



## Exploring core processes facilitating therapeutic change in Dramatherapy: A grounded theory analysis of published case studies



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### ABSTRACT

Limited research studies examining the core processes involved in facilitating change within Dramatherapy exist. Many papers rely on individual accounts of clinical work and, taken in isolation, potential contributions of these studies remain unrecognised. This research took a grounded theory approach to synthesise individual accounts of Dramatherapy in the literature in order to develop a theory of the core processes at work. A systematic review using an electronic and hand search of key journals identified published articles that contained 'thick' descriptions of Dramatherapy sessions. Grounded theory methodology was implemented to generate a theory of the core processes using a systematically applied set of methods linking analysis with data collection. Thirteen eligible papers were identified. The theory constructed from the data proposed a meta-processes model of change. These meta-processes included working in the 'here and now', 'establishing safety', 'working alongside' 'offering control and choice' and being 'actively involved'. The implications of the findings are discussed as are areas for development and future research.

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### Introduction

*'Dramatherapy is the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth.'*

The British Association of Dramatherapists (2013)

*'Drama Therapy is an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world.'*

North American Drama Therapy Association (2014)

### Development of a profession

Dramatherapy has established a clear identity over the years, with the introduction of formal training in the 1960s and 1970s. The British Association of Dramatherapists (<http://badth.org.uk/>) was launched in 1977 and the North American Drama Therapy Association was launched in 1979 in the United States. This promoted the emergence of a profession that, in Britain, is now accredited by the Health and Care Professional Council (HCPC). The (HCPC 2007, 2013) is a regulatory body that sets out guidelines for health, psychological and social work professionals in the United Kingdom. These guidelines ensure that an individual is working safely and ethically and in accordance with the standards set out by their own profession. In the UK, there are currently five postgraduate training courses. Individuals who have completed an eligible training course in Dramatherapy must be registered with the HCPC in order to practice. Registered professionals can be 'audited' at any time to ensure that they are engaging in relevant on-going continued professional development activities that will ensure that their skills and knowledge remain current. Details of registrants can be accessed online by members of the public to reassure them of a therapist's accreditation and standards of practice.

Many theorists and researchers contributed to the development of 'Dramatherapy', however, no single individual can be named as the 'primary pioneer' of the approach (Jones, 1996). In the United

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Kingdom, the history of Dramatherapy can be traced back to the 1930s. At this time there was an increase in the use of 'drama' in hospitals and school settings. Occupational therapists were using 'drama' for recreation and 'remedial drama' was being used for people with learning disabilities. Into the early 1970s there was an increased emphasis on the drama as the primary medium of change and as therapy in its own right. Contributions from theories such as Peter Slade's child drama (1930), Jungian psychology and theories of the unconscious (1970s) and Winnicott's theory of human development (1970s) contributed to the integration of drama and psychology. Influenced by these theories, the pioneering work of Billy Lindkvist and the development of the 'sesame approach' to Dramatherapy (Lindkvist 1997) and (Sue Jennings', 1992) work on 'Dramatherapy models and approaches' have contributed to the evolving field.

### *Dramatherapy research and literature*

There is limited empirical qualitative or quantitative research evidence for the use of Dramatherapy. Instead, dramatherapists and researchers around the world have contributed to the development and understanding of dramatherapeutic methods through reflections on their clinical experiences by publishing clinical cases studies and theoretical pieces (Dokter & Winn, 2010). Much of the research lists techniques and activities used within Dramatherapy sessions or describes 'models' that can be used to structure and guide the use of the techniques but it has been recognised that there is a need for the literature to move forward from describing experience and models to developing a theory that will underpin change (Lahad, 1992). Case descriptions of clinical practice with various client groups are useful to highlight the variety of the techniques and activities used in practice. However, in isolation, these case descriptions do not necessarily offer insight into the core processes that are evident across all Dramatherapy approaches, making it difficult to fully realise the benefit and contributions of the studies as a body of literature (Eisenhardt, 1989).

