

THERAPIST SELF-EVALUATION INSTRUMENT IN DRAMATHERAPEUTIC PROCESS: A PILOT STUDY

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Abstract

The paper presents a pilot study introducing an instrument of evaluation in dramatherapy focused on self-evaluation of dramatherapists involved in the dramatherapeutic process. The research team of Palacky University in Olomouc developed a self-observation scale that dramatherapists complete after each provided dramatherapeutic session. The creation of an assessment tool for evaluating the work of dramatherapists was based on the need to capture this part of a complex evaluation. The overall goal of the research team was to design a comprehensive evaluation set that would reflect the therapy outcomes and the process including areas of influence that are specifically dramatherapeutic. In previous part of the research, the team introduced an evaluation rating scale that dramatherapists used for assessing dramatherapeutic changes in clients over time. It served as a source of data about the clients from the perspective of changes in behaviour observed by dramatherapists. In current phase of the research, we shifted the focus from clients on dramatherapists and their influence on the process and possible therapeutic changes. Dramatherapists involved in the self-observation process undergo an introspective task. They need to evaluate the effect of their presence as an agency factor in each of the provided dramatherapeutic sessions. The self-evaluation tool consists of a list of tasks that dramatherapists follow during a session. It includes items focusing on the dramatherapist personality and professional characteristics. They include empathy, congruence or aesthetic distance and enrolment. These factors are considered important in using dramatic involvement and drama activities in health and change promotion. The observation scale also contains evaluation of components of session structure, which serves as a way of quality control. It reflects the dramatherapists' perspective on the success rate of creating conditions for group involvement and individual benefits for clients. The pilot study supplied data on the usability of the self-evaluation scale in assessment of dramatherapeutic process. It also provided feedback and comparison between the perceptions of particular sessions by the therapist and co-therapist. Even though the observations are subjective and follow personal attitudes of dramatherapists, they also reflect their professional background, involvement and type of goal orientation. The self-evaluation instrument complements the assessment ratings focused on clients and therefore its usage in the evaluation process can provide original additional data. The research was supported by project grants of *IGA 2014 Evaluation and verification of currently constructed instruments of special education diagnostics* and by *POST-UP II. Support of creating excellent research teams and inter-sectorial mobility at Palacky University in Olomouc II*.

Keywords: Dramatherapy, evaluation, self-evaluation.

1 INTRODUCTION

Dramatherapy constitutes an approach focused on promoting mental and psychosomatic wellbeing through the means of dramatic art and performance. North American Drama Therapy Association (2014) defines dramatherapy (British English: dramatherapy; American English: drama therapy) as *"the intentional use of drama and/or theater processes to achieve therapeutic goals."* It is *"an active, experiential approach to*

facilitating change." The means of therapeutic change utilized in dramatherapy are "storytelling, projective play, purposeful improvisation, and performance..." The British Association of Dramatherapists (2011) describes dramatherapy as "a form of psychological therapy in which all of the performance arts are utilised within the therapeutic relationship." Dramatherapy represents a field of practice and research that intertwines the knowledge of the dramatic arts, psychotherapy and special education. Practitioners utilize the healing potential of aesthetically distanced performance. They apply methods such as role play, dramatic/symbolic play, or embodied expressions through sound and movement. The main potential of dramatherapy according to Landy (2008) lies in story and role. Clients experience insight and catharsis when living through embodied metaphorical representations of events and characters. Jones (2007) synthesized the knowledge established by different schools of dramatherapy and identified their core processes. They include embodiment, projection, role, play, reflection of reality in metaphor and transfer into everyday life.

Each dramatherapy approach constitutes its own language and slightly different methods. However, the idea of understanding the process of healing through art and performance sustains as an overall concept. According to Johnson, Emunah, and Lewis (2009) the connection lies in the belief of drama therapists in the healing potential of theatre processes rather than common theories or methods. One of the main current issues in dramatherapy research is the evaluation of dramatherapy in terms of therapy outcomes as well as the therapeutic process and its components, or effective factors.

