

DRAMA IN MENTAL HEALTH



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DRAMA AND MENTAL HEALTH

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e-Book 2021 International Psychotherapy
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WHY DRAMA?

Drama makes a vital contribution to child development and adult mental health. Although dramatic play may be guided, it nevertheless allows for spontaneity and improvisation. It encourages free expression of words, images and feelings. Drama has a growth-promoting function: Children learn to speak clearly, listen, lead and follow others; they learn to respond; they develop good communication and relatability; and they rehearse for adult roles. Drama has a preventive function: Inhabiting roles and constructing scenes, children can work through potential problems and try out new solutions. They develop an appreciation of who they are and what others mean to them. Drama builds expression, assertiveness, sensitivity, empathy, and resilience (Savege, 1974). Educators (Way, 1967) and researchers

(Somers, 1996, 2013) provide evidence that drama prepares young people to make healthy, stable relationships in harmony with the environment.

Drama is not just for children. It gives adults the possibility of full and continuing personal development. Medical students and therapists can engage in role-play with actors playing the part of patients with medical conditions to be assessed, in this way developing diagnostic acuity and clinical presence for the day when they will be allowed to work with patients. If development does go sadly awry, drama helps patients in therapy encounter their difficulties in an “as if” setting where it is safe to learn from mistakes, explore conflict, and learn from the point of view of others. Rooting the imagination securely in physical action, drama counteracts the restrictions of computer technology and its

disregard for human embodiment in the pursuit of pleasure, relatedness, and understanding.

Our technological society values people in terms of their contribution to its economic growth. Accordingly, the educational system is geared to fill our children with increasing amounts of information with which they pass examinations and qualify for jobs. Society produces hard-working, self-sufficient people who achieve material success, independence and control. Because of the need to focus on preparing people for jobs in the industrial society and the reckoning of their work in terms of productivity, the educational system emphasizes science and technology, and so classes in the arts have been reduced or eliminated. Not enough attention has been given to what the whole person needs to live and grow.

Technological advances to assure our material well-being are producing changes in society. Industrial methods that use shift systems, piecework policies, robots, and computers to increase productivity carry risks to personhood. The piece worker loses pride in completing a job. Workers who must travel to find work, lose the feeling of belonging. Workers migrating for employment may hope to bring their sense of belonging with them by taking their families along but they still have the burden of having torn themselves and their families from their roots and connections. The global economy, and its related travel, has brought with it a vulnerability to viral pandemics, and that brings stress on families dealing with social isolation to protect themselves from infection. Drama prepares us to adapt to social change and empowers disadvantaged communities to

represent themselves and fight for better conditions.

Material well-being has to be superseded by other values appropriate to our expectations of the materially secure postindustrial society: new values of self-expression, self-actualization and capacity for joy. In many cases, jobs alone will not satisfy new expectations. We will need to be educated not only for work, but also for general living, so that in leisure, at home and in the community, we can realize many possibilities. It seems to me that the arts make a vital contribution to education for living (*Figure 1*). I am not alone in this view. UNESCO's (2006) Road Map of Arts Education states that "Culture and the arts are essential components of a comprehensive education leading to the full development of the individual. Therefore, Arts Education is a universal human right, for all learners" (p. 3). It also seems to me that

creative drama in particular affords industrious and imagnate experience that facilitates personal development such that men and women can fulfill their potential for spontaneous and creative living.

- 1) Creative and aesthetic development
 - 2) The ability to think critically
 - 3) Social growth and ability to work co-operatively
 - 4) Improved communication skills
 - 5) The development of moral and spiritual values
 - 6) Knowledge of self
 - 7) Understanding and appreciation of the cultural bias of others
- (Van Water et al., 2012; McCaslin, 2006)

Figure 1. The Basic Goals of Drama

DRAMA AND PERSONALITY DEVELOPMENT

The Young Child

Play, drama, and creativity

Already in many areas the contribution of drama is evident. In many primary schools, at least, children have the opportunity to experience life through drama. They learn about themselves and about other people; they learn to enjoy their fantasy world and to distinguish it from reality; they learn to use their aggressive and sensual feelings in acceptable ways. They are lucky. It can be argued that they're not exceptional, however, since all children – without any direction — enact their fantasies at the playground, like this:

“You be the mother, and I’ll be the little sister. What’ll we do for a table, cups

and plates?”

Or as an internationally renowned psychodramatist, then at the age of four, suggested to his friends:

Moreno: “I’ll be God, and you be the angels!”

Play is a response to anxiety. When there is no play, an alternative way of coping with anxiety is to resort to the compulsive sensuality of a secret relationship with the body. Children have so much to be anxious about. They are peopled with a host of fantasy characters, good and bad bits, violent destructive urges, loving devouring impulses, hopes and fears and wishes of their parents. These are normal and expectable, but sometimes they become extreme and inhibit further development.

That is why playground drama is not enough. The child needs to learn that it is all

right to reveal this inner life when an adult is there, someone who can be trusted to understand, to allow and yet offer a sense of control. Within this safe structure, paradoxically, greater freedom can be enjoyed in exploring the world of the unconscious, so that the various bits of hate, violence and sexuality can be acknowledged and fashioned into a form acceptable to others. When these bits have been disowned and split off from central ego control, they may operate independently and destructively as in the unhappy situation of the delinquent child. Instead, these bits can be integrated within the central personality. Peter Slade, the first drama therapist, valued the opportunity for the child both to become the imaginary character — and also to spit it out. By trying out all these fantasy people, the child can get rid of some of them and retain others by personal choice, instead of being held in their

grip. Children are given the chance to develop in their own way (Slade 1974).

Fortunate children are given regular opportunities for experiencing spontaneity, the unhindered expression of free-flowing impulse. They are allowed the joy of responding to stimuli with unconstrained action in word, gesture, movement, and music, whether their feelings are those of sadness or joy. Spontaneous uncensored action is their privilege. They grow up expecting, in the drama lesson at least, regular tolerance of the expression of the inner world where there is a diffusion of normal boundaries, where doubts and anxieties, hopes, and fears of disintegration occur. Children helped to feel safe enough to abdicate conscious control over this world and to enjoy acceptance of its mysteries, pains and delights, will be able to communicate with their creative center. Then, in the situation with teachers,

children can take over conscious control and give form to their ideas which can be communicated to other children and teachers. In other words, creative expression gives body and meaning to experience.

Sensory experience

The ability to organize experience has to be nurtured by developing the five senses. Teachers design exercises to develop this ability in their pupils.

Teacher: "Explore the floor around you. Touch it lightly, then bang it. Touch it with different parts of your body. Can you make it speak to you through the noises it makes when you touch it? How many different noises can you hear by hitting or rubbing or scraping it? Compare the solid flat floor with the smooth folds of the soft curtains. Do they smell different? Can you hold a picture in your mind of the wood

patterns on your bit of floor? Now let's go paint your picture."

