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Research Article

Safety, play, enablement, and active involvement: Themes from a Grounded Theory study of practitioner and client experiences of change processes in Dramatherapy

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ABSTRACT

Objective: This study aims to investigate how dramatherapists and dramatherapy clients experience change in therapy and whether change processes identified are consistent across dramatherapeutic approaches.
Method: Seven dramatherapists and seven dramatherapy clients were interviewed about their experiences of dramatherapy. Using a grounded theory method three core themes were constructed from the data.
Results: The resulting core categories – 1. working within a safe distance; 2. the client being allowed and allowing self to play and try out new ways of being and 3. being actively involved in therapy: creating something visible and having physical experiences using the body, capture the experience of change for both dramatherapists and clients in therapy. Key change mechanisms were also proposed, these included: developing new awareness and finding a language to communicate.
Main conclusions: A focus on developing new awareness and increased insight into self are important outcomes for therapy and need to be clearly communicated as such. Future research should include further exploration of the key themes identified and the client developing increased reflective functioning as a key change mechanism during dramatherapy.

Dramatherapy practitioners and researchers have contributed to the development and understanding of dramatherapeutic methods. They have recorded and shared this work through clinical cases studies and theoretical pieces (Dokter & Winn, 2010). However, defining what dramatherapy is, and how it is effective, can be problematic. This is partly due to the variety of approaches adopted within this one form and to the difficulties in quantifying the outcomes. Jones (2014) claimed that we are in danger of segregation. Landy (2006) questions the value in adopting so many approaches some of which have not been fully developed in terms of research and clinical application.

Understanding how therapy processes link to change outcomes is a complex task across all therapeutic modalities (Roth & Fonagy, 1996). Research that explores change in psychodynamic therapies has a focus that goes beyond symptom reduction. Instead change outcomes such as fostering new insights, psychological flexibility and increasing insight into own and other's mental states are thought to be ways that help patients. These unique factors in psychodynamic therapies may be outcomes within themselves or may serve to mediate client change (Barber, Muran, McCarthy, & Keefe, 2013). In order to frame the experience of dramatherapy, it is of interest to identify and explore the 'core change processes' as they occur in dramatherapy. Dramatherapy change processes are defined within the study as the key therapeutic factors present within dramatherapy, as derived from the specific dramatherapeutic techniques adopted, that ultimately lead to change.

Therapeutic factors

Jones (1996) proposed nine 'core therapeutic factors' that he hypothesised could apply across all dramatherapy approaches. These include dramatic projection, drama therapeutic empathy

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and distancing, role playing and personification, interactive audience and witnessing, embodiment (using the body alone to express feelings), playing, life-drama connection and transformation. In defining these nine core 'therapeutic factors' Jones attempted to offer a unified understanding of theory as it links to dramatherapy practice across client populations and practitioners. An analysis of clinical vignettes describing therapist's experiences of using dramatherapeutic methods indicated that dramatherapists were using these core processes as a guide in their work; and that they served as a framework and provided a language through which to communicate dramatherapy practice (Jones, 2008).

A grounded theory analysis of clinical descriptions of dramatherapy practice published in the literature identified five meta-processes important to dramatherapy practice Cassidy et al. (2014). These included '*working in the here and now*', therapists' '*working alongside*' their clients, therapists' helping to '*establish safety*' through their choice of dramatherapeutic techniques, therapists offering their clients '*control and choice*' by offering them the opportunity to take the lead and use their own ideas and finally, therapists and clients alike being *'actively involved'* in the session. It was proposed that these meta-processes are central to facilitating change and underlie Jones (1996) nine core processes.

In order to further understand the change processes involved in dramatherapy, Armstrong et al. (2016) explored two of Jones' nine core processes, dramatic projection and embodiment. Utilising film segments and transcripts of the film *Three Approaches to Drama Therapy* (Landy, 2005), Armstrong and her colleagues analysed the therapy sessions depicted. The team of dramatherapists concluded that these core processes could be objectively identified and defined suggesting that they were consistent across different forms of dramatherapy. Armstrong et al. (2016) also highlighted the role of 'experiencing' in dramatherapy and the importance this plays in making therapy more effective. The use of dramatic projection (animation of the dramatic material) and dramatic embodiment (the heightened or altered use of the body specifically) can help to create a safe distance whereby a client may be more likely to access a higher level of 'experiencing' in therapy (Armstrong et al., 2016).

