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# All the world's a stage and all the men and women merely players : the use of performance in therapy

T. Lee Shostack
*Smith College*

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## ABSTRACT

This qualitative exploratory study examined the use of performance and drama in clinical work with adults in the United States. Seven clinicians were interviewed about their training, work, techniques, clinical conditions they addressed, populations they worked with, and outcomes. All interviewees for this study were white and female.

Clinicians shared their clinical experience and expertise. They discussed how they came to use performance in their clinical work. Many of the interviewees used performance with all clients with all clinical presenting issues. Clinicians also discussed the lack of training in these techniques in social work training programs. Clinicians all had training in performance and drama. Many of them also had degrees in social work.

The results of this study confirm the literature. These techniques have been used in one form or another for at least the last hundred years with a wide variety of populations and clinical issues. Although these techniques are less commonly used than talk therapy, there is evidence that this work is engaging, helpful for understanding oneself, normalizing, skill building, creative, and transformative.

**ALL THE WORLD'S A STAGE,**

**AND ALL THE MEN AND WOMEN MERELY PLAYERS:**

**THE USE OF PERFORMANCE IN THERAPY**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

T.Lee Shostack

Smith College School for Social Work
Northampton, Massachusetts 01063

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# CHAPTER I

## Introduction

"Performance, we have come to believe, is the revolutionary activity by which human beings create their lives (develop) -- qualitatively transforming and continuously reshaping the unity that is us-and-our environment. The human capacity to perform, that is, to be both 'who we are' and 'who we are becoming/who we are not' at the very same time, is central to our practice." (LaCerva, p 32)

This qualitative study examined the therapeutic work of clinicians who use performance and drama with adult clients in a range of settings in the United States. Performance can fall under the category of expressive therapies, and is also considered a subset of drama therapy, as well as psychodrama. Practitioners of these methods sometimes use these terms interchangeably and occasionally have strong opinions that they are very different. (Kedem-Tahar & Felix-Kellerman, 1996) Performance is also used by social therapy as a way to look at being in the world in a way that can be both similar to and different from various theorists in the drama field. "Therapy is an enactment, a performance, that is created between all the participants." (Wilson, 2007, p 27) This view appears to support the theory that sees all of therapy as a performance, which many therapists who use performance in their work appear to agree with. In fact, some of the literature posits that all of life can be viewed or lived as a performance, particularly social therapy (Holzman and Mendez, 2003; LaCerva, 2002; Newman and Holzman, 2006/1996).

As a psychotherapeutic technique, performance can frequently include the use of techniques such as role play and improvisation. Working with performance is understood by some authors to be a route to emotional growth and development, a way to (re)create one's life, to make depression less powerful, and to overcome anxiety (Feldman, 2008; Weiner, 2003). For drama therapists in particular, there are a wide variety of techniques that can be and are used therapeutically from stories to fairy tales, however, most of these include variations of role play and improvisation (Karpman, 2011, Kedem-Tahar & Felix-Kellerman, 1996; MacKay, Gold, & Gold, 1987)

Social skills and social interaction challenges, for example, are some of the common issues that clients present with, and one that performance has been shown to be effective in treating. (Bailey, 1997) The work of Nancy Feldman showed growth in identities and social roles over a nine month study of 22 six to twelve year olds in a therapeutic after-school theatre program in New York. The children showed growth in "peer relationships, concentration problems, impulsivity, aggressiveness, and passivity" (Feldman, 2008, p. 93). Daniel Weiner, in his 1999 study of 42 professionals who have used improvisation from two to eighteen years, showed that women were more likely to report a greater willingness to take risks, and men reported broader emotional expression after using improvisation professionally. This may indicate that the technique is helpful whether used clinically or engaged in outside of therapy (Weiner, 1999).

As will be discussed later, there are a wide range of challenges that people come to therapy with. In looking for assistance with in their lives and challenges, there is a mounting range of evidence that techniques such as talk therapy are not useful for all clients or all clients' needs. There are many tools becoming increasingly available to and popular with clinicians,

from body centered therapies to the understanding that exercise is a powerful tool to be used in the pursuit of health and wellbeing. It is an increasingly rare clinician these days who only uses talk therapy and only uses childhood events to inform therapeutic understanding and treatments. It is essential that clinicians be trained to possess a 'tool bag' full of therapeutic approaches, including expressive therapies and others, and performance is one of the many approaches available. Further, it has been in use for, depending on which historian you follow, been around at least as long if not longer than talk therapy has been. Therapeutic use of performance and drama have been extensively researched and documented as being used successfully around the globe in a multitude of settings with a multitude of issues  (Adele, Paul, Michael, Kate, & Leena, 2012; Bailey, 1993, 1997, 2009, 2010; Brand, 1987; Casson, 1997; Emunah, 1983, 1994; Feldman, 2008; Holzman, 2003; Irwin, Levy, & Shapiro, 1972; Johnson, 1982, 1984; Landy, 2003; Meyer, 2010; Moreno, 1939; Newman & Holzman,1996; Nitsun, Stapleton, & Bender, 1974; Oxford, & Wiener, 2003; Schattner & Courtney, 1981; Seligman, 1995; Slade, 1959, Spolin, 1963; Wiener, 1999, 2000).

Social workers are trained primarily to think and work in talk therapy; however, as noted, there are many alternatives to talk therapy that have been shown to have great effectiveness with a wide range of clinical issues, including the use of performance. Further, as this study will demonstrate, other methodologies can be, and are, used in social work training. These techniques may be called something different, or may only be talked about as a technique, instead of a school of thought. Drama therapists, for example, call the use of role play a drama therapy technique, and role play is used consistently in social work training. In fact, there is an entire school of thought in drama therapy called role theory. (Landy, 2000)

The telling of the story is key. Using performance, one can learn to take on new roles in the creation or re-creation of a story, of life, of the family or a couple. Role playing in order to investigate being the other person in the story, learning what it might feel like to rewrite the script and take direction from producers / directors / therapists will likely produce new outcomes that could not be thought of or originated without the participation of others. Creating something together, doing an activity with another human being, doing something in relation to another person and not in isolation, are both performatory and therapeutic at the same time. (Gergen, 1992; White, 1990; McNamee, 2011; Holzman, 2006; Weiner, 1997, 1999, 2000, 2003; Feldman 2008, Holzman & Newman, 2011)

Many clinicians view performance in therapy as a cutting edge or newly developed tool. Contrary to this thought, drama and performance in therapeutic settings and as a therapeutic tool have been in use since approximately 1800 (Casson, 1997). Drama therapy as a field has only been around since the late 1970s, but its predecessors have existed for a long time, including Jacob Moreno's psychodrama in the early 1900s.

> "He (Moreno) started around 1909 in the form of staging written plays with children and juveniles, but soon passed over to the completely original practice of "letting them play spontaneously" their own problems on self-creative primitive stages…. In 1911, Moreno created "together" (as he himself insists) with hundreds of children and adolescents a "children's theatre for spontaneity" where the first recorded psychodramatic sessions were produced." (Meiers, 265)

A qualitative study has been undertaken in response to Wiener's call for further study, in order to gain both insight and a greater understanding of performance techniques used in clinical and therapeutic practice, as a well-researched and studied tool for clinical social workers to use

with groups, couples, and families, for the purposes of examining the teaching of social work, to determine who, if anyone, benefits from the use of performance in therapy, and how it is beneficial.

The purpose of this study is to examine how clinicians utilize performance in their work with groups, couples, and families. I interviewed seven clinicians who utilize performance in their therapeutic practices, and examined how they came to utilize performance in their clinical work. This study asked clinicians to describe the specific approaches they use, the benefits and outcomes, and any limitations they have found as well as narratives about improvements for clients. Further, the relationship between social work training and other training is examined and where performance can, and does, integrate the two.

Through this study, I hope to advance knowledge of this approach to inform clinical social work practice and practitioners, offer more information about a methodology that can provide answers to some clinical challenges, and provide a descriptive study of this methodology.

This paper will be used for a MSW thesis.

## CHAPTER II

## Literature Review

Talk therapy and its primarily Freudian based descendants have historic primacy in the field, and have been used with some success for some clients. However, its limitations for many clients are clear (Van der Kolk, 2007, 2013), and its understandings of human beings globally are not broad enough (Kleinman, 2006; Sumerfield, 2005; Tamura, 1999). Many more approaches have been developed to address the issues the 21$^{st}$ century person faces, and this study looks at one approach, the use of performance in human emotional growth and development. The challenges human beings face are broad, and not all human beings respond to Western or European based treatments. What human inventions are not informed by culture, place and time? This study examines how many people do respond to interventions such as performance, playfulness, and creativity in clinical work.

