DRAMA'S ROLE IN SCHOOL COUNSELING

by

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ABSTRACT

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Drama has been established as a creative arts therapy and an action-oriented psychotherapy, and valued as an educational tool, but it has not been widely recognized as a school guidance and counseling approach. This thesis supports why school guidance counselors should incorporate dramatic techniques derived from the drama therapies in school guidance and counseling. An in-depth review of literature covers the history, theory, method, and practice of psychodrama, drama therapy, and Bibliodrama. Literature reveals that drama can provide many rich opportunities to explore a myriad of guidance and counseling needs for children and adolescents. A method for the school counselor that integrates techniques from psychodrama, drama therapy, and Bibliodrama is theoretically proposed.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION

"...All the world's a stage, And all the men and women merely players. They have their exits and their entrances, And each man in his time plays many parts" (Shakespeare: *As You Like It.* II.vii).

While drama has been established as a creative arts therapy and an action-oriented psychotherapy, and while drama has been valued as an educational tool, it has not been widely recognized as a school guidance and counseling approach. In this thesis, I advocate, support, and propose a role for drama in school guidance and counseling. Because school counselors are constantly challenged to find effective ways to reach children and adolescents, they require a variety of techniques from which to draw. For individual and group counseling, school counselors let one, or a combination, of counseling theories guide their approach. In order to instigate communication between the counselor and student, the counselor might utilize techniques from approaches such as play therapy or art therapy, for example. A dramatic approach seems to encompass, and even go above and beyond, the existing school counseling approaches. Drama can be applied to any counseling theory, offers a wide array of techniques to draw from, and can fill in the gaps left by other methods. Drama also fits very naturally into the lives of children and adolescents, and the ways of education.

Counseling and drama are inherently similar. Both naturally involve roles, relationships, and communication. Counselors and dramatists are sensitive to the roles they play and to the individuals with whom they interact (Gladding, 1992). Sylvia (1977) found drama and counseling to have the following elements in common: problem, choice, crisis, climax, and resolution. These reflect the ingredient of process that is critical in

drama as well as counseling. Traditionally, dramatic techniques, such as staging, asides, scripting, and creating catharsis, have been utilized in counseling (Gladding, 1992). Gladding (1991) noted that Gestalt therapy, rational-emotive therapy, Adlerian therapy, and family/counseling therapy, especially make use of these techniques (in Gladding, 1992). There are several premises for the use of drama in counseling. Gladding (1992) compiled four: issues are reflected in counseling dramatically and therefore should be expressed dramatically; spontaneous play allows participants to gain insight into themselves; relationships and creativity are characteristic of powerful drama and effective counseling—leaving methods and techniques secondary to personalization and imagination, and, influenced by Eleanor Irwin (1987), enacting various roles lets the client experience his/her full range of emotions holistically. In sum, Friedman states that counselors share with dramatists the "recognition that communication is at least as much an emotional phenomenon as a linguistic one" (in Gladding, 1992, p. 97). Drama readily lends itself to counseling.

Furthermore, children's and adolescent's lives reflect drama, and teaching and education mirror drama. Drama fits the mold of school guidance and counseling in several respects: first, drama is play; second, drama is acting-out; third, drama is creative-expressive art; and fourth, drama is active and experiential learning.

First, drama is play. Psychoanalyst Erik Erikson stated that "to play it out is the most natural self-healing measure childhood affords" (in Emunah, 1994, p. 3). Play is a crucial part of social, emotional, and cognitive development. Children continuously reorganize and integrate their experience through play, to form their sense of self and worldview (Oren, 1995). Play develops early in life, before language begins (Jennings,

1993). Play remains universal. Donald Winnicott, in 1971, posited that play stimulates growth, and therefore health (in Oren, 1995). Through play, children learn to cope with conflict, solve problems, communicate, experiment with new behaviors, and show their feelings. Metaphor, which play is based on, provides a safe place for such experimentation and expression. Metaphor is the medium through which children naturally think and express themselves anyway (Muro & Kottman, 1995).

Drama is acting. Adolescents are known to be dramatic in their actions, and to often act-out. Adolescence is a time of dramatic physical/sexual, cognitive, and psychological growth and change. During this time of transition, adolescents are considered hostile, moody, narcissistic, withdrawn, aggressive, rebellious, and unpredictable (Emunah, 1990). A time to express these emotions and learn to control them is needed. Sports, for example, provide such a time of routine and charged activity where they can play out their energy and practice self-control (Gladding, 1992). Drama, also an active and structured activity, can be used in much the same way to help adolescents gain control over their lives (Gladding, 1992). Drama slides right into this period of life perfectly. Psychoanalyst Peter Blos found that creativity is heightened during adolescence (in Emunah, 1990; 1995). Piaget found that thinking and reasoning capacities increase qualitatively (in Emunah, 1990; 1995), giving way to abstract and ethical reasoning. But, the ability for an adolescent to articulate what they think and feel, insightfully and justifiably, has not yet developed (Emunah, 1990). Many adolescents resort to acting-out—from sudden outbursts and withdrawal from social interaction, to criminal activity and substance abuse (Emunah, 1990). Dramatic activity can be an outlet for adolescents to express their experiences and emotions. Drama can match an

adolescent's experience in intensity and complexity, and provide a safe, accepting, organized environment for expression (Emunah, 1990; 1995). Acting-out can be converted to acting-in (Blatner, H., 1973; Emunah, 1995). "If we do not have the opportunity to participate in "the drama that is larger than life," then maybe we will create dramas that are larger than life in more destructive ways" (Jennings & Minde, 1993).

