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Safety, play, enablement and active involvement: Themes from a Grounded Theory study of practitioner and client experiences of change processes in Dramatherapy

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Objective: This study aims to investigate how dramatherapists and dramatherapy clients experience change in therapy and whether change processes identified are consistent across dramatherapeutic approaches. **Method:** Seven dramatherapists and seven dramatherapy clients were interviewed about their experiences of dramatherapy. Using a grounded theory method three core themes were constructed from the data. **Results:** The resulting core categories 1. working within a safe distance; 2. the client being allowed and allowing self to play and try out new ways of being and 3. being actively involved in therapy: creating something visible and having physical experiences using the body, capture the experience of change for both dramatherapists and clients in therapy. Key change mechanisms were also proposed, these included: developing new awareness and finding a language to communicate. **Main conclusions:** A focus on developing new awareness and increased insight into self are important outcomes for therapy and need to be clearly communicated as such. Future research should include further exploration of the key themes identified and the client developing increased reflective functioning as a key change mechanism during dramatherapy.

Keywords: Dramatherapy; Grounded theory; Therapeutic change processes; Client perspectives

Dramatherapy practitioners and researchers have contributed to the development and understanding of dramatherapeutic methods. They have recorded and shared this work through clinical cases studies and theoretical pieces (Dokter & Winn, 2010). However, defining what dramatherapy is, and how it is effective, can be problematic. This is partly due to the variety of approaches adopted within this one form and to the difficulties in quantifying the out-comes. Jones (2014) states that we are in danger of segregation. Landy (2006) questions the value in adopting many approaches some of which have not been fully developed in terms of research and clinical application.

Understanding how therapy processes link to change outcomes is a complex task across all therapeutic modalities (Roth & Fonagy, 1996). Research that explores change in psychodynamic therapies has a focus that goes beyond symptom reduction. Instead change outcomes such as fostering new insights, psychological flexibility and increasing insight into own and other's mental states are thought to be ways that help patients. These unique factors in psychodynamic therapies may be outcomes within themselves or may serve to mediate client change (Barber, Muran, McCarthy & Keefe, 2013). In order to frame the experience of dramatherapy, it is of interest to identify and explore the 'core change processes' as they occur in dramatherapy. Dramatherapy change processes are defined within the study as the key therapeutic factors present within dramatherapy, as derived from the specific dramatherapeutic techniques adopted, that ultimately lead to change.

Therapeutic factors

Jones (1996) proposed nine 'core therapeutic factors' that he hypothesised could apply across all dramatherapy approaches. These include dramatic projection, drama therapeutic empathy and distancing, role playing and personification, interactive audience and witnessing, embodiment (using the body alone to express feelings), playing, life-drama connection and transformation. In defining these nine core 'therapeutic factors' Jones

attempted to offer a unified understanding of theory as it links to dramatherapy practice across client populations and practitioners. An analysis of clinical vignettes describing therapist's experiences of using dramatherapeutic methods indicated that dramatherapists were using these core processes as a guide in their work; and that they served as a framework and provided a language through which to communicate dramatherapy practice (Jones, 2008).

A grounded theory analysis of clinical descriptions of dramatherapy practice published in the literature identified five meta-processes important to dramatherapy practice Cassidy et al. (2014). These included '*working in the here and now*', therapists' '*working alongside*' their clients, therapists' helping to '*establish safety*' through their choice of dramatherapeutic techniques, therapists offering their clients '*control and choice*' by offering them the opportunity to take the lead and use their own ideas and finally, therapists and clients alike being '*actively involved*' in the session. It was proposed that these meta-processes are central to facilitating change and underlie Jones (1996) nine core processes.

In order to further understand the change processes involved in dramatherapy, Armstrong et al. (2016) explored two of Jones' nine core processes, dramatic projection and embodiment. Utilising film segments and transcripts of the film *Three Approaches to Drama Therapy* (Landy, 2005), Armstrong and her colleagues analysed the therapy sessions depicted. The team of dramatherapists concluded that these core processes could be objectively identified and defined suggesting that they were consistent across different forms of dramatherapy. Armstrong et al. (2016) also highlighted the role of 'experiencing' in dramatherapy and the importance this plays in making therapy more effective. The use of dramatic projection (animation of the dramatic material) and dramatic embodiment (the heightened or altered use of the body specifically) can help to create a safe distance whereby a client may be more likely to access a higher level of 'experiencing' in therapy (Armstrong et al. 2016).

Dent-Brown and Wang (2006) utilised a grounded theory approach in order to explore client's reflections on the stories they created using a 6 part story method. This is a projective technique whereby a client is given specific instructions to create a new fictional story. It was suggested that some clients may have been using the story as a distraction to avoid anxiety or as a way to ward off unwanted material. The most frequent function of the story was its use to construct understanding. Dent-Brown suggested that the 6 part story method may have been important in the 'reorganisation of existing knowledge' as opposed to the development of new information.

The current literature is limited in the exploration of the proposed core therapeutic factors and their recognition within therapy as important agents for change. It is important for therapists to understand the processes experienced by the client as a way of enhancing empathy, collaboration and attunement. Few studies with the exception of Casson (2001) and Dent-Brown (2006), incorporate the perspectives of the client and what they perceived to be integral to the changes they observed. Hayward and Fuller (2010) stated that the inclusion of service user perspectives in qualitative research may "offer novel findings regarding the ingredients and process of therapy."