Through these exercises, the child learns to experience variations in sensory input and to recognize the part played in this by the body. Children learn to concentrate, to become absorbed and involved in the task. Intellect and imagination are also in use, as the child has to think up new ways of relating to the floor and has to remember the characteristics of the floor compared with other items. Then the teacher can help the child retain this experience and relate it to other experiences.

Teacher: "What do you notice on the way to school?"

Child: "The sidewalk was gray and there was green stuff growing in the cracks. It was a darker green than the grass in the gardens and it went 'squidge' when I stood on it."

In this way, the child learns to apply what is learned in the drama lesson to other situations. The drama lesson has evoked the senses, heightened perception, and has given the child a more complete way of experiencing the world around.

Communication with others

Each child becomes aware of other children as they each work away in their spaces. Gradually they can work together in pairs, and later in small groups.

Teacher: "Show the boy next to you the noises that your bit of floor can make. Can you send a message to him? What does he reply? Now let's send an angry message, and then a frightened reply."

Then, working with the total group, we might arrange the pairs, one on the inside and one on the outside of two concentric circles.

Teacher: "Pass a happy message without words from you in the inner circle to the girl who is your partner in the outer circle. She has to pass it to the girl nearest to her on the outer circle. She will pass it to her partner in the inner circle. And so on until the happy message comes back to you."

So, the child follows a sequence of communication and begins to experience giving, receiving and decoding nonverbal emotional messages.

A natural progression from this to voice work can be arranged after asking the children in pairs to mime buying an article from a shopkeeper. The article might be an orange, then a piano as a practice run. Then the purchaser could choose an article to mime, which the shopkeeper had to guess. Then the whole group could progress to verbal exercises in buying and selling articles from various

imaginary shops. Buying and selling practice is useful in everyday life and is most effective in developing language flow, a facility that transfers to other situations.

Atmospheres can be created: noise or silence, movement or stillness, with the use of music and changes in lighting, if that is possible. Children learn to share a feeling and to respond as a group, bound together by a common experience.

Limits can be set without pain. Children need to be taught to respond to the signals, so that the teacher need not shout or feel out of control — which scares the children. For instance, the teacher may use sound and light signals to indicate the starting and stopping of an activity.

*Teacher: "When I bang the drum,
freeze."*

*“When the music stops, quietly droop,
curl up, and go to sleep.”*

Knowing and following the signals, the children can trust in the teacher’s quiet consistent acceptance and control, in the same way that they benefit from consistent parents with a nice balance between allowances and restrictions. The elements used for creating atmosphere and stimulating creative responses are also the elements of control. Apart from being a person in whose acceptance and control the group can trust, the teacher has to be sensitive as to when to participate and when to withdraw. This echoes the situation with parents when the child needs to be allowed to achieve a careful balance between independence and dependence teacher needs to help each child participate and to provide adequate settings and stimuli to provoke responses from the group.

Stimulus situation and improvisation

Stimuli can be visual, musical, tactile, or verbal.

Teacher: 'What does this music suggest?'

Children: "Underground caves, trickling water, pack of water rats, a chapel."

From these ideas, a story can be built like this for the children to enact:

A prince is venturing into the unknown in search of a princess of the caves. Trickling water noises are his guide, and as he gets closer, the noise gets louder. But on the way, he and his attendants are beset by an advancing army of water rats who want to drive them away, because, if he takes the princess away to his land of sunshine, the rats will die without food scraps from the palace, and darkness to hide in. After a battle with them, the prince pursues his search, the water trickle mounting to a rush until he finds his

princess by a waterfall. Suddenly, as he kisses her forehead, there is absolute silence. In an instant, they are transported to the land of sunshine where they are being married in a chapel. The spray from the waterfall changes into rays of sun and all the rats are transformed into adorable, white, furry rabbits, one for each child in the realm.

The transformation of the rats might be held back until the enactment has arrived at the church scene. Then the rats turning into rabbits and the water into rays of sun can be introduced as a surprise ending, and a natural de-climax from the tension. A story such as this can be produced quite quickly, yet provides all the dramatic elements: surprise; contrast between the dark underground with slimy rats and the land of sunshine with its furry rabbits; suspense through the use of rhythm with changing volume, pace, and sound of the steps of the

advancing army of rats; conflict of interest between the rats and the prince; a rising climax at the moment of confrontation, and again at the triumph, and again at the moment of finding the princess. The climax is sustained in the church scene, and then descends to a pleasurable declimax as the little rabbits scamper off to their new homes.

The Adolescent

The need for drama with older children

Consulting to a lower school, I heard a drama teacher and a headmaster, both of whom had invested in the development of the child's creativity, complain that the demands of the upper school situation for academic performance inhibit imagination. One Parent-Teacher Association to which I was a consultant recognized this problem and filled the need for continuing drama by paying for drama teacher

to offer out-of-school sessions. They also campaigned to have this offered within the school curriculum. With the rapid rate of change in the culture, these parents felt that their children had so much to shout about that they needed to know how to organize their ideas and tell them clearly to secure better conditions for themselves and for youth in general. The young people learned to create their own opportunities for healthy experiences to stimulate their minds and energize their depleted communities. Fully articulate people in communication with themselves and others in society have the best chance of improving the quality of their lives and have the greatest resources to meet their challenges in varied, appropriate, creative ways.

I don't mean to imply that those who have had no experience of drama cannot be healthy, but I do feel that they are, to an extent, deprived. In drama, those who have good

parental relationships can share with those who have not, and both groups can appreciate the circumstances of the others. Including creative drama instruction in educational programs is a preventive measure against maladjustment and against the development of prejudice based on the insensitivity of the privileged.

In these times of rapid and uneven change in an increasingly mobile, global economy, children have to be given opportunities to develop their ability to adapt and modify to changing circumstances and to find new solutions to unexpected problems. Dramatic experience allows them to practice responses to every known situation and those that can only be imagined. Ritual reinforces the known, so that the individual is secure enough to face the unknown. People who have had such experiences will be prepared to cope with relationships, with change, and with the general

business of living. They can expect to enjoy mental health.

Social drama

In my discussion of drama with young children, I described imaginative drama. Adolescents, however, start most easily with social drama. In social drama they explore their roles in everyday situations (Slade 2008). They explore the current concerns with relationships and attitude to life. This means that we start where they are at, but it does not mean that they do not ever do imaginative drama. They will get around to it. But first they want to try out approaches to social situations – how to invite a girl out, how to apply for a job, how to cope with inquisitive parents, and how to avoid the sullen behavior that provokes their parents' intrusion into their life. They can learn how to lead a team, how to be a salesman, shop steward,

husband or wife, father or mother. We set up a suitable scene and act it through, then replay parts of it with others taking the parts to show different ways of coping. Role reversal is a useful technique for letting adolescents appreciate the effect they have on others and try to see the others' points of view. Sometimes they have difficulty in speaking spontaneously because of fears of speaking grammatically poor English with an unacceptable accent, swearing, being laughed at, and generally feeling self-conscious. If the scene is then played with a total ban on speaking, they can move into their parts with greater freedom at first, and then with some frustration at not being understood purely on the basis of non-verbal communication. Then they note that speech is a necessity to make communication more precise. These enactments give excellent practice in spontaneous everyday communication and

creative response to potentially difficult situations.

