How do patients from dynamic and cognitive-behavioural groups perceive dramatherapy?

(scientific paper)

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Abstract: *This contribution deals with differences and similarities in perceiving dramatherapy in patients with neurotic disorder in the context of psychiatric treatment. The first goal ascertains if there are differences in assessment of dramatherapy according to the membership of dynamic or cognitive-behavioural group. The second goal ascertains differences during the first therapeutic session. The research assemblage was created by 57 patients from dynamic and cognitive-behavioural (KBT) groups from two mental hospitals in the Czech Republic. Data were gained by two-factor semantic differential and they were statistically assessed by a t-test (and further amended by qualitative group interviews). Conclusions have shown that the membership of patients of dynamic or KBT group has not an impact on their assessment of dramatherapeutic process.*

Keywords: *psychotherapy, dramatherapy, group, dynamics, neurotic disorder*

1 Introduction

Integration of theatrical and psychotherapeutic theories were essential for the formation and development of dramatherapy as the specialization of artistic therapies. Thanks to this process, a wide spectrum of dramatherapeutic approaches was created. These dramatherapeutic approaches take into account primary therapeutic orientation of their founders. It is also possible to meet with approaches that stem from a wide spectrum of traditions such as psychoanalytic, analytic, developmental, narrative, integrative etc. (Johnson, Emunah, 2009). Despite a strong synthesis and integrative interpretation of dramatherapy it appears that some psychotherapeutic specializations are predetermined to join dramatherapeutic process more than other ones.

Also in the field of psychiatry and psychotherapy, we traditionally use various types of group therapies – in the Czech Republic (ČR) but also in many other states they often distinguish between dynamic groups and cognitive-behavioural groups (in further text abbreviated as KBT). Dynamic groups use dynamic group factors and they have a strong affiliation to traditional psychodynamic approaches (Karkou, Sanderson, 2006). In KBT groups the interaction between clients is constrained and the group dynamics does not represent such an important and effective factor (Kantor, et al., 2016). In some Czech mental hospitals dramatherapy is used as a supportive therapy in both types of these groups.

The authors examined if the character of a therapeutic group (the membership of dynamic or cognitive-behavioural group) has an impact on subjective experiences of patients in dramatherapy and also if the membership of the type of a therapeutic group causes the difference between perception of the first one and other therapeutic sessions. In dramatherapy, a group therapy is often preffered and group dynamic factors represent important means of therapeutic changes (Jones, 2007). From this perspective, it can be presumed that dynamic groups have a better predisposition towards joining dramatherapy than KBT groups and this difference manifests itself in the subjective perception of therapies by patients. Patients with neurotic disorder who took part in dramatherapy during six-week hospitalisation in mental hospitals have been chosen for research.

1.1 Czech dramatherapy in the international context

D. R. Johnson (Johnson in Johnson, Emunah, 2009) appreciates J. Moren and his extraordinary credit for the establishment of dramatherapy and points out a close correlation between the development of psychodrama and dramatherapy. Although this observation relates primarily to English speaking countries, in the environment of the Czech Republic – since 1960s – it has been possible to find some applications of psychodrama within the framework of integrative approach of F. Knobloch (Knobloch, Knoblochová, 1999) in therapeutic community in Lobeč. As a part of the therapeutic practice in this community they also used psychogymnastics – nonverbal methods of group psychotherapy based on pantomime. When comparing the development of dramatherapy in the Czech Republic and abroad, it is notable that dramatherapy has been internationally established in the socio-political context of the 1960s and the 1970s thanks to "*shared experience of many individuals and meeting various branches, people, thoughts, within the environment of pluralism and dialogue.*" (Pendzik in Jennings, 2016, p. 306–316).

The early history of dramatherapy in an independent Czech state after 1989 is connected with an American dramatherapist M. Reisman who worked with clients with

psychotic experience at the Prague sanatorium Fokus at the end of the 1990s (Valenta, 2007). Another person who has contributed to the development of dramatherapy is B. Kolínová, the founder of Czech Association of Music Therapy and Dramatherapy and also M. Valenta who has established (so far the only one) the university study programme in combination with special pedagogy at Palacký University, Olomouc. In 2008, the Association of Dramatherapists of the Czech Republic (ADCR) was established thanks to the graduates of the first long-term training in dramatherapy.