This study aims to explore the possible 'core therapeutic factors' or 'processes' experienced by therapists and clients in dramatherapy and to identify potential processes that are important for change across dramatherapy approaches.

Method

Reflexivity

In line with a social constructionist approach to grounded theory, it was acknowledged that both the researchers and participants interpret meanings and actions and that this can impact on how the theory is developed. Consideration was given to how these theories emerged by

recognising personal assumptions. The researcher is a qualified dramatherapist and a trainee Clinical Psychologist, therefore she has personal experience of facilitating dramatherapy sessions and knowledge of theory about therapy processes. In order to dissipate any influences, the researcher engaged in an audio recorded interview with her co-author ST. This provided an opportunity for the researcher to reflect upon her own experiences and beliefs about dramatherapy. In making these explicit prior to the interviews, the researcher had a heightened awareness which helped her to avoid causing any unintentional bias towards particular topics. A reflective diary was also completed throughout the research period and regular supervision was provided. At each stage the emerging theory was checked against the original interview to ensure that it did not become speculation and remained grounded in the original data.

Ethical considerations

Ethical approval was granted by the Local National Health Service Research Ethics Committee (REC ref no. 12/WS0198). Participants were given information sheets to read through prior to meeting with the interviewer and contact information was given so that participants could find out more information about the study. Written informed consent was obtained from each participant by the researcher.

Participants

A total of 14 participants were recruited to the study; seven therapists and seven clients. Dramatherapists recruited to the study were registered with the Health and Care Professions Council (HCPC). The HCPC is a British regulatory body that sets out guidelines for health, psychological and social work professionals in the United Kingdom. These

guidelines ensure that practitioners are working ethically and safely and in accordance with the standards set out by their own profession. Dramatherapists also had to have at least one year's clinical experience and had to currently be using dramatherapy in their practice or within the past two years. Clients recruited to the study had to have attended at least eight dramatherapy sessions within the last year. Participants had to have been referred to the dramatherapy service with a psychological difficulty and be aged 16 or over. Dramatherapists were recruited through an advert in the British Association of Dramatherapists website <http://badth.org.uk/> and through the public online register of dramatherapists. Dramatherapy clients were recruited through four of the dramatherapists. Clients were informed that they were under no obligation to take part, that their participation or non-participation would have no impact on their therapy and that if they were to take part they could leave the study at any time. Therapeutic techniques adopted by the therapists are described in Table one. These represent a cross section of approaches used in the field. These techniques are described more fully by the therapists themselves throughout the paper. Participant characteristics are displayed in Tables one and two. Pseudonyms are used to protect participants' identities.

Table 1: Dramatherapist Characteristics

Dramatherapist	Years spent facilitating Dramatherapy sessions	Client group	Group/ Individual	Place of work	Techniques and methods used
Karen	More than 5 years	Young people below 16 years with mild to moderate mental health problems	Individual	NHS community mental health team	Role play and role reversal, chair work, mirroring and use of symbolic representations
Justine *	Less than 5 years	Adults with severe and enduring mental health problems	Both	Charity funded mental health service	Story and ritual. Embodying roles, use of metaphor and voice work. Reflection.
Louise *	Less than 5 years	Adults and young people with severe and enduring mental health problems	Both	Charity funded mental health service	Sand tray work. Use of objects to represent people/feeling. Play.
David *	More than 5 years	Adults with mild, moderate and severe	Both	Charity funded	Use of play and games. Story

		mental health problems		mental health service	enactments and character work.
Joan*	More than 5 years	Adults with mild to moderate mental health and behavioural problems	Both	Charity funded mental health service	Role play and embodying roles. Use of symbol. Drawing and creating art. Movement and use of the body and witnessing.
Andrew	More than 5 years	Adults with severe and enduring mental health problems	Group	NHS adult mental health service and private practice	Use of objects. Role play and story. Reflection.
Angela	More than 5 years	Young people with mental health problems and family drug and alcohol use	Individual	Charity funded service for young adults with family drug abuse problems	Movement and use of the body through games, rituals and role play. Sound and voice work. Use of objects & metaphors

* Dramatherapy clients recruited from these therapists

Table 2: Client Characteristics

Client	Gender	Age	Length of time in Dramatherapy	Currently attending therapy sessions	Group or individual Dramatherapy sessions	Reason for referral
Monica	Female	40- 50	15 years	yes	Individual & Group	Severe depression and anxiety
Ros	Female	40-50	5 months	yes	Group	Bi polar disorder
Mike	Male	30-40	6 years/separate group 6 months	yes	Individual & Group	Alcohol addiction, anxiety and low mood
Kelly	Female	40-50	5 years	yes	Group	History of abuse and psychosis
Sophie	Female	30-40	4 years	yes	Group	Severe depression
Chris	Male	50-60	2 years	yes	Individual & Group	History of abuse and bi polar disorder
Anna	Female	30-40	3 months	yes	Group	Obsessive compulsive disorder & substance misuse

Table 3: Interview schedule for dramatherapists

Question	Prompt
1.How would you describe Dramatherapy?	Do you find it easy or difficult to describe? Why do you think that is? Anything more to add?
2.What do you do as a Dramatherapist?	What techniques and processes do you use most? Do you run groups or individual sessions? Are there any parts that you find challenging? Is the experience of facilitating sessions with different client groups different?
3.What do you think is most helpful about the sessions for the clients who attend?	Are there any examples you can use to illustrate this? In what way was the technique/process/experience helpful? Did it relate to any goals that were set for therapy?

