

Analysis of three approaches in dramatherapy

(overview essay)

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Abstract: *The article presents an analysis of three approaches in dramatherapy: role theory, psychodrama and developmental transformations. Particular approaches were selected regarding their central position and long tradition among dramatherapeutic schools of thought in the North American and European context, especially at New York University. The analysis was based on comparing and contrasting theoretical background theories of these approaches, their methods and effective factors. Data was collected from literature, research videos of Three approaches in Drama Therapy, as well as personal experience of the author with these approaches as a participant and co-therapist in training. Common factors of change are found and analysed from the perspective of core principles of dramatherapy.*

Key words: *dramatherapy, role theory, psychodrama, developmental transformations, core processes of dramatherapy*

1 Introduction

Dramatherapy is according to Jennings (1988) understood as a group process, which explores relationships between group members through various levels of metaphor. According to Pitruzzella (2004), it is a form of dramatic art that is focused on strengthening of the health and wellbeing. Dramatherapy does so through directed exploration on stage, where people have opportunities to explore different ways of being in the world and of relating to other people. Dramatherapy creates space for a dramatic reality. Grainger (1997 as cited in Pitruzzella, 2004) described dramatherapy as a special and safe reality, in which people can experiment. Elements that construct this

reality are a play, a narrative and a role. Landy (1994, 2008) similarly talked about the role and the story as the main components of dramatherapeutic work.

Valenta (2006) analysed differences between dramatherapy and educational drama. Schematically, it is compared to art education, art-philetics and art therapy. Educational drama (drama education, creative drama) supports a dramatic talent and an aesthetic feeling. It leads people to perceive theatrical expression and to their own dramatic expression. This is analogical to art education. Moreover, it supports personal and social development of people, which is close to art-philetic approach. Dramatherapy is, according to Valenta (*ibidem*), alongside with art therapy, useful for people with difficulties in mental or social domains of life. This dramatherapeutic orientation is based on understanding of dramatherapy as a method used in special education with a formative and therapeutic aspects.

However, in international context, dramatherapy is often associated with active embodied approaches in psychotherapy and is used for a wide range of people. The philosophy of current approaches in expressive therapies is focused on self-development of clients and competencies supports. Clients are not defined by a categorized difficulty but rather by their need of support. A parallel could be drawn to Antonovsky (1996) and his concept of health as a continuum. His idea of salutogenesis deconstructs a dichotomous understanding of health and disease and establishes a frame of mind and health. Professionals focused on health promotion rather than disease prevention or symptom healing. According to salutogenesis, people are not separated into groups of sick and healthy, it is a fully inclusive approach. Expressive therapies function on a similar basis. Participants are invited to explore themselves, their inner world as well as interactions in a group.

Dramatherapy represents an approach focused on supporting mental and psychosomatic health and wellbeing through the means of dramatic art and action. The North American Drama Therapy Association (2015) defines dramatherapy as “intentional use of drama and/or theater processes to achieve therapeutic goals.” It is “an active, experiential approach to facilitating change.” The British Association of Dramatherapists (2011) described dramatherapy as “a form of psychological therapy in which all of the performance arts are utilised within the therapeutic relationship.” Dramatherapy represents an area of praxis that connects the knowledge of psychotherapy, special and therapeutic education. Dramatherapists use the therapeutic potential of aesthetically distanced action in the metaphor of drama. As a means of therapeutic change, they apply methods such as storytelling and imagination, role play, dramatic/symbolic/projective play, improvisation and embodied expressions through sound and movement. Clients in dramatherapy experience insight and catharsis in experiencing embodied metaphorical representations in events and characters.