Performance in clinical work is covered by more than one school of thought. Some of its main uses come under the umbrella of drama therapy and expressive therapies. In addition to drama therapy, there is also a school of thought known as social therapy, in which two of the participants in the study were trained. There is another well known branch called psychodrama, which is frequently commingled with, confused with, and considered an antecedent to drama therapy (Kedem-Tahar & Felix-Kellerman, 1996). Further, practitioners of talk therapy may also occasionally use role play in their clinical work.

According to Solution Focused therapy, the goal of therapy is to do something different in response to challenges (Lee, 1997, p 4). This is a strengths based approach, frequently fairly short term, and is popular outside of strictly psychodynamic work, and can be integrated with expressive therapies fairly easily. Drama and performance are one example of a way to do something completely different in response to the challenges of life. "Drama involves the representation, the re-creation, of human experience embedded in an historical and temporal context. Drama is not a record of human behavior, it is not a photograph or encyclopedia; rather it is a reliving of that moment of becoming which lies at the heart of the human condition. Plot, suspense, and dramatic action would be impossible without this edge of becoming, that is, the possibility of development." (Johnson, 1982, p183)

For this study, I examined the literature on both drama therapy and social therapy as they were the most pertinent to the interviewees and their training. There is some overlap in how each of these methodologies sees the use of performance and describes its efficacy and use, and some clear distinctions between them.

*Drama therapy*

There are multiple arenas that are included in the work of a drama therapist, where performance and other theatre techniques can and have been used with clients and patients in many countries, languages, and cultures. According to this review of the literature, many challenges have been addressed by drama therapy, including but not limited to: getting to know oneself better, making peace with the past, envisioning the future, developing the skills to get along better with others, communication skills, social interaction abilities, conflict resolution, understanding and identifying emotions, linking emotional states to trauma, experimenting with alternative modes of behavior, problem solving, developing emotional and physical control, and

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many others.  The populations that drama therapists have worked with include but are not limited to: hospital patients, children, concentration camp survivors, actors, prisoners, prostitutes, and soldiers, among others. (Casson, 1997, Christner, Stewart, & Freeman, 2007, Emunah, 1983; Schattner & Courtney, 1981; Landy, 2005, Seligman, 1995, Wiener, D., 1999)

According to the National Association for Drama Therapy,

> "drama therapy is the systematic and intentional use of drama/theatre processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. Drama therapy is an active, experiential approach that facilitates the client's ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience, improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility between roles."
>
> (http://www.nadta.org/assets/documents/geriatric-fact-sheet.pdf)

The use of performance in clinical work is one aspect of drama therapy. Lesley University, one of the few schools in the country that has an accredited program in expressive therapy with a focus on psychodynamics and drama therapy, is "ideal for those who wish to use improvisation, storytelling, role-play, performance, and other dramatic action methods to promote positive intrapersonal and interpersonal change across diverse contexts." (http://www.lesley.edu/master-of-arts/expressive-therapies/drama-therapy/mental-health-counseling/)

From an academic perspective, "drama therapy uses all of the processes and products of drama and theatre to help clients get to know themselves better, make peace with their pasts, envision their futures, and develop the skills to get along better with others in their present"

(NADT Brochure, 1997). This provides a drama therapist with a wide array of tools for guiding clients toward their goals. These goals could include self-acceptance, self-empowerment, learning clear communication skills, improving social interaction abilities, or resolving ongoing conflicts in their lives." (Bailey, 2009, p 204)

In contrast to this, some definitions of drama could indicate just the text itself: "Just what is the difference between drama and theatre? The simple response is that drama is the printed text of a play while theatre refers to the actual production of the play text on the stage."

http://www.skidmore.edu/academics/lsi/arcadia/playreading.html

Rehearsals for Growth, founded by Dan Weiner, and Social Therapy, founded by Fred Newman and Lois Holzman, are two schools of therapy that use performance in their clinical work. For these purposes, we can posit that Rehearsals for Growth is representative in some ways of drama therapy. Although both use performance, they have very different approaches and methodologies underlying their work.

Social Therapy is a "positive, relational approach with special focus on emotional development and group creativity" (Holzman and Newman, 2011, p 16) that does not use a deficit model but is instead part of the growing body of positive, empowerment, social construction, and activity models. Rehearsals for Growth (RFG) "is an application of improvisational theater games." (Weiner, 1999, p. 51)

Improvisation is a well-known theatre technique, but perhaps not so well known in social work, so it may be useful to include some information about improvisation here, and also how improvisation is useful in therapy. This highlights some of these ideas.

"Improvisation is an activity in which players…continually adjust to changes in circumstance and character as those are invented in the

moment….Improvisation requires that players give up their conception, expectation, and any script about what is supposed to be there and attend to what is happening here and now, both intra- and interpersonally. When stage-improvising, players learn to reduce their reliance on control of the future and experience a risky aliveness--spontaneity--in the present moment. Improvisational enactment, in which players 'make it up' as they go along, is therefore far from an artless, random, or haphazard activity. To improvise well, players must be fully attentive and responsive to cues on multiple levels both from their stage partners and from their own impulses, all the while remaining oriented to the time, place, and plot elements already introduced in the scene. Perhaps hardest of all, players need to overcome the deeply ingrained habit of avoiding the influence of others when facing an unknown future….stage-improvisation with others also shares a number of characteristics with good interpersonal relationship functioning: attentiveness to others' words and actions; flexibility in both initiating and accepting others' directions and suggestions (giving up over-control); and making others right (validation of their reality, thereby supporting them to look good)." (Weiner, 1999, p 52)

Weiner did research on improvisation, interviewing 42 people who had from two to eighteen years of experience doing improvisation work, who were from 19 to 66 years old. 26 were men and 16 were women. They were interviewed regarding their improvisation work and how that impacted their social skills as well as use of self, although they were not clinicians. He used a list of questions and then asked respondents to expand on the responses given. Weiner believed that his data suggested that improvisation is beneficial. After using improvisation professionally, women were more likely to report a greater willingness to take

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risks. Men reported broader emotional expression, and greater playfulness was reported by both men and women. Unexpected findings included that interpersonal trust did not increase as much as expected. (Weiner, 1994)

*Social Therapy*

In something of a contrast with drama therapy, social therapy has a more convoluted story, as there are at least two kinds of therapeutic work that call themselves social therapy, which were both developed at around the same time, which makes the research of this topic more complex than it might be otherwise. I will not address this confusion here except to note that for the sake of clarity and brevity, I specify that the social therapy to which this paper refers is that developed and written about primarily by Lois Holzman and Fred Newman. Further, social therapy has a strong postmodernist philosophical underpinning, a powerful grassroots left wing origin, and a foundation based on, among others, Russian psychologist Lev Vygotsky and Austrian philosopher Ludwig Wittgenstein.

"On the one hand, many, if not most, people need psychological help; they experience deep emotional pain, trouble with relationships, fears, anxieties, phobias, fetishes, obsessions, addictions. On the other hand, the function of traditional psychology and psychiatry in American society seems to be adapting people to the society as it is. And the society to which people are being adapted or into which we are being assimilated is racist, classist, homophobic and sexist to its core. It is a society whose standard of normalacy is white, middle class, heterosexual and male— a standard unachievable for most people in this country." (Holzman, 1987, 106)

"there was a growing recognition of both the social character and social origins of psychological and emotional problems, a growing recognition that humiliation,

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victimization and degradation, for example, are not private intra-psychic problems of individuals (although individuals "have them") but rather that these problems are social both in their character and in their origins, and thus require a social response— a response by the society as a whole—to resolve them." (108)

Social therapy has what we might call a broader definition of performance than drama therapy. Holzman says about the approach that it is "developmental performance—the ongoing collective activity of creating new kinds of environments where people can be active performers of their lives." (Holzman, 1999, p. 14) This approach takes at its core the fundamental idea that all of life is a performance, and that creating environments collectively, or as a group, is what is curative. Further, that "the social therapeutic process, then, is not to help people with their problems; rather, it is to help groups of people create environments for getting help." (Newman, 2003, p. 216) Further to this thought,