Table 4: Interview schedule for clients

Question	Prompts
1. How would you describe Dramatherapy?	Do you find it easy or difficult to describe? Why do you think this is? Anything more to add?
2. What sorts of things do you do in your Dramatherapy sessions?	What types of things do you do most? Are you part of a group or do you have individual sessions? Are there any parts that you find challenging? Are there parts that you enjoy about the sessions or parts that you don't enjoy? Why do you think that is? Any examples?
3. What do you think is the most helpful thing that you get from your sessions?	Can you tell me more about this? Is there anything that is different now from when you first started coming to Dramatherapy? Did you know what you wanted help with?

The interviews

The interview schedule (see Table three and four) was developed with the research supervisors (ST & AG) and was not formally structured. The questions, such as ‘can you tell me about your dramatherapy sessions?, what did you find helpful or unhelpful?’ were used as prompts to facilitate an open and flexible discussion. The interviewer chose a limited number of questions to provide a platform to open up discussion. Prompts were used as a way of fully exploring participant’s discourse.

Table 5: An excerpt from a memo used to develop a higher order code

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

Table 6: An excerpt from a memo used to develop a higher order code

Development of category: Working within a safe distance
<p>There seemed to be an understanding among clients and therapists that the ability to connect with something (themes or ideas) that related to difficulties without addressing them head on was helpful. This seemed to allow a <i>way in</i> for clients and then it also allowed them/made it easier for them to <i>stay</i> there, to stick with an idea. The therapist seemed to really value this as a way for clients to remain longer with their difficulty – whether they were making direct links to real life things or not. Therapists used reflective space to help clients to think about their work but did not push them into making connections if they were not getting there on their own. Therapists respected the idea of the <i>safety</i> that had been created for a client through the use of the techniques chosen. Clients were keen to talk about <i>liking</i> this way of working as they much preferred this to discussion about labels (diagnosis) and symptoms. Clients appreciated that this was a different way of working than experiences they had in the past with other types of therapies or with doctors and psychiatrists. Some clients felt excited to see where there story was going to go and wanted to share it. Clients knew they didn’t have to say the words ‘depression’ but could talk in an indirect way about e.g. the blue lizard (depression) who followed me to the group today.</p>

In line with a grounded theory approach, the researcher did not stick rigidly to the interview schedule but instead questions were reordered and new questions added or removed dependent on the emerging themes. The length of interviews ranged from 35 to 110 min. Questions raised in the first seven interviews with therapists were used to guide the remaining seven interviews with clients. This involved more follow-up questions being asked of participants in addition to the standard questions. The final two interviews consisted of more

confirmatory questions in which participants were invited to reflect specifically on experiences relevant to categories already derived. By interview 10 (7 therapists and 3 clients) saturation had been reached. Interviewing both therapists and clients allowed for a balanced understanding of the therapeutic experience.

Constructivist Grounded Theory

Grounded Theory Procedure

A grounded theory method was used. Grounded theory has its origins in the works of Glaser and Strauss (1965, 1967) and is now a family of methods (Bryant & Charmaz, 2007). Utilising grounded theory methods for data analysis emphasises the importance of developing new, context-specific theories from the data, rather than deriving from existing theoretical concepts. Adopting a social constructionist approach (Bryant 2002; Charmaz, 2006) allows for an acknowledgement and appreciation of the researcher as an active agent in meaning making and theory development. In this sense, theory is not discovered within the data, rather it develops as a co-construction arising from the unfolding interactions between participants and the researcher. The clients and the therapists' individual experiences of dramatherapy were collected and these were integrated to develop collective interpretations of the processes central to bringing about change.

Analysis

During transcription of the interview data, memos concerning coding ideas were recorded and discussed with the other authors. Three examples of memos can be found in Table five, six and seven. At this point a list of ideas of concepts had been developed. These concepts were discussed with AG and ST. These provided some suggestion as to the later themes. Open coding was used initially on the data (Glaser & Strauss 1967). An example of line by line coding can be found in Table eight, nine and ten. Line by line coding allowed the

researcher to link lower level concepts to higher level concepts. Constant comparative methods (Glaser & Strauss, 1967) were used, throughout every stage of analysis. This allowed the researcher to link back to previous memos and concepts in order to understand the concepts more fully. A theoretical sampling approach (Glaser & Strauss, 1967) was followed whereby the research was conducted in stages. This meant that new data sources were used to confirm constructed data and to explore further developing themes. The first author carried out all of the interviews and transcribed each one. Theoretical insights and reflections were recorded in memos after each interview (Charmaz, 2006) (Tables 5-7: An excerpt from 3 memos used to develop a higher order code, Tables 8-10: Samples of a coded transcript).

