

Chapter 24

International Handbook of Dramatherapy

Evaluation of Dramatherapeutical process for clients with neurotic disorder

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Dramatherapy offers healing through involvement in dramatic reality. The space of pretend play that dramatherapy creates provides an opportunity for experimenting safely with new behaviours and roles. Stepping in and out of metaphor of a story and playing on the verge of truth and lie provide personal experiences of insight and catharsis. The connections of thought and emotions that happen in dramatherapeutic activities are an important part of treatment of people with neurotic disorders as they address the need of psychosomatic nature of the disorders. Dramatherapeutical process is individual and it happens as an inner change within the person. Therefore, similarly to psychotherapy, evaluations of dramatherapeutical processes are usually based on observations of changes in behaviour of clients. To capture the specific potential for change of engagement in dramatic activities, development of dramatherapeutically specific observation scales is necessary. The team of dramatherapists of Palacky University elaborated and tested a rating scale designed to monitor dramatherapeutical process. The items of this rating scale reflect different effective factors of group dramatherapeutical programme. It functions as an assessment of characteristics that promote change in dramatherapy. First of all, the validity of this instrument needed to be researched. We applied the rating scale during dramatherapeutic sessions offered for clients at a department of a psychiatric hospital. Other than testing the instrument we were interested in exploring how the dramatherapeutic work affects the clients in areas of

emotionality, expression, and interactions. The clients of the chosen psychiatric department were clients with neurotic disorders who needed treatment and support in managing highly stressful life situations. The department where we offered dramatherapeutic sessions is the “Legendary Eighteen”, department number 18 of Kromeriz psychiatric hospital in Czech Republic for people with neurotic disorders. This department has been under the leadership of the father of Czechoslovakian psychotherapy professor Stanislav Kratochvil. It is the only hospital in the country that provides an inpatient unit for clients with neurosis. The capacity is about 20 people and the program lasts 6 weeks. In an interview with Jan Zvelebil (2002), Kratochvil mentioned the most common neurotic issues of his clients. He considered the most prevalent causes of neurotic disorders in male clients were work related. A portion of his clients did not enjoy their jobs or they struggled with conflicts at the workplace. Some of them thought the bosses or colleagues were against them. There were also men who were workaholics with an unbearable work pace. Another group of neurotic male clients were those who lost their jobs and were fighting with unemployment. Women, on the other hand, were more emotionally involved. They suffered from longing for a partner, or unfulfilled expectations in the partnerships. They felt their partners did not have time for them, would not listen to them or considered their struggles insignificant. The issues of female clients were mostly connected with relationships. There were also some overworked women who needed psychiatric help, but the percentage of these women was much lower than the amount of male clients of this category. Kratochvil explained this phenomenon by a higher flexibility of women and their capability to manage multiple responsibilities such as career and household. Difficulties for women according to him arrived with an unfulfilled desire to have children or difficulty to let

them go when they grew up. Men handle this better, but for women it is stressful, even though they cannot change the situation. At the department for patients with neurosis, the clients are mostly women. Men tend to start drinking and therefore they are more likely to be treated in alcohol and drug addiction treatment departments. As Kratochvil (2006) mentioned neurosis is an unpleasant illness. Even though, most of the time, the difficulties might just go away after a while they might linger and it is important for the person to learn to live with them. In the beginning of the treatment, clients expect that 'the doctor will do something about it'. However, overcoming neurotic difficulties can only be achieved by inner work of the client.

Dramatherapeutic sessions lead clients towards experiencing changes in feelings and also towards accepting responsibility for treatment. They offer support but do not take the action out of clients' hands. On the contrary, they encourage self-management through enhancing self-esteem and offering a feeling of success. Neurotic symptoms can be observed in the form of physical pain, heart, stomach ache, tiredness, depressive mood or other unpleasant body reactions that cannot be explained by a specific somatic cause. The human mind and soul communicate through the body and the means of its language. Dramatherapy uses embodiment as one of its core processes as Jones (2007) described them. It relates to specific needs of clients with neurotic disorders, because the symptoms of their psychiatric issues demonstrate themselves in various bodily forms. Dramatherapy offers change that stems out of the solutions that clients find in their bodies, in the embodied metaphors and stories. For clients with neurotic disorders it is especially important to work on achieving aesthetic distance as described by Landy (1994) as a balance between rational, cognitive way of approaching thought and actions

and more sensitive, emotion based reactions. Since neurotic disorders include many different types of difficulties we describe the main issues of a few particular disorders with the focus on needs and dramatherapeutic ways of addressing these needs.