"The social therapist works with the group (not the individuated selves that, reductionistically speaking, comprise the group), organizing it as an emotional zone of proximal development, or emotional zpd (Newman & Holzman, 1993), to borrow Vygotsky's term (1978) for how and where human development is culturally-socially created. The various members, each at different levels of emotional development, are encouraged to create a new unit with a new level of emotional development; that is, the group's level of emotional development. This ongoing and ever-changing activity is developmental for all, even those who are most individually developed. This process involves a qualitative change of therapeutic focus: from the individuated self who discovers deeper insights into his or her consciousness, to the collective engaged in the continuous activity of creating a new social unit, the emotional zpd. The overriding

question transforms from 'How is each individual doing?' to 'How well is the group performing its activity?'" (Newman, 2003, p. 225)

Feldman discusses the social and emotional development of 22 six to twelve year olds in a therapeutic after school theatre program in New York. There was growth in their identities and social roles over the nine month study, and there is also a useful discussion in this article of the difficulties of doing collaborative work with younger children who have what may be described as behavioral issues. The children in the study were referred to the program, in part, due to sexual or physical abuse histories. The study used Zones of Proximal Development to promote various kinds of growth for the children in the study. The children showed positive changes in "peer relationships, concentration problems, impulsivity, aggressiveness, and passivity." (Feldman, 2008, p. 93)

Social Therapy and Rehearsals for Growth are by no means the only two schools of thought or ways of interpreting or using these techniques. They do illustrate the range of possibilities and ways that different clinicians have chosen to use various tools available to them. Social Therapy is a politically originated historically progressive therapy that primarily uses group therapy as its main modality. Rehearsals for Growth is "at once a useful and playful application of improvisation." (retrieved from http://www.rehearsalsforgrowth.com/)

*History of the use of performance and drama in clinical work*

The use of performance as a therapeutic technique can be traced back to the early part of the 1800s in Europe, and the early part of the 1900s in the US. I have found important antecedents to work with theatre in therapeutic settings in the US with Moreno, (Meiers, 1945) and with play in Winnicott (Katz, 1992).

There are a few professionals who are generally accepted as some of the founders and creators of the field in the US. T.D. Noble, a psychiatrist in Baltimore, MD, noticed in the early 1930s that his patients who acted in plays in the hospital were able to "understand and identify emotions better than other patients, could link their present emotional state and behavior to their earlier trauma more easily, and were able to experiment with alternative modes of behavior with more flexibility" (Phillips, 1994)

In addition to this work being done in hospitals, there were settlement houses such as Hull House in Chicago. Steitzer writes of the history of both social group work and improvisation being formed at Hull House in Chicago, how "group work was born out of activity and recreation-based programs such as settlement houses, neighborhood centers, Y's, Jewish centers, and labor union organizing." (Steitzer, 272) Neva Boyd created and ran groups for children at Hull House (Jackson, 2001). She taught language skills, problem-solving, self-confidence and social skills through the use of games and improvisation. Her student, Viola Spolin, ran groups that "did not just help members to master acting skills, but also helped members to develop confidence in their ability to speak up on their own behalf. The groups began to find that they were best able to accomplish this goal when they were improvising. Improvisation training was not a way to force "proper" behavior upon participants but a means for players to gain deeper insight into own their true self-worth and a true appreciation for group process and mutual aid." (Steitzer, 272)

Steitzer draws together many of the roots and branches of this field, and demonstrates the ways in which performance, social work, improvisation, role play, psychodrama, theatre, work with children, activity theory, as well as historically important thinkers and places were brought together to create what is today known as drama therapy.

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Gertrud Schattner, an actress from Vienna, is credited with popularizing the term drama therapy and providing the impetus to create a national organization in the U.S. She started out by working with concentration camp survivors in Switzerland who were not being helped by a psychiatrist's interventions. (Schattner, 1981; Reiter, 1996).

One could not discuss the history of drama therapy without mentioning Jacob Moreno. Jacob Moreno, a Jewish scholar and doctor was originally from Romania, moved to Vienna, and then came to New York. "He (Moreno) started around 1909 in the form of staging written plays with children and juveniles, but soon passed over to the completely original practice of "letting them play spontaneously" their own problems on self-creative primitive stages…. In 1911, Moreno created "together" (as he himself insists) with hundreds of children and adolescents a "children's theatre for spontaneity" where the first recorded psychodramatic sessions were produced." (Meiers, 265)

Moreno quickly began using his new techniques with prisoners and prostitutes, as well as in schools, and introduced his ideas to the US in 1927. The War Department during WWII recommended the use of group therapy and "dramatics", specifying Moreno's work for PTSD. "War Department Bulletin, TB MED 84 recommended in the section on Treatment Methods: (f) Dramatics. To be used in impromptu form (psychodrama of Moreno) as group psychotherapy. If talent is available, the use of short skits, musical numbers, and pantomime." (Meiers, 272) Group work was specifically used by the military to manage the large numbers of people seeking and requiring treatment for shell shock. It gained popularity and usage fairly quickly in part due to its endorsement by the military, which appears to have used it as a cost saving measure.

"… R. R. Grinker and L. A. Spiegel in their new book Men Under Stress say:

Dealing with groups has a positive value in that the group more nearly approximates

the state of the human being in his natural surroundings, as a gregarious animal seeking a satisfactory niche in his social setting. His inhibitions and repressions are motivated by the mores of the group. By working out his problems in a small way, he should be theoretically able to face the larger group that is his world in an easier manner." (Meiers, 273)

Moving forward to the end of the 1900s and the beginning of the current century, according to Sally Bailey, drama therapy is currently applicable to and in use with varied populations, including Autism spectrum, addictions, elders, people with developmental disabilities, and adults with Alzheimers. (Bailey, 2009, 2010, 2011)

Bailey asserts that

"drama is the perfect vehicle for teaching assertiveness, problem-solving, and self-advocacy skills *and* for demonstrating and articulating one's abilities, opinions, and desires to others. Through acting out a situation in role play, participants can learn how to identify problems, try out different solutions, and practice the solutions they think will work best. They can develop the self-esteem and confidence to believe they can be effective and succeed. Even more important, they can develop the social skills to get their questions answered, their needs met, and their day-to-day on-the-job or in-the-community conflicts worked through in appropriate ways. (Bailey, 1993, 1995; Sternberg & Garcia, 1994)" (Bailey, 2011)

Given the roots we have examined, demonstrating the use of performance on multiple continents, as well as the wide range of presenting problems that have been addressed, as well as the wide range of populations, and the range of time it has been in use, clearly the use of performance as well as drama therapy are not in their infancy. At the same time, these methods

do not appear to be part of the curriculum in social work education settings in the US, as noted by examining social work curricula of some of the top social work schools in Massachusetts, Smith, Boston University, Simmons, as well as the University of Texas for a comparison. None of these schools appear to have any training of any kind available in the use of performance or expressive therapies. This study is interested in informing clinicians about this well researched method as another option for use in a social worker's toolkit.

# CHAPTER III

## Methodology

The purpose of this study is to examine the use of performance in clinical work with adults in the US. I examined how clinicians use performance in various ways in their clinical work with adults, what techniques they used, what training these clinicians received, what clinical issues they treated, and outcomes they and their clients reported. The study explored clinicians' perspectives, experiences, and their expert insights into how performance is and can be used in mental health treatment across a range of clinical issues, including the questions what clinical issues do respond to the use of performance and which do not, and if these clinicians found benefits or drawbacks with the use of performance in clinical work. The population I studied was clinicians who work in the US, who have at least one year of clinical work completed after their degrees were finished, who spoke English fluently, and who use performance work with adults. The interviews were conducted with clinicians who met these criteria. Clinicians came from a geographic range across the US from Alaska to Illinois to Massachusetts.

The study was a qualitative snowball method research, which used open ended questions to gather data from participants. Snowball sampling is a nonprobability sampling technique. As Rubin and Babbie (2011) point out, this technique is appropriate when the population may be difficult to locate (page 173). Additionally, this work is exploratory and descriptive in nature, and this reinforces the acceptability of using a snowball sample.

*Sample*

      I used a snowball sample technique to recruit participants. I used Facebook, Linkedin, a drama therapy listserve, and personal contacts to find or refer me to potential participants. Inclusion criteria for participation were: being a practicing clinician in the US, being fluent in English, using performance (role play, improvisation, etc) in clinical work with adults, and practicing for longer than one year. The sample size was six participants. Due to the small sample, I was not able to successfully recruit a diverse sample, nor was it attempted.