Seymour (2009) wrote that “dramatherapy is a paradoxical practice that embraces the unknown as a potential dramatic space” (p. 31). Each dramatherapy approach is constituted by its own language and partially different methods. However the idea of understanding of the therapeutic process through art and acting, or performance is consistent across all approaches as a common concept. According to Johnson et al. (2009), the connection between dramatherapeutic approaches lies in the trust of dramatherapists in the therapeutic potential of theatre process, rather than in common theories or methods. Jones (2007) synthesized the knowledge of different schools of dramatherapy and identified their common principles, which he described as the core processes of dramatherapy. They include embodiment or dramatization of body, projection, empathy and distancing, role play and personification and the connection of drama and everyday life and its transformation.

2 Role theory

Theory and practice of dramatherapy constitutes of various approaches. They are defined by their own language and influenced by different philosophical, sociological and artistic paradigms.

Role theory and role method that was developed by Robert Landy (1994, 2009) explains personality as a complex of roles. Functioning of people in the world is perceived as playing various roles. It is based on postmodern sociological theories of Goffman (1990). Role theory states that one self as such does not exist, but identity is constructed of multiple modes of being. Everyday reality is full of contradictions and paradoxes, in which people try to find balance and harmony. Landy (2008) therefore understands health as the ability to bear the ambivalence and to live in the polarity of multiple roles at the same time.

The main concepts of role theory include role, counterrole and guide that are manifested and explored through a story (Landy, 1994, 2008, 2009). A counterrole represents a complement to a role; it is not necessarily its opposite, but rather ‘the other side of the same coin’. The idea of a role and counterrole is similar to Jung’s archetype of a shadow as a part of personality that people cannot get rid of and the only way is to accept it as a valuable part of personality. Similarly, in a role theory, the goal is acceptance of all roles that a person plays in life as an important part of being. In dramatherapy approach of role theory, it is worked towards broadening role repertoire and increasing the ability to play certain roles effectively. The more roles people are able to play, the better they can cope with surprising or changing life situations.

This concept of playing many different roles in a role theory is similar to the methods of social skills training through the means of role play; however its main idea reaches a deeper level. It is not only a behavioural training of action, but it allows

embodied understanding and insight into the meaning of certain roles in the context of being. Dramatherapist possess the role of a guide and a mediator of interaction between the roles and counterroles that are explored in the dramatherapeutic process.

Dramatherapist observes clients' roles and may analyse their role systems for the purposes of assessment and treatment planning. Assessment happens in a dialogical manner with clients and uses a metaphorical list of roles, Role Profiles or Role Checklist instruments (Landy & Butler, 2012) coming from the role taxonomy (Landy, 1996). Analyses of the role system may help to identify the roles that are accessible to clients in their everyday lives (Landy, 2008).

Dramatherapy according to role theory creates space for aesthetic distance, which on one hand serves as a tool of safe distance through the metaphor of a story and role. On the other hand, it allows the connection and proximity to a sensitive topic.

3 Psychodrama

Psychodrama belongs to the main resources and underlying theories of dramatherapy. Some authors (Majzlanová, 2004) see psychodrama and applied psychodrama as methods of dramatherapy. However, other authors understand psychodrama as a related psychotherapeutic approach to utilizing drama and its elements (Johnson & Emunah, 2009; Valenta, 2011). Psychodramatic tools include creating a safe space of a stage that is held by a lucid presence of group members. The protagonist plays out a situation from his or her life and the other actors that were chosen by the protagonist to play auxiliary egos act out other characters. Time and space collapse in psychodrama, which allows reconstruction of past and present events in a new manner. Psychodrama utilizes techniques such as role reversal or the double that support understanding and empathy. The therapist stays in the role of a director, fully present in supporting the client's process (Garcia & Buchanan, 2009).

Similarly to the role theory, the goals of psychodrama include role training and trying out new roles. Moreover, goals of psychodrama consist of achieving catharsis, insight and transpersonal spiritual connection. Psychodrama differentiates between catharsis of abreaction and catharsis of integration. Catharsis of abreaction means a full emotional release, being flooded with emotions and letting them go. It can happen during an emotionally strong situation that is re-enacted in the therapeutic setting. Catharsis of integration often happens later after the enactment. It represents a deeper understanding on emotional and rational level. The goals of psychodrama as described by J. L. Moreno (as cited in Garcia & Buchanan, 2009) therefore cover affective, behavioural, cognitive and spiritual levels.

