Selected dramatherapy techniques and their effect on addicted clients in detoxication ward

(scientific paper)

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Abstract: *The present paper describes the effect of selected dramatherapy techniques on addicted clients in a detoxication ward. The paper focuses on four specific techniques. The mask, the metaphor, the symbol, and the puppet. The authors of the paper investigated the patients' feelings evoked by these techniques, what the patients were thinking, and whether they gained any deeper experiences. In the paper the authors reflect on the suitability of these techniques in the environment of a detoxication ward in Olomouc.*

Keywords: *Dramatherapy, addiction, detoxication ward, dramatherapy techniques, mask, puppet, metaphor, symbol*

1 Introduction

In 2009 the authors were offered to join a team of volunteers and to attend a detoxication ward in Olomouc. In the ward the volunteers delivered dramatherapy interventions (referred to as DI). The authors became interested in working with the clients and started to explore dramatherapy aimed at addicted persons. On the basis of the authors' experience gained in the course of several years of active participation in dramatherapy sessions in a detoxication ward, they noticed a lack of dramatherapy techniques using artistic materials or masks. This fact motivated them to carry out a research study aimed at these types of techniques. After each dramatherapy intervention a feedback session took place with the participants, but in the author's opinion, the reflection was rarely satisfactory in terms of the effect of the technique on the participants. On the basis of these findings, the authors decided to explore the techniques in detail.

2 Mask, symbol, metaphor and puppet in dramatherapy

To achieve its objectives, dramatherapy uses various theatrical and dramatic means. The basic dramatherapy technique is improvisation. This is because improvisation reflects (unlike structured play) the client's internal state (Valenta, 2011). According to Majzlanová (2004) other techniques include **mimic and speech exercises, dramatic play, verbal play, role play, scenario, myths, stories, working with a text, storytelling, make-up, masks, puppet or hand puppet play, movement, pantomime, playing with objects, and drawing.** There is a great variety of means and techniques. Other authors suggest different types of classification.

Masks are often associated with a ritual. The use of masks (and ritual) in dramatherapy has a prominent position. Masks are used for a wide range of purposes. Most often, they are used as a tool of disassociation and 'anonymization' of the characters (Valenta, 2011).

In dramatherapy, this can be achieved especially by masks on the face and face colours. The mask is deliberately used to search for expressions, achieve reflection of the soul, release tension, or gain experiences. The mask can be used as a relaxing or occasional technique to liven up a dramatherapy session, sometimes as part of dramatherapy intervention, or as a separate technique with its own story, course and gradation. (Majzlanová, 2004)

Working with the mask in dramatherapy aimed at addicted persons is also referred to by Boháčová (2009), who emphasises the therapeutic value of the mask. In history, the mask was used for a complete transformation. Gradually, it moved from the sacral sphere into play (theatre). The mask is part of play, in which the principle of 'as if' is induced, thanks to which the client can enter or exit the world of fiction. The mask has a venturing and protective function. It is a vehicle of non-verbal communication. In the first place, the mask is not what it represents but what it transforms. In dramatherapy, masks conceal something but at the same time expose something.

The word *symbol* originally comes from the Greek word 'symbolon', which means a mark that presents visible signs of invisible reality. Symbolic thinking can be seen all around us. In literature, paintings, speech, fairy tales, myths and rituals. Things become symbols when they are linked with an emotion and evoke this emotion whenever these things are seen (Wollschläger, 2002).

In therapy, symbols can be represented, for example, by symbolon cards. These cards can be used as a means of expressing emotions, situations or relationships that are difficult to show for the client. Working with symbols is a process that brings numerous alternatives and ways; each time the course of the process is affected by the group and its dominant energy. Regarding the fact that symbols open topics that are sometimes difficult to open, the therapist-client relationship is of great importance (Olejníčková, Růžička, 2013)

The *metaphor* is an approach used in many therapeutic systems. The significance of the metaphor in dramatherapy is described by S. Jennings (1994) who claims that creating a distance will bring us closer. By using metaphors, the clients can circumvent or overcome their internal blocks or barriers and behave in an authentic way. Polínek (2015) describes the use of metaphors in gestalt therapy with elements of dramatherapy as a suitable technique when the clients find themselves in a stalemate and are unable to deal with the situation. The metaphor brings endless opportunities.

