

EVALUATION OF DRAMATHERAPY PROCESS WITH CLIENTS OF PSYCHIATRIC HOSPITAL

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ABSTRACT

The first part of the article reviews researches conducted at psychiatric hospital Kromeriz at the department for neurotics in the first psychotherapy community for persons with neurosis in Czech Republic. Therapists of two departments of this hospital conducted dramatherapy sessions and followed these researches by their own study focused on evaluation of dramatherapy process. The article presents the results of the investigation of validity of the evaluation rating used in this hospital during dramatherapy sessions. The evaluation rating was further used at child psychiatry hospital and in a prison facility. The main purpose was a methodological research (verification of a measurement tool), but also regarding the collected data it was possible to perceive the investigation as a research of the factual problem – the process and the effect of the therapeutic-formative intervention.

Keywords: evaluation, dramatherapy, psychiatric hospital, clients with neurosis

INTRODUCTION

The presented research is a part of a grant schema of Palacky University in Olomouc, IGA 2013 – *Current Challenges and Alternative Strategies in Special Education Diagnostics*; the research still continues in a similar grant schema IGA 2014 – *Evaluation and verification of currently constructed instruments of special education diagnostics*; it is also partially supported by POST-UII project *Support of creating excellent research teams and inter-sectorial mobility at Palacky University in Olomouc II*. The research is conducted by a team of special pedagogues – dramatherapists of the Institute of Special Education Studies of Palacky University under the leadership of Prof. Milan Valenta.

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The article is a continuation of previous publications in Czech language [1], [2]. They included a draft of potential possibilities of types of evaluation in social sciences, a short historical excursion into the usage of drama media in evaluation of therapeutic intervention, evaluation of the rating as an instrument of evaluation of the effectiveness of therapeutic-formative approaches [3]. As an example, some manuals utilized in

practice were used (e.g. a scale of client engagement developed by Jones [12]). Customary scales and their reference frame together with dramatherapeutic experience of the research team [3] created the theoretical-empirical background for the construction of our own evaluation rating. The article mentions the history of the research conducted in the last decades at the psychiatry hospital in Kromeriz, Czech Republic at the “Legendary Eighteen” (psychotherapy department nr. 18, under the leadership of the father of Czechoslovakian psychotherapy, Prof. Kratochvil). The analysis is an introduction to the description and conclusions of the research itself and the presented research results because the majority of the expressive-therapy-intervention and the data collection were conducted at this workplace.

RESEARCH OF PSYCHOTHERAPY EFFECT AND PROCESS

Traditionally, research in psychotherapy, is orientated towards research of the effect (to find out whether “it” works), research of the process (how “it” works), or possibly mapping the relation of the process with the result of psychotherapy (process-outcome research), where the crucial factor is time and an important tool is catamnesis. Unlike the financially demanding researches focused on verifying the effect and effectiveness of psychotherapy, researching process is methodologically and economically less demanding. Subject-content and formal framework of process research in psychotherapeutic intervention is very wide. Research can be structured according to data provider, e.g. whether the information was collected from clients, therapists, or independent observers. It can also be structured based on participatory vs. non-participatory approach; or according to the way of recording data; according to the forms of interaction bonds and therapeutic relationships (in group psychotherapy it is not only the client-therapist bond but also client-client, client-group, therapist-group, therapist-co-therapist). The object of the research is often the interaction of the clients, their expressivity, affirmation, opposition, strategy, verbal and non-verbal expression of contents of their statements, hidden expression, or cohesion vs. tension [4].

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. The following short insight into these researches is a selection of Kratochvil’s publication *Group Psychotherapy in Practice* [5], in which the author demonstrates theoretical constructs in clinical practice at the above mentioned institution.

In research of a process nature, the authors Skandar & Kratochvil [5] 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. A similar strategy was used also by authors of the research published in this article, using items on a scale in a regular weekly assessment of clients during the whole process of a six week treatment.

Vankova-Tenglerova [6] 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 psycho-gymnastics, psychodrama, family therapy, relaxation, and writing journals.

Based on the analyses of epicrises, the research team of Jedlickova, Kratochvil & Scudlik [7] defined these five process types of therapeutic groups:

- type with good activity from the beginning to the end of therapy (modus category),
- type with an overcome crisis,
- type with passive beginning and gradual increase of activity,
- type with gradual decrease of initially good activity,
- and type of bad group, in which building therapeutic atmosphere was completely unsuccessful.

In these groups, researchers Plhakova & Kratochvil [8] tried to analyse negative and positive variables, which could influence this typology. From the positive ones, it is important to highlight the positive motivation of majority of the group. From the negative ones, on the other hand, it was low motivation, low intelligence or very high intelligence – leading to defensiveness against therapy, gender unbalanced group, higher age average, and majority of clients with personality disorder.

Further researches 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 session.

METHODOLOGICAL NOTES ON THE ORIGINAL RESEARCH OF THE EVALUATION RATING

The sample consisted of 16 probands and 140 evaluated dramatherapy interventions. 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, addictions divided into two therapeutic groups, 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).