*Ethics and Safeguards*

      I conducted phone interviews if the participant did not live in the same area as the researcher. Two interviews were conducted in person, and the rest were conducted using audio only over Skype. The interviews were audio recorded with the consent of the participant. To ensure confidentially, once the interviews were recorded this researcher or a transcriptionist transcribed the data, all identifying information was removed. The documents for the study will be stored for three years in a secure location, after which time it will be destroyed. I explained to potential participants the purpose and design of the research project, and the nature, benefits, and risks of participation. I informed them that participation was entirely voluntary and that all the information gathered would be held confidentially. I informed participants that they were free to withdraw at any time during the interview or after the interview had been conducted, and that all of their information would be withdrawn from the study and destroyed if they withdrew. All participants were provided with an informed consent form which they were required to sign before participating. The informed consent form is Appendix B.

*Data Collection*

The Human Subjects Review Committee at Smith approved this study. Participants were provided with the informed consent form prior to the interviews, and were required to sign the form prior to the interview being conducted.

Data collection was obtained through semi-structured interviews that ranged between approximately 20 minutes to one hour, depending on the interviewee. Participants were asked seven questions about their clinical work using performance with adults. Participants were also asked basic demographic information; gender, race, age, years in practice, and years working with performance. These questions are listed in Appendix C. Data were gathered by means of audio recording. The researcher and /or a transcriptionist transcribed the interviews, and identifiable information was removed to ensure confidentiality.

*Data Analysis*

The data was analyzed for similarities and differences. The researcher examined the data for commonalities, themes, and ways performance was used by different clinicians as well as for differences. The data was also examined for training differences among clinicians, and two themes emerged from this analysis. A wide range of techniques was discovered, with some similarities and some differences. A wide variety of clinical issues are being treated with performance related techniques across the country. Clinicians reported on the outcomes of their work and data indicate that from the descriptive reports, many different techniques produce successful outcomes.

# CHAPTER VI

## Findings

This study examined the use of performance in clinical work with adults in the US. I examined how clinicians use performance in various ways in their clinical work with adults, what techniques they used, what training these clinicians received, how they came to use performance in their clinical work, what clinical issues they treated, and outcomes they and their clients reported. The study explored clinicians' perspectives, experiences, and their expert insights into how performance is and can be used in mental health treatment across a range of clinical issues, including the question of what clinical issues do respond to the use of performance and which do not, and if these clinicians found benefits or drawbacks with the use of performance in clinical work. These clinicians also addressed the issue of training both in social work and in drama therapy and how they interrelate with each other, what choices they made regarding their training and why.

Findings are presented in the following sections: demographics, in which the sample will be described; how performance is used in clinical work; key techniques used; training received; presenting problems addressed by this approach and outcomes. Each section will include patterns and trends reflected in each area. Illustrative quotes are included.

*Demographics*

The sample for this study was seven clinicians (n=7). 100% identified as female and as white. The participants came from a geographic range across the US, from Alaska to Illinois to Massachusetts. They ranged in age from 31 to 63.

The clients had varied training backgrounds, but most of them had a social work degree in addition to other certification in drama therapy or social therapy. None of the participants did

this work without some training in addition to the social work degree, and most had significant additional training, which for some participants included another master's degree.

Each of the clinicians used different techniques in their work and worked with different populations; however, there were some similarities among them. Most of the clinicians reported using role play in their work, and most clinicians also used a combination or a variety of techniques. A few clinicians reported working with stories in one way or another.

Clinicians reported working with a wide range of clinical issues, and there was little overlap; however, more than one clinician reported working with trauma, anxiety, depression, social skills, and grief.

Clinicians had a range of opinions about whether this work was applicable to all populations and clinical issues or not. Some clinicians said they used what they had been trained in with all clients, and some clinicians had some reservations about some clinical issues such as antisocial personality, people with psychosis, and Clinician N noted that "not every type of drama therapy is going to work with every group…so you really have to adapt what you're doing to the needs and strengths of the group that you're working with."

*Treatments / Techniques*

Techniques varied widely. Some clinicians were quite clear about the techniques they used, while other clinicians identified all the work they did as performance.

One of the common themes was putting on plays with clients. Some clinicians create original works with their clients, and some put on well known pieces. Clinician S1 "create[s] original plays with adults." Most of her clinical work is done with people with "addictions", people with "cognitive disabilities", and with "older adults". She uses a variety of techniques with her clients in order to create these plays. One example is that with some clients, she "would

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generate writing from them through guided fantasy" and she would take what they wrote "and form it into a play." Frequently this turned out to be a metaphorical representation of some of the things her clients struggled with. Clinician S1 describes how this is therapeutic.

"I would come up with some kind of narrative that they could relax to and imagine, but at every turn of the road, so to speak, they would have to make a choice, and then move on and make another choice….and I would take [their writing] and form it into a play….and then we would act it out. Practising making those choices, physically, was very valuable to them because I would always choose the positive choices that people wrote about….I would …take a piece from what everybody wrote…and work it into the play….They felt like they had created something which was, again, really important to them, because so many of them had never completed anything, but they had contributed to this play….We would rehearse it….and then we would present it….the performing and sharing this …that they had been working on was very very effective because the audience got something …and they got a tremendous amount from sharing and giving back."

The creative and hard work of putting on a play, says more than one clinician, is a key component of this experience. In support of this, Clinician K notes that

"The goals for the process and the product oriented work are very similar but I think the product oriented takes it a step further in certain ways. Another thing I would say is self-esteem; …even a 15 minute long drama therapy activity can give somebody good self-esteem, but … the product is a big thing, and everybody shares this experience, and they have this big party after. It takes it another step farther. Not

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that individual drama therapy, the process stuff, not that that doesn't reach goals too, but … there's just something about the product oriented [work] that goes further."

Clinician J, who also puts on plays with her clients, reports that coming to rehearsals regularly, "show[ing] up every day at the same time", memorizing dialogue, interacting with other people on an ongoing basis, were all ways to immerse people in the activity of taking on new challenges and new skills that could apply to the work world, for example. From an emotional health point of view, Clinician J also reports that it creates "the ability to be flexible and to take [on] different roles", and to "embrace trying new things". She notes additionally that having a "purpose" and something they *like* allows them to integrate this into their lives, and they are able to "stretch [their] boundaries [to] see what works" and what does not. Further, she reports that giving these clients "something to work towards" can end up with them "feel[ing] like ambassadors … feel that they're role models" for other people with mental health issues. It creates a sense of power in these disenfranchised clients. This use of creativity has the impact of "normalizing" their lives, and allows people to participate in healing themselves. Further, the clients report a "rush of success", as well as a new self confidence.

The use of role play was one of the most commonly used techniques reported in this study. One of the most outstanding examples of the power of role play came from clinician S talking about role play and role reversal.

"You, as the therapist, can switch chairs with the client so that you're role reversing with the client. I had a client when I was in social work school, I was interning at [name removed for confidentiality] and he was angry and miserable and I was assigned to work with him. We did role reversal, and I was epilepsy, and he was him, and then we role reversed, and I found out all kinds of things about epilepsy that

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as a character that he didn't know and I didn't know - and just discovering that - unconsciously he knew it - and when he became that character of epilepsy, all this stuff would come out of his mouth, and he would be like, I didn't know that, and then, we had all this stuff to talk about and then - it was <u>very</u> interesting. He stopped having seizures. He would have seizures all the time and then he had seizures like once every six months. He looked at me and said, what have you done to me, what kind of evil spell or good spell have you put on me. But he just realized that he was being controlled by this thing – in a way, our version of narrative therapy where you take the problem and make it a metaphor instead of part of you - and that whole thing of making it not part of him, suddenly he realized he didn't have to let it control him."

Less common were the techniques practiced by a couple of the clinicians interviewed. Clinician E noted that

"I practice social therapy, so we look at everything we do as a performance; it's a bit unusual in that respect. We don't see behavior, we see performance. I relate to performance in everything. I mean, people may be having a depressed performance; they may be having a happy or a painful performance. I also look at what humans do with each other as a performance, and mainly that's because we see performance as more of a creative capacity, which, in social therapy, we are interested in helping people reignite their development, and creativity is very important in supporting that activity."

Clinician S2 uses a range of work including performance with her clients. Her work is very informed by her politics and social justice work and she includes political organizing and

advocacy work as part of the transformation she sees in her clients as they develop. She describes her work being informed by her experience working in a homeless shelter and how the

"racism and poverty impacted people's mental health, and that really politicized my understanding of mental health and treatment, and how people got well, because when we started, we took over the building, and started demanding some rights. It was amazing how very lucid, very clear, the creating of a place where they saw they were valued – and I think that's performance at its most profound, performance when you pick up a sign, and say this is our home – because otherwise, they'd be out on the street, and insisting that they are not going back to an institution that zonked them out with all kinds of horrific medication…that was the beginning for me."