Neurotic disorders include phobias and anxiety disorders. The main symptoms range from feelings of fear to panic attacks. From the therapeutic perspective, we focus on the needs of clients, which can be identified as a search for safety and a need for feeling of success and managing, a need to strengthen self-esteem, learning to relax and calm down. These needs are addressed in group and individual psychotherapy as well as dramatherapeutic process. Methods of drama therapy function on the level of metaphor and story, therefore they provide safety as well as an opportunity to identify with the portrayed characters. Clients identify with characters that have similar issues and later on in the dramatherapeutic process they have a chance to identify with strong characters that overcome their troubles. In role play, for example, clients can experience superiority over their issues and transfer this supportive feeling into consensual reality. Anxiety and fear can be overcome by successful coping in pretend play situations. Another group of neurotic difficulties are obsessive-compulsive disorders that are typically accompanied by obsessive thoughts and stereotypical behaviours. Clients gain a feeling of control over the environment and their life by complying with certain rituals. It is important for clients with obsessive-compulsive disorders to learn to accept the inability to influence certain situations. Dramatherapy creates space for experiencing the feared scenarios and surviving, which supports change in everyday challenges. Acute stress reactions and post-traumatic stress disorder require safety and help in orientation instead of fight, flight or freeze reactions. Strengthening resilience and

empowering clients can be achieved through mastery experienced in dramatherapeutic sessions. Adaptation disorders represent another type of neurotic disorders that are caused by changes in life such as enrolment to school, wedding, having a child or retiring. They can bring sadness, anxiety, or lower performance levels. In dramatherapy, expression of emotions and experiences of coping help to broaden the role repertoire of clients and therefore managing these changes. Dissociative disorders affect motor system, memory and identity of a person. The needs that can be addressed in dramatherapy include restoring connection of clients to their bodies, relying on the signals of the body and trusting feelings. Dramatherapy also provides the opportunity for awareness of one's ability to cope. Somatoform disorders such as hypochondria and psychosomatic disorders are accompanied by physical pain, therefore it is important for the clients to learn to divert attention from the body but also make connections between body and self and between the person and other people. Dramatherapeutic activities are based on group work, supporting interactions, work in pairs and group work. They include movement in space, contact with oneself and other people. Another neurotic disorder is neurasthenia, characterized by inability to relax and therefore constant tiredness. Autogenic training is often used to help these clients. Dramatherapy also offers imaginative techniques that include relaxation and are very helpful for clients with neurotic disorders. Based on the connection of body and mind, dramatherapy addresses the needs of clients with neurotic disorders. In order to provide evidence-based practice it is important to monitor and evaluate the realized dramatherapeutical process.

Traditionally, research in psychotherapy is orientated towards research of the effect, process or their relation. Research of the effect is aimed to find out ‘whether it works’, whether the offered therapeutic approach or method is or is not causing change. Research of the process is focused on ‘how it works’. It inquires about the mechanisms of change and their specific functioning. The third type of research maps the relationship between the process and the result of psychotherapy (process-outcome research). The crucial factor in this type of research design is time and an important tool is catamnesis, which allows retrospective comparisons. Unlike the financially demanding researches focused on verifying the effect and effectiveness of psychotherapy, researching process is methodologically and economically less demanding. The subject-content and the formal framework of process research in psychotherapeutic intervention can be very wide. Research can be structured a) according to data provider, e.g. whether the information was collected from clients, therapists, or independent observers. It can also be structured b) based on participatory vs. non-participatory approach; or c) according to the way of recording data; d) according to the forms of interaction bonds and therapeutic relationships, which in group psychotherapy it is not only the client-therapist bond but also client-client, client-group, therapist-group, therapist-co-therapist. As Timulak (2005) mentioned, the object of the research is often the interaction of the clients, their expressivity, affirmation, opposition, strategies, verbal and non-verbal expression of contents of their statements, hidden expressions, or cohesion vs. tension in the group.

