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THE MEN AND WOMEN  
MERELY PLAYERS:

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CAN DRAMATHERAPY CAN HELP  
THOSE WHO NEED IT MOST?



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**Abstract**

Within the following work, we will discover the history, applications, and effectiveness of Dramatherapy, also called drama therapy. By looking at the origins of the ideas of both Psychodrama and Dramatherapy, we can see how far it has come and where it still needs to go. This information came from texts books, memoirs, and various articles. After that we will find how the efforts of Dramatherapists have paid off. By looking at specific case studies from the Americas and abroad, we can see the positive effects that using the traditions of theater as therapy. Across the board we see positive responses from patients suffering from ailments that include depression, terminal illness, stress, alienation, schizophrenia, and neurotrauma. We will also see how the research techniques used in the field has an effect on the type of data produced and how that must change. The cases here found provide a brief look at the techniques used and how they affect the patients or subjects. Findings indicate that although Dramatherapy is effective, more data is need for the expansion of the field into more mainstream forms of therapy.

### The Men and Women Merely Players:

#### Can Dramatherapy Can Help Those Who Need It Most?

When hurt is so big that the pain shuts us down, what do we do? There are no constants in life, and we may find ourselves hurting from trauma and illness that can lead to issues such as Post Traumatic Stress Disorder, Anxiety, and a host of other difficult to handle problems. Children act out, not knowing how to express what they feel inside. College students come to a new place, filled with strange language and unknown cultural shifts. Sudden disabilities may leave one bedridden or in a wheelchair, leading to mental and emotional stress. Sometimes mental illness just develops, and we must face it. In cases such as this and many more, therapy may be needed to assist in healing. But in certain cases traditional therapy is less effective and might need to make room for something a little different. That's where Dramatherapy enters the scene.

Therapy is an important part of health for many people in the world at large and America specifically. The battle for mental health is one which claims lives. According to The Center for Disease Control, the number of discharges from Hospital inpatient care with psychoses as first-listed diagnosis is 1.5 million with an average length of stay at 7.2 days (National Hospital Discharge Survey: 2010 table, Average length of stay and days of care – Number and rate of discharges by first-listed diagnostic categories, 2010). Even more alarming are the number of suicides in the recent year of 2003 of 41,149 deaths. That's 13 out of every 100,000 dead from mental illness. (Deaths: Final Data for 2013, table 18). Any assistance in the fight for mental

health and wellbeing should be fully researched and developed but Dramatherapy has shown promise and is building on a longstanding tradition of therapeutic benefits of theater.

So what is this unique form of therapy? According to *An Introduction to Dramatherapy*, “Dramatherapy is a deliberate application in order to alter attitudes, change behavior and help with confronting and dealing with psychological disorders or emotional or behavioral enlightenment” (Langley 2006 p. 1). But where did Dramatherapy originate? How does it differ from “traditional” theater or therapy? How is it similar? And most importantly, is Dramatherapy a viable therapy option? Dramatherapy is a relatively young and unknown field, unheard of in most circles. Its effectiveness is a matter for debate.

One major point to consider is how the traditions of theater support the emotional and mental health of the production members and the audience. This is not a new idea. In fact authors Christos F. Kleisiaris, Chrisanthos Sfakianakis, and Ioanna V. Papathanasiou assert that in the world of ancient Greeks, “music and drama were used as management tools in the treatment of illness and in the improvement of human behavior” (Health Care Practices In Ancient Greece: The Hippocratic Ideal). Many modern theater professionals agree with the importance of theater as a healing tool as explored in the New York Times article “Theater as Therapy: Actors Helping to Heal”. In nonclinical works such as those produced by *Creative Alternatives of New York*—a group of actors and theater professionals who work in collaboration with programs that use theater to reach out to those suffering from illnesses such as schizophrenia, depression, and addiction—director Susan Willerman expresses that “...these sessions are humanity at its bare bones. This is not in the strict sense therapy or theater, but the power of creativity on stage can be very therapeutic” (1986). Theater becomes a therapy, a release, and a treatment to all who feel

its pull in their lives. Dramatherapy seeks to harness the power of theater to communicate from one person's soul to the world.