Clinician K reports that

"I don't even remember who's idea it was but the theme ended up being where the counselors and the clients switched places, and you know, I just let the clients go where they wanted to go, and it ended up being this story about -----. Now we see why there are rules. It turned into the clients, as the counselors, trying to get everyone to get hold of the rowdy clients, and realizing, oh, there's a *reason* we're not allowed to do whatever we want, which was really powerful, and all from them. I didn't put it in their heads."

Clinician J sounded a note that I quite appreciated about herself in this work. "Something to be really proud of is trying something different … that's non stigmatizing and … it's focused on their strength."

Some clinicians, such as Clinician S1 as noted above, report having an area of expertise as well as a population they focus on; some clinicians, such as Clinician E work with a range of clinical issues.

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To summarize, clinicians worked with a range of techniques, but many of them used role play and improvisation, or variations on those techniques, as well as stories, puppets, and plays.

*Clinical Training in performance and therapy*

Participants' training and experiences varied widely, but provided some rich material to examine. It is noteworthy that even though I did not recruit for social workers exclusively, of those clinicians who had a degree in addition to, for example, a master's degree in drama therapy, all of the clinicians interviewed had a master's in social work.

Clinician S noted the close relationship between her drama therapy training and her social work training, and how similar they were for clinical work. For people who have a background in theatre of any kind, they have

"an understanding of people in the environment from theatre….Intake interviews and person in environment assessments … that's all exactly what I had done as an undergraduate theater major except [in theatre work] you focus on characters in plays and the special world of the play….Psychology is the study of human behavior, and theatre is the study of human behavior *embodied*. Its *showing* you the psychology….Stanislavski, who really connected up a lot of things in psychology … created this whole system of character analysis and play analysis that's used *today* that's all about how each character functions within the world of the play which is unique, the social environment that is created by the playwright, and *that's social work*."

Clinician S got her drama therapy credential initially, and went back to school to get her MSW "only because I saw the need in the part of the country I was in that if I didn't have a license that I would get shut out of jobs that I wanted." She notes about getting her MSW that "it

was very interesting to me because a lot of it was total review. I hadn't had a research course…I learned a lot about policy, but a lot of the clinical skills *I'd already developed* as a drama therapist."

Different perspectives regarding training in clinical work include Clinician N, who noted the training and supervision that she is doing for others, including the use of drama therapy techniques in training and supervision for social workers as well as drama therapists. Clinician N also noted that she was helping a social work student with his thesis on the use of drama therapy for social worker burnout. Further, more than one clinician noted that drama therapy degrees and licenses are only marketable in certain states. Clinician D noted that when she is asked about drama therapy she responds with "you need to get a marketable degree, and unfortunately, right now, there are only some places where getting a master's in drama therapy you can actually find a job."

Many clinicians had a combination of theatre and clinical backgrounds of one kind or another, starting for some as early as high school. Clinician D noted in her own training background as an undergraduate, that her psychology major classmates

"weren't at a place where they were able or willing to discuss some difficult topics in our simulated group. Some of that is healthy, but they weren't willing to make themselves even slightly vulnerable. And I thought at that point, I haven't lived enough to do this next step [getting her clinical degree]. I feel like I need to live more, and be kicked more. And that took me into theatre. I took a theatre class thinking it would be an easy A, but it was one of the most difficult classes I have ever taken because of what it required of me."

Eventually, Clinician D integrated her clinical and her theatre interests and began working as a drama therapist doing recreational groups. Even doing what was considered non-clinical work, she noted that "a lot of stuff was getting opened up for the participants because theatre just really opens things up quickly." Her social work graduate training also informs her current opinion that one of the things she does in her clinical work now is

"assessing someone's ability to play. There are definitely high functioning ego strong individuals who are wanting to look at transitional issues in life …who want to come together and explore it together in fun, magical ways. But for a lot of people the thought of that is terrifying because its so revealing. For someone who is terrified, it takes longer but its just trying to slowly warm them up to using this modality to better be able to express themselves more fully in life."

This indicates one of the few possible contraindications noted by a clinician in this study.

A combination of social work training and theatre training is typical for many of the people interviewed.

*Using Performance in Clinical Work*

Many clinicians discussed their passions for theatre when talking about their training experiences, and the deep sense they had early on that the two combined easily and well. Many of the clinicians interviewed had taken acting classes in college, or had loved theatre in different ways from a fairly young age. All of them were committed to and passionate about the efficacy and usefulness of the different techniques found under this umbrella.

Clinician S2 noted that she "had always done theatre work, and I had a natural inclination to feel that connection to the power of that work." Clinician S noted that although she had been in professional theatre for many years, her first idea of doing this work came from seeing the

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name of the drama therapy association on a mailing list, and said to herself, "this is what I've always wanted to do! I've always wanted to use theatre to make a positive change in the world; I wonder if this is what I should be doing." Clinician E similarly noted that she "always loved theatre, I always loved performing so it worked really well for me in terms of helping people be who they are and who they are not." Additionally, Clinician E notes that, unlike the other interviewees, "I was not happy with my work or the results of my work after my master's program. I loved my master's program, and I was working in the outpatient psych department in a hospital [name removed for confidentiality] and I wasn't seeing people get better." Clinician E did a two year certificate program after her master's degree in order to be able to do the work in social therapy she does now. Clinician D reports that in a somewhat similar vein that "getting really cerebral doesn't necessarily bring the insight. In fact, I feel that sometimes being cerebral prevents us from gaining insight because we're in our heads instead of our hearts." Clinician D was also unhappy in her work, although she was unhappy working in theater. "It took me a number of years to realize that doing professional theater was really unsatisfying and I was very unhappy because I felt product centered. That led me back to exploring theater stuff therapeutically."

Clinician K tells a different story from all the other clinicians. "When I was a freshman in high school I took a theatre class out of curiosity and I found that it was so healing to take on a role and just play somebody else. I know I'm very unusual in that I knew since age 15 that I wanted to be a drama therapist."

As noted above, most of the clinicians interviewed had an affinity for or training in theatre work prior to getting their clinical training in drama or performance.

*What Clinical Conditions are best addressed using Performance*

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As has been noted throughout, clinicians reported a wide range of clinical conditions that they work with. At least two clinicians reported working with addictions, trauma, grief, social skills, depression and anxiety. Potentially noteworthy was the significant range of clinical issues in different situations that are being addressed by people across the country using different performance and drama techniques. There are clinicians using these techniques in inpatient units, in clubhouses, in community health centers, in social work training and supervision. They are being used with people with cognitive disabilities, sexual abuse, dementia, compulsive overeaters, veterans, bipolar, schizoaffective disorder, borderline personality disorder, brain injuries, vocational challenges, life transition struggles, attachment, bereavement, and many others.

Clinicians named a few things they thought was "best" addressed by performance, however, most of them use performance across a range of clinical issues. They provided some insight into the ways they use these techniques with various clients with various clinical issues.

Clinician S thinks that "it's really very very good with addicts, incredibly good with people on the autism spectrum, because so much of drama is about how you interrelate with other people and it creates a way for people on the autism spectrum to practice the skills they need to learn in a really fun way." Further, she noted that "there are non verbal or low verbal people that you can't work with because they don't have they language…and you need the 'language' of drama and play and drawing to get to those clients." Clinician D "think[s] that sometimes it really takes this high level ego functioning in order to participate because this concept of being seen, being viewed, moving your body, using your voice can be very threatening to some people if it's not something you've had an opportunity to do at some point in your life."

Again, from Clinician D, one of the few notes that may contraindicate the use of this technique with some clients.

Clinician E noted that

"social therapy does group work, so we see development and people getting help with their emotional problems as a group activity…people come in, and raise whatever is going on for them, it could be trauma related…it could be everyday neuroses, it could be grief…it could be…many things. The group uses whatever the person brings and builds something with it, and I think the activity of participating in creating something new with people's pain, no matter what it is, is what's growthful, developmental, therapeutic."

Clinician S2 had a story to tell about some of the work she had done at a previous job which really captures in detail the ways that performance can be used therapeutically in different settings.

"I ran this class at [agency name removed for confidentiality] called Women of Strength with adult learners. I had up to 35 women … and these women, all of whom are coming back to school for their GED, and most were single parents who had been through numerous crises in their lives, who for all intents and purposes were dealing with a lot of trauma or history of trauma."

