elements: objectives, content or subject matter, methods or procedures, and evaluation. Therefore, the structure of the dramatherpy program as a set of lessons includes these criteria. The program accounts for the following curriculum expectations: revealing the lesson purpose, experiences the program provides, effective organization, and individual evaluative measures to ensure that the purpose is being attained, through assessment and evaluation. Therefore, the program reflects a linear model, directed towards specific and overall objectives, content and method planning, and finally a means to measure the success. However, it does not adhere to overall curriculum expectations, since the expectations involving hope cannot be determined in this case.

Another important contribution is the philosophical examination of education, which contributed to the program framework. By incorporating the final goal of the therapy, securing hope, and anticipating a client philosophy of overall health, determined principles for guiding action that reflected the philosophy of the community. A problem here is that the overall health is assumed as a communal goal or philosophy.

Constructions of hope were raised in the following areas related to study:

- Hope for treatment to work
- Hope for catching the AML before it is too late
- Type of life if treatment is successful, what patients hope for
- What hope exists if not treatable
- Hope for death

- Hope in improving patient life (personal perspective)
- Hope from researcher
- My desire of hope versus patient desire of hope
- When hope exists regardless of diagnosis
- How hope is linked to treatment of the illness, without treatment can patient survive

How these areas of hope interact with the construct of the program varies to an extent with individual patient's construction of hope. However, strategies to draw out hope are implemented through various drama therapy techniques. The process of mask work, storying, journals, and question of the day, all targeted drawing out hope. The mask unit requires personal transformation through creating a different self. How patient presents the other self, is to be interpreted by the leader. However, this may not yield the results needed in understanding or documenting hope. The transformation of self in masks can allow patients to see a self through multiple identities, and this may determine a change or construction of hope that is evident in the patient and not in the leader. However, this change can later reveal itself in another therapy process. Transformation through storying can reveal another means to construct hope, and this can be revealed through the patients change in story. Journaling can provide a written communication for patient's to document personal barricades that limit hope. Lastly, the question of the day, can allow the researcher (leader) to participate, and share their own hope, to draw out particular formations from patients.

It must be noted that the search for hope is not limited to the suggestions here, and the stage or type of treatment in cancer patients is a factor in that construction. The

search for hope and identifying hope within cancer patients can render many possible answers from different people. The literature (Fishman, 2007 and Freire, 1992) touches on important considerations that hope emerges through a process of interaction, and that is what the program is intended to facilitate. Secondly, Hinds (2004) reminds us that adolescent patients are especially vulnerable to the lack of hopefulness during treatment, and communicating their needs (hopes) will only better their care. Finally, a patient's decision to participate in such a program reveals a hope in itself.

Whether or not hope can truly develop through this program is unclear and unproven. As well, the full extent to which hope exists or not for cancer patients remains unknown. Regardless, the goal for the program is to enhance the emotional well-being of patients and encourage hospitals to reevaluate their treatment to address emotional factors. For this reason, if no other, patient perceptions of hope during hospital institutionalization play an important part in their well-being. Finally, the need for a systematic evaluation of the program in practice would be critical.

Hope needed was an important component throughout this process. From the literature review to the construction of a drama therapy program, hope shifted the thesis from the "imagined" into a "reality". Hope, in this instance, became the motivation to complete the thesis, to go on, when disillusioned. When hope is absent, so is the individuals desire to do, to want, to live. From a personal note, the lack of hope results in the lack of motivation. Hopelessness creates disinterest, resulting in a state of helplessness. Regained hope for completion, transformed this experience into an enjoyable and fulfilling endeavor. This is the intention of the drama therapy program; hope to change the whole person, motivating them to go on.

In constructing a program, a semi-natural sequence resulted. The theories, therapies, and drama activities seemed to fit with unexpected overlaps. For instance, introducing the first unit, as preparation for the program, tied into mask work effectively, because of the nature of the both units sharing requirements. This addressed an important issue, that patients may not be willing to share, thus the mask worked well, by covering their identity, it allowed for a non-threatening sharing environment. When the mask is removed, the barricade is removed too. Also, the requirements of one therapy seemed to correspond to the other therapies, the games and warm-ups, nicely prepared for the improvisation. The improvisation, introduced elements of plot and sequencing, connecting effectively with storying. Storying and playback tied effectively together, as playback was used to reinvent story work. Playback, correlated with the individual work in the monologues, as participants are motivated to reinvent the stories, bringing the experience to a completion with the final collective, hence, the sequencing of the sessions connected.

Throughout this process, several theories and theorists were used to develop the program. This thesis only scratches the surface of the potential that drama may have in the hospital environment. The diversity of material and multiple techniques, suggest a great potential for success with patients. Research on the feasibility of hospital implementation determined current dramatherapy programs. Alongside this, a growing awareness of medical practitioner's research of the need for hope related therapies emerged. More importantly, this investigation revealed lack of knowledge in the health care system, which overlooks an important contribution, keeping hope alive.

Before this research, the range of therapies in hospitals beyond the medical was unknown to me. As a result, it was surprising how little patients are informed about therapy options, as the literature reveals many options that are not utilized. Cancer is a real concern and those affected by it understand how it changes life in every aspect. It is not just the physical healing that needs attention, cancer affects the whole, and every part needs to be treated.

Possible dilemmas, problems and encounters, and solutions

What follows is an overview of the possible problematic encounters that may arise during the program and offered solutions to those problems. These concerns are drawn not from the program's implementation, but from the dramatherapists who have used the therapies with clients and the investigation of the illness.

Participants may wish to discuss issues of death: A possible solution for this is to explore these topics only if all participants are willing to do so, and a trained psychologist is present. If none are willing, ask the participant if they would like a private session to discuss these feelings. If all but one is willing ask that participant if they would like to sit out while others wished to explore these concerns.

Possible problems with discussing hope: Participants may draw conclusions based on their conditions that hope cannot exist in their circumstances. The researcher may continue on this topic, considering all participants want to discuss this issue, or may ask the psychologist to step in and discuss these issues with each participant. The goal is not to reverse their concerns but rather explore why they feel this way and what has locked them in a negative construction of hope.

Participant does not want to co-operate: Discuss whether it is this topic or activity

in particular, or whether they wish to withdraw their services in total. Ask what bothers or why they dislike the activity in particular. Always make sure each participant is comfortable when participating.

Emotional Distress: It is not the goal to create unease or emotional distress to any participants. However circumstances may become overwhelming, make sure each participant knows they can stop or withdraw their services at any point. Also remind them that a trained psychologist is present and if they wish to discuss any matters they may do so with them, or with the group.

Participant condition worsens: This is a reality for these participants, which their condition may worsen during a session. Make sure that a nurse or staff member with medical training is contacted that a session is in place and maybe needed at a moment's notice. Remind each participant if they are not feeling up to physical activity they can sit out and watch or not participate at all. A participants health is the first priority, the study cannot interfere with their well-being.

Time Issues: The sessions can be shortened or even discontinued if participants cannot be available because of their conditions. It is the priority of the researcher to make sure participants have the time and physique to participate in the study.

This program aimed to help cancer patients find hope in their circumstances, through the construction of a dramatherapy program. Whether or not this program will work is yet to be determined. However, this program, and other therapies like it, aims to foster a sense of hope. For me this program provided a sense of victory in a battle that has little encouragement.

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