The *puppet* has its magical significance. The clients speak for the puppet and at the same time for themselves. The puppet provides a degree of safety and distance from the problem and the clients' own vulnerability. In this way, the clients are more accessible and willing to react to stimuli, accept and modify their approach or behaviour, and learn empathy and tolerance (Majzlanová, 2004).

According to Majzlanová (2004) puppets or hand puppets in dramatherapy serve the purpose of motivation, establishing contact, presentation of educational principles, rules of drama play, playing a situation or dialogue – as part or an element of a story in different dramatherapy techniques. She also emphasises an important aspect – the clients choose the puppets on their own. Already during the process of manufacture of the puppets their communication improved and the clients established a certain relationship with the puppet, which also improved their willingness to play with them.

Tomanová (2003) emphasises the process of manufacture of the puppets. She describes one of the possible techniques of using the puppet. According to the author, the first stage of the technique is preparatory. The clients think about their puppets, choose materials and actually produce the puppet. The puppet has its own story, character and form. The clients often project something of their own into the puppet. Then the second stage of the technique comes. The clients introduce their puppets and search for a partner to complete the introduction. The final part is an introduction to the remaining clients. In the third stage the creations are analysed including sharing and reflection of the manufacturers.

Jennings (1994) refers to using life-size puppets made primarily of boxes, paper, cardboard and cloth. They are usually led by two persons. These puppets provide their leaders with a greater degree of identification with the puppet.

3 Research objective and research questions

Long before the research, the team of authors had been interested in the effect of dramatherapy techniques in DI on the patients' opinions. In each intervention the authors received verbal feedback from the patients, but this feedback was never verified by an additional method. Therefore, the authors were not sure about the way

the patients perceived the interventions. The authors defined the main and partial objective of the research.

Main objective of the research: '

To identify the reactions (behaviours) of patients in a detoxication ward in Olomouc to selected dramatherapy techniques.'

Partial objective of the research:

'To identify how selected dramatherapy techniques affect the opinions of persons addicted to alcohol and methamphetamine during their stay in a detoxication ward.'

Based on the objectives mentioned above, the author defined the following research questions:

RQ1: What emotions were evoked in the patients after using the techniques?

RQ2: What is the benefit of DI for the patients in a detoxication ward?

RQ3: What is the change in the patients' emotions after completion of DI?

RESEARCH TECHNIQUES

Technique No. 1 CARDS

The author used Dixit board game cards. These are cards that evoke various associations.

Course of the technique:

The Dixit cards are dealt out in front of the clients. The task of each client is to pick a card that represents the client's current state, is close in some way, or is interesting for some reason.

This is followed by a short imagination, during which the clients meet the card in their thoughts. The therapist leads this imagination session in a verbal way. During the imagination the clients focus on how they perceive the card though the five senses.

After the imagination session they write or draw the following on the paper:

- What they see on the card. (VISION)
- What they smell from the card. Does it produce a smell or not? (SMELL)
- What they hear from the card. Is it just silence? (HEARING)
- What they feel when they touch the card. (TOUCH)
- What their card tastes like. (TASTE)

The clients name the card.

Each client shows the card to the group and says the name of the card. Then the client places the card on the floor in front of the therapist. The cards form a 'line' in front of the therapist.

This line divides the room into the auditorium and the stage. The auditorium is the therapist's part. All clients stand in the auditorium. The task of each client is to play their card by means of movement. The clients come to the stage one after another and perform the card by means of movement. After that they return to the auditorium.
The clients return to their places. Now they have an opportunity to redraw the card to be happy with it. (Add something or redo the card completely). The purpose is to feel well with the card. If the clients are happy with the card, they need not redraw it. Then comes the sharing and reflection phase.

Technique No. 2 METAPHORES

Course of the technique:

The therapist explains to the clients what a metaphor is. In the group they recall famous metaphors. For example: *'Life is like a box of chocolates, you never know what you are going to get.'* (Forrest Gump) The clients' task is to think about the word 'LIFE' and make up four metaphors.

These metaphors must begin with: Life is like…

- Metaphor 1 – the clients compare life to food or drink.
- Metaphor 2 – the clients compare life to a geometric shape.
- Metaphor 3 – the clients compare life to interaction between people (for example: joint breakfast, arguing, etc.)
- Metaphor 4 – the clients make up their own metaphor about life.