"We created a curriculum that was called Managing Stress to Improve Learning and it was using expressive arts and performance to support engaging stress issues, so that we could open up the brain to learn. We know that the relationship between learning and stress or trauma is that everything gets closed down and stuck and then there's no room in there to remember things, to process things … and then they think,

how come I can't learn anymore, and then they think they are stupid, then they think

they can't learn. So this class was really foundationally about building a place to

begin to release, to have places to engage that, and *of course* we weren't calling it

therapy, but certainly if there's anything therapeutic that would be it. Many of them

were dealing with such extreme issues, and so in that context, we did a whole host of

practices that were performance based, from art to improv games to poetry to spoken

word to music to working with lyrics to practicing using mandalas – we did a whole

mandala exercise – it was really exciting to branch into all of these different

processes. Out of that…and there was a lot of resistance initially too… it's hard when

you've got so much going on mental health wise … to trust, to open up, to do these

practices … so you have to build that into the group too so we did a lot around

building safety and trust in the group context….”

Clinicians generally agreed that most if not all issues could be treated with performance

and drama, and did not generally subscribe to the idea of issues best treated this way, although

some clinicians did believe that some issues responded better than others such as people

struggling with addictions.

*Clinical Issues Least Likely to be Successfully Treated with Performance*

Clinicians had a range of opinions about whether there was anything that they would not

treat with drama or performance. Most clinicians said across the board that this is the

methodology and techniques that they work with; however, clinician D noted that although she

does not work with anyone with psychosis,

“there's a common argument or concern or debate within the community and also

in mental health when the mental health professionals who are aware of the use of

expressive art is people who experience any kind of psychosis. There's a lot of

concern about its further triggering or being potentially damaging. I can't really say

that I believe that because it's not something that I've really experienced."

Clinician J did note that folks with antisocial personality disorder were on a spectrum,

but that "there are some people who are just so extreme you can't have them in the group….If

they can't be in a group then it's not going to work."

Clinician N noted the integration of social work and performance work for her is

"as the social worker, it's like building this bag of tricks, so to speak. Having

some understanding of a variety of approaches and techniques to bring into a

situation. But I think I tend to approach everything as a drama therapist or with that

lens. I apply that lens to all my clients, and I'm constantly trying to see if there's a

way, if there's a moment, if there's some alternative means of expression that we can

bring into the session. I'm letting them be the guide – but I'm always ready to

introduce something or to offer it up. It's not that certain people walk in the door and

I think, oh, this would be a good candidate for drama therapy as much as I think

everyone who comes in the door is. It's just about how to tailor it to their needs."

Most clinicians agreed that there were few things if any they would not treat with

performance or drama, but psychosis and anti social personality disorder were brought up as

potential issues that they might treat differently.

*Outcomes*

Clinician N reported that for her, the way she knew she was having a successful outcome

with her clients is that in the organization she was working for, "the people who were coming to

my sessions were staying in the program.. . . The people that were in my group stayed in the

program, and they came to sessions on a regular basis. So I know it had meaning for them and I know that it was helping them" [because other people left the program and other people's groups did not have high attendance rates]. In terms of populations it would not work with, she said that "I'm sure it's not the right therapy for everybody. . .but I think that is more of an individual thing than a group thing, and also not every type of drama therapy is going to work with every group, so you have to adapt what you're doing to the needs and the strengths of the group that you're working with."

Clinician J noted, "I think it's very normalizing for people, to say what is going on with this character, then it helps you understand yourself, and then how it's hard for you to get in this character. What do you have in common with them, what is different, and then it helps you understand people."

Clinician J also had strong opinions about doing research on therapy.

"No matter how much we try to do measureable research projects, the essence of any kind of therapy is not measureable. If I go to therapy and I say I'm feeling better, I don't know if it's because the sun has come out again or because I've got a car or because my coworker is leaving. .. People really want to measure how good drama therapy work is … not only are people getting …therapy, they're taking medications…they've got a new place to live…and the folks that we see, some of them are pretty concrete, if you asked them what helped you the most, they will tell you my case worker, because I got a new place to live. They aren't going to report that drama therapy helped me."

Clinician K

"think[s] that people see it as very non-threatening. I'll get teens who tell their parents I'm not gonna talk. I'll go in there, but I'm not gonna say anything. . . cross their arms and sit there, and by the end they wanna come back. I have had the most stubborn of kids who end up loving therapy.  I have a girl right now I've been seeing for 6 months … she came in, she doesn't trust anybody, and she's been abused by a few people, so who can blame her…really just did not want to be there. Now she's like, I don't want to ever leave you. I really know that what I do is powerful."

Clinician E says that

"the inclusion of people from all backgrounds, all walks of life, young and old, gay and straight, men and women, different nationalities, different diagnoses, to come together and work on creating something positive: that's what really helps people. Performance, I think, supports that creativity in the group….We do things like, maybe the group starts out, and a few minutes into it there's a real bomb. Somebody might say can we do a take two …so it's that self-reflexivity of the group, that they could do something else, which is … an expression of the performatory nature of it. They redo a fight with their husband.  They can take two because they're relating to themselves as the active creator and participant in what's happening in their life."

Clinician S2 has a great deal to say about outcomes from therapy and therapeutic work that focused on client transformation as the result of being involved in therapeutic and growthful environments, as well as therapy.

She notes that, having been an organizer around homelessness for many years, "having people representing homeless families who have experienced homelessness themselves, being in

leadership positions … people who have been victimized by the system having a place where they can exert power, and how transformative that is."

She continues talking later in the interview about the group of women in the Women of Strength class who were getting their GED:

"I see from the retreats we did, when they would come back and say that *changed my life*. Now, you know, you don't hear that a lot. I would literally hear people say it. There were a few things going on. One was that we were moving them outside of their comfort zone. They got away for three days, and most of these women had never been away from their children, never been out of the city, never had the experience of being in a place that was really about them being familiar with other women in a way that was about caring, about each other. Out of these really hard histories, to be in that [different] environment where they got to go away was very transformative."

Some of the key findings in this study are how powerfully empowering this technique is for clients, the wide variety of issues that are treated with the use of performance, the confirmation of the long term historical use of performance as a therapeutic technique, and finally, the lack of training in social work schools in expressive therapies.

These findings will be discussed and analyzed in the Discussion chapter.

**CHAPTER VI**

**Discussion and Conclusion**

This study was intended to examine the use of performance in clinical work with adults in the US. I researched how clinicians use performance in various ways in their therapeutic work with adults, what techniques they used, what training these clinicians received, how they came to use performance in their clinical work, what clinical issues they treated, and outcomes they and their clients reported. The study explored clinicians' perspectives, experiences, and their expert insights into how performance and drama is and can be used in mental health treatment across a range of clinical issues, including the question of which clinical issues respond to the use of performance and which do not, and if these clinicians found benefits or drawbacks with their use of performance in clinical work. These clinicians also addressed the issue of training both in social work and in drama therapy and how they interrelate with each other, and what choices they made regarding their training and why. Additionally, some clinicians addressed what training they recommend to people coming into the field and why they recommend that training. Further, and unexpectedly, some political issues were raised in the study as well.

The intent of this study was to examine the understanding and expertise of clinicians who practice this work and to benefit from their work in the field. The purpose of this study was to be used to inform clinical social work education and practice about the use of performance in clinical work, as well as provide information about clinical tools that are not included in social work training and education.

This study elicited experiences and expert opinions about the clinical work practice of the clinicians in the study. The findings from this study provide valuable insight from the perspective of a lesser known, lesser used, and possibly less respected methodology.

*Demographics*

The seven clinicians who participated in this study identified as female and as white. They came from Alaska to Illinois to Massachusetts. They ranged in age from 31 to 63. This provided a wide range of experiences, from a somewhat newly graduated clinician to a clinician who is probably close to retirement. This indicates that this study captured data from multiple life stages and multiple career stages as well. We could possibly name these as young professional, mid-career, senior clinicians, and supervisors, even thought we did not examine these roles in the study. In addition to the age range among participants in the study, the fact that clinicians came from states in various parts of the country is an indication of another kind of diversity. This indicates that this study may have captured a good cross section of experiences based on geography as well. In terms of training, participants for the most part had a social work degree in addition to other certification in drama therapy or social therapy although this was not sought after in recruitment.

There were no clinicians of color in this study. I did find one African American man who was doing psychodrama work, but it was difficult to schedule with him, and we did not end up doing the interview.

*Social work training*

As part of my literature review, I examined the extent to which social work programs include training in performance or expressive therapies. Social work training schools in Massachusetts do not, from my research, offer any expressive therapy, performance, psychodrama, or other similar training. This is researched from the websites of some of the most prominent social work training schools in the state: Smith, Simmons, and Boston University.