Dramatherapy's roots reach back to the early work of psychodrama. The origins of Psychodrama, which is a form of psychotherapy registered with the UK Council for Psychotherapy (UKCP) "was developed by J. L. Moreno, MD (1889–1974) in the mid-1930s, and it is sometimes referred to as classical psychodrama" (Blatner, 2007) who worked closely with his wife Zerka T. Moreno. Dr. Moreno began working on Psychodrama roughly between the 1920s to the 1940s. Together Moreno and Zerka worked to create not only "Psychodrama" but also group therapy and sociometry. Moreno is said to have defined psychodrama as "the exploration of the subjective truth of the protagonist by methods of spontaneous dramatic improvisation" according to Zerka's introduction to *Psychodrama Since Moreno: Innovations in Theory and Practice* from 2005. After Dr. Moreno's death at the age of 84 in 1974, Zerka has continued to work and train new generations of Psychodramatist and is an impressive contributor to the world of Dramatherapy.

Both Dramatherapy and Psychodrama rely on the impact theater can have on a patient and the power of the techniques of theater such as role-playing, characterization, and scene work. Both of these types of theater based therapy methods are also under the larger umbrella of the Arts Therapy group, which can include music therapy, painting therapy, writing therapy and many more. Often these art therapy activities are incorporated together, such as a Dramatherapy session that allows for improvisational singing or music making. Always the intent is the same; to use art to create a place of healing which encourages communication and self-discovery. This can have impact on subjects healing from emotional and physical trauma.

However, the differences between Psychodrama and Dramatherapy are marked. They both utilize drama and theater techniques and include work with groups and individuals, but whereas Psychodrama works in direct relation to a specific issue with one central “protagonist”, Dramatherapy instead works indirectly, providing distance from the client. During her time as director of Moreno Institute in Beacon, New York, Zerka T. Moreno stated her goal as a Psychodrama therapist “is to find and touch that autonomous healing center within, to assist and direct the protagonist to do the same” (*To Dream Again*). The “protagonist” is not an idea shared by Dramatherapists, who instead work with creating a safe distance for the patient to work through. Dramatherapists lead the therapy group with a firmer hand, helping to guide the discoveries made by patients. Psychodrama relies less on a central leader of the group therapy session, allowing the group as a whole to function in a collaborative way. (BLATNER, 2007)

Another huge difference can be found in the goal of the sessions of Dramatherapy vs. Psychodrama. Where Dramatherapy “often leaves the client with new information and a different view of the dilemma...which they can go on to consider and reflect further in their own time,” Psychodrama “aims to have a resolution...by the end of the session” according to the “Drama therapy and psychodrama” entry in the UK Counsellor Directory. This difference may contribute to why modern therapist are more inclined to work with the practices of Dramatherapy than Psychodrama. Therapy is no longer seen as a process that ends so simply or cleanly as it was in earlier times.

Finally, the single biggest difference between Dramatherapy and Psychodrama here in the United States is one of accreditation. In America, one can become an accredited and licensed Dramatherapist by attaining a Masters or above in any field related to dramatherapy (i.e., drama/theatre, psychology, counseling, special education, social work, occupational therapy,

recreation therapy, art therapy, music therapy, dance/movement therapy, etc.) and completing the internship program as detailed here:

“consisting of a minimum of 300 direct-client contact hours with a minimum of 30 hours of supervision by a Registered Drama Therapist, credentialed creative arts therapist, credentialed special educator or credentialed mental health professional and an additional 470 hours of additional internship hours.../“A maximum of 50% (150 hours) of the direct-client contact time may be one-on-one contact, while the remaining 50% (150 hours) must be group work./... applicant must have worked with a minimum of two (2) different populations (e.g., emotionally disturbed, physically disabled, adolescent, elderly, etc.)” (Becoming a Registered Drama Therapist [RDT], 2015)