Results

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

Relationship with therapist

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

Table 7: An excerpt from a memo used to develop a higher order code

Development of category: Physically experiencing
<p>Many of the clients were keen to talk about the active things they had been doing. There seem to be a sense of pride that they were now able to get up and physically take part in the sessions. For some clients they spoke about feeling embarrassed and shy and they didn't want take part in the physical activities where they had to e.g. pretend to walk on different surfaces such as hot stones or marshmallows. There was a growth in confidence and a sense of achievement once this was mastered. Clients found it funny to talk about. It was difficult for them to explain it to me, how it worked and how it helped. Some clients saw clear benefits in terms of body confidence. They didn't mind having other people look at their body now and seemed to have taken some ownership over it and appreciated using it in therapy. Other clients enjoyed getting into a role by using their body to show that someone was sad or angry. They noticed this could change how they felt, if they took on the role of an angry person. They connected with the emotions and could tell the group about how it reminded them of their own anger. Others felt sad as they didn't know how to feel happiness in their body. That created interesting discussions. Therapists were able to make observations to clients about the way they used their bodies, if they felt this would be helpful for a client. This could be a useful opening and a concrete way of talking about more abstract concepts.</p>

Table 8: Sample of a coded transcript: Therapist David

Line no.	Text	Line by line code	Higher order code
671 672 673 674	I don't get angry, I don't like conflict, I live a restricted life and people walk over me and I don't complain. So we create a role of somebody that complains, bossy auntie. I've had a client play Margaret Thatcher.	Understanding self Presenting self Experimenting Exploring roles	Trying out new ways of being
678 679 680	...there's something about just in the doing of getting up and holding onto things, objects or getting up out of your seat and sitting somewhere different	Noticing Using the body Moving around	Physically experiencing

Table 9: Sample of a coded transcript: Client Monica

Line no.	Text	Line by line code	Higher order code
184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199	As a character, S noticed very early on that I took on the persona of a toddler.. Ah did she and did she reflect that back to you? Yeah, And were you surprised that you chose that? No its a character that's come up before. Yeah the inner toddler, I had a little rag doll and.. how does it feel when you take on that role? Slightly weird and slightly good at the same time... so that's a character you feel drawn too? Yeah. Here's a supposedly grown woman, certainly past 40 throwing tantrums... Outside it would be like what the ...what is that about? What's it like when you are actually playing the toddler? You probably won't know, but dad died when I was a tot, so in a way it's trying to repair that damage. Dad had been ill for a lot of the time when I was a one to two year old. He died; I was 2 years and a month when he died. So it's all the stuff about that. Yeah so I'm reconnecting to that toddler. Yeah the toddler that could've been....just ... It	Being noticed Choosing a persona Reflecting Taking on a role Feeling strange Feeling a mixture Experimenting Being allowed to be Connecting to real life Reflecting on real life Making connections Making connections Making connections New awareness	Trying out new ways of being Physically experiencing Being allowed to play New awareness

200 201 202 203 204 205 206	must bring up a lot of emotion... Yeah it does, but there are some things that are freeing about it as well....that the lil tot was frozen at that age and is now starting to defrost and grow up. That's very powerful...and that's something you can work on in the group when you want to? Yeah I can weave it in and out...and we were discussing parts of our selves today...parts we have developed...	Reflecting New awareness New awareness Making choices Reflecting	Working within a safe space
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Many of the therapists understood the value of ‘being another human alongside the client’ and providing them with a ‘shared experience’. Therefore, the ‘therapeutic relationship’ acts as an over arching theme within which the core themes and process sit. By focusing on core processes unique to dramatherapy, it is intended that the analysis will further elaborate on the components of the therapeutic relationship and the role that they serve in bringing about change in dramatherapy.

Core themes and processes involved in change experienced by both dramatherapists and clients.

Three core dramatherapy change processes were constructed from the data: ‘working within a safe distance’; ‘being allowed and allowing self to play and try out different ways of being’; and ‘being actively involved in therapy: creating something visible and having physical experiences using the body’. The core process that underpinned change was the opportunity that clients have to work within a ‘distanced medium’. This core category also influenced the degree to which clients engaged in the other core processes identified.

Core process 1: Both therapists and clients experienced a difference when clients were offered the opportunity to work within a safe distance in comparison to working directly with their own material. There was a benefit to clients being allowed to stay within the distanced medium in terms of facilitating change.

Table 10: Sample of a coded transcript: Therapist Joan

Line no.	Text	Line by line code	Higher order code
402	<p>So you were using objects aswell? Yeah, we used all that stuff too, dressing stuff and he worked with this image of him being a super hero which was essentially good but also he had the very dark side that he developed. So again, he was making these stories up, fighting off badies. That's so symbolic isn't it? Yes and I wasn't allowed to join any of that, that was his thing. I was allowed to narrate it. Again that continued over a period of time until he did eventually allow me to become part of the action and the drama. Often he would put me in role as someone who helped people, so I was this character who would come in and either I would be his side kick or someone who would try to make things ok or that rescued people from bad place, when he needed someone to come in a help save people.</p>		
403		Working through imagery	Working within a safe distance
404		Trying out characters	Being allowed to try out a different way of being
405		New way of being	
406		Making up stories	
407		Making choices	
408		Taking control	
409		Sticking with it	
410		Developing r'ship	
411		Working with roles	Working with a safe distance
412		Developing story	
413		Making choices	
414		Developing stories	Being allowed to try out new way of being
415		Working through the story	
416			
417			
418			