This includes a lack of conferences, online training, professional development offerings, and classes in their social work degree programs.

Through investigation of the websites of social work schools, I have noted the lack of education in expressive therapies for social workers. I also investigated the websites of schools that teach theatre and performance work. Notably, theatre schools appear well aware of their usefulness in a social work and mental health profession, yet social work and mental health schools do not appear to reciprocate this awareness. Social work education and training is strongly focused on talk therapies at this time. Even play therapy, a common and accepted technique for use with children, appears to have limited availability in the curriculum. This is based on information from the websites of Boston University, Simmons and Smith, as well as the University of Texas at Austin, for comparison to another state.

One of the reasons for training is in order to be able to work. Clinician D raised the issue of getting a job in the field using performance and drama and noted that

> "…it's always a constant thing, where do people get jobs, how do people work, how do people make a living doing this, and I'm also a BCT [board certified drama therapy] trainer. So…I did that because I feel like nurturing other people in the field is really important, not because I think that I know everything. People coming into the field often are like, "Well, what do I do? How do I do it?"

> "And so when I have someone calling me, he says, "Oh, I love this drama stuff. I really want to do it therapeutically. How can I do this?" I'm like, "Well, you need to get a marketable degree," and unfortunately right now, there are only some places [in the country] where getting a masters in drama therapy you can actually find a job."

Clinician D is saying that she recommends getting a social work degree in order to get a job instead of getting a drama therapy degree, as getting a drama therapy degree makes it harder to find work, even though she has both degrees and is strongly invested in drama therapy. Clinician D says that "I tend to approach just about everything as a drama therapist." She is certified to train other people to do drama therapy, yet she encourages potential drama therapists to not get a drama therapy degree due to the difficulty in finding jobs. She pointed out that "the MSW was the most marketable degree."

It is not possible to train social workers in all possible and available methodologies. However, this researcher would like to suggest that it may be important to examine the potential impact on clients, that social workers are not trained in at least some of the many methodologies available today to clinicians other than talk therapy. Research indicates that there is a wide variety of clinical issues that benefits from the use of performance in therapy. (Ramseur & Weiner, 2003, Schatz, Tracy & Tracy, 2006, Seligman, 1995, Slade, 1959, Spolin, 1963, Warner, 1996, Weiner & Cantor, 2003, Weiner, 1997, 1999, 2000, Wilson, 2007). This is agreement with Clinicians E, S1, S2, N, J, and D. As noted by Clinician E, "I don't think there's any [issue] that couldn't [be successfully treated with performance]."

Participants in this study were almost all social workers in addition to their drama therapy or social therapy training. All clinicians interviewed had specialized training in one form or another in performance or drama techniques. Most techniques did turn out to be variations on role play or improvisation, which does confirm the literature (Forrester, 2000, Johnson, 1984, Landy, 2000, Oxford & Wiener, 2003, Spolin, 1963). Clinician S2 notes about her practice that in one class she ran "we did a whole host of practices that were performance based from art to improv games to poetry to spoken word to music to working with lyrics to practicing using

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mandalas." Clinician S has a powerful story about a client she worked with who had epilepsy and she did role play with him. "I was epilepsy, and he was him, and then we role reversed – and I found out all kinds of things about epilepsy that as a character that he didn't know and I didn't know."

*Interview questions and literature on performance and drama*

The literature on drama suggests that there are many techniques available to and in use by drama therapists, as is also clear in the curricula of drama therapy training programs. This study did not question the techniques in use by the clinicians interviewed in any great depth, but the findings do confirm the use of role play and improvisation as two of the primary techniques in use, as well as many variations on these techniques. (Emunah, 1994, Forrester, 2000, Holzman, 2011, Johnson, 1984, Landy, 2000, Oxford & Weiner, 2003, Spolin, 1963). This is in keeping with the interviews done with Clinicians N, S2, D, S1, and J. As Clinician N noted, "I have them be the person in the picture, and take on that role, and interview them in that role, then at the end we process that, and we can we see the similarities between the person that they've been playing and their own life."

One of the highlights from this study about the use of performance in therapy is the use of creativity both on the part of the therapist and the client. Clinician S1 pointed out that meeting the client where they are is important for client and clinician alliance to occur, and that using, for example, problem solving theatre games with men is more likely to gain their buy in and participation. Her student was working with homeless veterans and was having trouble gaining buy in from them until Clinician S1 suggested problem solving games. "You're going to start with theatre games that will solve problems, and they'll get into it.…Find your way of accessing what in drama would engage this person - it might be using stories, it might be using pantomime,

theatre games --[there are] so many different ways [to engage people]." Engaging clients (and getting their buy in to the therapy) may be a part of creating the therapeutic alliance. (Hodge, 2011, Mallon, 2009, Manoleas, 1996)

The use of performance and drama is useful for practical skills such as work skills as noted by Clinician J. "a person … you know they're going to show up every day at the same time, they're going to do the work" as a result of having learned these skills by attending performance rehearsals. It is goal oriented, which makes it potentially useful in discussions with insurance companies. Further, as noted by Clinician J, the use of performance is very normalizing for clients. "I think it's very normalizing for people, to look and say what is going on with this character, it helps you understand yourself, and then [understand] how it's hard for you to get in this character." The literature confirms the experience of clients experiencing groups as beings normalizing, and it being used in family as well as group therapy. (Eppler, 2007, Newton, 2007). Clinician J is the only clinician to mention normalizing in the study, however, there is a great deal of literature on normalizing client experiences and the positive outcomes from normalizing people's experiences.

One of the common themes regarding techniques was putting on plays with clients. However, there is some disagreement in the literature about whether this qualifies as psychodrama or drama therapy. The clinicians all identified this as drama therapy, but the literature identifies this as psychodrama (Kedem-Tahar, 1996). Clinician S1 was very emphatic about this.

"Unfortunately psychodrama has given creative arts therapy a bad name because there been a number of people who are psychodramatists who don't have good boundaries and who have really traumatized people by taking them too far. And a big

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thing about psychodrama is that it's not as metaphorical as drama therapy – it's about

acting out your own life. Drama therapy, you're often working through metaphor and you

can control how intense it feels; you can adjust it so that somebody can direct their story,

or can do it as a fairytale, where they can manage to look at the issues, and feel the issues,

without feeling overwhelmed.  Drama therapists do use psychodrama when its

appropriate, but we know that there are lots of times when it's not."

*Further Research*

When I began preparing for this study, I did not envision that the different types of work

settings would have an impact on my findings, and so I did not ask about the specific type of

workplace. It did turn out that there was an impact on these clinicians, ones I did not envision.

Clinician D noted that being the only drama therapist in her office meant that she felt isolated

and less able to be her best self in her work due to her difference from her colleagues.

"…A lot of drama therapists are still considered pioneers because they are

oftentimes in environments and settings where they're the only one. . . . Oftentimes

you have to educate everyone. . . it's also a skill … not only to work with the client

but work with your colleagues and help them understand you and what it is you're

doing . . . the fully expressed drama therapist … is probably a lot larger than I feel …

able to actually be at times."

Further, although the main techniques in use were role play and improvisation, I did not

envision the number and possible combinations of techniques used in drama therapy settings,

which means I ended up not being very specific in the questions I asked, and therefore ended up

with a wide variety of replies. This is not negative, however, it does mean that there is more

breadth than depth into technique in the study, and this may be an area that would be fruitful for

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further research, to ask if there are specific techniques that can be used most effectively with certain populations. Clinician S1 suggested that the use of problem solving techniques would be more effective with men, for example. "With certain adults in particular you really have to get past that distrust of you're trying to turn me into a child or you're trying to humiliate me." This clinician was supervising student who was working with homeless veterans and struggling with her work. Clinician S1 said, "They're GUYS, right? Yeah, well, they want to SOLVE PROBLEMS, so you're going to start with theater games that will SOLVE PROBLEMS and they'll get into it. . . you find your way of accessing what in drama would engage this person." The use of performance with veterans is confirmed by the literature as noted elsewhere in this paper. (Meiers, 1945).

One of the clinicians I interviewed went on for a long time about some important work she had done, which was both a deeply personal and powerful story about working with AIDS patients a few decades ago and how it was critical to be time sensitive in that work (talk about could be dead that night). However, no matter how poignant this story is, it is not central to the work I am looking at, and I did not stop her from telling her story to focus on my work, which meant extra work for me in the transcription of a lot of detail I have not used.

Many of the clinicians I interviewed had powerful emotional ties to this work, and that is something that may have come across in the details but was not something I asked about in such a way to draw out that experience.