According to ADCR, dramatherapy in the Czech Republic is defined as *"psychotherapeutic approach using theatrical means of finding favourable balance in mental and physical areas, in relationships or in personal development. The focus of dramatherapy is a process connected with enjoyment of creation which is based on metaphor, fantasy, projection, interaction, rational, sensory and somatic…"* (Association of Dramatherapists of the Czech Republic, 2016).

In the Czech Republic dramatherapy has a tradition not only in health institutions but also within a broader spectrum of interdisciplinary environment which includes, for instance, schools or social services. Furthermore, Czech dramatherapy has important continuity with special pedagogy. As there is no legislative backing for the profession of artistic therapists, dramatherapy in practice is mostly applied as a part of another profession, for instance as part of clinical psychology, psychiatry or special pedagogy.

It is the dramatherapeutists with qualification in special pedagogy who often find work in health institutions, social services or non-profit organizations specializing in therapy and psychosocial rehabilitation. As their education does not represent an adequate competence which is required in health institutions, when trying to find a job in this area, these people come across numerous obstacles. In some cases, they work in the field of dramatherapy on a voluntary basis with a lot of limitations that this position in a medical team brings.

1.2 Definition and classification of dramatherapeutic approaches (focused on psychodynamic and KBT approaches)

Given the great variety, the classification of dramatherapeutic approaches is quite diffilult. Classification is mostly based on information of a national or local character in spite of the fact that the comtemporary trend in dramatherapy is the recognition of its interculturally different forms (Jennings, Holmwood, 2016). Contemporary scientific literature states for instance following classification of dramatherapeutic approaches:

- Classification of paratheatrical systems of therapeutic character, for instance psychodrama, sociodrama, psychogymnastics and therapeutic theatre, and parath-

eatrical systems of educational character, for instance *drama in education* and *theatre in education* (Valenta in Müller, 2014).
- Classification regarding historical roots into transpersonal-spiritual, psychodynamic, psychodramatic, integrative, physical-affective, cognitive-narrative, therapeutic-performative, improvisatory-practical and process models (Johnson in Johnson, Emunah, 2009).
- Regarding the character of dramatic production into dramatherapy that is procedurally oriented and into dramatherapy based on a performance (Snow in Johnson, Emunah, 2009).
- Classification regarding effective factors of dramatherapeutic process such as the use of metaphors, fantasy, projection, interaction or group dynamics (Johnson, 2007).

In relation to classifying in the area of dramatherapeutic approaches, we can notice the effect of psychodynamic and cognitive-behavioural approaches on dramatherapy. Although both these specializations belong to main psychotherapeutic schools, their theoretical bases had a completely different impact on the development of dramatherapy. The importance of dynamic factors is depicted in artistic therapies very well. It significantly influenced most dramatherapeutic approaches. As key dynamic concepts we can consider for instance the theory of transfer (and also against transfer), intersubjectivity and empathy, group cohesion and group dynamics, group unconscious etc. Approaches of psychoanalytical dramatherapy are strongly linked to this tradition such as (Irwin in Johnson, Emunah, 2009) psychodynamically oriented apporoaches, for instance developmental topics in dramatherapy (Lewis in Johnson, Emunah, 2009) or developmental changes (Johnson, 1986).

KBT theories had much weaker impact on the development of dramatherapy, however, this has the advantage of massive research which is enabled by easy manualization of cognitive-behavioural approaches.

In dramatherapy itself we can find only sporadic cognitive-behavioural approaches (Růžička in Valenta et. al., 2017), their absence is, however, partly compensated by some contributions dealing with the connection of KBT with psychodrama, for instance Micheal (2000), Jacobs (2002), Avrahami (2003), Irwin (in Johnson, Emunah, 2009) and others, or with creative drama Karnezi and Tierney (2014).