Working within a safe distance was defined from the analysis as the ways in which the dramatherapeutic tools provided a way of distancing clients from difficult material in order that they could explore it indirectly. Both therapists and clients described the value in working in this way. Working within a distanced medium 'allowed' clients to 'play' and be playful and to 'try out different ways of being'. It allowed them to engage in the therapy process by 'actively creating' physical representations of thoughts or feelings using objects or materials and to have 'physical experiences' using their body to explore roles, movement or sound. Subthemes arising from this core category were: dictating the degree of distance: therapists and tools; and dictating the degree of distance: clients.

Core process 1, subcategory A: Therapists and clients appreciated that the degree of distance within which a client worked was dictated by the therapist and the techniques they used with a client: The therapist negotiated the degree of distance a client required. All of the therapists described using 'projective' techniques with their clients. As part of their initial assessment, therapists will ascertain the age of a client and information about their mental health difficulty. Therapists observed that those clients with more severe and enduring

mental health problems and younger clients may have felt overwhelmed by direct work. Direct work might involve a client being asked to e.g. create a dramatic representation of a real life event that has happened. Instead, the projective techniques offered clients a safe distance within which to work. These were deemed to be appropriate for use with all clients. Projective techniques included the use of objects to project the self or beliefs onto e.g. a plant may be used to take on the persona of a client's anger. The anger is now external to the client allowing for a new interaction with it. These techniques could be relied upon to allow the client to remain within a safe distance for as long as they needed to be:

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

Although many of the techniques involved in dramatherapy have the aim of providing a safe distance, some can be relied upon to ensure that this happens more readily than others. Therefore, client's individual factors, played a role in deciding which techniques to use and when, based on the degree of distancing a client required.

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

Sometimes a client might find it too difficult to embody...children, young people tend to go straight into using the body whereas others who may be more poorly, might find it too real. Some people have that blurring of what is real and what's not, I might be more cautious about using that with them. (Louise, therapist, 82-85)

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

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

Core process 1, subcategory B: Both therapists and clients recognised that the client also had the opportunity to dictate the degree of distance in which they worked. They could continue to work within a safe distance from their own material or move into a direct way of working: Once they had accessed thoughts or emotions using a technique that offered distance, clients were given a choice. Clients could either make direct links to their external world and leave the drama medium or they could choose to stay within the medium and communicate through the drama. Karen described how offering the client the opportunity to work in a distanced way, allowed the client to communicate how they were feeling. The client was then able to make direct links to their external world by linking the colour of the material to an emotion:

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

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

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

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

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

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

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

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

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

Core process 2: Both therapists and clients experienced a sense of 'enablement' where clients were allowed the opportunity to play and try out a different way of being in therapy. They also recognised the importance of clients giving themselves the permission to play and try out new ways of being to facilitate change.

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

Core process 2, subcategory A: Therapists and clients recognised that offering the opportunity to clients to play was central to facilitating change. However, it was of equal importance that client's allowed themselves to engage in the play.

Many of the therapists described how the therapy space was set up as a play space from the very beginning:

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

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

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

Mike stated that:

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

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

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

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

Core process 2, subcategory B: Therapists and clients recognised the importance of allowing clients the opportunity to try out a different way of being. It was also of equal importance that the client allowed themselves to engage with the idea of trying out a different way of being. This was defined as the client being given the opportunity to be playful in order that they could try out an alternative way of behaving, feeling or thinking. The client was 'allowed' to experiment and play around with roles that may be seen as 'unusual' outside of therapy e.g. the monster, the dictator, the lost child.

..you talked to each other as yourselves? As a character, she (the dramatherapist) noticed very early on that I took on the persona of a toddler.[...] **so that's a character you feel drawn too?** yeah the toddler..I had a little rag doll. **How does it feel when you take on that role?** Slightly weird and slightly good at the same time. (*Yeah?*) Here's a supposedly grown woman, certainly past 40, throwing tantrums [...] outside (outside of the dramatherapy session) it would be like what the....what is that about...(Monica, client, 184 – 206)

As there was a sense of 'allowance' among both therapists and clients, there was an understanding that clients would not be judged for their choices. Justine stated that:

.... a lot of the clients who come here have been coming for some time so there is a safety and trust and they do try out different ways of being, there's a learned politeness and a sense of people strongly identifying with their polite and respectable sense of self out there. I think in here there is a sense that they can bring something different and it be witnessed and umm they not be persecuted for it. Just thinking last week, if a person can take on the role of a monster and give it a sound even and that will be appreciated or the very least others won't annihilate the monster. (Justine, therapist, 289-303)

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

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

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

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

Core process 3: Therapists and clients experienced the importance of becoming actively involved in therapy, a process that seemed to have a role in facilitating change. Active involvement included the opportunity to have a physical experience in therapy using the body. It also involved being able to actively create something that was visible.

