



Research into the core processes of drama therapy: Vignettes and conversations

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ABSTRACT

This article describes research undertaken to examine drama therapists' use of the concept of "core processes" [Jones, P. (1996). *Drama as therapy: Theatre as living*. London, England: Routledge] to analyse change within their clinical practice. The research was based in qualitative, narrative approaches to in-depth analysis of vignettes provided by drama therapists. The method involved the use of the Internet through aMSN messenger. The article defines the research vignette, the processes used to analyse vignettes and the use of aMSN messenger, placing the research project as a whole, and each of these elements within a context of research literature. It present samples from the findings and reviews the use of vignettes and research conversation. The results show how the research approach identified how the core processes were seen by therapists in their understanding of change within their work. It reveals discoveries made by the drama therapists about the core processes of embodiment, role, distancing and witnessing through their vignettes and analysis of change within their practice.

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Introduction

The research project aimed to investigate the ways in which the core therapeutic processes described within Drama as Therapy (Jones, 1996, pp. 99–129) have been adapted and used by drama therapists. The research was based in qualitative, narrative approaches to in-depth analysis of vignettes (Barter & Renold, 2000; Renold, 2002). The vignette took the form of a written description of a piece of drama therapy practice chosen by participant therapists to exemplify the ways they used the core processes in analysing therapy. This was followed by what was termed a "research conversation" conducted by aMSN messenger between the drama therapists and myself as researcher. This further explored their understanding of the use of the core processes in analysing their practice.

Literature review: the core processes

The original descriptions of the core processes (Jones, 1996) aimed to define how drama therapy is effective. The approach was to identify a number of different elements that combine in drama therapy work. These elements, or core processes, described the ways in which drama and theatre forms and processes can

be therapeutic. The factors or elements did not consist of specific techniques, methods, or models; they concerned fundamental processes within all drama therapy. The core processes were defined as dramatic projection; dramatherapeutic empathy and distancing; role-playing and personification; the interactive audience and witnessing; embodiment; playing; the life-drama connection; and transformation (Jones, 1996, pp. 99–129). Dramatic projection, for example, contains the definition that "in Drama therapy individuals can take on a fictional character or role, they can play with small objects, create scenery or enact myths. As this happens, they project aspects of themselves into the dramatic material" (Jones, 1996, p. 101). Witnessing, as another example, is defined as "the act of being an audience to others or to oneself within Drama therapy" (Jones, 1996, p. 111).

Recent drama therapy literature has made use of this definition of core processes in a number of ways. One key use has been to describe and review the nature of drama therapy as a discipline (Karkou & Sanderson, 2005; Langley, 2006). This use focused upon the core processes as a way of defining the scope, extent, and nature of the therapy. It has also tended to be used to position the whole field of drama therapy in relation to other disciplines such as psychotherapy or the arts. Examples of this use include Hill's (2005) debate about creativity and the definition of drama therapy, Hall's (2005) discussion of the use of the voice in drama therapy, and Hougham's (2006) critique of the relationship between drama therapy and ritual. Karkou and Sanderson's (2005) analysis is an extended example of this first use in their adaptation of the core

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processes (Jones, 1996) to create a table form denoting the nature of change in drama therapy (Karkou & Sanderson, 2005, p. 203). They refer to them as “elaborations on Yalom’s (1970) curative factors . . . installation of hope, universality . . . imitative behavior . . . adapted . . . for different arts therapies practices” (2005, p. 76). This reference can be seen to frame the core processes as a distillation, and Karkou and Sanderson’s adaptation uses them to describe what might be at work within any drama therapy. They go on to add that:

according to Jones (1996) most of the so-called ‘models’ do not constitute comprehensive theoretical frameworks. Instead, they stress a particular idea and area of work over another. Alternatively, he attempts to define what is common across different approaches using primarily the language of drama and theatre. He suggests nine core processes, otherwise known as ‘therapeutic factors’, that are relevant to all Drama therapy approaches. (Karkou & Sanderson, 2005, p. 201)

The second key use has been in analysing and evaluating the nature and effect of specific pieces of clinical practice. Here, individual core processes are identified in relation to particular clinical contexts or encounters. This use is exemplified by Casson’s research into the therapeutics of audience, where he uses the core processes to analyse the relationship between clients and playback, drama therapy, and psychodrama (Casson, 1997, p. 48), or in discussion of embodiment in drama therapy (Casson, 2004, p. 166). Other examples include McAlister’s use of the core processes’ definition of play in her research into the development of an evaluative tool in work with clients with learning disabilities (McAlister, 1999, pp. 104–105) and Heymann-Krengel’s (2006) use of the concept of witnessing in research into drama therapy group work and “spectator-orientated process” (2006, p. 15). In this secondary use, as illustrated in these examples, the emphasis is upon the core processes as a way of helping to identify and analyse the nature of change in particular aspects of practice.