Much more important wave for dramatherapy is the third KBT wave which connects specific therapeutic modications (for instance dialectic behavioural therapy or mindfulness) with expressive approaches. As a particular case in the field of dramatherapy we can state Inside Improvisation, Gluck (2005), Diamond Approach of A. H. Almaas (Cyr, 1998) and many multimodal approaches Broek, Bernstein (2011) olr Beaumont, Hollins (2016). Dramatherapy that conceptually stems from the approaches of the third KBT wave represents significantly integrating concept which

cannot be defined only within the limits of traditional KBT philosophy. A significant advantage of this concept is openness to various therapeutic theories and setting up a connection with significantly different psychotherapeutic approaches such as psychodynamic or humanistic specializations.

1.3 Dramatherapy in persons with neurotic disorder

The term **neurotic disorder** is here used by the authors as a comprehensive name for disorders which are, according to ICD-10, identified by means of numerical codes F40–F49 (a full name is "neurotic disorders, stress-induced disorders and somatoform disorders"). This group covers Phobic panic disorders (F40), Other panic disorders (F41), Obsessive-compulsive disorders (F42), Reaction to severe stress and adjustment disorders (F43), Dissociative disorders (F44), Somatoform disorders (F45) and Other neurotic disorders (F46). Three types of disorders referred to in the name have been merged into one big group due to their historical connection with the term neurosis and also due to the link between a significant part of these disorders and psychological causes. According to O. Kulísková (Kulísková, 2001), the term neurotic disorder has remained in the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD) mainly because of easier transition to a new classification.

In the area of psychotherapeutic research, we can find a number of valid conclusions confirming the efficiency of dynamically and cognitive-behavioural oriented approaches in persons with neurotic disorder, for instance Leichsenring (2013), Ritter (2013), Bögels (2014) and others. To a lesser extent, there are contributions concerning dramatherapy in this group of people. They focus on the application of particular dramatherapeutic approaches and theories, for instance developmental changes or the theory of roles Kless (2016), the creation of assessment tools Lištiaková, Valenta (2016) but also on the research on dramatherapy in some groups of neurotic disorders Anari et al. (2009), Figge (1982) and others.

In contemporary dramatherapeutic literature, however, the authors have not found any contributions dealing with preference for dramatherapy in patients with neurotic disorder according to their membership of a type of a therapeutic group. Given that psychiatric treatment in the Czech Republic is typically divided into dynamic and cognitive-behavioural groups, significant information regards the difference in groups focused on this therapeutic orientation in order to realize dramatherapy in interdisciplinary context.

1.3.1 Aims, hypotheses and methodology of the research

The aim of this pilot study was to examine differences in subjective evaluation of dramatherapy between patients with neurotic disorder and KBT group and also to ascertain possible potential of dramatherapy for both types of the groups. This aim was divided into two goals:

- **The first goal** examines whether there are differences in evaluation of dramatherapy according to the membership of dynamic or cognitive-behavioural group. The authors assume that dynamic therapeutic groups are better at joining dramatherapy and expressive techniques. Therefore they set up a hypothesis that patients from dynamic groups will evaluate dramatherapy more positively than patients from patients from cognitive-behavioural groups.
- **The second goal** examines differences between dynamic group and KBT group at first encounter which may have a crucial influence on the motivation of patients to undergo treatment and also on subsequent development of a therapeutic process.

The first two goals have been formulated into following hypotheses:

- **Hypothesis 1:** Clients of the dynamic group evaluate dramatherapy more positively than clients of the KBT group.
- **Hypothesis 2:** Clients of the dynamic group evaluate the first therapeutic session better than clients of the KBT group.

1.4 Sample description

A basic sample of this research is comprised of patients with diagnose F40–F48. "Neurotic disorders, somatoform disorders and stress-induced disorders" hospitalised in a mental hospital. The research sample was gained progressively, using the method of a deliberate sampling at an open ward 32 C at the University Hospital in Olomouc out of five therapeutic groups (3 dynamic groups and 2 KBT groups). As a result, the sample was comprised of 56 patients that is 31 women, 17 men and 8 patients who did not specify their gender when filling in a questionnaire. All the patients were over 18 years of age. For the purpose of research, they were divided into two subsets according to the membership of the dynamic group or the KBT group.