These were the ways in which the dramatherapeutic techniques offered the clients an opportunity to become 'actively' involved in their therapy offering the clients an 'active and physical experience' that allowed them to engage in a way that offered a deeper connection with their own material. Physical experiences could include embodying a role, using the body

in movement activities or creating a sculpt using the body. Many of the clients described emotions ‘springing’ up when they were engaged in physical experiences. Clients also had the opportunity to ‘actively create’ something that they could hold and look at or that was a visible representation of something. This could include a sculpt using various objects or materials or using the body.

Core process 3, subcategory A: Having a physical experience in therapy. Kelly described accessing some of the strong emotion that she felt during a technique where she was invited to use her body to express her emotion:

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

Kelly described ‘amazing herself’, indicating that physically engaging with her anger allowed her an insight into the strength of the anger. It also seemed to offer insight into whom the anger was directed. The physical experience, and the distance from the underlying reasons, offered Kelly a way in to fully engage with her anger, offering her new insights. Many of the therapists also described the positive effects of using the body in therapy and highlight how this allowed the client to connect with those emotions, offering insight and a way to express them to others. Justine observed the way that one client moved and held their body. She could see that the client was focusing on psychosomatic symptoms that were ‘easier’ to talk about instead of confronting the emotions that were being held there. She observed that working with the body allowed some of these emotions to shift and change and be named resulting in the client having a different relationship with their body. This was observed in the way the client now held their body and the move away from a focus on ‘physical symptoms’:

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

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

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

Core process 3, subcategory B: Actively creating something visible in therapy. Chris described how engaging in an activity where he had to choose to place himself anywhere in the room offered a visual representation and insight into his and the rest of the groups feelings about a conflict that had happened in a session:

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

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

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

In both examples, it seemed that the clients had used either their bodies or objects to actively create something that the therapist could look at. The therapist was then prompted to wonder about what the client was communicating. This *active creating* may not have been a conscious act but instead allowed some insight into the client's inner world.

Mechanisms of change

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

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

Karen, described providing a reflective space for a client by sitting with her and listening to what she was saying. She then reflected back to the client, using her own body as a sculpt, in order to help to develop the client's awareness. By using her own body to represent the feelings of the client, she allowed the client to be at a safe distance from these feelings. The client was given an opportunity to look on at her own situation in a new way and see it from a different perspective.

So I (therapist) was talking with her (client) about these things while also using my self as a mildly, what's the word...as a sculpt in showing her here is one part of you that might be feeling a lot and here's the other part of you that's getting on with life as if nothing is happening. (*Yeah*) That was my experience of her in a session so I just showed her physically what my experience of sitting with her was so she could see how I'd seen her and it was really mild, it was really mild thing to do. **How did that look when you say physically?** So I was sitting in the chair. I made sure I was sitting close to her in the session because actually when I'm behind the table she backs off so I tested out how

she'd go with me sitting closer to her, I think she was a bit (showed the author a backing off gesture) to begin with umm but she really connected to what I was saying and she welled up as it felt like the feelings were really connected with. (*Mhm*) So when I was physically showing her I used my arms and instead of making that bit bigger just said ok so over here...and created a space..and I could see her watching me..but also watching what I was doing so there was a physical realness of that for her. (Karen, therapist, 228 -252)

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

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

Communication did not need to be with another person. Instead, a client may have found a new way to communicate with a difficulty, therefore, changing the relationship with the problem.

..he (therapist) said if you have anything you want to put in the invisible box at the end you can. What was playing on our minds was we had to put it in the box and when its in there it stays there and no one else can get at it. And I felt it was odd at first but then I felt it really helped. **Can you put into words why it helped?** Yeah because if you're thinking something on your mind for about a week. And then you go to the Dramatherapy and when you've done what you're doing in the Dramatherapy and team work, role play and in the end if there is something that you're still not too sure about and you don't really want to say you just think about it and then you put it in the box and you stop thinking about it, its not bothering you because its in that box. I know it sounds silly but its good. (Mike, client, 143 -151)

Participant feedback

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

feedback was also sought from clients. Four out of seven clients were approached as one client had been discharged from therapy and the therapists felt that it would not be appropriate to contact them now that a therapeutic ending had taken place. Two clients felt that they did not have time to provide any feedback. Dramatherapists explained the main findings to those clients who had consented to taking part in a feedback session. The therapists then fed back any comments to the authors. All participants were in agreement and reported that they understood and identified with the dramatherapy change processes. Two of the participants reiterated the importance of ‘being allowed to play’ as this gave them the opportunity to express themselves and explore how they were feeling. Three participants agreed that ‘working within a safe distance’ i.e. not being asked directly about diagnosis or symptoms was the most important factor as it meant they were not afraid to come to dramatherapy because they could explore their difficulties in a less threatening way. One participant stated that ‘being whoever or whatever’ they wanted to be was the most important thing as it taught them that ‘anything was possible’ and that they ‘had it in them to be different.’

Discussion

This study provides a unique contribution because it has generated a consensus across therapists and clients as to how they conceptualize the processes involved in change within dramatherapy. In order to explore both client and therapist perceptions an approximately even divide between quotes is recommended Hayward and Fuller (2010). This paper includes 11 quotes from clients and 12 quotes from therapists. Although general questions were asked about what happens in a dramatherapy session and what is helpful or unhelpful for clients, the theoretical model was constructed from the inductive analysis of data on the therapists’ and clients’ reports of creating and experiencing change rather than from leading questions. These

findings go beyond an explication of any one dramatherapy model or approach to identify common therapist intentionalities and client experiences across dramatherapy sessions.