Drama is a creative and expressive art. As humans, we tend to find ways to help ourselves through our inherent struggles. We often do this through aesthetic production such as art and drawing, music, storytelling and poetry, and dance/movement (Corsini, 2001; Bruner, 1986). Through these creative expressive arts, we find a way to release our emotions, divert ourselves from our problems, relax our minds and bodies, and get in touch with ourselves and others. A few examples of creative/expressive arts therapies follow. Art therapy is, stated art therapist Myra Levick, the "human service profession that utilizes art media, images, the creative art process, and patient/client responses to the created products as reflections of an individual's development, abilities, personality, interests, concerns, and conflicts" (Levick, 2001, p. 25). While painting or drawing, one can express him/herself nonverbally, become more self-conscious, and reconcile emotional conflicts. For counselors, the product might be a catalyst for discussion, or a diagnostic tool for one's presenting difficulties. Music therapy is a health profession which uses vocal and instrumental music as a therapeutic intervention for people of all ages who have needs of all types—physical, cognitive, emotional, and social (National Coalition of Arts Therapy Association (NCATA), 2003). Dance/movement therapy, according to the American Dance Therapy Association, 1999, is the "psychotherapeutic

use of movement as a process to further the cognitive, social, and physical integration of the individual" (Duggan, 2001, p. 146). Dance includes one's whole body in the process of aesthetic production, reaping the benefits of physiological stimulation, in addition to the benefits of self-disclosure and relationships. Poetry therapy, a creative arts therapy title that is sometimes used synonymously with Bibliotherapy, uses poetry and other forms of literature to promote mental health (NCATA, 2003). Muro and Kottman (1995) referred to it as Bibliocounseling in discussing its application with children. Bibliocounseling involves reading a book, either to the child, with the child, or by the child, with the idea that the story (and any subsequent discussion) has the potential to change the child's outlook or behavior (Muro & Kottman, 1995). Identification with the characters and situations presented in a story brings about insight into one's self, situation, and relationships, a different perspective to consider, a sense of universality, catharsis by involvement in the story, and a set of novel behaviors. Related is storytelling. Through storytelling, children use metaphor as a safer way of telling his/her life story. It is developmentally typical for a child to tell stories about themselves, their friends, and their family, through imaginary beings (Muro & Kottman, 1995). Frank Smith (1990), in his book *To think,* went so far as to say that "the brain is a story-seeking, story-creating instrument" (p. 163). Smith (1990) said that people think in stories, learn through stories, and develop stories to make sense out of their experience. All in all, creative expressive arts can be adapted to any developmental stage at which the student or client is functioning. Painting, drawing, sculpting, dancing, singing, playing, and often dramatic storytelling have no cultural barriers. Creative art stimulates the mental, physical, and spiritual facets of being. Donald Winnicott is quoted: "Creativity belongs to being alive";

"Creativity is the doing that arises out of being"; and "Creativity is the ability to create the world" (in Denson, 1992, p. x).

Drama is active, experiential learning. In dramatic activity, the learners themselves become the media for learning. Dramatic activity is the meeting place for subjectivity and objectivity. John Dewey and Robert Witkin viewed learning itself as an "interaction and making sense of the outer world in subjective terms" (in Mallika, 2000, p. 48). Child dramatist Peter Slade (1954) saw learning in terms of experience, the whole self, and interaction, rather than intellect, brains, and isolation. Brian Way (1967) asserts that the precise function of drama is just that—"direct experience, transcending mere knowledge, enriching the imagination, possibly touching the heart and soul as well as the mind" (p. 1). Research continually supports the fact that drama enhances learning (Potter-Tomfohr, 1993). Acting is doing--taking place in the "here and now." It allows one to make meaning from information. Active learning involves the whole being and all of its senses. It facilitates learning for visual, auditory, or kinesthetic learners (Jackson, 1993). It allows for increased retention because the student is not simply hearing and/or seeing new information, but personally participating in it (Jackson, 1993). Active learning is motivating, fun, flexible, relevant, accepting, and open for risk-taking and error correction (Jackson, 1993). As an old Chinese Proverb states, "Tell me and I forget. Show me and I remember. Involve me and I understand" (Renard & Sockol, 1987, p. 1).

So in proposing drama as a tool for the school guidance counselor to meet the psychoeducational and counseling needs of children and adolescents, the standards for developmental guidance and counseling must be addressed. School guidance and counseling is ultimately for promoting and enhancing the learning process and facilitating

development in the three areas of academic, career, and personal/social development

(Dahir, Sheldon, & Valiga, 1998). In broad terms, the school counselor works through

individual counseling, small group work, and classroom guidance to meet specific

standards in each of the three areas of development. The American School Counselor

Association (ASCA) laid out three main standards under each broad area of development.

Standards for academic development include: "Students will acquire the attitudes,

knowledge, and skills that contribute to effective learning in school and across the life

span"; "Students will complete school with the academic preparation essential to choose

from a wide range of substantial postsecondary options, including college"; and

"Students will understand the relationship of academics to the world of work, and to life

at home and in the community". Standards for career development include: "Students

will acquire the skills to investigate the world of work in relation to knowledge of self

and to make informed career decisions"; "Students will employ strategies to achieve

future career success and satisfaction"; "Students will understand the relationship among

personal qualities, education and training, and the world of work". Standards for

personal/social development include: "Students will acquire the attitudes, knowledge, and

interpersonal skills to help them understand and respect self and others"; "Students will

make decisions, set goals, and take necessary action to achieve goals"; and "Students will

understand safety and survival skills" (Dahir, et al, 1998, p. 6). Under each standard,

ASCA indicates many student competencies. The use of a creative art such as drama—

one that is social in nature, but also introspective in process, would help to achieve

student competencies designated by ASCA. Examples of these competencies are: the

ability to work cooperatively in groups; the development of a broad range of interests and

abilities (vocational and avocational); social skills such as conflict resolution, self-control, the distinction between appropriate and inappropriate behavior; identification of changing personal and social roles; expression of feelings; respect for individual differences; decision-making and problem-solving skills; coping with peer pressure and setting personal boundaries; and friendship skills (Dahir, et al, 1998). These competencies could be achieved through the use of drama in classroom guidance and group activities, and in individual and small group counseling.

I propose drama as a way to fill in gaps that other school guidance and counseling approaches might leave out. Gaps exist in any guidance/counseling approach when applied to children and adolescents. Talk therapy in individual counseling allows one to achieve catharsis and create goals and solutions for problems by him/herself. However, simply talking might present more challenges in counseling children and adolescents than adults. Because children and adolescents have fewer life experiences to draw from, they have not developed enough insight to express and justify their feelings and experiences (Emunah, 1990; Kelly, 1993). Play therapy is a popular method for children to play out their feelings and problems in much the same way an adult would talk out theirs. Play therapy usually involves toys—such as a dollhouse, dinosaurs, a sand table, swords, a punching doll, blocks, etc. Early adolescents, though, might feel awkward or immature playing with such toys. Yet they probably still struggle with expressing their feelings verbally. In group counseling, children and adolescents often need an activity to stimulate a discussion where they feel open and trusting enough with their fellow group members to share their personal situations and concerns. So, counselors must find a means for children and adolescents to express themselves wholly and ultimately benefit from

counseling. Often school counselors turn to toys, art activities, or story books to jumpstart individual or group counseling. But it seems that drama is a more multimodal approach because it encompasses the benefits of play therapy and creative arts therapies, and acts as a catalyst for disclosing and discussing experiences. Drama is pervasive and multifaceted. It is artistic, active, and storytelling. It engages the total person for integration and wholeness. It is direct and fundamental. It can capture any age, group, or culture. And it's fun! Drama can fill in the gaps that traditional methods leave out.