Patients are hospitalised for 6 weeks. During that time they work in two groups – that is 1 dynamic group and another group where they work with clients based on the principle of KBT. Dynamic psychotherapy work with group dynamics and there are clients for whom social interaction might be beneficial. KBT is structured psychotherapy focused on solving present problems in a relatively short time. Dramatherapy in patients was under way from the second week of their treatment because the first

week was earmarked for familiarisation with the clinic and the way of functioning the ward, medical examinations and classification of patients into the groups.

The team of dramatherapists was comprised of 4 women aged between 24 and 30 years. All of them were graduates of university study programme dramatherapy or special pedagogy at Palacký University, Olomouc. It can be anticipated that there were no significant differences in their working methods when leading dramatherapy. As a co-therapist in one of the groups, there was one undergraduate who was just finishing her university degree in psychology at that time.

1.5 Data collection methods and data analysis

Data collection was done by means of two-factor semantic differential (quantitative part) and also by means of a group discussion (qualitative part).

Two-factor semantic differential: The aim of using the semantic differential (SD) was to analyse subjective perception of energy and evaluation of dramatherapy in clients with neurotic disorder. For the purpose of this research, researchers used Chraska's two-factor semantic differential whose measurement is based on a tool called ATER ("attitude towards educational reality"). 10 scales are divided into 5 scales in order to measure the factor of evaluation (h) and other 5 scales are supposed to measure the factor of energy (e). Since people sometimes tend to evaluate steretypically when filling in scales, half of the scales are created in a reverse form (extreme values of these scales are inverted). Clients were working with a seven-point scale and their task was to evaluate the dramatherapeutic session as pleasant – unpleasant, undemanding – demanding, unpleasant – pleasant, bright – dark, strict – mild, easy – difficult, nice – ugly, problematic – smooth, sour – sweet, easy – difficult.

Quantitative data gained from the semantic differential were evaluated by means of methods of inductive statistics. Researchers equalized the averages of evaluation gained from both groups by means of a t-test. The term evaluation of therapy was operacionalyzed as an average of items of semantic differential which relate to the factor of evaluation. Using the **t-test** it is possible to decide "*whether two data sets gained by measurement on two different sets of objects (for instance pupils) have the same arithmetic average*" (Chráska, 2005, p. 150). Measured values were compared with importance level $p = 0.05$.

2 Results

Data analysis and data interpretation will be divided according to given hypotheses.

Evaluation of dramatherapy by patients of dynamic groups and KBT groups: The first hypothesis examined whether there are differences between average evalua-

tion of dramatherapy in patients from a KBT group and average evaluation of dramatherapy in patients from a dynamic group. By means of statistical analysis (t-test), no significant difference (significance = 0.3925) was proved. **The membership of a dynamic or KBT group does not have an impact on evaluation of dramatherapy by patients with neurotic disorder.** The following table 1 shows the results of this part of analysis.

Table 1: *Evaluation of dramatherapy in the KBT group and the dynamic group*

VARIABLE	t-tests: grouped: Group 1 and 2 (individual therapeutic sessions) Group 1: dynamic approach Group 2: KBT approach							
	Average dynamic	**Average KBT**	**t**	**sw**	**P**	**Initial validity dynamic**	**Initial validity KBT**	**Standard deviation dynamic**
Factor of evaluation	2.319	2.608	–0.8631	46	**0.3925**	22	26	0.846
VARIABLE	t-tests: grouped: Group 1 and 2 (individual therapeutic sessions) Group 1: KBT Group 2: Dynamický přístup							
	Standard deviation KBT			**F-ratio dispersion**			**P dispersion**	
Factor of evaluation	1.363			2.593			0.029	

Evaluation of the first dramatherapy session by patients from the dymanic and KBT groups: The second hypothesis examined whether there are differences between average evaluation of the first dramatherapy session in patients from the KBT group and average evaluation of dramatherapy in patients from the dynamic group. Even in this case, no significant difference (signifikance = 0.7725) was proved by means of statistical analysis (t-test). **The membership of a dynamic or a KBT group has not an impact on the fact how patients with neurotic disorder evaluate the first dramatherapeutic session.** The following table 2 shows the results of this part of analysis.

