



Using dramatic reality to reduce depressive symptoms: A qualitative study

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ABSTRACT

The research surrounding the use of the imaginative realm in treating patients with depression is limited. The aim of this study is to identify from the dramatherapists' point of view, whether the imagination can be a useful intervention in the treatment of clients with depression. Semi-structured interviews were conducted with dramatherapists working for non-NHS organisations in England. Interpretative Phenomenological Analysis (IPA) was used to analyse the data. The findings highlight the dramatherapists' perception of the imaginary realm and self, the imagination in depression and how autobiographical and future memory may influence depressive symptoms. The symptoms include social isolation, social anxiety, avoidance behaviours, low self-esteem, low motivation, negative mindset, suicidal ideation and low mood. The structure of the imaginary realm is questioned and new experiences are highlighted as being significant for enabling people with depression to build a more positive impression of the future inside and outside of therapy. The relevance of a diagnosis is also discussed in regards to its necessity and the difficulties it can cause for clients suffering from depression. In addition, there is some indication of how dramatic reality could be used to treat depression as a complimentary treatment to medicines in the future.

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Introduction

Dramatherapy is a fast developing field. A concept that is quickly developing in the field is that of 'dramatic reality', referring to the imaginary realm, which is where a lot of the key dramatherapy takes place. Many other names have been used to describe the concept such as surplus reality (Moreno, 1987 cited in Pendzik, 2006), playspace (Johnson, 1991), fantastic reality (Lahad, 2000) and fictional present (Cattanach, 1994 cited in Pendzik, 2006) yet the chosen term for this study is 'dramatic reality' as it is present in many of the papers that inspired this research. The term 'dramatic reality' (DR) is most frequently used by Pendzik (2003, 2006, 2008) and is described as "a departure from ordinary reality and the living manifestation of an alternative in the here and now" or more simply "a fantasy made present" (2003, p. 93). In the context of a session, dramatic reality is engaged after a passage to a state of pretend, even having a separate space for imaginary content to take place (if needed). A stimulus such as a picture or story can be used to help the transition but the stimulus needs to be derived from what the client brings to therapy and can relate to. Through using dramatic reality within the safe surroundings of the therapy

room, clients can explore fantasies, difficult issues or events that they feel they could never experience in reality.

A number of studies have investigated the use of drama and the imaginary realm with a range of disorders and problems including schizophrenia (Ruddy & Dent-Brown, 2007; Rohricht, Papadopoulou, Holden, Clarke, & Priebe, 2011), post-traumatic stress disorder (Landy, 2010; Lahad, Farhi, Leykin, & Kaplansky, 2010), personality disorder (Meekums, 2005) and dementia (Jaaniste, 2011). A recent paper by Pimpas (2013) describes the development of dramatic reality for a nine-year-old autistic girl in order to enhance her emotional awareness which shows that dramatic reality is being considered as a useful component of some psychological treatments. Thomson and Jaque (2011) investigated the role of imagination in trauma and discovered a positive correlation between the pathological dissociation of trauma and fantasy proneness. If imagination can play a role in the psychopathology of trauma then it may be suitable to use dramatic reality to help people regain control of their imagination, allowing them to safely work through their trauma. This observation indicates that individuals could use imagination to aid their own recovery. Lahad et al. (2010) also support imagination based techniques for trauma and found that using dramatic reality combined with somatic experiencing (SE) and cognitive behavioural therapy (CBT) was undoubtedly effective for reducing symptoms of post-traumatic stress disorder (PTSD). Imagination has even been used to effectively reduce the fears of death for clients with dementia and to help reduce their

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confusion over their chaotic understanding of the world (Jaaniste, 2011).

Although there were no papers identified in the literature focusing specifically on depression, there has been research to suggest that the dramatic reality could be a useful approach with some of its symptoms including social isolation, social anxiety, avoidance behaviours, low self-esteem, low motivation, negative mindset, suicidal ideation and low energy and mood. In a paper by Pendzik (2008), the transformational power of the imaginary realm is shown with Marta*, who had low self-esteem and felt lonely, resentful and isolated. By using the imagination to explore the issues behind these symptoms, Marta made significant life changes and entered a more positive stage of her life. Crane, Shah, Barnhofer, and Holmes (2012) studied individuals suffering with depression and observed that the imagination presented very depressed negative imagery including death, suicide and their imagined future of suicidal acts (suicidal ideation). This suggests that the imagination is present in these individuals, yet they may be unable to use imagination positively, which could be addressed through dramatherapy to create more desirable cognitions of the future. There is an obvious link to future memory and the negative way in which people with depression envisage a future. Future memory refers to how we develop a vision of our life in the future based on the past experiences of the self. Atance and O'Neill (2001) describe episodic future thinking as "a projection of the self in to the future to pre-experience an event". This means that by using our memory for the past, we can pre-experience aspects of our imagined future, therefore our memory for the future involves what we want to experience. By working within the imaginary realm in the safe surroundings of a therapy room, individuals may be able to explore imaginary content that could adapt the way they perceive the world around them and their place in it. Bardsley (2010) supports this idea and explains that the imagination could be important in how we perceive the world around us. Therefore, by concentrating on the content of the imagination, the negative mindset associated with the depressed individual's perception of the world could be controlled. This could be valuable in the elimination of negative imagery in future memory (e.g. suicidal ideation), so clients can begin to see a better future. Holmes and Hackmann (2004) studied the role of a healthy imagination and mental imagery in psychopathology. They suggested that the imaginary realm can have an impact on an individual's autobiographical memory, enabling people to see a past, present and future for themselves, which again links closely to future memory. Using dramatic reality to shape an individual's autobiographical memory, and in turn their vision of the future, could be an important factor in helping to alleviate the negative mindset associated with their depression.