In addition, a hopeful RDT, or Registered Drama Therapist, must be a member of the North American Dramatherapist Association and have completed 500 hundred hours of additional training or work in the field (Becoming a Registered Drama Therapist [RDT], 2015). This accreditation differs from that of a Psychodrama therapist in the organizations giving out accreditation. For the most part, the hours and degrees required are on par, but the difference lies in the trained techniques being used and taught. Generally speaking a license in Dramatherapy will open more doors than one in Psychodrama therapy as the organizations involved are more widely accredited within the therapy community. Unless stated, the studies and cases focused on in this paper are ones in which the authors used Dramatherapy and not Psychodrama along for this reason.

The therapeutic community has historically been slow to accept Dramatherapy. In 1996's *Drama as Therapy: Theatre as Living* by Phil Jones, he writes:

“Over the past two decades a change has come to be fully acknowledged: that the drama itself is the therapy... There are two main aspects to this change or development. One is that Dramatherapy sessions can deal with primary processes involved in the client’s change rather than being an adjunct to other ways of working, such as psychotherapy. The other is that the root of this process is in the drama. Dramatherapy is not a psychotherapy group or behavioral therapy programme [sic] which has some dramatic activities added to it. The drama does not serve the therapy. The drama process contains the therapy.” (p. 4)

This attitude shift is a marked difference from earlier times in which the art of theater was completely separated from the science of therapy. Finally, a scientific look was being given to the idea of theater as a healing tool after centuries of the effects being felt in a nonresearched situation.

The hesitant acceptance of Dramatherapy is mainly due to the unknown factors it presents. It is still a relatively unknown method of therapy due to its chaotic nature. On page 192 of “A Review of Dramatherapy Research in Schizophrenia: Methodologies and Outcomes,” author Lambros Yotis gives insight into the difficulty of quantifying the data results of the field:

“...among the difficulties a researcher can face are the definition of the nature of the intervention when the treatments are complex and multimodal, the formation of an appropriate comparison group, and the independence of measurement between patients, especially in settings that involve several patients together, as in therapeutic communities” (2004).

But despite these issues, Dramatherapy has been used with those suffering from dementia and disability. It has found a place among both the simply stressed and the nearly dead. Young

people and adults with behavioral disorders and mental illnesses have reported positive experiences. Sessions are scripted, sessions are improvised, sessions are private or public or personal or group driven. Dramatherapy is as wide ranging and changing as art in all forms, but perhaps that is the root of the research problem. It is difficult to have a control over research that strives to be uncontrolled and open and free. Researching creativity often strips the very element that we are searching for. But for now, let's take a look at where the methods and ideas of Dramatherapy are being used today.

In "Dramatherapy and Eating Disorders: A Historical Perspective and an Overview of a Bolognese Project for Adolescents", authors Pellicciari, Iero, Verrotti, and Franzoni discuss briefly R. Landy, one of the most influential modern day Dramatherapist:

R. Landy, a renowned American drama therapist, focuses on roles as patterns of behavior that suggest a particular way of thinking, feeling, or acting. He assumes that at least one role the patient needs to play in life is unavailable, poorly developed, or inappropriately aligned with other roles; the objectives of the therapist are to help the patient to identify that role and access it (through representation), eventually expanding his role repertoire" (page 608, 2013)

Landy is a leader in the field and is currently a professor of Educational Theatre and Applied Psychology at New York University of Steinhardt. According to his professional bio, "Robert J. Landy, Ph.D., is a Licensed Creative Arts Therapist (LCAT), a Registered Drama Therapist (RDT) and Board Certified Trainer (BCT)".with experience working with adult and children with a variety of mental health needs including trauma therapy and rehabilitation for over 35 years. (*Faculty*)

We can see the results within the abstract of “Clinical Effectiveness of Dramatherapy in the Recovery from Neuro-Trauma” by McKenna it is stated that:

There were four ways in which it [Dramatherapy] appeared to empower the participants and nurture their self-esteem. It provided them with a sense of personal space in an otherwise institutional setting; it allowed escapism and enjoyment; it awakened creativity and a sense of potency; and it provided a metaphor to explore personal issues.