Table 2: *Evaluation of the first dramatherapy session in the KBT group and the dynamic group*

VARIABLE	t-tests: grouped: Group 1 and 2 (individual therapeutic sessions) Group 1: KBT Group 2: Dynamic approach								
	Average KBT	**Average dynamic**	**T**	**sw**	**P**	**KBT**	**Dynamic**	**Standard deviation KBT**	**Standard deviation dynamic**
Evaluation after the first session	2.644	2.800	–0.291	33	0.7725	9	6	0.931	1, 495

4 Discussion

Statistical analysis has shown that the membership of a dynamic or a KBT group has not an impact on the fact how patients with neurotic disorder evaluate dramatherapeutic process. That difference is not apparent even when comparing averaged evaluation for the whole period of hospitalisation and also there is not an apparent difference between the first therapeutic session and subsequent process of dramatherapy. It can be presumed that subjective evaluation of dramatherapy by patients is more likely due to the way of leading therapy by a therapist as well as the way of working that is set by a therapist who leads a group from the very beginning.

These conclusions are supported by unpublished data from interviews with dramatherapists which suggest that differences between groups during the process of dramatherapy disappear also in the perception of dramatherapists. Following experience of one of the dramatherapists suggests that also in the KBT group it is possible to achieve a relatively high degree of group dynamics and mutual interaction, although this way of working may be surprising for group members at first: "*this is exactly what we experienced, we literally heard from the members of one KBT group that they were really surprised by the fact that during dramatherapy they acted as a group and the interaction between them was not channelled through a therapist but it was among them. They told us that it is not one-way or two-way but that in fact the interaction works in a number of ways which is good for them*" (not yet published data from the research).

Given that patients with a lower degree of complications are more often integrated into dynamic groups in the psychiatric treatment of neurotic disorders, the conclusions might suggest that evaluation of dramatherapy does not differ in view of the degree of patient's complications. However, this conclusion is, to a larger extent, hypothetical because patients in repeated treatment are integrated into a different type of groups than in prevision hospitalisation. In order to confirm this hypothesis, it would be necessary to compare subjective evaluation with conclusions of objective psychiatric examinations that was not possible to get during the research.

At the same time, it should be noted that this study has examined only subjective evaluation of dramatherapy by patients. Based on these results it is not possible to claim that there are no differences between groups. Furthermore, these conclusions reveal nothing about group dynamics and other factors of group work which may differ considerably. Similarly, it is not possible to claim that there are no differences between psychodynamically and KBT oriented dramatherapy because leading therapeutic process was similar in all dramatherapists considering the same therapeutic bases (their style of leading therapy tended to correspond rather with the character of dynamically oriented groups).

The conclusions of the study suggest that dramatherapy can be beneficial in treatment of patients with neurotic disorder, in particular as regards KBT groups because patients from these groups are not usually sufficiently equipped for work in verbal dynamic groups. The advantage of dramatherapy is that it enables to stimulate interaction even without the need of verbal interaction or perspective work. In a nonverbal space, it is possible to create interaction among patients at the level which is currently manageable for them.

An incentive for following research is, besides above mentioned proposals, examining of other factors (for instance factors of group dynamics) by which dramatherapy differs in originally dynamic or KBT groups, differences between perception of these groups by therapists themselves or the efficiency of dramatherapy in these groups. Conclusions might achieve a higher rate of validity if they were complemented by a qualitative part. Although the authors worked with some statements of therapists and health professionals, it would be necessary to get a bigger data set in order to conduct a qualitative part of research.

Validity of this study was examined by means of factor analysis of semantic differential items. After the deletion of one scale from semantic differential which was proved to be inadequately valid, it was found that all the scales measure a factor they were originally designed for. This is also demonstrated by relatively high values of factor loadings in table 3 (in red there are loadings bigger than 0.60). Negative values of factor loadings (scales 7 and 8) mean that these scales are reverse, that is, they have, in comparison with other scales, inverted scoring. For the purposes of this study, researchers used the modification of semantic differential which did not include a promblematic scale 4.