Group therapy has got a long tradition at the Kromeriz psychiatry hospital, as well as its research, especially because of the pioneer personality of Stanislav Kratochvil

mentioned above. The following short insight into these researches is a selection of Kratochvil's publication *Group Psychotherapy in Practice* (2009), in which the author demonstrates theoretical constructs in clinical practice at the psychiatry hospital. In research of the psychotherapeutic process, the author focused on the assessment of clients in the sense of assessing the level of neurotic difficulties, quantification of their problems, activity in group therapy, position in group, and self-knowledge. Six-point scales were administered every week during a six-week treatment. Valenta (2014) applied a similar strategy in research of dramatherapeutic process, using items on a scale in a regular weekly assessment of clients during the whole process of a six week treatment. Vankova-Tenglerova (1972) was repeatedly focused on catamnestic research, using method of analyses of informal records. She succeeded to categorize following effective factors mentioned by the clients: membership in the group, friendship with other clients, emotional support, self-exploration, self-expression, self-knowledge, gaining self-confidence, insight, and training of new behaviour. Important techniques and approaches leading to change were considered psycho-gymnastics, psychodrama, family therapy, relaxation, and writing journals. Based on the analyses of epicrises, the research team of Jedlickova, Kratochvil & Scudlik (1988) defined these five process types of therapeutic groups: 1) type with good activity from the beginning to the end of therapy – modus category, 2) type with an overcome crisis, 3) type with passive beginning and gradual increase of activity, 4) type with gradual decrease of initially good activity, 5) and type of bad group, in which building therapeutic atmosphere was completely unsuccessful. In these groups, researchers Plhakova & Kratochvil (1988) tried to analyse positive and negative variables, which could influence this typology. From the positive ones, it is important to highlight the positive motivation of majority of

the group. In the negative ones, on the other hand, there was low motivation, low or very high intelligence levels, which were leading to defensiveness against therapy. Also gender unbalanced group, higher age average, and a group with a majority of clients with personality disorders had a negative influence. Further researches at this department for clients with neurotic disorders in Kromeriz were focused on exploring the impact of group size on cohesion and tension, and on the impact of the initial psycho-gymnastics warm-up on the atmosphere of the sessions.

The dramatherapeutic team at this department decided to construct an evaluation tool that would reflect the processes that allow change and are specific for a dramatherapeutic process. The Evaluation rating is an assessment scale based on observations of clients during the dramatherapeutic sessions. In the first phase of our research we focused on methodological research of evaluating the validity of this research tool.

Evaluation Rating of Dramatherapeutical Process

The head of the evaluation rating includes items identifying the Client, Therapist, Co-therapist (Data collector), Place, Day and Short outline of intervention, in order to describe the proband and the situation of observation properly. The rating consists of 14 items that are evaluated on a five-point scale by the therapist and co-therapists separately (Table 24.1).

The construction of this rating has a certain theoretical-empirical grounding that was fully described by Czereova & M. Valenta (2013) and M. Valenta (2014). It was based

on traditions of assessment and evaluation in dramatherapy. In general, the evaluation rating does not differentiate between the terms of assessment and evaluation, as in Czech language these are used as synonyms and the authors of the rating perceive them as a continuum. Evaluation of dramatic activities is based on J. Valenta's (1995) structure. The first part is constituted by the perspective of basic functions of the evaluation, e.g.: personal development of the client, content of the play, quality of informative and formative processes, or level of transfer. The second perspective positions the evaluation into a timeframe of the whole dramatherapeutic process and it proposes a question of when the evaluation happens, e.g.: after each play session, between sections of play, or within the play. The third perspective is focused on the time as such, e.g.: duration of the play, duration of reflection, or the retrospective question of client's previous experience with similar activities. The fourth perspective consists of the contents of the evaluation, e.g.: self-reflection, reflection of other people, or reflection of play activities. The fifth perspective depends on how wide or general the topic of the evaluation is, e.g.: evaluation of a particular scene in play, or analogical events that lead towards generalization and transfer. The last perspective takes into account the influences of other factors and evaluates the meta-cognitive processes of clients and therapists. Machkova (2004) suggested categories of evaluation that are in accordance with the goals of dramatic activities. She divides the observation categories on the ones focused on individuals and those aimed at group evaluation. The criteria of assessment of individuals include: concentration, attention, interest, activity, verbal and non-verbal communication, expression through movement, rhythm, cooperation, contact, relationships of the individual in group, creativity, imagination, original solutions and flexibility, attitudes towards work, and thought related criteria, such as