As a school counseling approach, dramatic techniques from drama therapy fields as psychodrama, drama therapy, and Bibliodrama, have hardly been applied nor explored in the literature. In my exhaustive search, I have found literature to indicate that drama has been applied for school counseling-like functions in these three incidences only: psychoeducational plays, theater games/acting exercises, and role playing. Psychoeducational drama, also called Theatre-in-Education (McCaslin, 1990) or Experiential drama (Krajewski, 1999), involves a theater performance of a script written to educate students about a relevant concern, and stimulate discussion about the particular issue, such as harassment, racism, sexuality, grief, or alcohol and other drug abuse. Evidence of psychoeducational plays in the schools follows. Krajewski (1999) advocated for drama as a character education tool for high school students. They would develop short skits based on real and relevant experiences, and perform and discuss them (Krajewki, 1999). Beale (2001) wrote an article that described a play called "Bullybusters," intended for middle school students to learn how to deal with bullying behavior. Wilson (1983) found a play to be an entertaining way to communicate to middle school students the importance of school in relation to occupational goals. Sylvia

(1977) included a play script designed for elementary students to learn about some consequences of their behavior.

Locally, psychoeducational plays are performed in schools by organizations like Climb Theatre, S.O.S. Players (Skits Outreach Services), and Cornerstone Productions. From Hudson, Wisconsin, S.O.S. Players is a nonprofit organization that trains actors of high school age to perform a series of plays that dramatize and educate such pertinent issues to our youth as teen pregnancy, harassment, stress, depression, friendships, and drug abuse. The troupe of actors travels to schools and performs in front of their peers, and puts on shows at other locations, such as churches, corporations, and conferences. S.O.S. Players reaches out to fourth grade through twelfth grade students and adults (S.O.S. Players, 2003). A similar organization is Climb Theatre. Climb Theatre is based out of Inver Grove Heights, Minnesota—closer to the Minneapolis/St. Paul area. This organization performs short plays in schools on relevant topics too, like violence, diversity, respect, and conflict resolution. Though their target audience is kindergarten through twelfth grade, and the performances are done by professional actors, and enhanced with costumes, sets, and props (Climb Inc., 2003). Cornerstone Productions based in Minneapolis, Minnesota, trains students to become improvisational theater troupes. They teach students how to build a character, improvise, and then perform short scenes that teach students about psychoeducational topics that are selected by the troupe themselves (Hansen & Clark-Hansen, 2003). School counselors, or any other educator, may invite and pay for one of these organizations to come into their school and perform, and/or train a troupe of their students to perform, such psychoeducational plays.

Theater games and acting exercises have been promoted in books for the use of teachers, guidance counselors, and school psychologists. An example, in order to define a dramatic exercise or theater game, is "Gibberish." In Gibberish, sounds take the place of words, and players improvise a pretend language with the help of actions, gestures, expressions, and tone of voice to communicate the meaning (Emunah, 1994; Stolinsky, 2002). This exercise works to facilitate expression of emotions, reduce inhibition, and promote humor and spontaneity (Emunah, 1994). Renard and Sockol (1987) proposed creative drama as a technique for enhancing self-esteem and making learning fun for students in kindergarten through eighth grade. In their book, chapters are filled with theater games that involve the total child in learning, and teach guidance skills such as belonging, power, uniqueness, models (positive role models), and process (accomplishing tasks) (Renard & Sockol, 1987). There is a similar book that promotes dramatic exercises for educators published in 1986 by Viola Spolin called *Theatre games for the classroom* that is still popular today.

Role play as an educational tool has also been used. Smith and Herring (1994) advocated drama as a way of "bringing content to life" (p. 30) through role playing. McCaslin (1990) refers to this means of teaching school subjects as Drama-in-Education, emphasizing drama as a way to for children to "look at reality through fantasy" and "become the persons in the situation as they study it" (p. 10). Role playing has also been found to be a promising method for social skills training—for middle school students who struggle socially (Morgan & Pearson, 1994), and for children, adolescents, and adults with disabilities (Bailey, 1997).

As a tool specifically designated for counseling in an educational setting, though, drama is proposed in only one article. Eleanor C. Irwin (1987), a clinical psychologist and registered drama therapist at the time, published an article in *Elementary School Guidance and Counseling* promoting drama as an individual and group counseling technique, and even a diagnostic tool.

Drama has been combined with therapy in Psychodrama, Drama therapy, and Bibliodrama. Psychodrama is the method of using improvisatory enactments for exploring psychosocial issues. It is often applied in group therapy, but is individual-centered. There is a "protagonist," who plays out his/her issue which surfaced in therapy that may need insight or solution. Aside the protagonist, are "auxiliaries" (also called "auxiliary egos"), who support the protagonist by performing a myriad of techniques, such as role reversal, the double, or the mirror. The psychodrama is facilitated by the "director," or the trained leader. The psychodramatic process consists of three general phases: the warm-up, the action, and the post-discussion phase (Blatner, H, 1973).

Drama therapy, a successor of psychodrama, is prominently a type of creative/expressive arts therapy. Therefore, the main focus of drama therapy is on drama and theater as an art form. Drama therapy involves play, myth, scenario, and dramatic themes, which can exist or be created by the group (Jennings, 1990). Participants are dramatically distanced from their issues (Cattanach, 1996; Jennings, 1990) with the use of theatrical methods, such as theater games, masks, mime, puppetry, movement, scripted scenes, or performance (Emunah, 1997). Drama therapy is group-oriented, rather than protagonist-centered. The National Association for Drama Therapy defined drama therapy as the "systematic and intentional use of drama/theater processes, products, and

associations to achieve the therapeutic goals of symptom relief, emotional and physical integration and personal growth" (in NCATA, 2003, p. 1).