Trying out a number of roles that appeal to him can help the adolescent discard those which are not appropriate to his real self and to practice others which could increase the flexibility of the self in action. Belonging to a group is important at that age, and honest feedback from their peers in the supportive environment of the group can help them develop as real people with no need to resort to the adoption of a pseudo-self, a form of insincerity that they abhor in adults. Adolescents often question the premise of their existence and ponder the nature of humanity and the universe. They get involved in political issues, particularly those of liberty and peace, and hold ideals of reform or revolution. In drama, they can explore these issues empathically, for instance, re-creating the situations of deprived

children in Pakistan and refugees in alien lands. They can enact the conflict between youth and authority in any nation, and explore the customs of cultures represented among their classmates. Drama offers them the possibility of looking at the serious problems of the world we live in and of increasing their understanding of, and sensitivity, to global issues from systemic racism to climate change.

THERAPEUTIC USES OF DRAMA

The vulnerable child

Communication in the verbal manner can be unsatisfactory for those children who find it hard to express their feelings and have them understood either because they have cognitive challenges or emotional sensitivities. For children who are unable to achieve an intellectual understanding of their situation or comprehend their body composition and identity, nonverbal exercises are of primary importance in facilitating body awareness not only of the various body parts, but of their connection and integration into a whole picture of a body-self. Social drama can help other children work through their prejudices against these children.

The vulnerable child begins to feel like a whole person in relation to a detoxified environment.

Body attending techniques

Repeated exercises in body awareness are essential to stamp in the conception of boundaries of the self. A defect that is partly due to inability to focus and sustain attention can be minimized through training by means of body attending techniques.

*Therapist (talking and demonstrating):
“Let’s stand like straight, like this. Bend one leg and look, a knee appears. Tap it and push it away. This is a knee. Say it after me, ‘This is a knee.’ Let’s see a knee again, like this. Now let’s walk, pointing our knees at our friends. Let’s have a conversation with our friends, knee-to-knee, elbow-to-elbow like this.”*

Time, beat and rhythm are important in themselves, but they also facilitate the child’s

engagement in the content of the lesson. Participation aids learning and ritual reinforces it. The children learn by doing the exercises, with rhythmical beats on improvised instruments made of cans, or beans, or trashcan lids, which adds to the fun, and provides them a model for how to construct play exercise for themselves from found objects.

Concepts of size can be taught in a way that delights these children. The therapist pretends to be a balloon that is very small at first but is then blown up to an enormous size. Then the air is left out, accompanied by a loud “Prrrmph” sound. The children as a group blow up and deflate, gleefully making an almighty balloon emptying noise.

Co-ordination and climax in behavior control

Children with behavior control issues need to learn control over their bodies, whether the mode of their problem is withdrawal or hyperactivity. Practice in establishing a basic strong stable position with feet apart and knees bent gives them a sense of strength, endurance and ability to withstand disintegrating forces. This feeling needs to be balanced with practice in creating fluid, inert positions which allow them to be like putty in the hands of another person, accepting control and direction graciously. Practice in finding fluid positions prepares them to enjoy trusting, rocking and holding exercises while their stable position practice is the basis for aggressive pushing and knocking exercises. The point is to alternate the fluid and the stable, the trusting and the aggressive as a way of

helping the child achieve balance and security. From stability they can build toward a climax of exhilaration while in fluidity they can descend to an anti-climax of satisfied tiredness, all the while communicating at their own level. The ascent to climax enables the withdrawn child to open up, while the descent to de-climax helps the hyperactive child to develop ways of calming down. More important is the opportunity for both kinds of children to work together enjoying both climax and de-climax in the process of the drama.

Therapist: "The sun got hotter and hotter (to the sound of slow drumbeats). The children got hotter and hotter until their toes began to sizzle in the sand (drumbeats gradually getting faster) until they had to run, run, run (drum replaced by quick caps of tambourine) towards the sea and jump in (clash of cymbals) to cool down in

the cool, friendly, quiet of the soothing sea, sending us all to sleep.”

These exercises develop body awareness. In the special-needs classroom or in the inpatient unit, the children then become less awkward, bumping less often into each other and less frequently breaking things or knocking them over. Instead of feeling the frustration of the uncoordinated, they can be in control of themselves and of their environment. They feel more whole. Knowing that feelings can be expressed and understood in relation with others reduces the children's needs to be difficult and attention-seeking, or to withdraw into a shell or into an auto-erotic relationship through compulsive head-banging or rocking.

Maladjusted Youth

A young man is maladjusted to society because, in his formative years, society, through

the agency of his parents, did not adequately adjust to him. In previous sections of this monograph I've been concerned to show how drama in school can offer such a man, at an early age, a corrective experience so that he grows up freed from the need to act out the resentment with his parents against society. Now I hope to show that drama can still be effective at a later stage in development when the emotional blocks have persisted, inhibiting growth and producing that maladjustment, not only for this young man but for young women too.

Aggression release, insight and authority problems

These youngsters have a backlog of aggression to be channeled into acceptable forms of expression. Storm scenes, tempests, epic battles are all useful but need to be

followed through to resolution of feeling. Perhaps some of the characters in the battleground setting can triumph over the angry forces to establish a serene existence, or the grief of the bereaved can be explored by moving on to a scene back home when the soldier fails to return. Situations exploring current relationship problems help them to see how their behavior is producing a rejecting reaction in other people, which has been sadly confirming their deeply rooted expectations of a mean world. Role reversal is a most useful technique to let them experience the reactions of others to their behavior. To be successful, the roles have to be reversed quickly and frequently in order to loosen up defenses that tend to keep behavior rigid. Working at a good pace increases involvement and facilitates the acceptance of insight at moments of impact. Arousal and insight at moments of climax allow

change to occur, and then the de-climax allows the change to sink in, as the group shares and processes feelings so that the aggression can be contained and not be acted out outside the session.

Incidentally, these groups often challenge authority and threaten control. It is useful to appoint the most actively threatening person to the director's role, asking him to show how he would do it. Excessive uncontrolled noise can be handled by an opposing noise within the group and by changing distance or levels between the parties comprising the group. For instance, part of the group can say nonsense syllables raging their way up to a fury. And then they are approached by a fluid line of people saying words with long soothing vowels such as peace, home, and love.

The Neurotic Patient and Role Play

In-patients who are in the neurotic range have had to be removed from life situations too stressful or too like the original trauma situations of childhood, but their personalities and intellect are still capable of functioning. Imaginative drama and social drama are appropriate to their treatment in the in-patient unit. Drama can enable such a patient to return to the point of blocking, and rework old perceptions, memories and reactions. The patient needs help to role-play relationships in the here and now, relationships that are distorted because the patient has unconsciously chosen current relationships which correspond to closely to the unhelpful ones of childhood (*Figure 2*). Sequential scenes from now and from childhood can show the patient the links, and new scenes

co-constructed with other patients allow practice of new solutions.



Figure 2. Role play.