Such complex understanding of health can be observed across dramatherapeutic approaches. It is especially tangible in the body and mind connection expressed in

the core dramatherapeutic principle of embodiment described by Jones (2007). Body work in dramatherapy means an embodied expression and action. Making use of feeling through the body, movement, action and acting allows understanding that comes in the form of an emotional reaction. On one hand, embodied play cherishes and preserves safety and on the other hand, it serves to break the barriers of intellectual defences that are present in the form of rationalizations. Farmer and Geller (2003) wrote that understanding often comes only after acting and it may be different from the original rational planning or assumption. The ability to understand the language of the body, according to Lutz (2013), requires people to recall the phylogenetically lower forms of life that were not dominated by rational behaviour control. Popova (2014) recognized a high value of the knowledge of the body. She claimed that body needs to be a partner and not only a tool. The contact with the body and a deep respect towards the body is connected with awareness of one's own humanity and dignity as described by Hicks (2011).

Important aspects in psychodrama are creativity and spontaneity. Moreno (as cited in Garcia & Buchanan, 2009) wrote that creativity allows new solutions to appear. It represents the knowledge of what to do. Spontaneity is the ability to respond intuitively to inner or outer stimuli. It does not, however, equal impulsivity. It stands for the competence of acting, actually conducting the action that was thought and based on the creativity. Reaching insight in the therapeutic process, oriented on body work, supports creativity. It helps a person to understand the situation and to find new ways of solutions. However, sometimes a person knows what to do, but does not have the courage to do it. Therefore, a support in spontaneity is helpful. It is the training of action in a role play that is connected with spontaneity enhancement.

Embodiment as a therapeutic principle can be found also in dramatherapeutic approach of Sue Jennings (1998) that carries the title Embodiment – Projection – Role (EPR). In this approach, observing the dramatic development of children and their present needs is the key focus. The EPR theory is similar to Piaget's (1977) theory of child's play development, especially on the level of sensorimotor play. Jennings (2011) developed the first stage oriented on body work in her concept of neuro-dramatic play (NDP). A developmentally oriented approach in dramatherapy was also elaborated by Kováčová (2011) who based her theory on the developmental stages described by Erikson.

Embodiment is not the only core principle that is found across dramatherapy approaches. Another important effective factor is also a play. Its use is utilised in its full potential in the approach of developmental transformations.

4 Developmental transformations

Another dramatherapeutic approach is represented by Developmental Transformations (DvT) created by D. R. Johnson (1982; 2009). This approach values embodied play as a means of supplying information in the form of thoughts and feelings. Activation of the body as a source for a therapeutic change is helpful, because it provides an opportunity to overcome stereotypical behaviour that might often be connected with verbal language (Johnson et al., 2003). A concise definition of DvT explains it as a “transformation of embodied encounters in the playspace” (Johnson, 2009, p. 89). The concept stems from the understanding of the process of free play (*ibidem*).

The role of the therapist is defined differently from a traditional position of a director or an outside observer of a play. The dramatherapist practicing this approach serves as an actor and as a playmate for the client. The common playspace is entered through a ritual that clearly determines that the players are entering the space of “as if”, that is defined by a mutual agreement of no harm, but that allows anything to be played out. Everything that happens is a part of play (Johnson et al., 2003; Johnson, 2009). The goal of therapy is to proceed further from the surface level of a play, through persona play towards intimate play and finally into deep play. Deep play reveals the human essence, desires and needs of people. It is possible to work through towards deep play gradually by embodied work and by so called encounters – meetings, moments of connection of player in the play. In the common play, a constant transformation happens. Dramatherapists are interested in the emerging elements whose emanation is facilitated through faithful and divergent rendering or interpretation (Johnson, 2009). This means that the therapist reflects either by mirroring or provocation. The therapist is available to the client as a play object and allows encounter.