Bibliodrama takes the work of psychodrama, and adds stories to it as a means for enactment and elaboration. The form of bibliodrama that has been most significantly discussed and systematized in published literature, is that of Bibliodrama, distinguished with a capital "B." This form of Bibliodrama uses the stories of the Bible in psychodramatics. In other words, Bibliodrama is a form of role playing that is spontaneous and interpretive, and that uses biblical text and characters to identify with and project from. The Bibliodrama concludes with processing the acts and sharing insights with the group. The essence of Bibliodrama is stated best by its founder, Peter Pitzele: "The biblical text opens us to ourselves. By playing its parts we find parts of ourselves. To play Cain is to find Cain in ourselves. We connect not only with the biblical figure but with the life of that figure within our own psyche" (Pitzele, 1991, p. 569).

My personal experience has drawn me to explore a combination of drama and counseling. I have seen the therapeutic value in my own art of interest—theater. And I have longed to incorporate my hobby with my career, to combine my artistic and social endeavors. For me, theater is a place where the spotlight lends the actor full attention and esteem under the warmth of the sun. It is a place where the common threads of human emotion are expressed. The actor and the audience must find empathy and understanding of multiple human dimensions. In the first play I acted in, I played an adolescent girl whose father had passed away. There was a scene where my character sat in her bedroom facing her sister, while together reminiscing about their father—recounting the way he

dressed, how he smelled, and times he made them smile. For the first time in my life, I was forced to face losing a father. I had to muster up feelings of grief, relief, remembrance, and appreciation. I had to simulate those feelings as an older sister talking to her younger sister (a role I play in real life). Yes, I was only acting, but the feelings I found to act on were my own. From that, I learned how I might feel and how I might communicate with my younger sister in a similar event. Also I saw how the next adolescent girl might feel after having lost her father. I learned empathy. I learned about grief and family relations. I learned life skills. That scene was the catalyst for many upcoming ideas about the value of drama and theater in counseling and therapy. That play, my senior year of high school, also taught me many other valuable life lessons. I learned the value of risk-taking during the audition process. I grew in self-confidence and self-esteem as I was challenged everyday to perform a novel skill—acting—one that I had always wanted to try, one that was eventually performed and applauded by many full audiences. With a group of peers and adults, I worked hard every day for three months toward a common end. In doing so, I learned the nature and necessity of teamwork and cooperation. From then on, I was addicted. I had tasted the psychological value of theater.

Subsequent experiences reinforced the idea that acting and theater arts could be a therapeutic tool. In college I used one monologue for a few separate auditions. Each time I performed it, even though I said the same words, I expressed the monologue radically differently. I realized that each audition was a projection of what I was experiencing at the time. After my third time through the piece, I distinctly remember thinking that expression and projection through acting must have relevance in therapy. Later, in my acting classes, I repeatedly observed my classmates perform pieces that were therapeutic

for them. One woman, whose father had committed suicide, acted out a scene during which she looked through a book of her father's, and discovered an insert he had left in it. Afterward, her friends, knowing her past, asked her if she was okay. She stated that the scene was good for her. In it, she reinvented the situation, remembering it, coping with it, and integrating it into the present. Risk-taking, self-esteem, teamwork, catharsis, empathy, and integration, to name only a fraction of all the assets I have personally experienced with theater arts, are reason enough, I believe, to incorporate the methods of drama in the processes of school counseling.

Therefore, the motivation for this thesis stems from the therapeutic value I see in my art form of interest. Literature has validated the therapeutic value in theater arts that I have experienced. For example, actor and director Lee Strasberg (1987) reinforced the idea of projection of true individual emotion while acting. Specialists in drama therapy, Roger Grainger (1990) and Renee Emunah (1994), admitted that theater performances before an audience tend to enhance the self-confidence of the performers. Many other qualities that result from theater processes are demonstrated throughout this thesis. The fields of psychodrama, drama therapy, and Bibliodrama are founded on the value of theater processes in counseling, and combine drama and therapy in many ways. These dramatic therapies are not widely known. Psychodrama, the oldest of the three approaches, is rarely taught, or even discussed in guidance and counseling graduate courses. Chances are it might be discussed briefly in a special topics course, or embedded in a textbook chapter entitled "Other Therapies." Drama therapy is a relatively new field, formally introduced to the United States in 1979 with the advent of the National Association for Drama Therapy (NADT). Most literature on drama therapy comes from

the United Kingdom. There is little to no empirical research on its applications. And Bibliodrama, emerging in the 1990's, still appears to be a one-man show (Pitzele, 1991; Pitzele, 1995; Pitzele, 1998). Dramatic approaches to school counseling have not been pursued. The therapeutic and educational potential for children and adolescents is great, but for where children and adolescents can most widely be accessed (in school), drama as a counseling technique has not been researched or discussed.

A few theories about why educators, in general, shy away from using drama in school have been proposed. Bailey (1997) suggested that to teachers, drama activities seem to take too much energy or effort--something they would need extensive training in order to implement. Way (1967) mentioned that such direct experience as drama, is time-consuming, intangible, and immeasurable. In other words, when drama is used, teachers have no basis of grading student achievement. Potter-Tomfohr (1993) theorized that there is a fear of sexuality associated with drama, among both the teachers themselves and their students. More generally, teachers may have a sense of shyness or discomfort with drama. I assume, because there is a lack of existing evidence, that school guidance counselors shy away from using drama for similar reasons. I want to introduce and promote the possibilities of dramatic therapies for our youth to fellow school counselors.

This thesis will support why drama is a technique that school counselors should incorporate into school guidance and counseling processes. A review of literature will cover the history, theories, methods, and practices of psychodrama, drama therapy, and Bibliodrama. Existing literature will reveal why drama is an effective method for counseling children and adolescents. And it will express the value drama has for

education. Finally, a way for guidance counselors to use drama in counseling their students will be theoretically proposed and analyzed.