Conclusion: Dramatherapy made an important contribution to the healthy adjustment of some patients both to hospital life and to acquired disability. The reports from the patients indicated that this approach to rehabilitation should be further incorporated and developed in neuro-rehabilitation (1999).

This is from a study using art therapy of many forms including ten patients with various physical and mental illnesses. Although it is a small pool of subjects, the effects of art therapy on the patients was striking. Some of the patients involved had former experience with the arts, particularly music. However, many did not have any significant prior experience in any art form before the study and still saw improvement in mood and benefits to their physical and emotional health. This kind of result, an increase in communication and healing, is what is hoped for when art and theater are intruded into therapy.

Dramatherapy may use many different activities to connect with the patient. These can include Improv games, miming, acting out a scene from a related piece or from a piece constructed by the patient and therapist, and the use of props, masks, or puppets. Role-playing or working with another character outside of the self can help separate an individual from their own struggles enough that they may gain some perspective they have never had before on the problem and thus on possible solutions. This is incredibly valuable in situations in which a

patient's thought patterns have been altered by trauma or illness, such as in the McKenna case study mentioned above concerning many patients dealing with newly formed restrictions in movement and physical expression.

The Bologna Study on Eating Disorders (ED) mentioned on page seven used a combination of ideas from both Dramatherapy and Psychodrama to create a program called "The Metamorphosis Project". Here we can see how the applied practices of theater driven therapy can change the pattern of behavior and thinking that may lead to hospitalization. This project's goals were to "investigate the themes and fears that are difficult to access during the normal psychoeducational rehabilitation program; to encourage spontaneity and improvisation; to promote self-esteem through the creative process; and to develop the ability to externalize the inner world" (p. 609) by creating and producing works of comic and tragic theater. The day to day work the patients did included:

"fictionalized television commercials, which demystify seductive mass media messages; comedic theater moments, which encourage the patient to accept unpredictable behaviors and personal imperfections and, thereby, experience failure as a harmonic part of the Self; dramatic or comedic scenes that incorporate references to the adolescent's external world (including television); moments of verbalization and reflection that are often concentrated during the greetings prior to the warm-up activities and at closing remarks at the end of the workshop. Each session is concluded with a scream, intended to liberate an unexpressed inner voice." (p. 609)

The results from this study indicate positive effects on nearly all subjects involved. According to the conclusion of the project, "93% of the participants revealed satisfaction in taking part in the

cycle of workshops due to various reasons...the same patients recommended that other people suffering from ED participate in similar workshops” (p. 610).

Another interesting field of application is with those in nursing homes or near death. In this kind of situation, Dramatherapy is used not only on patients but also for training medical professionals about how to handle and help in situations in which a patient is in what is called the “end of life” stage. “Using Sociodrama and Psychodrama to Teach Communication in End-of-Life Care” by Baile, Panfilis, *et al* seeks to train providers and caregivers in “two challenging cases... of caring for patients with advanced cancer” (Abstract). This study used the techniques of

*“Role-taking – Participants enact characters from a case that they have selected...*

*Doubling – Doubling encourages participants to speak for characters in the enactment to facilitate their immersion in their role and reveal unspoken or hidden emotions, thoughts, and attitudes; in doubling participants stand behind a character and speak for them revealing attitudes, values, and feelings that they imagine the character might have based upon the challenge facing him or her... Role-reversal – A technique whereby the facilitator asks the protagonist to assume the role of important characters in the scenario to help “set the scene.” Role-reversal is also used to allow the protagonist or main character to experience, in the role of others, the impact of his or her own actions and communication....” (p. 1007)*