2 THEORETICAL FRAMEWORK OF EVALUATION IN DRAMATHERAPY

Dramatherapy research, especially in clinical settings, is based on the traditions of psychotherapy research. It explores human wellbeing and its changes over time. Psychotherapy and dramatherapy both represent the healing of soul facilitated by a trained professional. Dramatic art in dramatherapy becomes a tool of psychotherapeutic change. Research in dramatherapy therefore meets some of the challenges of research in psychotherapy as well as the specifics of arts based research.

Timulak (2005) wrote that research in psychotherapy is based on psychotherapy practice. Therefore, it is influenced by clinical and personal experience from psychotherapeutic processes. Researchers aim to find understanding of factors of therapeutic change. In scientific research in psychotherapy, it is required to progress in a rigorous, systematic, critical and reflective manner. In terms of good research, it is possible to place it explicitly into a certain theoretical structure. Sajjani (2013) explained terms of research validity by maintaining rigor in all types of research from quantitative, through qualitative, to arts based research by identifying particular theories the research was based on.

Research problem and/or research questions, as well as research methods reflect not only specifics of psychotherapy research, but also the overall perspective of contemplating about a person. It can be defined by questions such as: "What is optimal human being?" and "What is the optimal way to achieve these goals?" (Timulak, 2005, p. 13). Depending on the definition of health and the theory of change, therapeutic goals are set and therapeutic methods are chosen.

From this perspective, dramatherapy brought its own dimension in interpreting health and illness and in considering client centred approach. Similarly to psychotherapy, also dramatherapy consists of schools or theories that influence therapeutic processes, and thus the research plan, too.

Landy (1994), the author of role theory and method, proposed a personality theory based on a postmodern view of life as a performance (Goffman, 1990). He explained personality as having multiple selves, roles and counter-roles that people play in their lives. Health is then understood as an ability to play multiple roles and therefore the goal of dramatherapy is to broaden person's role repertoire. Health is also a balance between over- and under-distanced perception of reality and behaviour, which is defined as aesthetic distance. Moreno's psychodrama approach (Garcia & Buchanan, 2009) is based on helping clients get to the state of spontaneity and creativity. It offers emotional catharsis and catharsis of integration, which help solve problems in everyday life and gain emotional stability. In eclectic dramatherapy approaches, it might be difficult to define only one theory that the research is built on. However, it is helpful to specify these theories in terms of planning therapeutic intervention process and in terms of its evaluation and research.

Reasoning for psychotherapy research includes, according to Timulak (2005), its importance for forming therapeutic practice. Research helps to define psychotherapeutic activity and profession. It explains what the factors of change are and how they work. Despite different approaches, psychotherapy is considered a relatively uniform discipline. On the grounds of that, psychotherapy research focuses on validating general

psychotherapy since there is a need for evidence based practice.

Similarly, in dramatherapy, Jones (2007) created a platform uniting different dramatherapy approaches by extracting their common therapeutic factors. These *core processes* are observed across all dramatherapy approaches and thus they constitute the basic principles of the field and the efficiency of its methods. Jones (2008 & 2009) used vignettes and interviews with dramatherapists conducted through MSN messenger to analyse the presence of core processes in dramatherapeutic interventions. The therapists described a case study from their clinical practice and reflected on the core processes observed in the sessions.

Dramatherapists as well as other clinicians possess high skills of conducting research. They evaluate, assess, compare, explore and analyse the interventions they provide by themselves and in supervision as a natural part of their practice. Evaluation of previous sessions precedes planning further interventions. However, Timulak (2005) expressed that practitioners do not trust research. On one hand, they challenge the applicability of research results in praxis. On the other hand, they do not believe in their ability to conduct good quality research.

There are two main directions of psychotherapy and dramatherapy research: a) research of effect, and b) research of process. Outcome research contributes to validation of therapeutic approaches, however, not to their development (Timulak, 2005). Both areas are important because together they create a complex understanding of dramatherapeutic change. Johnson et al. (2012) differentiated assessment from evaluation and research. They defined assessment as *“the determination of characteristics of the person based on observations of phenomena categorized by a particular conceptual scheme for the purposes of understanding the person or planning intervention”* (p. 31). Evaluation represents a process of determination whether provided intervention was effective. In evaluation of dramatic activities, Valenta (1995) differentiated reflection from evaluation. Reflection is understood as mirroring and client interpretation of sessions, their emotional experience and insight, whereas evaluation means a process of determining and defining qualities of the action and its actors.