Throughout this paper, "drama therapy" will be periodically used as an umbrella term covering all counseling/therapeutic techniques involving drama, that is, if it is not within the context of its own discipline. Bibliodrama with a capital "B" will refer to the Bibliodrama of Pitzele (1991; 1995; 1998), the psychodramatic work with the Bible. Processes of Bibliodrama proposed for use with stories that are not biblical will be distinguished with a lower case "b" (bibliodrama). Relevant theatrical terms, such as "director," "actor," and "stage," will be redefined for use in a drama therapeutic context. "Director" will be used interchangeably with "facilitator," referring to the counselor or therapist who is leading the group and directing the drama. "Actor" will be used as a cognate for "participant," also meaning client (or student receiving school counseling). In drama therapy, the client (or participant) is playing a part in the drama as part of a therapeutic process, whether he/she is in a group or alone. "Stage" may or may not indicate the same type of stage we picture in a theater—raised above or set below the audience. In drama therapy, an actual stage may be used—like when participants put on a performance before an audience. In the context of psychodrama, Bibliodrama, and other drama therapy methods, the stage is a centered place for dramatic work—in the middle of a group's circle of chairs, the front of a room, or an entire room.

Limitations for this literature review lie in the lack of existing empirical research to support the validity of drama as a method of treatment, and the fact that in order for one to practice actual psychodrama, drama therapy, and Bibliodrama, ethically he/she should obtain training in the respective field. Drama can be a very powerful and thus a

dangerous psychotherapeutic technique (Jennings, 1990; Blatner, H., 1973). Proper

training is urged before practicing all but the most elementary psychodramatic methods

(Blatner, H., 1973; Pitzele, 1998). Both authors wrote handbooks on such methodology,

and both clearly state that the reader must use their book only in adjunct to hands-on

experience and supervised training before practicing (Blatner, H., 1973; Pitzele, 1998).

Empirical research is scarce in the dramatic therapies. Kipper (1998) stated that the lack

of empirical research in psychodrama has caused the discipline to not receive proper

recognition. Kipper (1998) listed only a few studies that have found enactment/role

playing to be an effective therapy. Drama therapy has experienced a similar disadvantage.

Robert Landy (1994), who was editor-in-chief on drama therapy practice at the time he

wrote this article, said that he received very few articles on drama therapy research. "The

field is developing techniques and concepts and even differing theoretical orientations.

But the winds are not raging" (Landy, 1994, p. 180). Bibliodrama, too, is lacking

objective evaluation of its practice as a therapeutic technique. I know of no other

bibliodramatist who has published writings on Bibliodrama other than Pitzele (1991;

1995; 1998).

In sum, although there has not been much research on the use of the drama

therapies in school guidance and counseling, this technique has a great deal to offer—in

individual and small group guidance and counseling. In counseling, it helps increase a

child's sense of belonging, power, and uniqueness. In group work, drama can foster

cooperation, decision-making, and problem-solving skills. In guidance, it can be used to

teach new behaviors, such as social skills, or characteristics of roles. The counselor can

use dramatic presentations to better understand a child's issues and concerns. Drama

provides children with a safe way to express thoughts and emotions. Its active involvement allows the child to concentrate, listen, observe, and share ideas. Participating in dramatic roles gives the child a chance to practice new roles and behaviors, and take on other people's roles and in turn see from other's perspectives. Also, drama encourages qualities like creativity, spontaneity, imagination, and visualization. Currently, a catalyst is needed for discussion on drama for counseling in the schools.

CHAPTER TWO

LITERATURE REVIEW

Drama therapy is not new. Drama and play have been an essential part of humanity since earliest times. It is one of the ways humans have discovered themselves and the way they relate to others (Cattanach, 1996). Dramatic rites and rituals permeate cultural history as ways to build community, connect individuals with the environment, communicate spirituality, celebrate joys and transitions, confront fears, symbolize hopes, and create a sense of empowerment (Emunah, 1994). The ancient Greeks used drama to help those with distress or mental illness express emotions, achieve catharsis, and attain healthy balanced lives (Gladding, 1992). Ancient Egyptians and ancient Roman philosophers encouraged people to use the arts in their pursuit for health and happiness (Gladding, 1992). As early as the 1600's, writers proposed that imagination was the key to psychological health (Gladding, 1992). With the industrial revolution and the advent of "moral therapy," through the second world war, and thereafter, the arts were increasingly used in therapy (Gladding, 1992). Finally in the 1960's, universities began designing programs of study in the art therapies (Gladding, 1992). Periodicals, such as *Arts in Psychotherapy*, and associations, like the National Coalition of Arts Therapy Association (NCATA), followed in the 1980's (Gladding, 1992).

Dramatic enactment in psychotherapy is founded on three major theories in psychology: humanism, behaviorism, and psychoanalysis (Emunah, 1994). Humanistic values of human potential and self-realization, art and creativity, and change influence drama therapy. Alfred Adler first recognized the significance of creativity in the human quest of self-realization, and potential for transformation, as he said: "the life of a human

soul is not a being but a becoming" (in Emunah, 1994, p. 26). Carl Rogers and Abraham

Maslow both agreed that the process of self-actualization, or to becoming "fully-

functioning," is close to equaling the process of creativity (Emunah, 1994). Rollo May,

too, believed that creativity is the "highest degree of emotional health" (in Emunah, 1994,

p. 28). Qualities of theater, like spontaneity, playfulness, expressiveness, imagination,

and resourcefulness, are qualities of the self-actualized individual, and are what drama

therapy offers. It is no wonder that Jacob Moreno, founder of psychodrama and instigator

of dramatic methods for therapy in general, is considered a forerunner of humanistic

psychology (Emunah, 1994).

Behavioral psychology is also utilized in drama therapy. Drama therapy is action-

oriented, and is directed toward practical change. Through role play and simulated

situations, clients can learn and practice novel behaviors to replace maladaptive ones,

such as effective communication skills (Emunah, 1994).

Psychoanalysis and drama therapy both work on connecting the client's past with

his/her present. Through dramatic metaphor, unconscious motivations are often revealed

symbolically. Free association commonly occurs through dramatic means, like

improvisation, and really happens through any art form (Emunah, 1994).

The following review of literature will discuss three current fields of dramatic

therapy in depth: Psychodrama, Drama Therapy, and Bibliodrama. A synopsis of the

history, definition, theoretical foundation, techniques or examples, and applications will

be discussed for each discipline.