Role-play in an in-patient group setting

Jean was admitted suffering from intractable depression. She cries in the ward for hours. We learn that she felt rejected by her husband who was having an affair. All she could say was that he had hurt her by breaking his wedding vows, and she has no insight as to her part in the breakdown of her marriage. We asked her to describe the scene when she found out, and to recruit other patients to play the husband, the

daughter, the prying neighbor, and the other woman. Then, we asked if Jean ever found herself in a situation like that before. Jean says she felt hurt at work last month when her boss took on an additional secretary and more recently when the head nurse could not comfort her because she was busy with a newly admitted patient in great distress. So, we re-create the scene in the office with patients playing the boss, the office staff, and the new secretary. After that we enact the ward scene with the head nurse, Jean and the new patient.

We use role reversal, mirroring, and doubling techniques from psychodrama. In doubling the therapist stands behind the patient and gives voice to the interference that the patient is not there to express. In mirroring the therapist or another patient who can feel sufficiently empathic with the patient behaves just like her so as to let us see how she appears

to others. Role reversal puts the patient in the place of one of the other characters in her drama so that she can experience herself from afar. These techniques are used to develop insight within the supportive atmosphere of the group. Jean can reexperience rejection again and again without being totally devastated by it because the situation is an “as if” situation, less toxic and immediately depressing than the marital crisis. This strengthening experience enables her to acknowledge half-remembered rejection scenes from childhood which have returned to her mind in response to stimulation by the enactments of the various rejecting situations. Then we can enact these early scenes helping her to adjust to them and to work through her anger about them. Then we finish with a present-day situation again. Through role reversal, Jean can learn that when she is rejected, she feels so angry that others

feel pushed away and reject her at the very moment she needs the most support. Their rejecting responses perpetuate the vicious cycle, which can only be broken by change in Jean's behavior. The idea here is to show Jean the link between present and past scenarios, relieve her of the pressure of old hurts imposed on current life, and free her to develop new strategies for how she might deal with her husband so that she evokes different responses in him.

In family therapy

Sometimes the person who is labeled sick is the symptom of the disturbed family system with faulty communication between the members. Treatment of the so-called patient has to include all the other family members, as the main aim is to restore communication. Role reversal in family therapy helps the members to gain

sympathy for the others, while doubling the individual members gives expression to suppressed feelings.

Let's imagine a violent outburst arising when the identified patient, the teenage daughter, wants to watch her teen soap opera on television while her father wants to watch Monday night football. We set up the scene as it is described (*Figure 3*). We use role reversal and doubling to help foster understanding of father and daughter's experience of the conflict, and to detect previously unexpressed feeling among the other family members who have displaced their feelings into the fighting pair by not engaging in the dispute. Family arguments over trivial matters like this are the surface expression of the underlying conflicts. As we work, we look to uncover the underlying issues concerning the daughter's rebellion and the father's dominance which spreads to other

situations involving personal freedom and responsibility.



Figure 3. Family role play.

The Psychotic Patient and Non-Verbal Techniques

The psychotic patient is experiencing an inner fragmentation with some controls broken down and others grimly clung to in the hopes of preventing total chaos or complete loss of the fragments until nothing of the person remains. This mental organization is reflected in awkward body movements. The group therapist holds the

bits, gives word to them, and works toward integration in the verbal realm. The dramatherapist represents the bits in a physical dimension, with no attempt to name or understand the feelings but to focus on re-integration through shared physical experience.

Integration of the psychotic self

So that every patient in the unit for psychotic patients feels encouraged to participate, we start the exercises at the simplest level, walking, marching, running in time to a strong beat. Tapping, banging and chanting drive their muscles to work in co-ordination and develop the lacking sense of rhythm. Music provides a firmer appreciation of time, while being part of an orderly column or a well-spaced circle helps them to locate themselves in space and in safe relation to others. These experiences are important for psychotic patients in whom

perception is distorted by their illness in that they give them an opportunity to become thoroughly familiar with their bodies and their moves. Exercises to encourage sensory experience (as already described in the section on drama with children) help psychotic patients to make sense of incoming sensory information which reduces their misinterpretation of environmental cues. This is important for those who feel that the environment is conspiring against them and those who are confused about their self boundaries.

Integration of self with objects, inanimate and human

The next type of exercise uses inanimate objects that the patients can control with their bodies. For example, the patients mold plasticine by pressing on it with a foot, elbow, or finger, or they lie down on a sheet of foam

rubber that holds an impression of the body, or they stretch a yard of elastic from a toe to a finger, which puts the bits in connection to one another. From there we progress towards integration of self in relation to people. Working in pairs, patients send messages to one another in sound or gesture, repeat the message and give a coherent reply. Then they follow with speech to amplify the message. These patients have often had the experience of a family member who says one thing but means another. So, it is also useful to start with speech and then qualify it with an appropriate gesture to practice congruence in verbal and non-verbal expression so as to minimize mixed messages and to correct for the experience of getting confusing signals from family members, co-workers, and friends. We use music from various cultures to emphasize difference and help each patient develop a separate identity. The group

experience in a permissive atmosphere free of emotional demand or conflict offers the right amount of contact with others but without the threat of a forced, feeling-oriented, intensive relatedness. Self-confidence developed in this dramatherapy session relays to other situations.

The Long-Stay Patient

Patients who have been in mental hospitals for many years cannot adjust to life outside because they become institutionalized. They need to be stimulated. They need to move about, and this is where a music and movement program is essential. They also need to be reminded of the forgotten business of living, and this is where drama comes in.

Imaginative drama

Many years ago, when I was in training at Dingleton Hospital in Scotland, a community

mental health service that included a long-stay therapeutic community, the head of the community invited a group of mimes to visit and entertain the long-stay patients. He had seen a film made at Goodmayes Hospital in Essex, England where the mimes' work had achieved a therapeutic effect, and he wanted to try that out in Scotland. The mimes presented a scene of putting babies to sleep at a babysitter's home. They pretended that they had so many babies to look after that they had to farm them out among the patients, which was their creative way of including the audience in the action. Patients were quite willing to take care all of these imaginary babies. Later in the entertainment one mime pretended to be a swan to be fed by the other players and also by the audience. Some patients participated in this but most of them found it frankly silly. The visit did not live up to expectations, and I am quite sure

it was because the players had no relationship with the patients on which to move beyond the first social drama scene to more evocative, imaginative areas of expression, whereas at Goodmayes they were highly effective because the mimes worked there regularly and had time to make relationships and earn the trust of schizophrenic long-stay patients.

Role training

While these patients can learn to enjoy imaginative drama, and cope with complicated explorations of feeling and attitude, a simpler approach may be more immediately appealing. This consists in letting them try out new behaviors, starting always where they are at. The following example comes from the 1960s when no-one had a cellphone, and there was only one telephone at the nurses' station in each ward. The hospital was planning to install

a telephone for the use of the patients. We had an excellent session learning to answer the telephone, an experience these long-stay patients had not had. To start with, I asked one patient to show us all how badly it could be done, and then asked for suggestions for improvement on this. We break the behavior into small parts – lifting the receiver, holding the mouthpiece in the right place, saying your name and listing your ward, and asking who is speaking. Each of these steps had to be ritually repeated, letting everyone try. Then we moved on to taking a message, fetching the head nurse, and so on.