The theme of developing a positive relationship with the therapist was identified by all clients as important and this was pertinent for both therapists and clients. Research exploring the therapeutic alliance is now focused on exploring the multidimensional nature of the relationship between client and therapist and the many possible points of negotiation that serve to strengthen or weaken a relationship Lambert (2013). It is, therefore, acknowledged that the therapeutic relationship may have played an important role in the ways in which therapists and clients interacted with the other themes identified. In order for clients to feel safe enough to engage in direct work or to allow themselves to play, a positive relationship between client and therapist would need to exist. The therapeutic alliance is a crucial element central to all therapeutic approaches (Horvath, 2000) and has been found to account for up to 30% of the variation in client outcome (Lambert, 2001). Therapeutic alliance is the most studied and verified factor across treatments that is related to outcomes (Laska, 2014). This is acknowledged, but not discussed further within this research paper. Instead, the findings focused on pertinent themes that were constructed relating to the specific processes involved in change within a *dramatherapy* context.

The core themes that emerged suggest that therapy follows a particular story. Both clients and therapists are co-creating the plot line together. The story begins with the therapists using the dramatherapeutic techniques as a way to engage their clients indirectly with their own material. The clients are ‘contained’ within the *safety of working in a distanced way* and are not under threat of becoming overwhelmed. The therapist then encourages the clients to play with the techniques and their own ideas. Clients *allow* themselves to *play*. Through play clients *try out new ways of being* experimenting and detaching from the constraints placed on them in their life outside of therapy. As they do so,

they become more and more *active* within the dramatherapy session. *Using their body* to engage with their emotions, they participate in movement exercises and embody roles. They are guided and encouraged to move into action, *creating visual representations* of emotions, situations and people. The therapeutic value of some of these core themes have previously been described in the literature.

Working within a 'safe' distance:

Jones (2006) identified *dramatherapeutic empathy and distancing* as one of the nine core processes within Dramatherapy. Casson (2001) and Armstrong et al. (2016) also suggested that 'distancing' was central to facilitating change. This study lends empirical support to these findings. The concept of 'distancing' in therapy first arose in Scheff's (1979) theory of catharsis and distancing. When a balance of 'aesthetic distance' is achieved a process of catharsis can occur. 'Aesthetic distance' describes the process whereby a client can experience the emotions involved in playing a character or reading a story while remaining within the safe parameters of it being fictional piece. This is a way of acknowledging and experiencing strong feelings without becoming overwhelmed by them. This process is called catharsis. Within this analysis clients described achieving this to varying degrees. Landy (1983) developed a conceptual framework of 'distancing theory' and later a particular focus on the 'dramatic role' method of therapy. The aim of his approach was to integrate roles of oneself to readdress the balance of tensions that may exist between these roles. Some clients described finding value in making direct links with their material and the ability to relive emotions without distress. Others, described the safety of wanting to remain distanced. It seemed to be important that clients were able to stay distanced if that is what they needed as breaking out of this mode prematurely caused barriers to engagement. The therapist chose techniques based on the distancing they perceived a client required. Landy (1997) highlights the responsibility of the dramatherapist in understanding how to use distancing as an

intervention tool by manipulating it to inform the choice of techniques and to establish goals which will depend on how closely a client is able to work with their own material directly.

Playing and trying out new ways of being

The comments made by clients reflected that many relished the opportunity to act out of character and to break ‘social norms’ by engaging in spontaneous playful acts. The use of play out side and within dramatherapy is well documented in the literature. Considering the writings of Jones and Winnicott allows for a consideration of how play can lead on to ‘trying out new ways of being.’ Jones (2006) identified play and playing as one of the nine core processes within dramatherapy. Furthermore, Winnicott (1964) described the potential that ‘playing’ has for human development. In his theory of playing and creativity, he noted the importance of playing in shaping our imagination and offering an opportunity to ‘shape the external world without the experience of compliance, climax, or too much anxiety’. Therefore, playing offers a space for the individual to test out boundaries, to *try out new ways of being*, to be spontaneous. Winnicott theorized that playing cannot occur if there is pressure to be consistent, to make sense, or to live up to some kind of expectations. Winnicott also described play as a ‘creative reaching out’ and the search for the self. However, he described the essential need for play to be ‘accepted’ in order for this exploration to be successful. This was illustrated through the theme of *allowance* that emerged from the therapist data. Clients felt that they were *allowed* to play, indicating that the play was accepted by the therapist and others in the group.