It is difficult to find such evaluation tools that could become more universally applied, so that the knowledge created by one practitioner could be transferred to further practice. An issue is also presenting the methods of dramatherapeutic action by research tools that allow evidence and quantitative data but do not lack capturing the unique means of change through dramatic art. Promotion of dramatherapy as a valid therapeutic field is one the reasons for good quality evaluation in the field.

Therefore, our research task was to create evaluation tools that are specific for dramatherapy and that would test dramatic features that constitute healing processes of dramatherapy. There are many assessment instruments generally used in psychology or psychotherapy that measure various client characteristics, e.g. behaviour, anxiety, etc. They are usually administered before and after the intervention in order to capture changes or clients progress. In this way, they evaluate the quality of the provided intervention. The subject of most evaluation activities is client assessment. Evaluation research in dramatherapy takes client assessment instruments and compares their results over time. Evaluation of the process itself or evaluation of the dramatherapist stays, because of pragmatic reasons, as a marginal issue and it serves mainly as a means of feedback and correction in therapeutic team.

3 METHODOLOGY

Dramatherapists and researchers of Palacky University in Olomouc constructed a self-evaluation instrument that is orientated on self-observation of dramatherapists. The tool requires dramatherapists to evaluate their performance after each provided dramatherapy session. The instrument is focused on dramatherapists, on the contrary to many other evaluation instruments that focus on the assessment of clients.

The main idea of using the self-evaluation instrument was to fill in the gap in the evaluation of dramatherapeutic process. The instrument was used in two different settings as a complementary instrument to other evaluation tools. The first setting was a community addictions rehabilitation treatment at a psychiatry hospital and the second setting consisted of two different institutions of social services for people with intellectual disabilities. In each of the settings, different evaluation tools were used to create the complex picture of understanding dramatherapeutic processes.

At the psychiatry hospital, the research team used client assessment evaluation rating, which was described in previous research papers (Czereova & Valenta, 2013; Valenta, 2014; Listiakova et al., 2014). The evaluation rating describes client position in the group, their activity level, spontaneity, concentration,

emotional expression, non-verbal expression, interaction with group members, imagination, distance (under-distance, over-distance, or aesthetic distance), level of dramatherapeutic expression (movement, sound, image, role, or verbalization), entering role and its level and usage of space. Another part of the evaluation was conducted by the staff of the psychiatry hospital, including the psychologist, medical doctor, addictionologist, and nurses, using a questionnaire focused on their view of dramatherapy benefits for their clients and the position of dramatherapy within the complex addictions community based treatment. Feedback was also provided by the clients. They reflected on a series of dramatherapy sessions in a written reflection of evaluating the goals and personal benefits, and in a creative embodied play activity.

At the institutions of social services, the self-evaluation instrument was used alongside with client evaluation rating, client observation scale filled out by the institution staff and process evaluation done by the dramatherapists. The forms of evaluation are summarized in Table 1.

Table 1 Overview of means of conducted dramatherapy evaluation in different settings

Setting	Means of Evaluation		
	Evaluator	Evaluated	Used Tool
Community Addictions Treatment at Psychiatry Hospital	Dramatherapists	Dramatherapists	Self-Evaluation Instrument
	Dramatherapists	Clients	Evaluation Rating
	Staff	Process	Questionnaires
	Clients	Process	Written and Creative Feedback
Institutions of Social Care Services	Dramatherapists	Dramatherapists	Self-Evaluation Instrument
	Dramatherapists	Clients	Evaluation Rating
	Staff	Clients	Client Observation Scale
	Dramatherapists	Process	Evaluation of Goals

The Self-evaluation instrument consists of two types of items that reflect the tasks of dramatherapists during a dramatherapy session. The first part of the instrument contains nine items that are concerned with the characteristics and behaviour of the dramatherapist. The second part includes twelve items that regard components of dramatherapy session. The items were rated by each dramatherapist after every dramatherapy session on the scale of 1 to 5 (1 – absolutely unfulfilled, 2 – partially unfulfilled, 3 – averagely fulfilled, 4 – fulfilled, 5 – completely fulfilled). The items of the self-evaluation instrument are listed in Table 2.