At this time there was a national move to begin rehabilitating as many of these long-stay patients as possible. It had been years since they lived in the community, and so going shopping was another useful exercise. We set up a shop with a counter and a cash register.

Two patients played the parts of shop-keeper and assistant and another two were shoppers. We practiced buying and selling techniques. The patients developed a scene in which the two shoppers quickly became annoyed at the shopkeeper for having nothing they wanted in stock. In discussion, we learned that the patients had been enacting their frustration with the inadequacies of the hospital shop, and they wanted one of them to raise this at the community meeting. Then we set up a scene to practice how to present the request so that it would get a favorable hearing, beginning by asking the first patient to present it as poorly as possible and then as well as possible, and asking the group for comments until the best approach and the most trusted representative had been arrived at.

On another occasion we all went on an imaginary outing to the local flu shot clinic.

These enhancements were all preparation for real events. I believe it is important to follow the dramatic practice with the real situation to test out the new skills and make the practice worth it. Even the most elementary skills such as eating and washing can be improved in this way, which results in improved personal hygiene and socially acceptable behavior at the community lunch table. We encouraged applause for doing things well, and I'm sure that at least half the value of the session was the fun of participation. For a few patients the training through drama rehabilitated them to such an extent that life outside hospital in a boardinghouse or group home became possible – an enormous achievement for an institutionalized patient.

DRAMA IN TRAINING FOR MENTAL HEALTH WORKERS

Hospital and clinic staff are comfortable with the familiar way of communicating with patients, namely verbally. But their patients may not have sufficient verbal ability to put their confused feelings into comprehensible terms. I've already described how improvised scenes can help patients to represent their problems and find new ways of coping. Staff need a similar opportunity to loosen up so that they can be spontaneous enough to be fully involved in the powerful therapeutic medium of drama. I have found that patients welcome drama experience, but staff are much more inhibited. Professional defenses make it difficult for staff members to let loose in case the true self, or possibly the child within, is revealed and found unacceptable to their colleagues. Quite apart from training staff

for participation in drama therapy, sessions are useful in a general way, freeing inhibitions and defenses to allow the real person to emerge from behind the professional mask.

My Experience of a Dramatherapy Training Group

From these experiences as a junior psychiatrist at Dingleton Hospital therapeutic community in Melrose Scotland, I learned about the value of psychodrama and role play in the long-term wards and in the unit for mentally vulnerable, dual diagnosed adults. I suggested inviting Sue Hickson, President of the Remedial Drama Centre, to visit and consult to our use of drama in a psychiatric hospital (Jennings, 1973). When she visited the unit for the vulnerable adults, she led staff and patients on an imaginary bus journey, an exercise in rehearsal for a group outing beyond the hospital

grounds. She also led us on a staff-only training session, which was a wonderful introduction to new, creative uses of drama, but too brief to be wholly satisfying.

Later that year, I learned that the Remedial Drama Centre would offer a one-week summer school on “Drama and Creativity in Remedial Work” to be held at the Cockpit Theatre, an experimental theatre used by schools in London. I could see from the course description that much of the material is the kind of exercise that drama teachers in schools and colleges already use in improvised drama to encourage expression and promote personality growth in normal youths (Way, 1967). But the unique value of this course would be the opportunity to meet and study with people who were adapting these techniques for use in clinical work. I signed up.

The warm-up

We were standing awkwardly on the studio floor, wondering what would be expected of us. Sensibly, the director expected very little. She said, “Just move one finger in time to the music.” Nothing too incriminating. Then she asked us to move a hand, then an arm, until we were all sufficiently involved to relax and move about. When the music stopped, we had to say hello and introduce ourselves to as many people as possible. Later, we found partners to communicate with, at first verbally, by talking about each other’s features until we became familiarized with that person and could recognize him or her by the shape of the bridge of the nose or the texture of the hair. We then extended this paired communication to discussing our impressions of one another in small groups. By that time, we were beginning to feel comfortable with ourselves as a group.

We were “warmed up” to our task. This sort of warm-up is essential to build a secure base from which to explore.

Expression and regulation of emotion

Back in our pairs, we each had to pick a written slip of paper from a hat, read the emotion written there, and communicate that emotion to our partner. One of did so using a short rhythm of tapping noises, and the partner replied with tapping. Without any words, direct communication of our feelings could be achieved with amazing accuracy in this way. Another way of communicating was to use nonsense syllables to express a feeling that would be nasty and threatening to others if conveyed in words. In this way, we avoided the inhibiting fear of retaliation because we had not really said anything to be held to account for. Ultimately, we repeated one word like “spit” to

express an angry feeling, rising in intensity until a group emotion developed. The point of this was not to make the whole group angry, but to create a feeling state that needed to be regulated.

To prevent the group response from getting out of hand, some of the group were asked to choose words of a calm feeling tone. Then those of us tasked with emitting hate, rage and spite met with others expressing peace, quiet and calm. It was a reassuring experience to find my own whipped up rage gradually defused by such gentle confrontation. We learned to use other controls as well. We learned a method for relaxation using focused breathing. We were taught to associate certain words or sounds with that neutral or relaxed position. At the word “freeze” or the noise of a clap of cymbals, we were taught to hold still and breathe deeply. Rising levels of pitch or volume in a drumroll led

us to practice engagement in intense feeling states, and the fall of pitch or volume led us to recover and relax. Although these varying controls were certainly operating and useful to the group, it occurred to me that basic to them all was the presence of a director in whose abilities control we could all have trust. With confidence in her methods and controls, our training group warmed up to a state of active participation in the free expression of feeling.

Dealing with resistance

Then the group's task was to reach deeper levels of expression. And that led to some hesitation. Would that be safe? In psychoanalytically oriented psychotherapy, we expect this resistance, and we pay attention to it in words. We interpret ambivalence about entering therapy, fear of what would emerge, fear of change, dislike, distrust, and fear of the

authority of the therapist, and so on. In dramatherapy, creative objects are used to concretize the resistance and remove it. For instance, the director asked us to construct masks we could hide behind, and she changed the environment in which we moved.

Masks

Each of us built an abstract paper covering to hide ourselves as if we were a snail in a shell (Jennings and Minde, 1993). Then the room was darkened, with a single spotlight at one end. Wearing our masks, we walked crawled, crept or danced toward the spotlight, emitting a noise from behind our shell. Protected in an abstract and wordless state, some people were more able to be freely expressive of emotion. I noticed that in general what was expressed was aggression. When the exercise was repeated without masks, some people could continue to

behave as before, but others could no longer express themselves so fully or move so freely. Applying this in a clinical dramatherapy setting, patients who benefited from using the mask would need to be allowed more time in that protected space. One participant who works with autistic children thought she could use the mask exercise with those children to help them find an identity safe enough to start a relationship with her or other children in the group. Another thought of using mime in her work to improve communication between hearing and deaf people.