In the last 12 years, many papers have focused on dramatherapy and recovery from mental health problems. Moran and Alon (2011) found that self-esteem was enhanced as was self-knowledge and empathy with others which could support that DR may be useful with other similar aspects of mental health. The person-centred nature of dramatherapy could be a contributing factor to the noted improvement in many studies like Moran and Alon (2011). Humboldt and Leal (2012) studied the influence of person-centred therapy (PCT) in enhancing adult self-esteem and found that self-esteem levels had improved at follow-up. They even suggested that other programmes may benefit from including a PCT component, especially when targeting self-esteem. Another study looking at the influence of person-centred therapy for social anxiety difficulties concluded that it could bring about considerable change in socially anxious clients (Stephen, Elliott, & Macleod, 2011).

Although many papers mention particular symptoms of depression, the illness specifically has not been studied with this intervention. According to the World Health Organisation (2012), approximately 121 million people suffer with depression

worldwide and health budgets are under high pressure to provide the necessary treatments. Keeping this in mind, it is surprising that the imaginary realm has not been investigated in more depth for its value in treating depressive symptoms, and raises a question about the reason why. This type of intervention would be extremely relevant at a time where drug companies are stopping their search for new, more effective drugs for depression (Bosely, 2011). The aim of this qualitative study is to use the experience of dramatherapists to answer the following research question: How can dramatic reality be used to reduce the symptoms of depression? This will involve some investigation into the value and structure of dramatic reality itself, the role of the diagnosis, the relationship between the imagination and depression and the future for dramatic reality as a treatment for depression. The conclusions from this research hopefully extend the knowledge base for the use of dramatic reality in reducing and preventing depressive symptoms.

Method

The participants responded to a short advert published in a well-established organisation's newsletter, including a brief paragraph about the study and participants. Data was collected from three dramatherapists, each working within a different clinical setting. Participant one, referred to using the pseudonym Annette, works privately on a one-to-one basis with clients. Participant two, referred to using the pseudonym Victoria, works for a number of different mental health organisations and has a strong focus on community-based dramatherapy. Participant three, referred to using the pseudonym Bridget, owns her own private practise as well as working for a number of mental health institutions and groups.

Semi-structured interviews consisted of four categories of questions: therapist background, imagination and approaches, client type and knowledge and understanding of depression. Semi-structured interviews are useful for this type of data collection because it gives the participant freedom to answer the questions in a way that suits their experience. In addition, I carefully guided the interview content to keep the data relevant to the question. By using the semi-structured interview style, questions are altered to gain the richest data possible, and to encourage participants to expand on areas of significance. The questions aimed at identifying the structure of the imaginary realm, how the imagination was used to address the symptoms of depression, how the diagnosis would influence the dramatherapist's approach to imagination and to highlight anything about the imaginary realm that could be tailored to depression specifically. This qualitative approach to data collection aims to show support and guidance for the positive influence of DR in the treatment of depression. Each interview was audio recorded for transcription and analysis.

To analyse the data, I used Interpretative Phenomenological Analysis (IPA) developed by Smith (1996, 2004). This method is suited to data collection from semi-structured interviewing and works well with small samples. IPA aims to explore the personal experiences of an individual and how they have made sense of those experiences, which is well suited to the data collected in this study as it investigates the personal and professional experience of dramatherapists and how they have made sense of their work using the imaginary realm. By using this approach, important points were transformed into sub-ordinate themes which could then be clustered to create the superordinate themes of the research. The analytic narrative was developed from the themes using the key quotes from each theme in a process that should be easily replicated following the guidance of Lyons and Coyle (2007).

The ethical aspects of this study have been approved by the Psychology Ethics Review Committee at Bath Spa University.

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