The participants were then presented with a situation and asked to act out different characters so as to understand the feelings of a patient, their loved ones, and the doctors’ effect on them (p. 1008). Afterwards, the participants were interviewed concerning the effectiveness of the program. According to the data reached, “More than 85% found the workshop enhanced their

competence in their field (note that four participants who were not involved clinically with patients gave lower ratings in this area). Thus 75% reported that they had used skills learned in the workshops in the 6 weeks since it had been conducted.” (p. 1009). Here the authors make it clear that despite the fact that it is not usually the doctors and caregivers who receive dramatherapy, it is a useful tool to “help learners make an empathic connection and experience what different communications ‘feel like.’” (p. 1010)

So far we have seen positive results indicated by studies done on patients with EDs, patients suffering from schizophrenia, people with physical trauma and depression, and on the caregivers of those near death. But the applications of Dramatherapy go even further than that and can extend into the realm of child behavioral therapy. Within the pages of *Drama Therapy and Family Therapy in Education: Essential Pieces of the Multi-agency Jigsaw* by Jenny Pitman and Penny McFarlane, Dramatherapy is used in conjunction to the traditional approaches of family therapy. Pitman and McFarlane explain the benefits of using drama therapy in a family setting with children:

“Allowing the child a voice is the job of the dramatherapist, who has the luxury of being able to meet with that child without any of the preconceptions....As we have seen, she can start from where he is and allow him to tell her, either in a conversation built on trust or through the metaphor of his play, his version of events: his take on why he may be behaving in such a way...this is a very different approach to a more behaviourally oriented one in which the reasons for the behaviour are generally pre-diagnosed and strategies of intervention already laid out. This sort of approach addresses the cognitive, reasoning faculties of the child’s mind and is a very useful tool in implementing and maintaining, among other aspects, models of good behaviour for a child.” (p. 155-6)

Pitman and McFarlane stress that they believe Dramatherapy with children to be most effective when used in conjunction with family therapy (p 157). It is generally accepted that children are more easily expressive than adults as people become more reserved with age and less connected to their ability to “play”. Children may still retain their ability to pretend and see outside of themselves enough for dramatherapy to be highly effective. In adults and older adolescents, there is often some hesitation to allowing oneself to become something alien, but children are often interested in games and activities of the imagination. This attitude allows for Dramatherapy to have an accessibility to children that some other more traditionally formal therapy methods may not have.

This theory is again tested in “Poetic and Therapeutic Encounters in an Adolescent Drama Group” (Elmien Butler, Terri M. Bakker and Gerhard Viljoen), another small study done in which “13 adolescents... [were] selected from a free-participant drama group that formed part of a larger private drama school where the author taught”. This study looked at the use of movement drama in a therapy session and how working within the metaphor of theater can help produce results in therapy. Using exercises and activities such as “movement, relaxation, playback theatre, improvisation, voice work, and performance” the authors of this study encouraged students “to express themselves openly and directly while creating a feeling of comfort and shared interest, giving them the opportunity to explore their minds and bodies in creative, therapeutic, and dramatic ways in a group therapy setting” (p. 98). This study focused on miming and movement over verbal communication, an interesting difference from the others we have looked at, and explored a theme of abuse towards women and the pain it causes. According to the author, “In a follow-up group interview of 90 min, 1 month after the performance, the adolescents reported a deeper awareness of the self and others as well as

experiences related to personality integration and enhanced relationships” (p. 102). However, it is important to note that this study was done by a teacher at the very private school the study was conducted in and appears to have had very little outside fact checking or influence. It is an interesting case but one which may suffer from personal bias and limiting subject size.