Resistance

It can be difficult to move about freely and spontaneously in an unstructured setting. We may worry that we look foolish, incompetent, or showing off. Talking about that in therapy is one way of addressing the resistance to movement,

but a physical approach is more direct. The director made the suggestion that the air pressure was high, and tending to restrict movement, making it require great effort to move at all. Gradually she lessened the imaginary air pressure, and to my surprise, I found that this effort to move against extreme resistance, was still with me, now in the form of moving with freedom, but always within the bounds of the opposing air pressure. This reminded me of a systems family therapy method of dealing with resistance. Instead of interpreting the resistance to reveal its unconscious determinants to give the patient control, as we would do in psychoanalytic work, the systems trained therapist, who believes that action must be taken if change is to happen, aims to eliminate the resistance by being the one to take control of the situation and impose an external resistance to push against the

desired change that is being resisted (Haley and Haley 2003).

Use of art media

I had an experience of my own resistance to instruction. The director provided paint of different colors and consistencies, brushes, straws, rags to paint with (or you could use your own fingers). I was fine with that and quickly went to work. Then she introduced some Indian music to influence and motivate our painting. The music was beautiful and emotionally evocative, but I was so involved with my original creation that I wanted to pursue it without outside interference. I wanted to follow my own imagination to an aesthetically satisfying completion as a work of art. The music took over, and I had to stop painting and listen to the music instead. I could not do both at once. I was thinking about the end not the means. I was

working instead of playing. Having realized this, I put aside my intense follow-through of self-directed behavior to allow my attention to be diffused over various stimuli. Then I could respond to my environment and to the wises and ideas of others.

Basic trust

In a good psychoanalysis, patient and therapist create a setting over time in which deeper and deeper layers of experience are addressed. The earliest relation to the mother — from the focused comfort and satisfaction (or lack of it) at her breasts to the contextual security of being held in the embrace of her arms — is recreated on the couch. In the training group, I experienced an exercise that addresses the same recreation of early experience. The group was divided into two. Half of us were to be “the alone and lonely.” The

other half were to be “helpers” who would help with loneliness. I was to be one of the lonely. We were to find a spot on the floor and curl up there with eyes closed, looking inward, feeling inert. There I was on the floor in this lonely, shut-off state. I was approached by a helper. She touched my hand, then she held it. The unexpected contact was at first threatening, and then exciting, which was uncomfortable and not entirely welcome. Instead, she slowly eased one arm into movement. I wanted to be left alone. But when she let go and moved away to change her position, I felt frightened that she would go away altogether. She held my shoulders, and I found it comforting. I didn't want to be left alone after all. Moving away from me and readjusting her approach happened a few times, and then I knew she would always be back.

I associated to the basic trust/mistrust conflict typical of the first stage of development

in Erikson's (1950) theory. He said that the task of the infant is to resolve that conflict by arriving at a satisfactory balance between trust and mistrust, and that this resolution is achieved by experiencing a satisfactory rhythm of satisfaction and frustration at the breast. I was playing the part of a lonely adult in retreat. My helper was dealing with an adult, but I experienced myself as a totally dependent baby who could not move, but depended on others to make contact. On a later date at a psychodrama workshop, the director took the class through a similar exercise. This time, half the class members were to lie down, curl up, eyes closed, and be babies, and the other half were adults who should come and check on the babies and give them a comforting pat on the shoulder. And then we switched roles. The babies' task was to attend to our experience of being touched. This time I was approached by various adults. It was

striking how different that one action of a pat on the shoulder felt from one person to another. But the greatest difference was in the pat from the only man in the class. It had a completely different strength and rhythm. We all know that men and women are different, but this experience brought home to me that a baby would appreciate that difference intimately, and be aware of having both a mother and a father.

In hospital work

Early in my career as a psychiatrist, I ran a dramatherapy training group for staff at the Royal Edinburgh Hospital for about 10 months (Savege, 1975). It was a struggle for the nurses, therapists, and psychiatrists to move freely, and so I had to devise dramatic methods for overcoming their resistance. I drew on my training at the Remedial Drama Centre in London, and suggested that they were to play

the parts of workers trying to get to the job on time, but struggling on foot as they battled against the wind. As Sue Jennings had done with us in London, I indicated the rising force of the wind by changing the volume of the accompanying drum beat, which increasingly restricted their movements. This external resistance that the wind provided was equal and opposite to their internal resistance and in effect negated it. When the drum quieted, and the “wind” calmed down, free movement became possible.

Inhibition is also due to difference in status between staff members. We see this frequently in seminars and staff meetings where students and junior staff members are afraid to speak up, and others avoid feelings of insecurity by using unnecessarily clever words in an attempt to establish their authority. In the drama therapy training group setting, I wanted to reduce the

effect of status and over-intellectual defenses suggesting that they make something to hide behind, knowing that it would also be an avenue for expression, just as the form of the defense is the key to the underlying anxiety. Again, drawing on my training in London, I asked each member to make a body mask out of newspaper – not a traditional eye mask, but a face or body covering. In five minutes, a wide variety of beaked, hooded, boxed, winged, and ragged creatures emerged. To avoid intellectualization, I said that the creatures could not speak. They could only emit sounds. The staff members moved around the room making contact with others, emitting the noises they had chosen, developing particular movement patterns appropriate to the style of their imagined creatures. Some incredibly expressive body postures matching the chosen noises were devised. Different pairs of creatures confronted

each other and communicated through gesture and noise responding to the style of the other creature. The most notable feature was the emergence of aggression. When I asked the staff members to lay down their masks and repeat the exercise, this degree of absorption in the task was not possible. (*Figure 4*). Self-consciousness showed itself in giggling, staring and sitting down, but frequent repetition of masked, followed by unmasked work, led to a considerable improvement toward self-confidence and personal freedom in the workplace.



Figure 4. Fantasy creatures slow to move without mask.

By this time, I was feeling more confident to move beyond repeating my previous training exercises. We used living newspaper techniques to suggest situations on which we built improvisations, because at first the staff were reluctant to bring their actual problems in interacting with patients or ward staff for exploration by the group. From these first safe

situations we moved on to a dramatic exploration of real work situations. We considered what it felt like to be a patient being admitted to a strange ward. To explore this, we created the scene at the admission area with the receptionist trying to contact the charge nurse who was busy answering the telephone call from an inquiring physician. Then we moved to the scene in the duty room when the busy charge nurse is surprised by the new patient arrival, and followed this with a confrontation between the charge nurse and the psychiatrist who had forgotten to inform the ward that a bed would be needed. Those not taking part in the scene were encouraged to substitute for any of the players in the replays so as to demonstrate suggestions for different behavior that might be more effective. The experience was deeply moving for the nurse who played the patient. She told us that in her role as patient she had

been so disturbed by the conflict around her that, in future, she would make a determined effort to be much more sensitive to the fears and needs of new patients.