One of the things I discovered as I was doing the interviews is that I was unintentionally influencing the interviewees by the questions I was asking in my recruitment materials. I was not aware at the time that asking if people used performance in their work had a very specific meaning to drama therapists, and that this likely influenced the interviewees I ended up with in

my sample. I was able in later interviews to clarify this to participants, but this was clearly

something to do differently in future research. This came about as a result of learning in the

process of doing the study, which is always valuable, and frequently frustrating. When I began

this research project, I believed that the word performance was a very generic term to use that

could be considered an umbrella term for the use of techniques such as role play and

improvisation. I discovered through reading some of the material published by my first

interviewee (although not right after I interviewed her) that this term has a very specific meaning

in drama therapy, and refers to the creation and acting of theatre pieces, which is not what I was

intending to research. Therefore, for future research on this work, let me caution researchers to

be aware of the word performance being a particular, not an umbrella term.

As noted above, the current study did not investigate specific techniques used by

clinicians who employ performance. This might be an area for further study.

**Implications for Practice, Research, and Social Work Education**

My research and my study both indicate that these techniques of using performance and

drama in therapy are both well supported experientially and through research. Further, these

techniques have been demonstrated both by clinicians and in the literature to be efficacious with

a wide variety of clinical issues. Further, these techniques have been in use for a long time, and

historically appear to have been mainstream, and in use with veterans particularly, as indicated

by the records from the war department. (Meiers, 1945).

My suspicion after doing this work is that the medicalization of therapy and the

emergence of managed care are what have negatively impacted the use of these techniques. This

would be an area for future research as well, and in my opinion strongly impacts social work

education, where I have heard in the classroom that they want to ensure that the techniques we

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are taught are ones we can get paid for, which is a tough thing to argue against, and a tough sell to change the curriculum in favor of things that are not supported by insurance agencies. At the same time, it is also sometimes difficult to do anti-racism work in agencies, and Smith insists we do that work. So it seems to me that people can choose to make a commitment to doing what I have heard called 'subversive' work. I do not want to compare this to anti-racism work, I merely wish to point out that there may be some mixed messages being transmitted in regards to what is possible.

There does appear to be a connection, according to the interviews, between a familiarity or a comfort level with theater and theater techniques. This may contraindicate this training for some clinicians, however, this does not appear to contraindicate the possibility that people who do not have a background in or predisposition toward performance could choose to get training if they were interested in pursuing these techniques, and be able to work with this framework. That could be a potential area for future research as well.

To use a psychodynamic phrase, what meaning can we make of this? How do related industries, especially insurance companies and managed care impact the training that potential clinicians receive? These are the questions I wish I had asked at the beginning in order to include these thoughts in this study, and are part of my recommendations for future research.

Broad training options are not as available, as might be surmised, at social work schools, and not only in master's programs but additionally in online education, certificate courses, etc. This study provides an option to investigate the utility of another approach, and to attempt to fill the perceived education gap, while at the same time highlighting a powerful clinical approach.

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Appendix A

Interview Questions

- Describe the specific performance related treatments you use in your clinical practice with adults.

- Please describe the training you have had in performance related therapies. Was this part of your clinical training?

- What led you to use this work or to using more of it therapeutically?

- In your opinion, what clinical conditions/issues are best addressed using performance related therapies? Why?

- What clinical issues are *least* likely to be successfully treated with performance related therapies. Why?

- Do you use performance in individual, couples, family, group, or all work?

- What kinds of outcomes do clients report? What benefits and/or drawbacks do they report? What do you see?

Appendix B

Informed Consent Form


Dear Potential Research Participant:

Thank you for considering participating in my research.

My name is T.Lee Shostack, and I am a student in the Smith College School for Social Work, currently studying for my Master's degree. I am doing research about use of performance therapy techniques (such as role play or improvisation, etc) in their clinical work with adults. This research project is for my Master's degree thesis at Smith College School for Social Work. It will be used in a presentation, and may be used in a publication.

Your participation will consist of an interview using technology, i.e., phone or Skype, and the interview will be recorded. I will ask questions about your training and experiences using performance in your work, and ask some demographic questions as well at the end. Your confidentiality will be maintained, and no one but my research advisor will have access to the study data, and only after any potentially identifying information about you has been removed. The total amount of time for participation will be approximately 45 minutes.

This study is considered low/no risk in terms of the likelihood of your feeling distress from participating, as the questions are neither intrusive nor upsetting. I will ask you to describe your use of performance in clinical practice. Additionally, all data will be used in aggregate, or de-identified before quotes or vignettes are used.Potential benefits include being able to share clinical knowledge about this clinical approach through the interview process.

Confidentiality will be assured in a number of ways. In addition to being the only person with access to your direct data, Informed Consents will be kept in a separate, secure location from all other data; all recordings and other data will be kept in a secure location for a period of three years as required by Federal guidelines and data stored electronically will be password protected.

Should I need the materials beyond the three year period, they will continue to be kept in a secure location and will be destroyed when no longer needed.

YOU ARE ADVISED TO NOT IDENTIFY ANY CLIENTS OR PROVIDE ANY IDENTIFYING INFORMATION DURING THE INTERVIEW PROCESS.

Participation is voluntary. You may withdraw at any time during the interview. You may refuse to answer any question. You may withdraw from the study until April 1st. Materials relating to your interview will be destroyed if

you withdraw. If you wish to withdraw, please contact me at -----. If you have additional questions, please contact me at this email.

Should you have any concerns about your rights, or about any aspect of the study, you are encouraged to email me at ----- or to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at -----.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant Signature                    Date

Researcher Signature                    Date

Researcher contact information:        -----

**Please keep a copy of this form for your records.**

*Thank you for your participation!*

Appendix C

Recruitment Email

Dear Potential Participants, Friends, and Colleagues:

I am writing to ask for your support in finding participants in a research study I am conducting for my Master's in social work thesis at Smith. I am interested in interviewing **clinicians who use performance in their clinical work.** I am looking for people who work in the United States, work with adults, and who use performance techniques such as role play or improvisation in your clinical work/practice. If you are a licensed social worker, psychologist, counselor, or clinician of any kind in the US who works with performance, you can participate.

- Are you a practicing clinician in the US?

- Do you have a clinical license in social work, psychology, psychiatry, allied mental health?

- Are you fluent in English?

- Do you use performance (role play, improvisation, etc) in your clinical work with adults?

- Have you been practicing for longer than one year?


**Does this describe you? Would you be interested in participating in this study?**

*If this does not describe you, do you know someone that does fit this description, and would you be willing to pass this on to them to help me find folks who do this kind of work? Do you have a network of clinicians who might be interested, or perhaps they might know someone, and this might be of interest to them?*

I will be conducting interviews in the month of February. **If you are interested, meet the criteria noted above, or have questions, please contact me at -----.**

Thank you!

T.Lee Shostack

# Are you a social worker, therapist, counselor?

## Do you work in the US?

## Do you use performance (role play, improvisation) in your clinical work?

## Would you be interested in being interviewed for a Master's thesis about your work?

I am recruiting participants from the United States for a qualitative study about the use of performance in clinical work. If you work with adults, are a licensed clinical professional that has been practicing for longer than a year (social work, psychology, mental health counselor, allied mental health), speak English fluently, and would be interested in contributing to this study, please contact me.

*Thank you!*

**T.Lee Shostack**

Appendix E

Demographics information

- Gender

- Race

- Age

- Years in practice

- Years using performance in therapy

Are you eligible to participate in this study?

- Are you a practicing clinician in the US Northeast?

- Have a clinical license in social work, psychology, psychiatry, allied mental health

- Are you fluent in English?

- Do you use performance (role play, improvisation, etc) in your clinical work with adults?

- Have you been practicing for longer than one year?

If you answered yes to all of these questions, you are eligible to participate in this study, and I would appreciate it if you would contact me at:  -----

Appendix G

Transcriber's Assurance of Research Confidentiality

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee.  In the service of this commitment:

- All transcribers for this project shall sign this assurance of confidentiality.

- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions.  The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information.  Specific research findings and conclusions are also usually confidential until they have been published or presented in public.

- The researcher for this project, T.Lee Shostack, shall be responsible for ensuring that all transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge.  At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

**PLEDGE**

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement.  I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, T.Lee Shostack, for this project.  I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties.  I give my personal pledge that I shall abide by this assurance of confidentiality.

_____     Transcriber Signature

_____     Date

_____     *T.Lee Shostack*

_____     Date

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