The specific research focus and question that this article reports on was developed from this secondary use as identified in the literature. It sought to further identify the ways the core processes were being used by therapists in analysing the nature of change in their work. The purpose was to conduct a research project to support further writing about the core processes and their use by drama therapists.

The research question and the research project

The research question was:

“How are drama therapists making use of the therapeutic core processes (Jones, 1996) in analysing their practice?”

Through the British Association of Dramatherapists registered clinicians were offered the opportunity to be involved in the research through providing a vignette which illuminated how they saw the core processes in relation to their practice. The 25 therapists who responded were self-selecting, following the invitation for members to contribute to the research project. Those agreeing to participate came from a variety of countries including Malaysia, South Africa, the UK, Canada, and Taiwan. The brief to the participants was to offer a short introduction, setting the context, and a vignette from their own practice. This was either to be a part of a session, or a broader description of a process through one or more sessions. The remit was that the participants considered it practice that had drawn on their understanding of, and use of, the core therapeutic processes as referred to above. After supplying the vignette, there was a “con-

versation” between the drama therapist (henceforth described as the participant) and myself as researcher. This was undertaken by aMSN messenger and each participant saw the final version to agree it.

Both research vignette and conversation were conducted with care for ethical issues. A separate “Ethics Document” was issued to participants which drew on the UK Health Professional Council’s Standards of Conduct, Performance and Ethics, Duties of Registrant (2003) <http://www.hpc-uk.org> and the British Association of Dramatherapists Code of Practice as well as with reference to Leeds Metropolitan University’s Ethical Guidelines and to the University’s Carnegie Faculty Research Ethics Sub Committee. All participants anonymised the client work in a way that is consistent with the relevant and identified ethical protocols and confirmed that the contribution met all ethical requirements concerning areas such as confidentiality, anonymity, and permission from organisations and all clients involved. During the research process I kept a research diary, reflecting on the theoretical development of the work, and a more personal diary reflecting on the process. Participants were invited to, similarly, keep a personal log of their experiences of the process. Some did this, and agreed to make this available to help reflect upon, and report on, the research process.

Methodology

The following sections define the “research vignette,” the “research conversation,” and the use of aMSN messenger, placing the research project as a whole, and each of these elements, within a context of research literature.

The approach to vignettes in the research

Within the literature vignettes in research have been defined as “narrative investigations that carry within them an interpretation of the person, experience, or situation the writer describes . . . a vignette restructures the complex dimensions of its subject for the purpose of capturing in a brief portrayal, what has been learned over a period of time” (Anzul, Downing, & Vinz, 1997, p. 70). Ely (1991) describes some characteristics of vignettes in qualitative research: they are stated in the first person, include the words of participants, and are distilled from data in as close a likeness to the participant’s mode of expression as possible. Ely summarises the intention of their use as being to present, in miniature, the essence of what the researcher has seen or heard over time. Drama therapy literature makes use of the vignette as a way of communicating and reflecting upon clinical practice. Analysis of this tradition shows it involving the use of the vignette to illustrate specific client experiences (Bannister, 1997 p. 12; Grimshaw, 1996, p. 57; Landy, 1994, p. 169) or to illustrate and analyse general processes at work within drama therapy (Andersen-Warren, 1996, p. 117; Dokter, 1996 p. 185, 52; Johnson, 1999, p. 152; Landy, 2001, p. 57). In the written guidelines that participants were provided with to help them prepare their vignette, this tradition was referred to directly. Examples were provided, both of specific client vignettes “Kirstie” (Mitchell, 1996, p. 79), “Phil” (Landy, 1994, p. 169), and of vignettes illustrating a general process from Grainger (1999, p. 52) and Andersen-Warren (1996, p. 117).

Renold analyses the particular uses of vignettes in research. She defines them as short scenarios or stories in written or pictorial form which participants can comment upon (2002, p. 4). She comments on their role in quantitative and qualitative approaches. Renold sees their use in qualitative research as being to create “space for participants to define the situation in their own

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