



## A step toward empirical evidence: Operationalizing and uncovering drama therapy change processes



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### ABSTRACT

Dramatic projection and embodiment are two drama therapy core processes theorized to account for client change in drama therapy (Jones, 2007). Experiencing is a psychotherapy process variable that has been consistently linked to outcome (e.g. Hendricks, 2002). This exploratory study looks at the development of definitions of dramatic projection and embodiment, and their relationships with experiencing. Data consisted of portions of the film *Three Approaches to Drama Therapy* (Landy, 2005). Projection, non-projection, embodiment, and non-embodiment segments of the film were identified and were rated with the observer-rated *Experiencing Scale* (EXP; Klein, Mathieu, Gendlin, & Keisler, 1969). Results suggest that dramatic projection and embodiment can be consistently identified, and that these processes may bring about higher levels of experiencing for clients.

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A step towards empirical evidence: change processes in drama therapy

Operationalizing and uncovering drama therapy change processes

Drama therapy uses drama as an experiential medium to facilitate psychological and emotional change. Drama therapy aims to help clients work through their difficulties with daily living. Drama therapy makes a crucial contribution in mental healthcare as it provides clients with necessary emotional distancing, and provides alternative forms of expression and communication (Jones, 2005). Preliminary research has demonstrated that drama therapy is valuable for under-served clinical populations for whom low success rates in talk-therapy are noted (e.g. Camilleri, 2007; Glass, 2006; Snow, D'Amico, & Tanguay, 2003). Empirical research that contributes to the documentation and explanation of drama therapy client change is necessary to inform, and further develop, drama therapy services.

The field of drama therapy is rich in theory and practice, but there is a shortage of quantitative research that can speak to the effectiveness of drama therapy (Armstrong, 2013; Jones, 2013; Landy, 2006). It is challenging to develop such research as many of the creative processes in drama therapy are seen as not-quantifiable. In addition, the multiple methods, approaches, and theories used by drama therapists would make it difficult to generalize research findings. Some drama therapy approaches are aligned with established theoretical models such as psychoanalysis (Irwin, 2000) and narrative psychology (Dunne, 1992), while other drama therapy approaches have their own theoretical frameworks which are unique to drama therapy, such as role theory and role method (Landy, 1993, 2000) and developmental transformations (Johnson, 2000).

### 1. Drama therapy core processes

Despite the diversity of approaches, the utilization of dramatic material, dramatic processes, and dramatic reality unite the field of drama therapy (Jennings, 1998; Jones, 2007, 2008; Pendzik, 2006). Jones (2007) defined nine core processes theorized to be found in all forms of drama therapy: dramatic projection, embodiment, personification and impersonation, interactive audience and witnessing, the life-drama connection, play, therapeutic performance, drama-therapeutic empathy and distancing, and transformation. Preliminary qualitative and narrative research has demonstrated that some drama therapists adapt and identify these drama ther-

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apy core processes in their own work and use them to account for client change (Jones, 2008).

The two core processes theorized to account for client change that are of interest to the present study are *dramatic projection* – the externalization and projection of inner conflicts onto dramatic material; and *embodiment* – physical expression in dramatic enactments (Jones, 2007). These two processes were selected as they both involve client expression at their core, which suggests they may be observable. As of yet, neither construct has been defined in a way that it can be consistently identified by therapists or observers. As such, when therapists are discussing or reporting dramatic projection, it is not clear that they are observing and identifying the same process. Also, it has not been demonstrated beyond anecdotal evidence that these processes are, in fact, effective.

## 2. Step toward psychotherapy research

Past discussions of the dearth of drama therapy research have acknowledged the tension between the roles of ‘artist’ and ‘scientist’, and the longing for drama therapy to be understood from within its own parameters (e.g. Jones, 2010, 2013; Johnson, Emunah, & Lewis, 2009; McNiff, 1986). While it is important to understand unique drama therapy processes and perspectives, it is also important that the field of drama therapy not disregard the empirical knowledge that has already been acquired about what leads to client change in psychotherapy in general. There is a body of knowledge that compellingly demonstrates that psychotherapy is effective (e.g. Balestrieri, Williams, & Wilkinson, 1988; Lipsey & Wilson, 1993; Smith, Glass, & Miller, 1980). Furthermore, there are therapeutic relationship components (e.g. therapeutic alliance, cohesion in group therapy, empathy), and specific change processes that are helpful in therapy and have an impact on outcome (for a review, please see Norcross and Wampold, 2011; Lambert, 2013). More specifically, there is already a body of literature supporting the effectiveness of experiential therapies (e.g. Elliott, Greenberg, & Lietaer, 2004; Crits-Christoph, Gibbons, & Mukherjee, 2013).