Dent-Brown and Wang (2006) utilised a grounded theory approach in order to explore client's reflections on the stories they created using a 6 part story method. This is a projective technique whereby a client is given specific instructions to create a new fictional story. It was suggested that some clients may have been using the story as a distraction to avoid anxiety or as a way to ward off unwanted material. The most frequent function of the story was its use to construct understanding. Dent-Brown suggested that the 6 part story method may have been important in the 'reorganisation of existing knowledge' as opposed to the development of new information.

The current literature is limited in the exploration of the proposed core therapeutic factors and their recognition within therapy as important agents for change. It is important for therapists to understand the processes experienced by the client as a way of enhancing empathy, collaboration and attunement. Few studies with the exception of Casson (2001) and Dent-Brown and Wang (2006), incorporate the perspectives of the client and what they perceived to be integral to the changes they observed. Hayward and Fuller (2010) stated that the inclusion of service user perspectives in qualitative research may "offer novel findings regarding the ingredients and process of therapy."

This study aims to explore the possible 'core therapeutic factors' or 'processes' experienced by therapists and clients in dramatherapy and to identify potential processes that are important for change across dramatherapy approaches.

Method

Reflexivity

In line with a social constructionist approach to grounded theory, it was acknowledged that both the researchers and participants interpret meanings and actions and that this can impact on how the theory is developed. Consideration was given to how these theories emerged by recognising personal assumptions. The researcher is a qualified dramatherapist and a trainee Clinical Psychologist, therefore she has personal experience of facilitating dramatherapy sessions and knowledge of theory about therapy processes. In order to dissipate any influences, the researcher engaged in an audio recorded interview with her co-author ST. This provided an opportunity for the researcher to reflect upon her own experiences and beliefs about dramatherapy. In making these explicit prior to the interviews, the researcher had a heightened awareness which helped her to avoid causing any unintentional bias towards particular topics. A reflective diary was also completed throughout the research period and regular supervision was provided. At each stage the emerging theory was checked against the original interview to ensure that it did not become speculation and remained grounded in the original data.

Ethical considerations

Ethical approval was granted by the Local National Health Service Research Ethics Committee (REC ref no. 12/WS0198). Participants were given information sheets to read through prior to meeting with the interviewer and contact information was given so that participants could find out more information about the study. Written informed consent was obtained from each participant by the researcher.

Participants

A total of 14 participants were recruited to the study; seven therapists and seven clients. Dramatherapists recruited to the study were registered with Health and Care Professions Council (HCPC). The HCPC is a British regulatory body that sets out guidelines for health, psychological and social work professionals in the United Kingdom. These guidelines ensure that practitioners are working ethically and safely and in accordance with the standards set out by their own profession. Dramatherapists also had to have at least one year's clinical experience and had to currently be using dramatherapy in their practice or within the past two years. Clients recruited to the study had to have attended at least eight dramatherapy sessions within the last year. Participants had to have been referred to the dramatherapy service with a psychological difficulty and be aged 16 or over. Dramatherapists were recruited through an advert in the British Association of Dramatherapists website http://badth.org.uk/and through the public online register of dramatherapists. Dramatherapy clients were recruited through four of the dramatherapists. Clients were informed that they were under no obligation to take part, that their participation or non-participation would have no impact on their therapy and that if they were to take part they could leave the study at any time. Therapeutic techniques adopted by the therapists are described in Table one. These represent a cross section of approaches used in the field. These techniques are described more fully by the therapists themselves throughout the paper. Participant characteristics are displayed in Tables one and two. Pseudonyms are used to protect participants' identities (Tables 1: Therapists' characteristics, 2: Client's characteristics).