All interactions are happening in the play, through movement and sound, or in developing the action of a story. Players constantly switch between fantasy and reality, which Johnson (2009) called the discrepant communication.

In the role method, the concept of discrepant communication could be linked to aesthetic distance. Landy (1994) described aesthetic distance as the balance between emotional involvement that is too strong and a rational behaviour that is too distant. Affective action and cognitive observation are in balance in a state of aesthetic distance. At the same time, aesthetic distance means awareness of oneself as an actor or player playing a certain role as well as being aware of reality – the actor becomes the character and at the same time stays him- or herself.

Also in developmental transformations, a key concept is the role. In DvT, the role arises from a dynamic flow of emerging images, thoughts and feelings (Johnson et al., 2003). Developmental transformations provide a means to achieve a connection with multiple roles. Johnson (2009) points to the ways in which people can explore

new roles, get access to them, expand their role repertoire and learn letting go of the dysfunctional roles, undeveloped, or hurtful roles.

Mentioned approaches in dramatherapy share similar principles, although they describe them by a different language. Landy (2008) pointed out the overlap of role theory, developmental transformations and psychodrama in therapeutic goals that are defined as a connection of particular parts of personality between each other and towards other people.

5 Analyses of three approaches in dramatherapy from the perspective of core processes

A common ground of dramatherapeutic approaches can be defined through key processes described by Jones (2007). In varying degrees, they are contained in all of the approaches, including the aforementioned.

Factors of change in dramatherapy are based on general principles of effectiveness in psychotherapy (Hanušová, 2004). However, they also involve means specific for creative art therapy, drama and theatre. Efficiency is not caused by a pure overlap of useful strategies of arts and psychotherapy, but their combined presence creates a qualitatively different and full experience. For example, aesthetic distance of a theatrical performance is determined by the nature of the play and the director or cast do not manipulate it during the play according to the reactions of the audience.

On the other hand, a dramatherapist adjusts the range of distance in relation to current client needs. This process of distance changes resembles a reflecting commentary in the person-centred psychotherapeutic approach (Rogers, 2003), in which the course of therapy varies according to the needs of clients. However, traditional psychotherapy maintains its focus on talking about client's issues in a direct form. Dramatherapy combines aesthetic distance of the theatre with the reflective nature of verbal therapy. Reflection in dramatherapy may keep an embodied form, which repeatedly connects it with dramatic art and its qualities. Dramatherapeutic approach to reflection varies according to a particular approach.

In psychodrama, the process of reflection is quite verbal, however, emotional experiences and therapeutic effect is not discussed with the client immediately after the session. The significance of changes becomes realized gradually. There is no need to identify the effect and individual meaning of the therapeutic session straightaway. Sometimes, it cannot be immediately recognized. It takes time to integrate the unconscious knowledge into everyday life.

On the contrary, in role theory and method, the process of work is embodied and progresses on a metaphorical level. Therefore, the closure of each session is dedicated

to verbal processing of embodied experiences and to their integration into the rational structure of consensual reality.

From the perspective of developmental transformations, expression and integration are included in the play, and therefore their further processing is unnecessary.

After creating the life-drama connection through processing in various ways, dramatic projection is another important core process in dramatherapy.

In role method, **dramatic projection** is present in projecting into the role of hero, obstacle, destination, and a guide. In psychodrama, dramatic projection appears in the characterization of the tasks of auxiliary egos, as well as in the exchange of roles. In developmental transformations, it is present in allowing thoughts, emotions and ideas to come out of the play.

Dramatherapeutic empathy and distancing are achieved by working with aesthetic distance, by the technique of a double and by role reversal. These techniques are used in psychodrama. Role theory also employs role exchange and adjusts the distance by using materials such as masks or puppets. Techniques that are the closest to the body such as using make-up or masks, allow less distance compared to techniques relying on objects such as costumes, puppets or sandplay figures. In developmental transformations, distancing happens in the metaphor provided by playful reflection.