“Communication through Comedy: a Drama and Theatre Project with Young People for Whom English Is a Second Language” by Lisa Shepherd deals with a mid-sized group of young people who immigrated to the UK. The study was conducted using two groups of ten students at a college and Shepherd notes that the study had some attendance problems due to the busy lives of those involved (p. 168). The activities performed included “storytelling, puppetry and some dramatherapy activities, involving image-building, story-making and the use of small-world objects” (p. 169). This interesting group of English as a second language students discovered a talent for slapstick and comedy and used it to communicate their inner life and experience. The author noted a lack of confidence in their own abilities, “In the few weeks leading up to the performance a core group of seven young people invested heavily in the work, but their nerves and fear of not being accepted by the audience were clear to see” (p. 171) but in fact the audience was on their side. This lack of confidence can be easily understood based on the life experience of the subjects. In the author’s own words:

As a culturally attuned ‘native’, I have the necessary social and interaction skills to very easily find someone with whom I have an extensive shared language. The young people in this project did not find this to be quite so easy, and possibly even when it was possible this was only in their home environment...For some of them, a phone call home may be the only place in which they find an extensive shared language with another, with someone they have left behind. Often during the project I thought about how hard it

would be and how much confidence I would lose if I moved to another country where few people spoke my language. I think I would struggle to even leave the house, let alone go to a theatre, share my story and perform on a stage.” (p. 174)

And yet after the study was over, many of the students continued to perform in talent shows and clubs with their new found abilities and confidence. The power of nonverbal communication such as physical comedy in a group struggling with language barriers is easy to understand. Again however the nature of the study is slightly flawed. Students of a university signed up for the class leading to a number of issues such as: no random selection or control group, attendance issues, and small number of subjects.

Unfortunately, many studies conducted concerning the application of Dramatherapy are limited in scope. Accurate scientific research attempts to find a large test subject number to account for a larger percentage of the population. Many of the studies I’ve mentioned above have a limited number of subjects, sometimes lower than ten. This is problematic for a few reasons. First being that the small size of a study can directly undercut its evidence findings, as discussed here in relation to studies concerning education (with the word “power” being used to mean the scale of the study) from “From Planning to Implementation: An Examination of Changes in the Research Design, Sample Size, and Precision of Group Randomized Trials Launched by the Institute of Education Sciences”:

“If a study is underpowered, a finding of no difference between the treatment and control group is inconclusive. It may mean that there really is no difference between the treatment and control conditions or simply that the study was not designed with adequate power to detect the difference. In essence, an underpowered study does not have the potential to yield high-quality evidence that can contribute toward a body of evidence on

which to base education policy and practice. From a cost perspective then, one could argue that funding or conducting an underpowered study is a poor use of resources because the study may not be able to conclusively determine whether an intervention is effective. (p. 397)

This undermines the evidence collected by the study, which means that the study is essentially useless to the author and the research community. Or as “Does Sample Size Matter in Qualitative Research? A Review of Qualitative Interviews in IS Research” puts it, “Other than selecting a research topic and appropriate research design, no other research task is more fundamental to creating credible research than obtaining an adequate sample” (p. 11).

There are many reasons why it may appear that the scope of research concerning theater techniques in therapy are limited. One reason is the type of research that is being done, which is usually qualitative research which Chris Barnham, author of “Quantitative and Qualitative Research Perceptual Foundations” on page 838 defines thusly:

“The position of qualitative research is more ambiguous. The relevance of the ‘what?’/‘why?’ distinction immediately becomes apparent when we consider what qualitative research actually does in practice. Although it overtly seeks to understand why consumers think or behave in certain ways, it almost always insists on a prior need to identify what consumers think and do.” (2015)

This is different from quantitative work, which Barnham defines as:

“In any quantitative research project, the task is to establish a ‘representation’ of what consumers do or what consumers think; we try to establish behavioural and mental ‘facts’. When such a ‘copy’ of reality is created in data form, then we inevitably want to know whether this ‘representation’ is a ‘true’ one. This leads us into issues of validity and

objectivity. In this context, quantitative research has a firm intellectual platform that derives from the physical sciences. Building on centuries of developments in statistics, there is broad agreement in the research community about our use of quantitative analysis tools, and the criteria we should use to ensure that data is both valid and reliable.” (2015)

The differences in these two methods extend to methods of research and fields of application. This is why the data concerning theater therapy may seem weak. Obviously more research of both forms is needed.