The next step is as follows. If the clients are interested, they present their metaphors to the group. In the whole text, the clients identify four words that are most important. The clients use these words to write a story. The stories are read in front of the group. Sharing and reflection

Technique No. 3 MASKS

In this technique the author used usual sturdy paper masks. In a gentle way, the author indicated the eyes, nose and mouth not to attribute any emotions to the mask. At the beginning the participants coloured the mask and wrote on it from both sides according to the instructions and then attached a skewer. Some of the clients used an adhesive tape, some did not. In the research, the purpose of the mask was to provide a distance. The task for the participants was to think about their own personality, their qualities, skills, about what they like or what they dislike. The development of the mask was preceded by short activities that helped the participants grasp the topic in various ways. This was the statue technique and systematic classification of thoughts.

Course of the technique:

The clients are given A4 papers and pencils. The clients are asked to divide the papers into four boxes. Then the following questions are asked and answered:

Box 1 – What I like, my interests.

Box 2 – What I dislike, my fears.

Box 3 – What I value about myself.

Box 4 – What I would like to change about myself.

(This technique was used first to make the participants think about themselves. These people often need an order and structure.)

This was followed by the main statue technique.

Statue

- First the clients are explained what to expect.
- Then they are asked to walk around the room. First the clients think about the first box. They choose one thing that was written in the first box on the paper and think about its form.
- On the therapist's clap of the hands the clients freeze as a statue that represents the thing or emotion. They remain as a statue for 2 seconds. The therapist claps again and the clients start moving.
- In this way, the clients 'sculpt' four statues. One statue for each box.

The objective of the technique is to touch the topic physically. To establish a link between the thoughts and the body.

Mask

The therapist gives the clients white masks and instructs them to choose two things that characterize them (they can choose from a list). The clients portray one thing (part) on one mask (drawing or words), the other thing on the other mask. Whether the masks are different, both positive or both negative is up to the clients.

Appearance

This is the final part of the technique.

- The therapist divides the space into the stage and the auditorium.
- All clients stand in the auditorium.
- Each client goes 'on stage' facing the audience. Then they put the mask on their face and say: 'This is me' – the client stays in the position for 5 seconds, then turns over the mask and says: 'This is also me' – and stays for another 5 seconds.
- After that the client returns to the auditorium.

  This is followed by the sharing and reflection phase.

Technique No. 4 PUPPETS

Course of the technique

The clients are provided with various materials and objects: wire, paper, newspapers, scissors, adhesive tape, glue, skewers, wax crayons, etc.

The clients make a puppet that represents a thing or a person that they are thinking about. On a piece of paper the clients write the name of the puppet, what it likes to eat, where it lives, what it likes doing. Then they present their puppets to the group. This is followed by the reflection phase.

4 Research methodology

The authors chose a **qualitative approach** based on specific methods that they wanted to use in the research. They focused on the clients' opinions and feelings during DI, and on what the clients think about DI. The authors assumed that in the case of a quantitative approach the quality and accuracy of the responses could vary considerably. Therefore, they decided to approach the patients directly.

The qualitative approach allows a detailed analysis of a research problem. The research questions and research objectives may be revised and changed. In addition to the research questions, the researcher also formulates hypotheses and new decisions. The researcher meets new people and works in the field. Various notes are made all the time. The researcher tries to take advantage of each piece of information (Hendl, 2016).

4.1 Triangulation

helps improve the validity of the results. This is a more difficult procedure for the researcher but provides greater quality. There are several types of triangulation. However, these types are further classified. A system of classification is presented by Hendl (2016), a different system by Miovský (2006), another one by Švaříček, Šeďová (2014). These systems of classification are similar.

For the purposes of the present research the **methodological triangulation** was selected. This type of triangulation may be characterized as follows:

'The same phenomenon is analysed by different methods and the outcomes are compared.' (Chrastina, Ivanová, 2010, p. 158, Table 1)

The importance of methodological triangulation is described by Miovský (2006). This approach can be used to identify any differences between various methods. The ways that they complement each other, overlap or contradict.

4.2 Description of the research sample

The research participants were recruited by means of **deliberate sampling**. According to Miovský (2006) this is the most common sampling method. A predefined criterion is used to deliberately recruit individuals who meet this criterion or a set of criteria and at the same time are willing to participate.

The research sample consisted of addicted patients staying in a detoxication ward in Olomouc. In most cases, the patients were addicted to alcohol and non-alcoholic substances. The group of participants consisted of both men and women. Specifically, they were four women and three men aged 16 to 70 years. The length of their stay in the detoxication ward was at least four weeks.