Table 1 Sample description

Sample description	Setting	Nr. of clients	Nr. of sessions
Women with neurotic disorders, acute reactions to stress or addictions (in two separate therapeutic groups)	Psychiatry hospital Kromeriz	10	80
Children department; children and adolescents with behaviour disorders	Psychiatry hospital Sternberk	3	30
Men convicted for illegal activity connected with theft and drug production and distribution	Prison Kurim	3	30
Total		16	140

Data collection was conducted during a three month dramatherapy intervention (regular 90-minute sessions once a week) by a couple of a therapist and a co-therapist without mutual consultation or comparison of result scales. Research was anonymised by the proband/client code. In this way, evaluation rating was administered on each proband 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 six datasets per person (a six-week hospitalization at the department) times two (assessment by the therapist and the co-therapist).

Method of data collection was a participatory observation using Evaluation rating record that was identical in all proband groups.

Evaluation Rating

The head of the evaluation rating included 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 2 Evaluation rating

1. Position of client in a group (according to Schindler)				
I.	II.	III.	IV.	V.
Black sheep	Ignored	Middle position	Liked / favourite	Star
2. Position of client in a group				
I.	II.	III.	IV.	V.
Does not cooperate with others	Rarely cooperates with others	Sometimes cooperates with others	Often cooperates with others	Always cooperates with others
3. Activity of client				
I.	II.	III.	IV.	V.
Indifferent / Does not care	Mostly passive	Middle, ambivalent	High activity	Leadership activity
4. Spontaneity				
I.	II.	III.	IV.	V.
Rigidity	Low spontaneity	Middle, ambivalence	High level of spontaneity	Maximum spontaneity
5. Concentration / Focus				
I.	II.	III.	IV.	V.
Never focused	Often not focused	Middle	Stable for most of the time	Stable during the whole time of intervention
6. Emotional expression				
I.	II.	III.	IV.	V.
None	Low	Appropriate to situation	Overly emotional	Threatening
7. Emotionality of client				
I.	II.	III.	IV.	V.
Does not show activity and rejects	Only superficial uncovering	Personal uncovering	Uncovering on emotional level with a particular context	Uncovering of emotional and affective nature expressed outside

8. **Non-verbal expression**

I.	II.	III.	IV.	V.
Without expression or not appropriate to the situation	Low level	Middle	Appropriate in some situations	Appropriate for situations all the time

9. **Interaction**

I.	II.	III.	IV.	V.
Untouched	Low level of reaction	Ambivalent	Mostly conscious reactions on people	Conscious reactions on the group members

10. **Imagination**

I.	II.	III.	IV.	V.
Without imagination	Islands of imagination	Middle (develops at least a half of other objects and brings in a half of their own objects)	Ability to hold other objects and bring their own	Permanently brings new objects and develops other objects

11. **Distance**

I.	II.	III.	IV.	V.
Minimal	Short	Aesthetic	Prolonged	Large

12. **Dramatherapeutic expression on the level of**

I.	II.	III.	IV.	V.
Movement	Sound	Picture	Character	Verbalization

13. **Entering a role and its level**

I.	II.	III.	IV.	V.
Unable to step into role	Simulation without interaction	Middle, sometimes out of role	Keeping the role with interaction	Interactive characterisation

14. **Usage of space**

I.	II.	III.	IV.	V.
Does not use space	Uses space rather little	Sometimes uses space	Uses space quite a lot	Fully uses space

As it was mentioned above, the construction of this rating has a certain theoretical-empirical grounding that was fully described by Czereova & Valenta [1] and Valenta [2]. 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 a drama therapy professor from New York University, Robert Landy [9]. Item 10 used an application of the theory of cognitive development by Piaget in terms of developmental transformations in drama therapy founded by Johnson [10]. Item 13 is based on structuralising the levels of entering a role according to J. Valenta [11], 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 [12].

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 (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.

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, spontaneous tendency to healing, current state and mood of probands. 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 strength of the given rating consists 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

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 3 Results of single-factor analysis of variance with correlation transfer

Item	Correlation
1. Position of client in a group I.	0,782
2. Position of client in a group II.	0,938
3. Activity of client	0,404
4. Spontaneity	0,513
5. Concentration / Focus	0,546
6. Emotional expression	0,264
7. Emotionality of client	0,773
8. Non-verbal expression	0,867
9. Interaction	0,494
10. Imagination	0,146
11. Distance	0,644
12. Dramatherapeutic expression	0,821
13. Entering role and its level	0,383
14. Usage of space	0,150

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 these items:

Table 4 Results of statistically significant items

Item	Significance
1. Position of client in a group I.	.032 sign.
12. Dramatherapeutic expression	.012 sign.
13. Entering role and its level	.027 sign.
14. Usage of space	.036 sign.

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 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 meet 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 clients – “improvement” of the client – evaluated in the beginning and at the end of the intervention 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 probands it was a measurement in the beginning and at the end of a three-month intervention. As already mentioned above, however, it should be emphasized that due to the large number of independent variables influencing the “improvement” of the client 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.

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