PSYCHODRAMA

In the mid-1930s, Jacob L. Moreno, M.D. (1889-1974) developed a new psychotherapeutic approach that he called psychodrama. Moreno was an eclectic and inventive man who felt a calling to implement creativity in the world. He studied philosophy at the University of Vienna, interested in the theological aspects of creativity and spontaneity. During his time there, he observed children playing in the Vienna gardens, where thoughts and values about play and spontaneity galvanized. Later, while Moreno was in medical school, he became involved with social action and initiated small self-help groups. This marked the beginning of group therapy. In fact, Moreno introduced the term "group psychotherapy" to the American Psychiatric Association in 1932 (Blatner, A., 2001). Moreno valued improvisation, and capitalized on the ideas of the moment ("here and now"), action, and risk-taking in the encounter. He brought acting and action methods to group psychotherapy. He also used improvisation in individual and marriage counseling. He even relayed his work to the theater, believing it should be more spontaneous, and as a result started an improvisational acting troupe called the "Theatre of Spontaneity" that performed current events. He developed his ideas about role theory in sociology and sociometry (a method for assessing group dynamics). Out of Moreno's work in philosophy, sociology, social psychiatry, personality theory, and group psychotherapy, psychodrama was born (Blatner, H., 1973; Blatner, A., 2001).

Psychodrama is defined as "the method by which a person can be helped to explore the psychological dimensions of his problems through the enactment of his conflict situations, rather than by talking about them" (Blatner, H., 1973, p. 6). Psychodrama usually takes place in a group, however, it focuses on one individual—the

"protagonist." This is the client who is participating in an enactment of his or her own issue. The group members work with the protagonist as auxiliary egos. The "auxiliary ego" (also known as an "auxiliary") usually acts as someone (or something) involved in the presenting problem. This may include a significant other such as a wife or an employee, a general role in society like a police officer, a figure from fantasy like "Prince Charming," a relevant object, or even an idea or a stereotype. The person who acts as the auxiliary ego performs psychodramatic roles, such as the "double," otherwise known as the protagonist's "alter ego," or the "antagonist," who plays the actual main character in the client's situation. The director is a trained psychodramatist and a clinical psychotherapist who facilitates the enactment, directing the protagonist through his/her portrayal, and participating as a group member. The audience equals the group members who help the protagonist gain insight by observing and giving feedback on his/her enactment.

Psychodrama reaps some of the benefits of group therapy, like encouragement, support, community, modeling, and feedback. It is participatory, involving the person mentally, emotionally, spiritually, and physically. Clients achieve catharsis and gain insight not only through their thoughts and words, but also through their actions and body language. Psychodrama provides a constructive avenue for acting-out, which is a natural defense mechanism when an individual faces confusion, conflict, or crisis (Blatner, H., 1973). This is especially useful for adolescents. Psychodrama also benefits those who have little ability to intellectualize or verbally express their experiences, such as children, or persons with cognitive disabilities or psychosis. And it helps those who

overintellectualize their experiences (Blatner, H., 1973). The founder himself, Moreno, described and justified psychodrama by saying:

> because we cannot reach into the mind and see what the individual
>
> perceives and feels, psychodrama tries, with the cooperation of the patient
>
> to transfer the mind 'outside' of the individual and objectify it within a
>
> tangible, controllable universe….Its aim is to make total behavior directly
>
> visible, observable, and measurable. The protagonist is being prepared for
>
> an encounter with himself….The second phase begins; it is to resubjectify,
>
> reorganize, and reintegrate that which has been objectified (in Emunah,
>
> 1994, p. 18).

The theory of psychodrama lies under the classic ideas of Moreno. These values are: the idea of the moment ("here and now"), action, interpersonal relations, creativity, play, catharsis, group dynamics, and role-playing (Blatner, A., 2001). According to Kipper (1998), psychodramatists following Moreno have not taken psychodramatic theory beyond his ideas, but try to fit the mold of existing psychotherapeutic theories. H. Blatner (1973) highlighted the person-centered approach of Carl Rogers in psychodrama. Like the person-centered therapist, the psychodramatist relates to his/her clients authentically, and establishes empathy and positive regard in the therapist-client relationship. And although psychodrama is directive in method, it is nondirective in process (Blatner, H., 1973). Psychodrama operates on "surplus reality," the element of "if…," as "it is our imagination which accounts for the self-reflective dimensions of our consciousness, the ability to see ourselves at a distance" (Blatner, H., 1973, p. 124). Surplus reality is akin to play, and Donald Winnicott's concept of the "transitional space"

(Blatner, A., 2001). Psychodrama utilizes group dynamics and action methods or experiential involvement. In technique, H. Blatner (1973) saw psychodramatists to function within an eclectic approach, tailoring methods for each client based on his/her unique case and character.

The psychodrama consists of the warm-up, action, and post-discussion phases. In the warm-up phase, the primary goal is to set the stage for spontaneity. So, there must be trust and safety, a set of norms, a sense of distance and playfulness, and an inclination toward risk-taking and self-exploration. The warm-up involves a basic introduction of each member, the director's own warm-up to develop his/her own spontaneity, and active and playful introductory exercises to develop group cohesion. An introductory exercise might be a situation test, like a role play of an employment interview or a rescue on a lifeboat. Another introductory exercise may be the "magic shop" in which the group imagines there is a shop on stage where character qualities can be purchased, and volunteers become the customers, and then possibly the protagonist. Or it could be another theater game, a melodrama, or an activity involving dance and/or music. Eventually, personal issues become apparent. The director then sees a theme, and either selects a protagonist or lets a volunteer be the protagonist. The action phase begins (Blatner, H., 1973).

In the action phase, the director chooses appropriate psychodramatic technique(s) to reveal the problem and work toward a solution. Probably the most frequently used technique is the "double," as it is considered to be the "heart of psychodrama" (Blatner, H., 1973, p. 24). In the double technique, the auxiliary ego plays the inner self of the protagonist. The person playing the double may reiterate statements made by the

protagonist, dramatize emotions or words, verbally communicate nonverbal behaviors, provide support, ask questions of the self, contradict or defend against feelings, self-observe, make interpretations, and provide humor. The double might only play a part of the protagonist's personality, many doubles together might play out different parts of the protagonist's psyche, a group member might double the auxiliary ego doubling the protagonist, or the double may be physically there supporting the protagonist in a "soliloquy" but not interacting with him/her (Blatner, H., 1973). The director, in this phase, also stages the enactment, sets a "here and now" mindset by speaking in present tense, and encourages movement around the stage. He/she also must work through the challenge of resistance. In order to combat resistance, the psychodramatist might direct the protagonist to play a substitute role in the situation first, or portray a role very different from his own, first, and then gradually move toward his own role. If resistance still exists during the portrayal, the director or the auxiliary egos identify and express the way in which the protagonist is being defensive, and then exaggerate it (e.g. "I don't know" is reflected back to the protagonist as "I don't really want to think about that now") (Blatner, H., 1973).