The authors defined the inclusion criteria with respect to the main and partial research objective. The criteria were as follows:

- The participant must be present in all four DIs;
- During the treatment process, the participant must stay in the detoxication ward in Olomouc;
- The participant must agree with the research study by signing an informed consent form, in the case of participants younger than 18 year their parents' consent is required;
- The participant must be addicted to alcohol, methamphetamine or marijuana.

4.3 Data collection methods

The data collection method was the interview, observation and an additional method using the participants' diary.

Observation

The observation was carried out in the patients' meeting room. This room is also designed for all joint therapies, sessions and joint meals. For better clarity of information and notes during observation, the authors developed a record sheet, in which they immediately wrote the results of observation. During observation, the authors focused on verbal and non-verbal communication and the participants' behaviour. This was participant observation, which means that the interventions were in fact led by the authors.

Interview

The data collection method was the interview. The questions of the interview were derived from the research questions. The questions were divided into two parts. The first part included questions aimed at the intervention techniques. This part included five basic questions for each technique. The other part consisted of additional questions relating to leading DI sessions and dramatherapy in general. The additional

questions were included in the interview on purpose. The researchers wanted to make sure that the participants are not influenced by the way the interventions are led. They were interested in the participants' opinions about DIs in the detoxication ward. The interviews took place in the participants' rooms. The interviews were always attended by the questioner (author) and the participant. The interviews took place after completion of all four interventions. The interviews lasted for 20 to 30 minutes.

Diary

The third data collection method was an analysis of the participant's diary. The authors attended the ward only once a week. In this way they used the time that the participants had between the interventions.

The techniques investigated by the authors could reveal a personal memory or an important idea that the participants did not want to share. Some ideas are better written on a piece of paper than spoken about. For the team of authors, these diaries were extremely important. This is another method by means of which the authors confirmed their assumptions. The diaries helped understand the participants' experiencing.

4.4 Data analysis methods

For the purposes of the research, the open coding method was used to analyse the interviews and diaries. The general principle of this approach is a breakdown, classification and rearrangement of the information obtained. Basically, the text is broken to units that are named by the researcher. After that the researcher works only with the names (Švaříček, Šeďová, 2014).

The authors followed the method described by Švaříček. The authors read the text carefully sentence after sentence and gradually classified the text into **units**.

Šeďová (2014) states that a unit might be a word, sentence, paragraph or a sequence of words. Each unit is then assigned a **code**. *'In selecting the code one must ask what the sequence shows, what phenomenon or theme it represents.'* (Švaříček, Šeďová, 2014, p. 212). The codes are constantly referred to, revised and reworked as necessary. An author who uses the method of open coding must know the meaning that each code signifies.

As written above, the re-written text is broken to units. These units are assigned codes. The authors used the Microsoft Word programme. In this programme they made a comment for each unit and specified the code. These codes usually took the form of a word or a sentence.

After that the authors used the axial coding method, which follows open coding. The aim of this method is to group the codes by their internal phenomena and meanings. This is performed by means of comparing, searching and identifying

relationships (Miovský, 2006). The authors developed a table including codes and example units for better clarity.

The results were summarized using the method of secondary interpretation**.** According to this method, the researcher analyses the material again (Švaříček, Šeďová, 2014).

The data collected by means of **observation** were included in a single table developed in the Microsoft Excel programme.

5 Data interpretation

5.1 Secondary interpretation – interviews

The results suggested that the participants did not describe specific feelings. Instead, they expressed their feelings by means of thoughts. The authors asked about the participants' feelings, some of them answered but most of them did not.

Technique No. 1 Cards

This technique had a different effect on each participant. Some participants became absorbed, some focused solely on the card, some were surprised by the technique. This technique made the participants think about their lives, about themselves and their addiction. The pictures on the cards made the participants expose their souls. Only one of the participants thought about the significance of the card as such. The participants' thoughts during this technique were based on their themes. In most cases, the participants thought about their lives. Their thoughts during this technique were linked with their lives. Some of the participants understood the significance of the present, some emphasised their future without addiction, some thought about the past and what they had lost. One of the participants did not make an association. Instead, the participant thought about the card as such. For most of the participants this technique was beneficial. After this DI, the participants often returned to the themes they had thought about. The success of the technique was confirmed by the fact that some of the participants were interested in trying this technique with different cards.