As any evaluation instrument, also the Self-evaluation instrument is based on the theoretical background of the dramatherapists/researchers. It reflects their understanding of change as well as the perspective they apply in their dramatherapy approach. At Palacky University, dramatherapy is a part of special education studies. Therefore, its focus lies mainly in formative, supportive potential of dramatherapy, rather than psychotherapeutic. This dramatherapy approach is eclectic, stemming from role theory (Landy, 1994), understanding of core processes in dramatherapy (Jones, 2007), Emunah's (2009) integrative five phase model of dramatherapy, archetypal stories and principles of embodiment, projection and role (Jennings, 1998), and understanding of steps of each dramatherapeutic session as described by Valenta (2011).

Table 2 Items of Self-evaluation instrument of dramatherapist

Tasks of dramatherapist regarding characteristics and skills of dramatherapist
Empathy
Emotional engagement
Professional distance
Congruence, authenticity
Dramatherapist in role
Selection of programme
Structure of programme
Flexible changes of programme according to situation
Cooperation with co-therapist
Tasks of dramatherapist regarding components of dramatherapy session
Creating trust
Establishing relationship
Supporting group cohesion
Humour, relaxation

Offering interesting topic
Allowing individual expression
Allowing topic exploration
Allowing individual transformation
Facilitating transfer to consensual reality
Session integration, summary
Allowing reflection
Closure

In this pilot study, the self-evaluation instrument was used by five different dramatherapists in two previously described settings. From the psychiatry hospital setting, collected data were rather scarce, also due to a high fluctuation of dramatherapists. Comparable data were provided from the settings of social services, where the same team of co-therapists attended a series of six sessions in the total of four institutions and collected thirty-nine self-evaluation forms.

4 RESEARCH RESULTS

In the pilot study, we selected data for analyses that provide a clear picture of the usability of the self-evaluation instrument. These include a set of self-observations of two dramatherapists (T1, T2) in two settings (S1, S2) in institutions of social care services.

Analyses of collected data from the self-evaluation instrument of dramatherapist provide information on the usability of this tool. First four items, empathy, emotional engagement, professional distance, and congruence reflect characteristics of dramatherapists. They can be constituted as solid and rather unchangeable, but they can also mirror a current emotional state of the dramatherapist. Item Empathy (Fig. 1) seemed to stay on the same level for the same therapist (T1, T2) over time (sessions 1 to 6) and across settings (S1, S2). We can consider this item to be a general personality characteristic, which reaches a certain level depending on the setting and then stays rather constant. The item of Emotional Engagement fluctuated in T1 from 2 to 4 and in T2 from 3 to 5 with higher and lower rates not resembling between therapists. Therefore, we can assume that this item depends on the current emotional state of each therapist. Item of Professional distance averaged on 3.9 with only one occasion of low rating (2). Item of Congruence was quite a constant characteristic with the average of rating 4 in both T1 and T2. These items are important in considering dramatherapists as agency factors, because of their emotional contribution to the process.