recognizing relationships between objects, planning and organization. Criteria of group evaluation consist of: group atmosphere, relationships in the group, relation to common activities, level of problem solving and cooperation, distribution of roles in group, level of sociometry, tolerance and self-discipline.

INSERT TABLE 24.1 HERE

The authors of the presented Evaluation rating were inspired by Johnson's test of role playing (1982) that assessed role repertoire, role type, style of role playing, way of structuralizing scene, tasks and role, interactions and affect. Some rating items were based on a generally accepted theoretical constructs, as it is in the case of the first item of typology of group roles according to Schindler (alpha, beta, gama, omega, and P-type). Item 11 was based on the theory of aesthetic distance described by Landy (1994). Item 10 used an application of the theory of cognitive development by Piaget in terms of developmental transformations in drama therapy founded by Johnson (1992). Item 13 is based on structuralising the levels of entering a role according to J. Valenta (1997), who concentrates on educational drama and scenology. Other items utilize professional experience of dramatherapists, who participated in the evaluation process. These items apply "general" items of *client engagement scale* published by Jones (1996).

The goal of the research was to find out the correlation of the individual items in the assessment of particular clients by the therapist/co-therapist tandem. The defined goal is based on the premise that the validity of the items is proportional to the correspondence of evaluation by the participating therapists in the assessment on a five-point rating

scale. The correlation of assessment in particular rating items has then become the object of the research.

A complementary goal of the research was to find out if there was progress in individual items in particular clients during treatment at the institution. We conducted this part by comparing and contrasting the initial assessment with one at the end of the intervention. The aim was to find out whether there were any changes in the client that were related to the effect of the therapy treatment during the stay in the institution.

Sample

The sample consisted of 16 probands and 140 evaluated dramatherapy interventions (Table 24.2). The sample was selected from the population using the form of institutional selection in Psychiatry hospital Kromeriz, psychotherapy department nr. 18b. Clients were mostly women in productive age with neurotic disorders, with acute reactions to stress, and addictions divided into two therapeutic groups with the total of 10 clients (80 evaluated dramatherapy interventions). The second place of data collection was Psychiatry hospital Sternberk, children department. The probands were 3 children and adolescents with behaviour disorders (30 evaluated interventions). Third part of the sample contained 3 probands (30 evaluated interventions) from Kurim prison facility. They were men in productive age, convicted for illegal activity connected with drug abuse, most often property crime and production and distribution of narcotic substances).

INSERT TABLE 24.2 HERE

Data collection was conducted during a three month dramatherapy intervention consisting of regular 90-minute sessions once a week provided by a couple of a therapist and a co-therapist who were also collecting data without mutual consultation or comparison of result scales. The dramatherapists followed a similar theoretical concept based on therapeutic-formative approach described by M. Valenta (2012). The sessions followed a structure of: greeting of the dramatherapist and the group, warm-up, opening of playspace, starting play, main topic, closing, and reflection. They also included an opening and closing ritual that provided a safe border for beginning and ending of the playspace.

The research was anonymised by the client code. In this way, evaluation rating was administered on each client during the whole time of the stay in the institution. In case of most of the data collection, at the psychiatry hospital in Kromeriz, there were twelve datasets per person, because of the six-week hospitalization period at the department and the assessment was done by the therapist and the co-therapist after each of the sessions. The method of data collection was a participatory observation using Evaluation rating record that was identical in all proband groups.