Technique No. 2 Metaphors

This technique focuses more on thinking and is not as spontaneous as the card technique. This requirement had an effect on the participants' feelings. Some of them were nervous and did not know how to create a metaphor. For other participants this technique was entertaining. For some it was a creative challenge. As suggested by one of the participants, a significant factor was the mood of the participant during DI. This technique specifically focuses on the theme of life. Most of the participants thought about their lives. About the past or the present. This technique supported

group dynamics. In the group, the participants read their metaphors/thoughts about life. The participants had an opportunity to think about ways that the reader thinks about life. In most cases, the participants were enriched with the thoughts of other participants about life. In this way, the technique was beneficial also for those who failed to create a metaphor. For some of the participants the thoughts were so strong that they returned to them. Other participants forgot about their metaphors and thoughts right after DI. The participants suggested trying the technique with a different word. For example addiction.

Technique No. 3 Masks

This technique evoked various emotions in the participants. Some of them thought that this technique was great. On the other hand, some of the participants were not so excited. During this technique the participants thought about themselves, about their lives, about their faces, and about the others. The things that the participants thought about included themselves and their faces. What their faces look like under the influence and when they are clean. This technique was rather non-verbal, which was welcomed by some of the participants. They had an opportunity to draw their qualities. In this way they exposed a little of themselves to the others. The participants returned to these thoughts. At the end of the interview they pointed out that more time would have been appropriate, and also complained about other patients who disturbed the technique by loud conversation.

Technique No. 4 Puppets

In most of the participants this technique evoked pleasant feelings. The participants described their emotions such as it was fine, I enjoyed it, I was in a good mood. The participants' puppets usually represented something close, in several cases it was directly the habit-forming substance, some puppets represented specific problems. During this technique the participants thought about their own creations and the puppets of others. The thought associated with this technique related to life in general, life without addiction, the participants' personality.

Additional questions

Five of the seven participants have not experienced dramatherapy before. The leading role of the therapist was assessed positively by everybody. The participants used words such as 'nice', 'fine' or 'great'. They liked the fact that they were not forced to carry out activities. That each activity was voluntary. The overall assessment of dramatherapy in the ward was positive. Some of the answers suggested that dramatherapy was something new that provided relaxation and entertainment. (Laughter relieves tension). The dramatherapy techniques supported group dynamics. The participants appreciated the voluntary nature of the activities and joint agreements that created

a safe environment. They also assessed dramatherapy as creative, which allows the participants to face their problems and themselves in an easier way.

5.2 Answers to the research questions

What emotions were evoked in the patients after using the techniques?
The participants did not name their emotions and feelings. They rather compared their emotions to their thoughts. According to the respondents, a crucial aspect is the mood of the participants during DI. Different people like different ways of working. For this reason, the techniques evoked various emotions. Some of the participants felt joy and described their emotions with entertainment. Others who dislike drawing and using materials did not enjoy the technique. In each technique the participants felt different emotions.

What is the benefit of DI for the patients in a detoxication ward?
DI is beneficial for the patients in a detoxication ward in many ways. Firstly, it is a type of activity not led by medical staff in a white coat but a volunteer. It is a type of therapy unknown to the patients. It is presented in a friendly way, which is not typical for a detoxication ward. In the course of DI, the patients are not forced into activities. If any of the techniques is unpleasant, they may decide to quit. As a result, they need not be nervous and wait for example for 15 minutes before somebody else finishes (as is usual in group therapy – author's note). It is up to the patients whether they want to express themselves.

Dramatherapy uses group dynamics. However, group dynamics needs to be built inside the group. By means of short and entertaining games the patients relax, forget about their problems for a while and are themselves for the moment. This was appreciated by many of the participants. The patients in the group looked at each other from a different perspective. They saw themselves as somebody who likes fun and who is creative. They saw themselves as somebody who has gone through some life and who is unique. Not just as alcoholics and drug addicts.

A safe environment encourages even those who are less talkative to open up. To speak about their life and addiction.

What is the change in the patients' emotions after completion of DI?
Most of the participants consider DI positive. They reflect on their mood as follows: *'better mood, problems forgotten, laughter, releasing internal tension.'*

5.3 Interpretation of results

The objectives defined by the authors were as follows:

Main objective of the research:

'To identify the reactions (behaviours) of patients in a detoxication ward in Olomouc to selected dramatherapy techniques.'