The other problem is in gaining larger test groups. The trouble arises due to the nature of the subjects being studied. The logistics of maintaining order in a setting containing large numbers of aggressive adolescents or mentally ill patients or physically ill patients who require personalized caregiving is obvious. Limits on space, manpower, budget and trained therapist in the field mean that for the sake of safety and sanity, most studies are small. By nature Dramatherapy is a chaotic and messy creative practice. To ensure the safety and intelligent healing of all involved, some limits must be controlled by the trained therapist. Hopefully in the future the field might counter this problem with more trained Dramatherapists, thereby alleviating the stress on the small number of practitioners and researchers.

In conclusion, the field of Dramatherapy offers help to those who need it most. Whether suffering through physical illness, as in the case of the McKenna Neuro-trauma case studies and the near death caregiver training, or fighting the battle against mental illness such as in the studies of patients dealing with Eating Disorders and trouble adolescents, the data points to a promising future of positive affect. Dramatherapy, like all therapy, is focused on healing. But for once the power of the healing that theater provides is the focus, not just an interesting side effect or thought exercise. The catharsis experienced by generations of theater performers and creators

is being examined and applied to people who need it. Aristotle believed that catharsis reached “through pity and fear effecting the proper purgation of these emotions” was a healthy part of living a full life (*Poetics*). Catharsis is a purge, an outlet, and expression either from the audience, the actor, or both together. It is a discovery of ourselves, and my hope is it will be used to discover new healing techniques. For much of history theater, was looked down upon for being immoral or sinful by the western world because it tapped into something inside people that was difficult to understand, something that for many affected by it feels spiritual. In our modern society, there is room for that kind of spiritual experience to discover its applications and how we can improve our lives with it.

Today’s Dramatherapists seek to reach catharsis by role playing, characterization, scene work, and improvisation. Patients find characters they can connect with or they create their own and find a new way to communicate with therapists and loved ones alike. At one time “Drama was seen only as a way of making stays in hospital more enjoyable, or sometimes as an opportunity to raise emotional material which would be dealt with later in the hands of the psychologist or psychiatrist” (Jones p. 4) but that is no longer the case. Now it is not only the patients benefiting from the use of Dramatherapy but the doctors and caregivers themselves.

For someone like me, who has personally experienced the lasting effects of expelling negative emotions through the power of theater, it makes me hope that the field I am inexorably drawn to can offer the same kind of healing I have found for myself to others. On page 15 of *Foundations of Expressive Arts Therapy: Theoretical and Clinical Perspectives*, Yaacov Naor discusses “The Theater of the Holocaust”, a program which worked with the children of both Jewish survivors and children of German citizens of the World War Two generation and puts it quite pointedly: “...Theater is an arena in which conflict and agony can be contained. The

expressive arts can thus be seen as a means of confronting the legacy of evil which haunts us all.” (Levine & Levine, 1998)

We have discovered that more research of varying type is needed to expand the knowledge currently held on Dramatherapy. Despite the difficulty of getting hard data out of therapy interviews, the continued exploration of the topic will yield increasingly in-depth and applicable results. Even in the studies being conducted recently with small subject sample sizes, the positive effects of Dramatherapy are well recorded. I hope to continue to see an expansion of the techniques of theater being used for healing, whether that is through Dramatherapy, Psychodrama, or some new ideal that comes out of a continuing of the both of these ideas. Whatever the future of Dramatherapy, its past is a storied one. As The Bard, William Shakespeare, said in *As You Like It*, “All the world’s a stage, / And all the men and women merely players; / They have their exits and their entrances, / And one man in his time plays many parts...” (Act II, Scene VII). And in playing our many parts, hopefully one of them leads us to a healthier understand of ourselves and the stage around us.

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