Role play and personification are the basis of all three approaches mentioned, especially in the use of roles from stories in fiction or real life, or from the currently discovered incentives.

Interactive audience and the presence of a witness are implemented through the person of dramatherapist and the group members. In the form of individual therapy, the dramatherapist is in the role of a director, guide or a playmate and offers the necessary presence of a witness. This factor is crucial in dramatherapy. Unless there is an audience, performance of change cannot happen. In the group dramatherapy, members of the group serve as spectators and witnesses for each other. Therapeutic process is stirred up also in the audience that actively participates by following the story on the stage.

In the previous part of the article, embodiment was already described. **Embodiment** differentiates dramatherapy from verbal forms of psychotherapy, because of its trust in accessing knowledge, interpersonal awareness and transpersonal context through the body. In role method, insight is provided through a conduct of the hero's journey in a symbolic physical – embodied form. In psychodrama, therapeutic goals are pursued based on embodied role reversals and in observations of bodily reactions of the protagonist. Developmental transformations actually use only a fully embodied form in a mutual communication of clients and therapists.

Play, in the sense of playing, is a part of dramatic presentation or performance in the role theory. In psychodrama, the play creates a playful moment of a collapse

of time and space. In developmental transformations, the play represents the main method and working tool.

The core principle of **connection of drama and life** highlights the transferability of emotional and intellectual insight gained in play that drama provided to its creators, actors and spectators. In the role theory, integration happens in the processing at the end of a dramatherapeutic session. Psychodrama established this link of play and reality already in the contract with the client at the beginning of the session and enters it with this awareness. Developmental transformations approach leaves the integration of concepts in the play because it is considered unnecessary to talk about deep experiences from the play.

Table 1 presents a comparison of selected aspects of the three approaches in dramatherapy that were described and analyzed in the article.

Table 1: Comparison of selected aspects of three approaches in dramatherapy

Approach	ROLE THEORY (Landy, 1994, 2008, 2009)	PSYCHODRAMA (Garcia, Buchanan, 2009)	DEVELOPMENTAL TRANSFORMATIONS (Johnson, 2009)
Roles	hero, obstacle, destination, guide; role and counterrole	protagonist auxiliary egos	players; emerging roles
	set and described in the be- ginning, in a fictional story	described by the protago- nist, from real life	no predefined roles
	metaphorical	from contextual reality, directly from lived expe- rience	fluid, emerging in play
	taking a journey through a role	role reversal	emergence of roles
	role taking role playing	role taking role playing role creating	emergence of roles role playing
	exploring the development of roles broadening the role repertoire		
Surreality	aesthetic distance	surplus reality	playspace
Linearity of the process	story unfolds in a linear manner	linearity of the story with a possibility to go back and change scenarios	no linearity in the process

Time	fictional	collapse of time – past happening in present, people from past appearing	pieces of reality, present
Insight	through taking the hero's journey and verbal processing	through doubles and role reversal catharsis of integration	through emergence of new roles (being pushed to let new roles emerge)
Role of therapist	guide	director & double	actor, playmate
	indirect	with the client, beside the client	follower and leader
	offers to the client	doubles for the client	is available to play, serves as a play object
Closure	verbal processing	no sharing by protagonist, only the other group members	embodied

6 Summary

The three selected approaches in dramatherapy represent the main schools of thought in the context of dramatherapy in North America and therefore they are transferred to other countries where dramatherapy is practiced and taught. The choice of these particular approaches was based on Robert Landy's video (2006) of the three approaches demonstrated in individual dramatherapeutic sessions. The theories and methods of psychodrama, role theory and method, and developmental transformations are based on different philosophical backgrounds, employ their own terminology and utilize unique methods of achieving therapeutic change. Nevertheless, they find a common space in the shared core processes of dramatherapy that were generally described by Jones (2007). The analysis of the selected approaches was therefore based on these core processes as well as other important concepts and principles found in dramatherapy.

7 Literature

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