The weakest point of the designed instrument is the inability to prove the relationship (statistic dependence) between independent and dependent variables. It is not possible to gain control over all independent variables. An experiment with more groups, using a double-control group could not be considered regarding the nature of the research. Practically, they include factors such as medication and other curatively aimed psychotherapeutic agents, such as spontaneous tendency to healing, current state and mood of clients. Regarding the absence of a control group we resigned on determining the statistical significance of the collected data and verification of hypothesis – only in

the complementary goal, we marginally stated statistical difference between items in the schema of pre- and post- intervention evaluation.

On the contrary, the strengths of the evaluation rating lie in its construction simplicity, transferability and the possibility of quantification of qualitative markers. Another benefit of the tool is its comparability in time in particular clients, the possibility to observe development and the possibility to record the main tendencies in observed markers in time (persistence, decrease, increase).

Research results

The assessments of clients in particular items of the rating, recorded by the therapist and co-therapist after each dramatherapy intervention, were coded and statistically processed by a single-factor analysis of variance with correlation transfer with the following results in the scale items (Table 24.3).

INSERT TABLE 24.3 HERE

Single-factor analysis of variance (cond. First/Last) was used also in defining the statistical significance of the difference in the advancement in the scales towards higher numbers in particular items. Statistically significant shift has been demonstrated only in some items (Table 24.4).

INSERT TABLE 24.4 HERE

Interpretation of results

There is a considerable difference between correlations of particular rating items. As highly correlating proved to be items assessing the position of client in therapeutic group or community (items 1 and 2), items quantifying emotionality and non-verbal expression of clients (items 7 and 8) and the ability of dramatherapeutic expression (item 12). On the other hand, low correlating proved to be items focused on assessment of imagination and the ability to use space in dramatherapeutic intervention (items 10 and 14), relatively low correlation was also reflected in assessment of emotional expression and the level of entering role (items 6 and 13).

Regarding the study as a methodological investigation we were focused on verifying the validity of the evaluation tool for expressive-therapeutic intervention with an emphasis on dramatherapy. Considering the validity of the measurement tool, we proceeded from the assumption that, the greater the validity of the items, the greater the validity of the measuring instrument. The validity of the items of the instrument depended on the conformity with which the participating therapists met in their evaluations on the five-point scale. For this reason, for further data collection a rating tool that integrates only items with high or higher correlations will be used.

Regarding the study as an investigation of the factual problem, the verified tool showed a statistically significant shift on the scale in observations of particular clients who were evaluated in the beginning and at the end of the intervention. Changes were observed in items focused on evaluation of client in group (item 1), dramatherapeutic expression (item 12), level of entering role (item 13) and usage of space (item 14). In the case of the majority of the data collection at Psychiatry hospital Kromeriz, it was a comparison

of assessments of clients in the beginning and at the end of a six-week treatment cycle, in other settings it was a measurement in the beginning and at the end of a three-month intervention. We can assume that clients got gradually used to the style of work in dramatherapy. The dramatic activities offered were focused on exploring group cohesion and tension, opening up in front of the group, and exploring positions in the group. Therefore, it is valuable for us to see that clients who were originally on the verge of the group found a more solid place within it. Group dynamics are addressed in almost any group therapy, but the next highly correlating item of dramatherapeutic expression, enrolment and usage of space are specific for dramatic activities. Clients discovered the possibilities to express emotions in a dramatic form. They became familiar with playing roles and more relaxed, which was observed as freedom of movement and less defensive dropping out of role situations. As already mentioned above, it should be emphasized that due to the large number of independent variables influencing the positive changes in clients in the mentioned items in time and due to the lack of a control group, we admit only a little predictive value with minimal generalization.

Dramatherapeutical process offered to clients with neurotic disorders brought changes to their behaviour and served as a supplementary treatment to regular psychotherapeutic groups and psychogymnastics. Evaluation of the process is a complex task and especially for deeper assessment of individual therapeutic changes, monitoring of several variables is necessary. The designed evaluation rating contributes to this task by providing information on items related to dramatic activities in group. The validity of the tool depends on the ability of therapists to assess particular items. It seems that dramatherapists trained in the therapeutic-formative dramatherapy in Czech Republic

are reliably able to observe emotional expressions of clients, their non-verbal communication and the group dynamics. We assume the reasons are connected with the nature of dramatherapy, their training and methods used and also the goals they set for the dramatherapeutic sessions.

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