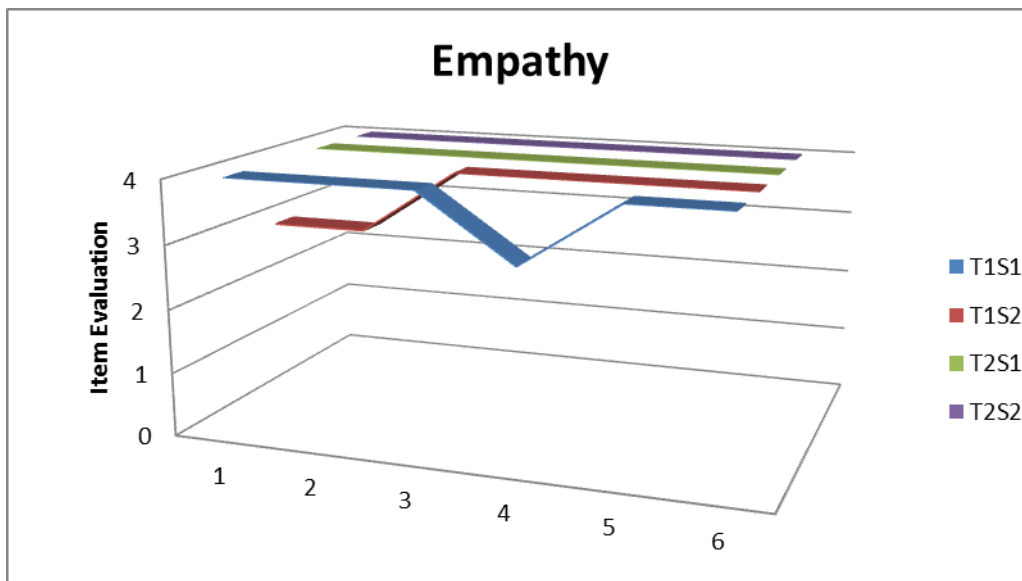


Figure 1 Item Empathy

Item Dramatherapist in role depended on a particular session and the division of activity leadership between the therapist and co-therapist. The nature of the particular session, the type of play, role play, storytelling etc. determined the performance of the dramatherapist and the rating of this item. This item can be compared

only with other process evaluation records but not between therapists or sessions. Items Selection and Structure of programme reflect on the satisfaction of dramatherapists with their choices of activities for the clients. In evaluating these items, subjectivity of dramatherapist point of view is obvious, but the ratings of particular sessions were similar by both therapists, with a difference of none or one point. These items are important for quality control, they can show if the prepared programme would not fit the needs of clients.

Item of Flexible changes of programme according to situation reached ratings of 3 to 5. Rating 3 appeared twice by the same therapist, whereas all the other sessions were rated as 4 to 5. We can assume that the reasons for single appearances of lower ratings might be connected with the level of emotional engagement or professional distance, which were low in the same sessions. Otherwise high rating of the ability of the therapeutic team to be flexible is connected with high rating of the item of Cooperation with co-therapist, with the average evaluation of 4.5 points.

Item Creating trust was also rated high, between 4 to 5 points. We consider this item also a general skill of the therapists. Observed changes in the rating may depend on reactions of clients to the offer of warm-up activities. Item Establishing relationship showed lower scores in T1 in S1 with ratings from 3 to 5 points. All the other results, T1S2, T2S1 and T2S2 were between 4 and 5 points. The difference in the rating may be explained by a difficulty of T1 to find a connection with the group of clients in S1, which was managed towards the later sessions.

Items of Supporting group cohesion and Humour and relaxation were similarly rated with T1S1 being more critical. Supporting group cohesion reached an average of 3.7 in T1S1, but a higher rating of 4.2 in the rest of the categories. Similarly, item Humour averaged 3.5 in T1S1, but 4.5 in T1S2 and 4.8 in T2S1 and T2S2. Item of Offering interesting topic was low on rating 2 in T1S1 in the first session. Then all the evaluations reached 4 to 5 points, but in T2 in forth to sixth session also rating of 3 points appeared. All the rest of the items were evaluated between 3 to 5 points, with no significant differences between the therapists or sessions.

In general, the lowest rating was received in the first session of T1S1, with the average of 3.05. The highest rating was found in the fourth session rated by T1 in S1. The item that had the lowest score was the item Allowing transformation of individuals with the average score of 3.09 points. The reason for a lower rating in this item can be explained by the type of dramatherapy provided in the institutions of social care services for people with intellectual disabilities that is mainly supportive and formative, and not focused of psychotherapeutic change. The highest score was in the item of Cooperation with co-therapist with the average rating of 4.55. We can assume a good level of coordination of group leadership and sensitive reactions of these particular dramatherapists.

5 CONCLUSIONS

The self-evaluation instrument is a suitable tool for process evaluation and team feedback. It offers individual reflection of sessions by dramatherapists and enables to record the influence of the dramatherapist on the therapeutic process. In combination with other evaluation tools, it can provide a complex understanding of effective factors in dramatherapy. It is necessary to connect it specifically with evaluation or assessment tools that reflect on similar items from various perspectives. Future research will be focused on these correlations.

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