Jones (1996) developed a theory that described the principal processes or therapeutic factors that transcend the various models and approaches in Dramatherapy. By collecting vignettes describing clinical work and interviewing dramatherapists about their practice, he was able to identify common themes across interviews. From these themes, he adapted his nine original 'core processes': dramatic projection; dramatherapeutic empathy and distancing; role playing and personification; interactive audience and witnessing; embodiment: dramatising the body; playing; life-drama connection; and transformation. He then explored how dramatherapists utilised the 'core processes' in their work and the ways in which the processes facilitated change for a client and concluded that these 'core processes' offered a language through which to communicate and provided a framework for therapists to understand and examine their practice (Jones, 2008).

Casson (2004) conducted qualitative research over a six year period with clients who experienced psychosis. Through his analysis of client interviews, client journal entries and his clinical notes on sessions, he derived a number of theories and methods for working with psychosis using Dramatherapy. He described key emergent themes to be mindful of with this client group: these included the importance of establishing a therapeutic relationship, abuse and loss of voice, therapy as an opportunity to talk, creating a safe space, saying no or stop, projected play, the five story self structure, empowerment through enactment and role play.

Dokter and Winn (2010) carried out a research project with the aim of critically appraising the available evidence base for Dramatherapy. They observed that the majority of research evidence was in the form of case studies and book chapters with very few peer reviewed research studies published. Dokter recommended

that Dramatherapy studies needed to improve by including adequate information that demonstrated that the practice described was research based as this information was rarely made explicit. A systematic review investigating Dramatherapy and Arts therapies with schizophrenia (Ruddy & Dent-Brown, 2007) found that the quality of Dramatherapy studies available was such that no conclusions could be drawn as to effectiveness and that further and more high quality research was required.

As Dramatherapy research relies primarily on individual descriptions of clinical work it would be of significant benefit to systematically identify, integrate and analyse these texts in order to highlight the emergent core processes that dramatherapists identify as effective in facilitating change for clients. The emergence of theory is required so that further qualitative and quantitative research can be conducted that will contribute to the developing evidence base for Dramatherapy. This review aims to systematically synthesise the evidence from clinical descriptions and case studies of Dramatherapy practice to explore the core processes that occur in Dramatherapy; understand how these core processes facilitate change for a client; and to develop an explanatory theory that encapsulates the core processes and describes how they integrate together.

## **Method**

### *Search strategy*

A systematic literature search was conducted in March 2013 using the OVID and EBSCO on-line interfaces to identify relevant articles from the following databases: Medline, Embase, CINAHL, psych info, psych articles and Psychology and Behavioural Sciences collection.

Keyword searches used the following terms: Dramatherapy\*\* OR Drama therapy\*. Truncating was used to ensure identification of endings that may have been plural. The search was limited to English language and humans. A date range limit was applied: 1960 to March 2013. This time frame reflects the beginning of the official development of Dramatherapy as a profession. In addition to searching electronic databases a hand search of the following journals was undertaken: Dramatherapy Journal and The Arts in Psychotherapy. This search confirmed the sensitivity of the database search; as it established that all eligible studies had been identified. The reference lists of full-text articles retrieved using the above search strategy were hand searched to identify other potentially relevant studies.

### *Inclusion and exclusion criteria*

The inclusion criteria were as follows: studies that were published in English; studies published from 1960 to 2013; studies that describe a Dramatherapy intervention only; studies that include clients with mental health difficulties; studies that include clients over the age of 16; studies where the Dramatherapy intervention was facilitated by a dramatherapist (this helped to ensure fidelity to the approach); studies that provided an adequate description of clinic work that could be described as 'thick' in richness. In order to decipher whether a description is 'thick' or 'thin', Geertz (1973) highlights that the differences are related to whether or not a paper reports on the 'context of an experience', the 'intentions and meanings' that were involved in the experience and the 'processes involved'. 'Thick' descriptions indicate depth over superficiality of the accounts and observations Popay, Rogers, and Williams (1998).

The exclusion criteria included: studies that are published in any language other than English; studies published before 1960; chapters; books; theoretical pieces or reviews; studies that

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