In the post-discussion phase, also called the "working through" phase, the protagonist begins to master his problem, receives support from the group, and deals with the adjustment of leaving the group and returning to the outside world. The post-discussion phase involves three basic elements: behavioral practice, sharing, and closing. For behavioral practice, the protagonist and auxiliary ego can use "role reversal" or the "mirror" technique to give each other feedback on how he/she should act differently. Role reversal involves the swapping of roles between the protagonist and another group

member, but the protagonist is still active. The mirror technique involves the protagonist stepping out of role and action, and watching an auxiliary ego perform as him/her (the protagonist). In sharing, participants give the protagonist feedback, ask questions, provide mutual support, and offer what they too have learned from the enactment. In closing, group members explore how they can adapt what they have learned in their everyday lives. They summarize the enactment, support each other, deal with unfinished business, plan the next session or deal with separation, and perform closing rituals (Blatner, H., 1973).

Evidence of psychodrama is common in its application to individuals who have experienced abuse or trauma and related post-traumatic effects. Kipper (1998) noted that psychodrama has grown in value with the treatment of trauma victims, both children and adults. Naar, Doreian-Michael, & Santhouse (1998) applied psychodrama to victims of sexual abuse. In this case, individuals were helped to face and reintegrate the initial abusive experience from a new standpoint of power and strength. Naar et al. (1998) emphasized Moreno's concept of surplus reality. With the use of psychodramatics, the victim's reality could be seen in a more complete and rewarding light. Carbonell & Parteleno-Barehmi (1999) wrote about the application of psychodrama toward trauma and post-traumatic stress disorder in girls of middle school age. This article emphasized the ability of psychodrama to unite cognitive, emotional, and physical aspects of one's negative experience through enactment, plus create a positive experience of trust, safety, self-worth, and actualization (Carbonell & Parteleno-Barehmi, 1999). In the enactment, the clients learned coping mechanisms, and reframed their "victimization as survival, helplessness as limitations to one's sense of agency, and the future as potentially hopeful

rather than inevitably a painful continuation of the past or present" (Carbonell &

Parteleno-Barehmi, 1999, p. 289). The application of psychodrama in the treatment of

trauma victims is most renowned, but not the only area for use (Pitzele, 1991).

Psychodrama was developed as a type of psychotherapy, and can be used for other

psychotherapeutic needs, but can also be modified for use in business, education, self-

help, community building, and other non-clinical functions (Blatner, A., 2001).

Psychodrama is regarded as "the theater of truth" by Moreno, because what is

enacted, the protagonist's psychological realities, is the most important truth (in Blatner,

H., 1973, p. 62). Psychodrama is also conceptualized as a "rehearsal for life" (Starr,

1977; Yablonsky, 1976).

In psychodrama the protagonist presents not only what happened in reality, but

more importantly, what may never have actually occurred except in his own

fantasy. One main importance of psychodrama is that it brings onto stage the

protagonist's hopes, fears, expectations, unexpressed resentments, projections,

internalizations, and judgment attitudes. Furthermore, the protagonist is helped to

ventilate these feelings and symbolically live through them (Blatner, H., 1973, p.

61).

DRAMA THERAPY

Unlike the history of psychodrama, drama therapy has no single founder

(Emunah, 1997). Drama therapy developed as a field under a larger umbrella of creative

arts therapies, such as art, music, dance/movement, and poetry, which were mostly

influenced by artists who saw in themselves and others, the therapeutic value of their art

(Emunah, 1997). And, it has obviously been influenced by psychodrama, its immediate

predecessor, with which it shares many methods (Emunah, 1994; 1997). Of similar

nature, but more primary, are also: dramatic play, dramatic ritual, and role play (Emunah,

1994). Drama therapy became its own field over time with work being done in both the

United Kingdom and the United States. Experimental theater in the 1960s and 1970s was

one major influence in drama therapy, as it challenged traditional theater by involving the

audience with psychological, spiritual, and educational issues (Emunah, 1997). Another

influence was improvisational theater led by Viola Spolin, which valued spontaneity and

cooperation (Emunah, 1997). The term "dramatherapy" was coined in 1954 by Peter

Slade in the United Kingdom. British pioneer in drama therapy, Sue Jennings, published

a pivotal book called *Remedial Drama* in 1973, in which she discussed applications of

drama for children with special needs (Emunah, 1997). Jennings, along with Marian

Lindkvist, founded the first two training programs in England for children with special

needs (Emunah, 1997). In 1981, drama specialist Richard Courtney, and Gertrud

Schattner, edited the first publication on drama therapy in the United States entitled

Drama in Therapy (Emunah, 1997). Major succeeding United States influences in the

field of drama therapy include: David Johnson and his work with patients with

schizophrenia, Eleanor Irwin and her psychoanalytically based work with children with

emotional and behavioral disorders, and Renee Emunah and her work with adolescents

and adults in day treatment centers and halfway houses (Emunah, 1997). The National

Association for Drama Therapy was founded in 1979 in order to establish and maintain

professional standards for drama therapists, develop criteria for training and

credentialing, sponsor publications and conferences, and promote the profession publicly

(NCATA, 2003). The first two graduate training programs were developed in the early 1980's, one in San Francisco directed by Renee Emunah, and one in New York, headed by Robert Landy.