Becoming actively involved in therapy through physical experiences using the body and producing visible creations

A number of dramatherapy approaches have incorporated the use of the body into their models offering the client an opportunity for a ‘physical experience’. An important

element of Johnson's (1992) theory of Developmental Transformations (DvT) is based on the client's ability to engage in 'free play'. Within this DvT theory, a large part of the play is focused on embodiment, bringing the body into the play space using actions, roles, movements, sounds and gesture. Jones (1996) identified 'embodiment' as one of the 9 core processes in dramatherapy. Armstrong et al. (2016) utilised the Experiencing Scale (EXP; Klein et al 1969) to describe the 'experiencing level' of clients when engaged in dramatic projection and dramatic embodiment. The results suggested that when clients are engaged in dramatic embodiment this may bring about "sustained expression and processing". The EXP relied on clients being able to articulate their connections and insights. However, in dramatherapy sessions, insights may be processed and expressed through play, movements and *active creations*. However, there is little writing on the role of *active creations* within dramatherapy. Active creations are offerings that represent something about a client's internal world. A client may not be able or may not wish to describe their feelings about a situation, instead they may be able to enter into a *process* of 'actively creating' something using their own body or objects. This process may evolve naturally through play or a movement activity where no specific instructions have been given. This physical offering is a representation that can be reflected upon by both the client and therapist alike. Within this analysis, therapists recognised the benefits of helping a client to see a visual representation of an emotion or situation. Similarly clients identified that creating visual representations using objects or materials made things more 'real'. It also helped develop their new awareness and provided a language through which they could communicate.

Mechanisms of change

The Grounded Theory analysis had the aim of identifying the core processes involved in change. However, the analysis also provided insight into the ways in which these processes

may bring about change. Two key mechanisms of change were identified: ‘Developing a new awareness’ and ‘A language through which to communicate to self and others’.

Developing a new awareness

Many therapists reported that it is their intention, through the safe therapeutic relationship and dramatherapeutic techniques, to provide a reflective space where clients can bring their attention to hidden aspects of themselves or difficult experiences that are otherwise too painful to consider in normal life. Clients described the effects of working through a distanced medium to develop new awareness. They reported it as an experience where feelings were ‘springing up’ and where ‘things will come up you don’t expect’. This echoes the findings from Dent-Brown’s (1996) grounded theory study where he reported that client’s described a similar experience of having nothing to begin the story with and then unexpected things being evoked and a story evolving. Clients’ difficult experiences can be beneath their awareness or they will actively choose to avoid thinking about them. Body work, where there is an opportunity to connect to the emotion through physical exercises such as shouting or stamping, or embodying a role helps clients to become attuned to their physical and emotional self. Role as a concept applies to the whole range of human experiences through body and sensorium, mind and emotion, intuition and spirit (Landy, 2003). This allows experiences and fantasies to unfold, connections to be made and a move into new awareness. Communication with self and communication with others can then follow. The development of new awareness in therapy is thought to be a central indicator of client growth (Levitt, Butler & Travis, 2006). Rennie (1992) found that the process of ‘reflexive self examination’ was a core element of psychotherapy.

A language through which to communicate to self and others

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

Material outside of awareness is transformed through the dramatherapy medium. It is transformed into drama, a role, a playful act or a metaphor. All of which communicate something from within. New insights can stay here within the creative process until the client is ready to make links to the external world. Damasio (1999) argues that ‘our first impetus to *story an experience* is the awareness of an inner bodily feeling’. This new awareness does not need to be verbalised, it can be evoked and subsequently communicated through movement, gesture or sounds. Alternatively, if the client is able, new awareness can be discussed with the therapist and/or the group. The client can use the story they created or the characters they became, to talk *through*, providing them with a *language* and a *narrative* for discussion. Dent-Brown (2006) suggested that the use of the 6 part story method may have allowed clients to represent an ‘unwanted voice’ through their stories. Developing a narrative through which to tell an emotionally charged story, that links to a client’s own experiences, is thought to be central to the process of change in therapy (Angus & McLeod, 2004). The opportunity to develop new awareness and a language through which to communicate is not unique to dramatherapy. However, the combination of the use of dramatherapeutic tools and techniques allows a client the freedom to choose their own unique journey through therapy. For example, it may be that dramatic embodiment allows clients to become more aware of their “bodily –felt sense” (Armstrong et al., 2016). Some clients will explore their difficulties from a safe distance, others will make real life connections. Some clients will communicate

using story, objects or sculpts, others will use their body to understand their problem and will share something of themselves.

Strengths and limitations

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

Limitations identified included a lack of diversity within the participant samples. All of the therapists and clients were of white British nationality with the exception of one therapist who was from outside the UK. The feedback provided from the clients was done so through the therapist. This may have served to influence the information provided.

Clinical and research implications

The themes generated provide insight into the ways that dramatherapy can facilitate change in a client. The study found that the procedures used in dramatherapy and the processes that were considered important for change in dramatherapy by therapists and clients alike were focused towards developing new awareness and increased insight into self, others and illness rather than targeted towards problem specific symptom reduction. This has implications for improved reflective and interpersonal functioning and affect regulation. Improved reflective functioning can serve to increase a client’s ability to engage in mind-mindedness. This is defined as the ability to see ourselves as others see us and facilitates an understanding that all of our experiences are filtered through our own perceptions and are therefore provisional (Holmes, 2008). It is thought that an inability to engage in mind-mindedness can lead to significant difficulties navigating negative emotional situations.

These findings, therefore, provide guidance for dramatherapists in terms of their aims and goals for therapy when working across client groups. This in turn has implications in terms of *outcomes* for clients groups and how these are perceived by both clients and potential employers or stakeholders. A focus on developing new awareness and increased insight into self are important outcomes for therapy and need to be clearly communicated as such.

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