### 2.1. Experiencing in experiential therapy

One construct that is integral to the experiential therapies is *experiencing*. Experiencing refers to the level and quality of client involvement in therapy; it is the quality of a client’s felt-sense of themselves as expressed in verbal communication (Klein, Mathieu-Coughlan, & Kiesler, 1986). Across empirically supported therapies, experiencing has been linked to client outcome (e.g. Hendricks, 2002). More than 27 studies have separately concluded that higher levels of client experiencing are positively correlated with successful client outcomes (e.g. Elliott et al., 2004; Hendricks, 2002; Orlinsky, Rønnestad, & Willutzki, 2004; Watson and Bedard, 2006). Clients with good outcome have been found to have higher peak and modal levels of experiencing in early, middle, and late sessions, as compared to clients with poor outcomes (Greenberg & Safran, 1987; Klein et al., 1986; Watson & Bedard, 2006). Higher experiencing is also correlated with higher self-esteem, lower levels of depressive symptoms, and better session outcomes (e.g. Goldman, 1997; Goldman, Greenberg, & Pos, 2005).

Therapists can help clients achieve higher levels of experiencing. Some experiential techniques, such as two-chair dialogues, promote increased client experiencing (Greenberg & Higgins, 1980; Greenberg & Rice, 1981). Further, clients in Emotion-Focused Therapy (EFT), which uses experiential methods, have higher levels of experiencing than clients in some other forms of therapy (e.g. Cognitive Behavioral Therapy – Watson & Bedard, 2006). Taken together, this research suggests that therapists can increase client experiencing through the application of experiential techniques.

### 2.2. Exploring the link between drama therapy core processes and experiencing

As drama therapy is experiential in its nature, it stands to reason that experiencing is a productive process in drama therapy. The literature also suggests that there may be a strong relationship between experiencing and drama therapy core processes that actively engage the clients: like dramatic projection and embodiment. However, since experiencing considers only verbal expression while drama therapy includes a focus on the physical body, it is not clear how experiencing will manifest in drama therapy. Experiencing may present itself in a unique way. To give therapists a research-based understanding of the drama therapy core processes they utilize, further investigation of the relationship between drama therapy change processes and experiencing is necessary. In addition, as drama therapy core processes are only theorized to account for client change, if a positive link between experiencing (which is related to session outcome and therapy outcome) and drama therapy core processes are found, this would provide preliminary evidence that drama therapy core processes are helpful for clients.

## 3. Aim of the present study

The first aim of this study is to explore whether it is possible to develop operationalizable definitions for the drama therapy core processes dramatic projection and embodiment such that observers can identify these processes consistently. Building on this, the second aim of this study is to explore the following two questions:

1. Do participants in drama therapy processes have significantly different levels of experiencing when engaging in dramatic projection?
2. Do participants in drama therapy processes have significantly different levels of experiencing when engaging in embodiment?

## 4. Carefully considered assumptions

This work necessarily makes two assumptions. The authors openly recognize that not everyone in the creative arts therapies communities will agree with these assumptions, but as the research presented rests on them, it is important that they be acknowledged:

1. Drama therapy is a form of psychotherapy.
2. The same processes and relationship elements that have an impact on psychotherapy outcomes will also have an impact in drama therapy.

## 5. Method

### 5.1. Data

All data for this study was collected from video and transcripts segments of the film *Three Approaches to Drama Therapy* (Landy, 2005), which illustrates the work of three distinct approaches to drama therapy (role method, developmental transformations, and psychodrama) with three prominent drama therapists working with the same participant. The ‘client’ participant in the video, ‘Derek’, self-identifies as a man in his late twenties. A recurring theme explored in the sessions is Derek’s relationship with his father. The video was inspired by the film *Three Approaches to Psychotherapy* (Rogers, 1965) which featured three different pioneering psychotherapists working with the same client, ‘Gloria’.

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