Later in the course, we imagined a family consisting of an angry dominant father, a quietly depressed wife, a daughter who could do no wrong, and a son who could not live up to his father's ambitions for him as a sportsman. We began with the scene at dinner, focusing on the conflict between father and son when father discovers that the boy has never worn the athletic club tie that he had given him. Working away at this, we gave different staff members the role of the son to have the opportunity of knowing how it felt to have demands made on them by the father. Role reversal technique showed how the father-son interaction could be modified. The group imagined that the son had turned to drugs as a way out. The next scene

was a family meeting in the psychiatrist's office where the boy and his parents were being interviewed by the psychiatrist and a clinical social worker, both played by two nurses. The balance of tensions in the family was quite altered when the players experienced an effective therapeutic intervention. Those staff members who were playing the parts of the family members reported on whether they felt supported, attacked or persecuted by the therapist. Apart from the value of this feedback about their performance as therapists, the two nurses also experienced their own therapeutic efforts when they reversed roles with the family members. For me, as a psychiatrist, seeing a nurse portray her version of a psychiatrist alerted me to the need for psychiatrists to show more appreciation and respect for their nursing colleagues.

At a later stage in my career, now a child analyst in the United States, I was conducting a national training program for child therapists. I invited a colleague to join me in co-teaching the group of trainees, all of them already licensed mental health professionals with experience in adult psychotherapy, who had then enrolled in a training program to learn to work with children. Of course, there were the usual elements of child therapy training — lectures on theory, interpretation, play technique, reading seminars, clinical case presentations and discussions. I wanted something more playful to develop and sense of comfort and joy in play. So, I designed an experiential event. I took these rather senior trainees on a toy journey, asking them to remember favorite toys and games from childhood. Then I presented them with a bagful of toys and emptied it out on the coffee table. They were asked to choose a toy. Then each

toy was to choose another toy (held by one of the other participants) to relate to in play or in words. One woman was too uncomfortable to participate in the play but remained in the room watching. Once the toy pairs were made, the toy couples selected other pairs to be their children and vice versa. My colleague then asked the two families that had formed to draw their family portrait on a large sheet of newsprint. One of the drawings was a highly individual, preplanned collection of precise drawings of their selected toys, while the other was an abstract, product of a spontaneously occurring group effort. One drawing was very controlled and precise; the other was messy and random. One showed the precision and constriction of latency age defenses; the other was freely expressive and somewhat regressed.

The splitting of precision and freedom expressed in the two group's productions

reminded of a similar split between two group drawings made in a different arena, a teaching and learning experiential conference to study the processes of teaching and learning (Scharff & Scharff, 1979, 2000). One drawing depicted each group member as the petals of a flower, just as the one child trainee group had depicted each member of the family group as a separate toy. The messy drawings were quite similar too. I don't have the child therapy training event drawings to reprint here, so I will borrow those from the teaching and learning event to show you what I mean (*Figures 5 and 6*).



Figure 5. The group's messy drawing

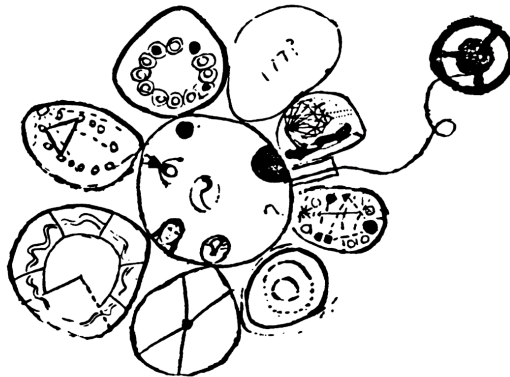


Figure 6. The group's precise drawing

Taken together, the child therapy trainees' groups' drawings illustrated the range of family

dynamics a therapist might encounter, and they reflected the perceived or imagined difference in styles of my co-teacher and me. The trainees were fascinated by discussing their drawings, and their choice of toys, and the resulting dynamic interactions. Like me bringing my London training to Edinburgh and the United States, they took the event design back to their home towns for use in their own teaching.

In community care

Dramatherapy training groups are also useful in preparing hospital and clinic-based mental health workers to prepare for domiciliary visits. For those accustomed to the control and safety of the office setting, going out to see patients at home (where the patient controls the setting) can be threatening to the professional who is thereby bereft of the usual support system. During the drama session, we can

imagine knocking on the patient's door, dealing with the unwelcoming response, coping with the drunken family member, or coming upon domestic violence. New behavior can be practiced in imagination, preparing staff members to venture out confidently without the anxiety that can provoke the very reactions that are feared. Community mental health workers need to be able to communicate with other professionals such as doctors, ministers, rabbis, district nurses, and so on. They have found role-playing sessions useful in preparing for these encounters, by developing their sensitivity to the unspoken perceptions of mental health workers and what they have to offer.

DRAMA AND COMMUNITY MENTAL HEALTH WORK

Communicating with community health agencies

As a society we've come a long way in combating prejudice against mental illness. For too long, patients were held in institutions but efforts to release and rehabilitate them have meant that many more are cared for in the community in clinics, mobile clinics, and private practice. But there is still a need to make links between specialist care and community care offered by family doctors, ministers, rabbis, imams, social workers, and voluntary social action groups in the community. Drama can be a useful ancillary to building these bridges. I was asked to give a talk called "Fear and Stigma of Mental Illness" to a group of churchwomen,

guild volunteers who wanted to improve their ways of coping with disturbed people who looked to their churches for help. Instead of lecturing to them, I offered them an experience of what it is like for the mentally ill to face misunderstanding and how they can help.

I began by introducing myself to key figures around whom I asked small groups to gather. I gave each group a five-minute task of discussing personal experiences they had had when encountering problems in dealing with the mentally ill. These groups then shared some of these problems in the large group, from which I selected a theme. Given that prompt, the group members built up a scene concerning the loneliness of a spinster left on her own in an old house with many rooms, a house that was difficult to clean and expensive to heat. Her sister had been admitted to the local mental hospital owing to severe dementia aggravated

by depression following the death of their father with whom they had both lived. The sister remaining at home refused to live in a smaller house although she was worried about the expense of the great house, constantly talking to her neighbors about whether to sell the silver spoons. The neighbors felt that she was ruminating over what appeared to them to be trivial concerns since they knew that she was adequately provided for by her late father. The group explored her loneliness and grief in the drama.

The next scene depicted the woman's habit of "just dropping in" to the home of her next-door neighbor who was one of the well-meaning church members in the large group. She felt guilty about her irritation with such a distressed person, but she dreaded the woman's unannounced visits and lengthy complaints. She played the part of the irritating neighbor. Various

volunteer women took turns in the role of the guilty beleaguered volunteer, each of them showing a different way of coping with this situation. One member reassured the complaining woman, and tried to change the topic. One gave excuses that she was busy. One tried to outtalk the neighbor and drown out her complaints. Another woman sat silently while the neighbor poured out her complaints. But the first few volunteers' ways had only provoked further demands for help whereas the volunteer who listened silently listening had succeeded in bringing the pressure of talk to a close. With doubles who spoke for the true feelings of each party we learned how the neighbor's words about unfounded concerns and requests for advice concealed a much deeper need for love and understanding of her mourning. The session concluded with group sharing of feelings of guilt and irritation evoked

by this bereaved woman. Instead of listening to an impersonal lecture about fears and stigmas of mental illness about nameless other people and their fears, participating in the drama gave these women a live experience in which they acknowledged the development of these feelings within themselves and also tried out ways of coping. At first, with no lecture to attend, the women had been quite dismayed to have no notes to take back for a report to their home church. But by the end of the drama session their report was that the experience had been valuable in expanding their understanding and giving them ways of helping.