Table 3: *Factor analysis of results in convenient scales of semantic differential*

SCALE	Factor loadings (Varimax standardised) (SD_all assessments) Extraction: Main components Dominant factor loadings are below labelled with a red mark	
	Factor of evaluation	**Factor of energy**
SD_altogether_s1	**0.813850**	0.243748
SD_altogether_ s2	0.194812	**0.865363**
SD_altogether_s3	**0.842122**	0.254958
SD_altogether_s5	0.251848	**0.894912**
SD_altogether_s6	**0.805848**	0.223301
SD_altogether_s7	**–0.545567**	–0.192131
SD_altogether_s8	**–0.783212**	–0.143554
SD_altogether_s9	0.290850	**0.878400**

On the other hand, during the realization of the study, there were some obstacles in place which are unfavourable for proving validity. Given the methodic setting of the study, data was collected immediately after a dramatherapeutic session when assessment forms were distributed to patients. However, this method of data collection has proven to be very disruptive and a relatively big number of respondents refused that. According to some dramatherapists, some groups were excluded from the assessment in the light of above mentioned emotional aspects. Data collection was further complicated by the absence of clients in sessions, for instance due to a medical examination which took place at the same time as a session or due to the fact that they decided to quit the treatment. In spite of these complications and a low return, researchers managed to gain data from 57 patients during two years which is exactly a resulting number of patients that were included in the sample, following the above mentioned reduction.

3 Conclusion

Psychotherapeutic treatment of patients with neurotic disorder who are hospitalised in mental hospitals in the Czech Republic often uses classification into dynamic and cognitive-behavioural groups. Dramatherapy which is, given the focus on dynamic group factors, close to a dynamic type of groups, currently take place in several mental hospitals as supplementary treatment in patients from both groups.

The conclusion of this study is that the membership of patients with neurotic disorder of a dynamic or KBT group does not have an impact on their subjective evaluation of dramatherapeutic process (this assesssment was gained by averaging of scales of a semantic questionnaire ATER (Chráska, 2007). This conclusion does not exclude the possibility that the membership of a dynamic or KBT group may influence dramatherapy by means of other factors whose study is recommened by the authors as a topic for following research.

References

[1] Anari, A., Ddadsetan P. , Sedhpour, S. B. The effectiveness of drama therapy on decreasing of the symptoms of social anxiety disorder in children. *European Psychiatry,* no. 24, (1, 2009).

[2] Asociace dramaterapeutů České republiky. *Dramaterapie.* http://adcr.cz/dramaterapie, 2016.

[3] Avrahami, E. Cognitive-behavioral approach in psychodrama: Discussion and example from addiction treatment. *The Arts in Psychotherapy*, no. 30 (4, 2003): 209–216.

[4] Beaumont, E., Hollins-Martin, C. J. *A proposal to support student therapists to develop compassion for self and others through Compassionate Mind Training.* The Arts in Psychotherapy. (50, 2016), 111–118.

[5] Bögels, S. M. et al. *Psychodynamic psychotherapy versus cognitive behavior therapy for social anxiety disorder: an efficacy and partial effectiveness trial.* Depress Anxiety. (May; 31/5, 2014).