The participants' responses to these techniques were mostly positive. The participants were relaxed and learned something new about other group members. In a playful way, they encountered their problems and their life. This was also appreciated. Although the technique might not be interesting for everybody, the benefit of the intervention is watching others.

Partial objective of the research:

'To identify how selected dramatherapy techniques affect the opinions of persons addicted to alcohol and methamphetamine during their stay in a detoxication ward.'

The techniques investigated by the research study really help the participants think about themselves, their lives, their thoughts. The formulation of the task itself urges reflection. In most cases the participants named their thoughts. They thought about their addiction, their life, their relatives, and about themselves.

The results of the research confirmed the suitability of application of these techniques in a detoxication ward. Volunteers should not be afraid to try out more creative DI techniques. A significant aspect is to include suitable warm-up techniques. There are always some patients who dislike the technique. Even in such case, however, it is beneficial for them to sit and watch. Observations suggest that persons addicted to drugs engage with a greater amount of energy and spontaneity than persons addicted to alcohol and medicine.

6 Discussion

In this part of the text the authors consider the limitations of the research study. They assess the results of the research and propose practical recommendations.

6.1 Limitations of the study

Although the aim of the research was achieved, the author noticed several limitations of the study that could have affected the results.

The main limitation is the insufficient number of similar studies in the Czech Republic. Research studies on this issue in a similar environment that the author compares have only been carried out in the detoxication ward in Olomouc.

Another limitation considered by the author is the time of DI in the detoxication ward. DIs were carried out between 4 and 5.30 pm. During this time of the day the patients are tired, often hungry before their dinner, and their moods vary depending

on the previous programme. The time of DI has not been changed so far. The detoxication ward has a strict daily regimen.

Another limitation might be a negative atmosphere in the group. Internal conflicts. Some of the participants might have been affected by the problems of other patients. One research participant was sad because the mother of one of the patients had died. The participants need not have concentrated on the technique during the implementation of the research.

The results might have also been affected by the method of observation. The authors led DI personally and wrote down the findings after completion of DI.

Last but not least, it is important to take into consideration that the research was carried out only in a single detoxication ward in Olomouc. The research team believe that this is a considerable limitation. The authors would be very much interested in patients' reactions in other detoxication wards in the Czech Republic.

6.2 Practical recommendations

During the implementation of the research the authors thought about possible ways of using the results in a practical environment. This primarily relates to practical findings.

The research participants appreciated the combination of movement techniques and quiet techniques (in the sitting position). The research team recommend that various dramatherapy techniques should be used.

Dramatherapy uses various types of cards. Usually they are symbolon cards. The author prefers the Dixit board game cards, which proved to be a suitable tool for use in drama therapy interventions. They represent objects into which patients can easily project their current state and their own thoughts. The authors recommend these cards as a possible means of dramatherapy.

The clients in a detoxication ward are diverse. Mostly they are older persons with various diagnoses. These persons need not necessarily know terms such as 'metaphor'. The authors believe that each therapist should take these details into account.

In addition to unknown terms, the clients often asked what the technique was good for and what its aim was. The therapist should also be ready for these types of questions. The patients are interested in the techniques but sometimes do not see the sense of playful activities.

The authors also believe that the patients should be offered not only artistic methods of expressing their thoughts and feelings, but also writing. For some drawing may be stressful, which might have a negative effect on other activities. The research participants appreciated various possibilities of expression.

A positive aspect was the thematic link between warm-up and the main technique. In this way, the patients were prepared for the main technique. This was a common thread of DI.

7 Conclusion

The authors tested the effectiveness of selected techniques with persons addicted to alcohol and methamphetamine. The research team concluded that these techniques were applicable in a detoxication ward. It is however recommended to revise the warm-up techniques that precede the main technique. The research suggested what the patients thought about dramatherapy. Dramatherapy is an important element of treatment in a detoxication ward, introduces new approaches, group dynamics, entertainment, and releases tension in the group. The main data collection methods included the interview, observation and an additional method using the participants' diary. This was the basis of the methodological triangulation approach. The data achieved were analysed using the open coding method, followed by axial coding and secondary interpretation.

The authors believe that the present research study enriches the theoretical background of the issue, improves the position of dramatherapy in the healthcare sector and highlights the significance of this form of therapy in a detoxication ward.

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