Community group work

Community support groups have emerged as antidotes to the feelings of isolation created by the patterns of our changing global economy. Mental health professionals need to give these

groups every encouragement to acknowledge their value in maintaining community mental health. Social drama with groups of alienated youth can give them a release for antisocial feelings and provide the pleasure of group loyalty, cooperation and team loyalty to avoid their having recourse to delinquent activity or gang warfare. Non-verbal drama techniques can reach immigrant and indigent children and help them build an understanding of their situation, unhampered by language difficulties and at an age before prejudice rears its ugly head. Adults who do not want to talk can find something to share with the group in ritual chanting, banging and clapping their way through question and response as a way to prepare for verbal conversation. Through drama exercises in a group, mothers who feel awkward joining in their child's play group or nursery school can recapture the joy of creative expression, learn

what fun it is to be a child all over again, and so become able to participate fully in their child's activity.

Community drama

So far, I have been considering the value of dramatic experience rather than theatre, the process rather than the art form (Scharff 2018). Community theatrical production can encourage group loyalty, mutual support and self-expression. I have been particularly impressed with the impact of an annual local theatre festival in a community called Craigmillar, on the outskirts of Edinburgh, Scotland's capital city and home to a world-renowned international festival of the arts. Craigmillar was a disadvantaged community where many were out of work, rates of delinquency and mental illness were high, and attention to problems was limited because social workers were

overwhelmed by heavy caseloads there. A group of mothers met to arrange violin lessons for their children. When they saw how enriching that was for the children, they went on to secure drama lessons for themselves. The mothers became capable organizers and activists to improve many areas of community life. The local Craigmillar Festival became their responsibility, and they did a fantastic job of arranging a complex series of events (Savege, 1992).

As a mental health worker with responsibilities to that community, I gave that festival my full support and participation. It brought together school children miming to ballads, an old-time variety show, a renaissance fair, a pageant with strolling players who involved passers-by in street theatre, and a medieval banquet. In this venture, the community was supported by five local drama

teachers who offered their skills in directing and costuming. This festival was a statement of pride in the local culture and its history, and a wonderful way to counteract stereotypes about this economically disadvantaged community. Its citizens were poor in financial terms but not in spirit. Those involved in the planning had largely not completed high school but, in preparing for the production, they developed verbal fluency and administrative skills during an activity that was primarily for fun. These skills then fueled their capacity for effective social action to improve quality of life in that community (Balfour & Somers, 2006; Landy & Montgomery, 2012).

CONCLUSION

Various dramatic techniques have value in normal development and in mental illness, in treatment, and in training health professionals. Each of them has a specific application for particular groups of children or adolescents in schools, alienated youth, adult patients in mental hospitals, community volunteers, and mental health workers. These specific exercises in imaginative, social and community drama are also applicable to the other groups of children and adults, whether gifted, talented, challenged, healthy, or sick. The skill consists in matching the drama experience to the group's needs and abilities at each meeting in each circumstance. We must always start where the group is at. We build an atmosphere where the contribution of each individual is of value to the group and no-one need feel exposed or ashamed of inferior

ability. We want to apply just the right amount of stretch beyond the comfort zone, by starting simply and become progressively more challenging. Putting together the examples of work with the various groups that I have met over the years yields a composite image of the contribution of drama to personal development and creative living.

Drama is a means for understanding life more fully. It provides a time for being, for finding out, for self-expression and communication, and for building healthy relationships. Drama facilitates physical and social competence and emotional integrity. It helps people to develop tolerance, endurance, sensitivity, and understanding, which together make possible sensitive participation with the world around. Drama can restore the sick and disturbed to a reasonable expectation of such a possibility. Through drama, the person can

develop the confidence and skills necessary to make an effective, fulfilling commitment to creative living. Such people achieve self actualization and capacity for pleasure, two values that are essential to counteract the fragmenting forces in modern society. They will know positive mental health.

References

- Balfour, M. and Somers, J. (2006). *Drama as Social Intervention*. Concord, Ontario: Captus University Publications.
- Erikson, E. (1950). *Childhood and Society*. New York: Norton.
- Jennings, S. (1973). *Remedial Drama*. Bath: Pitman.
- Jennings, S. and Minde, A. (1993). *Art Therapy and Dramatherapy: Masks of the Soul*. London: Jessica Kingsley.
- Haley, J. and Haley M. R. (2003). *The Art of Strategic Family Therapy*. Abingdon, Oxon: Routledge.
- Landy, R. and Montgomery, D. T. (2012). *Theatre for Change: Education, social action and therapy*. New York: Palgrave Macmillan.
- McCaslin, N. (2021). *Creative Drama in the Classroom and Beyond: Eighth Edition*. London and New York: Pearson.
- Savege, J. (1974). Drama in relation to mental health. Thesis for Fellowship Diploma, Trinity College, London.

- Savege, J. (1975). The role and training of the creative therapist. In S. Jennings, (Ed.): *Creative Therapy* (pp. 199-227). Bath: Pitman.
- Scharff, J. S. (1992). Projective and introjective identification in the arts and the media. In *Projective and Introjective Identification and the Use of the Therapist's Self* (pp. 183-215). Northvale, NJ: Jason Aronson.
- Scharff, J. (2018). Theatre. In S. Akhtar and S. Twemlow (Eds.): *Textbook of Applied Psychoanalysis* (pp.367-378). Abingdon, Oxon: Routledge.
- Scharff, J. S. (2000). Appendix: Teaching and learning, an experiential conference. In *Tuning the Therapeutic Instrument* (pp. 373-401). Northvale, NJ: Jason Aronson.
- Slade, P. (1974). *Child Drama*. New York: Hodder and Stoughton.
- Slade, P. (2008). *The Importance of Dramatic Play in Education and Therapy*. Wiley Online Library.
- Somers J. (Ed.) (1996). *Drama and Theatre in Education: Contemporary research*. Concord, Ontario: Captus University Publications.

Somers, J. (2012). Presentation. 7th Athens international conference “Theatre/drama & education: bonds of solidarity” of the Hellenic Theatre/Drama & Education Networks, November 23rd, 2012.

UNESCO (2006). *The Road Map for Arts Education*.

<http://www.unesco.org/new/en/culture/themes/creativity/arts-education/official-texts/road-map/>

Van Water, M. de, McAvoy, M., and Hunt, K. (2015). *Drama and Education: Performance methodologies in teaching and learning*. Abingdon, Oxon: Routledge.

Way, B. (1967). *Development through Drama*. London: Longman.