[6] Broek, E., Vos, M. K., Bernstein, D. P. *Arts therapies and Schema Focused therapy: A pilot study.* The Arts in Psychotherapy, (38, 2011), 325–332.
[7] Chráska, M. *Hypotézy a jejich ověřování v klasických pedagogických výzkumech.* (Olomouc: Pedagogická fakulta Univerzity Palackého, 2005).
[8] Chráska, M. *Metody pedagogického výzkumu. Základy kvantitativního výzkumu.* (Praha: Grada, 2007).
[9] Cyr, D. P. *Spirit in Motion: Developing a Spiritual Practice in Drama Therapy.* (California Institute of Integral Studies, San Francisco, CA), 1998.
[10] Figge, P. , W. Dramatherapy and Social Anxiety. *Dramatherapy*, no. 6 (1, 1982): 3–17.
[11] Gluck, J. *"Insight Improvisation" in context.* http://www.insightimprov.org/Resources_files/ii_treatise_web.pdf, 2005.
[12] Hamamci, Z. Integrating psychodrama and cognitive behavioral therapy to treat moderate depression. *The Arts in Psychotherapy*, no. 33 (2006): 199–207.
[12] Irwin, E. Psychoanalytic approach to drama therapy. In D. R. Johnson, R. Emunah, *Current approaches in drama therapy*. (USA: Charles C Thomas Publisher, 2009), 235–251.
[13] Jacobs, J. E. Real-life role play: A cognitive therapy case study with two young sex abuse survivors. *Journal of Group Psychotherapy, Psychodrama, Sociometry* (Summer-Fall, 2002): 67–77.
[14] Jennings, S., Holmwood, C. *Routledge International Handbook of Dramatherapy.* (New York: Routledge, 2016).
[15] Johnson, D. The developmental method in drama therapy: Group treatment with the elderly. *The Arts in Psychotherapy*, no. 13 (1986): 17–34.
[16] Johnson, D. R., Emunah, R. (Ed.). *Current Approaches in Drama Therapy.* (Springfield, Illinois: Charles C Thomas Publisher, 2009).
[17] Johnson, D. R. The history and development of the field of drama therapy. In North America. In D. R. Johnson, R. Emunah, *Current approaches in drama therapy.* (USA: Charles C Thomas Publisher, 2009), 5–15.
[18] Jones, P. *Drama as Therapy Volume 1: Theory, practice and research.* (London: Routledge, 2007).
[19] Kantor, J. et al. *Společné a rozdílné v uměleckých kreativních terapiích.* (Olomouc: Univerzita Palackého, 2016).
[20] Karkou, V., Sanderson, P. *Arts therapies: A research-based map of the field.* (Edinburgh: Elsevier, 2006).
[21] Karnezi, H., Tierney, K. Cognitive Behavior Drama: An Innovative Intervention Model that Combines Established Psychological Methods with the Art Form of Drama to Provide Young Children on the Autism Spectrum with the Motivation and Confidence to Overcome Their Fears. *Advances in Research* no. 2, (7, 2014): 393–408.
[22] Klees, S. *A Hero's Journey in a German psychiatric hospital: A case study on the use of role method in individual drama therapy*. DramaTherapy Review. (Vol. 2, Issue 1, 2016).
[23] Knobloch, F., Knoblochová, J. *Integrovaná psychoterapie v akci.* (Praha: Grada, 1999).
[24] Kulísková, O. *Neurotické poruchy, poruchy vyvolané stresem a somatoformní poruchy – etiologie, diagnostika a terapie.* Neurologie pro praxi, (3, 2001) 138–143.
[25] Leichsenring, F. et al., *Psychodynamic therapy and cognitive-behavioral therapy in social anxiety disorder: a multicenter randomized controlled trial.* Am J Psychiatry. (11, 2013).
[26] Lewis, P. The developmental themes approach in drama therapy. In D. R. Johnson, R. Emunah, *Current approaches in drama therapy* (USA: Charles C Thomas Publisher, 2009), 252–283.
[27] Lištiaková, I., Valenta, M. *Evaluace v dramaterapii.* (Olomouc: Univerzita Palackého, 2016).
[28] Micheal, B. Drama, masculinity, and violence. *Research in Drama Education,* no. 5 (2000): 9–21.
[29] Možný P. , Praško J., Šlepecký M. *Kognitivně behaviorální terapie psychických poruch.* (Triton, 2007).

[30] Pendzik, S. Dramatherapy and the feminist tradition. in S. Jennings, C. Holmwood (Eds.), *The Routledge international handbook of dramatherapy.* (New York: Routledge, 2016), 306–316.
[31] Ritter, V. et al. *Changes in implicit and explicit self-esteem following cognitive and psychodynamic therapy in social anxiety disorder.* Psychother Res. (23, 5, 2013).
[32] Růžička, M. Kognitivně behaviorální dramaterapie – projekty k prevenci relapsu. In M. Valenta, *Dramaterapeutická intervence u osob se závislostí* (Olomouc: Vydavatelství Univerzity Palackého, 2017), 89–116.
[33] Snow, S. Ritual/Theatre/Therapy. In D. R. Johnson, R. Emunah, *Current approaches in drama therapy.* (USA: Charles C Thomas Publisher, 2009), 117–144.
[34] Valenta, M. *Dramaterapie.* (Praha: Grada, 2007).
[35] Valenta, M. Dramaterapie. In O. Müller, *Terapie ve speciální pedagogice*. (Praha: Grada, 2014), 132–165.

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