Drama therapy is defined differently than psychodrama primarily in the element of distance. It is what drama therapists refer to as "aesthetic illusion" (Cattanach, 1996). Rather than working directly with the personal experiences of the clientele, a symbolic or metaphoric setting is created with the use of stories, theater games, improvisation, script work, and performance, with tools like masks, costumes, lighting and staging, from which the clients work through (Cattanach, 1996; Jennings, 1990; Jennings & Minde, 1993). Aesthetic illusion creates a safe environment for the group to express themselves (Cattanach, 1996). Emunah said: "Engaging in the world of make-believe offers not only a healthy sense of freedom, but also the disguise that enables self- revelation" (Emunah, 1997, p. 4). The fictional realm allows one to see things in themselves they might otherwise choose not to see, and communicate things they might not otherwise communicate. Aesthetic illusion also gives the group the power to change the story and reinterpret it in terms of their own experiences (Cattanach, 1996).

The goals and benefits for the drama therapy group are concerned with communication skills and other skills and behaviors, appropriate release of emotions, and meaningful relationships (NCATA, 2003). Emunah (1994) outlined five specific goals of drama therapy. First, the "expression and containment of emotion", which means learning to control one's emotions, and release them appropriately and acceptably. Second, "the observing self," or the "director within us," that finds hope, sees the broader perspective, and considers choices and options. Third, "role repertoire," or the experience of

experimenting with different identities, and finding and practicing new ways of reacting, coping, and behaving. Fourth, "modification and expansion of self image," or the inverse of role repertoire, as it enhances an understanding of the many aspects within ourselves. And fifth, the last goal Emunah raised, "social interaction and interpersonal skills," which are practiced and developed within the group that functions like a microcosm for society (Emunah, 1994, pp. 31-33).

Many theoretical approaches can underlie a drama therapist's work. Some specialized theories developed by pioneers within the field of drama therapy are: Role theory by Robert Landy (Landy, 1993), Embodiment-Projection-Role developmental paradigm (Jennings, 1993) and the anthropological/ritual view (Jennings, 1995) by Sue Jennnings , and Integrative Five-Phase Model by Renee Emunah (Emunah, 1994; 1997).

Role theory is described in *Persona and Performance* by Landy (1993). The basis of role theory is the paradox of drama—to be and not to be. In other words, the actor is in two realities simultaneously:

> present and past, rehearsal and performance, the studied moment and the
> spontaneous moment, everyday life and the life of imagination, internal
> and external, fiction and nonfiction, the ordinary and the wonderful, the
> expected moment and the enhanced moment, actor and role, and "me" and
> "not me" (Landy, 1993, p. 11).

The actor is both the character and himself, projecting emotions and behaviors of his/her own in order to interpret and play the part of the character. In terms of counseling and psychology, the dramatic paradox can relate to coping with life's contradictions, or facing a painful experience while at the same time needing to keep it buried. According to

Landy, "the answer is a dramatic one: to be and not to be" (Landy, 1993, p. 12). Landy

defines "to be" as the state of being in-role, and capable of action, and "not to be" as

being out of role, inactive, and reflecting on the part. Children do this in dramatic play,

simultaneously playing themselves and portraying parts of their own experience through

a doll. In improvisation especially, we can see parts of one's true self in their

performance. Because improvisation is spontaneous, unscripted, and unrehearsed, it is

like free association (the psychoanalytical concept of expressing unconscious material).

In between to be and not to be, reality and imagination, there is a creative energy which

helps us to make sense of our human experience. "By being simultaneously actors and

characters, ordinary human beings and something else—gods, demons, heroes, villains,

we are capable of transforming our understanding, feeling, and valuing" (Landy, 1993, p.

30).

Role theory fits best with drama therapy because in drama therapy, the clients stay

in role throughout the process. Instead of enacting scenes directly from the personal lives

of the client, the client projects aspects of themselves through characters or objects, such

as characters from a story, figurines, or puppets. Clients, along with the therapist,

continually move in and out of roles trying out those that work and those that do not. This

experimentation with roles is crucial for human development because, according to

Landy (1993), one must have the ability to play roles in order to assert oneself in his/her

world. He supported his position by citing Piaget's theory that assimilation and

accommodation are necessary for cognitive development. He also stated that it is

important for a person to master a particular role within the appropriate context. Landy

(1993) stated that:

One plays roles, then, primarily to get in and out of oneself and to master

both that which is situated inside, the role taken, and outside, the objective

world. The more competently one plays out one's role, the more one will

develop an ease in navigating the sometimes difficult boundaries between

internal and external experience (p. 40).

A method for role theory was devised by Landy (1993) in order to systematize the

therapeutic component of role. This method of group drama therapy is a flexible rather

than linear sequence of guidelines. It involves eight steps:

1. Invoking the role

2. Naming the role

3. Playing out the role

4. Exploring alternative qualities in subroles

5. Reflecting upon the role play

6. Relating the fictional role to everyday life

7. Integrating roles to create a functional role system

8. Social modeling: discovering ways that client's behavior in role affects

others in their social environments (Landy, 1993, p. 46).

Demonstrated in Landy (1993), the story of Hansel and Gretel is used for the role

method. A role is invoked from the way in which the client identifies internally with the

existing role of the story. In the example Landy illustrated, the client told her story as

both her version of Hansel and Gretel, and her actual experience from third person as if it

were a fairy tale.

Landy (1993) took his idea and value of role through theory and methodology, and even developed a "taxonomy" of roles or a "theatrical archetype system" (p. 163). Roles are organized under the six categories of: somatic, cognitive, affective, social/cultural, spiritual, and aesthetic. Roles are further categorized by type, quality, and/or function. An example of one of his 84 plus role types is "Beauty". "Beauty" is under the somatic domain, classified as appearance, and further characterized as physically beautiful and innocent in quality, to enchant or serve as an object of purity and/or love in function, and a presentational ideal in style (Landy, 1993).

The core thesis of Landy (1993) seems to be that roles available in the art of theater are comprehensive, and thus provide us roles to practice with for our everyday lives. This is important because in order to grow and adapt to our inherent struggles, we must incorporate various roles into our lives. With a repertoire of roles to choose from, we can deal with the contradictions of humanity…confront the internal and external good and evil. Ambivalence is inherent in both human nature and drama. Through the paradox of drama, to be and not to be, one can "cultivate a role system flexible enough to support and contain the struggle" (Landy, 1993, p. 255).

In the Embodiment-Projection-Role theory described throughout Jennings (1993), the idea that the unreal or the imaginative is therapeutic, is reiterated.

> Because play and drama are not "real", they are therefore *crucial* to
> human survival. It is necessary for all of us to have the capacity to imagine
> how life is or could be, to be able to call into mind what is not there and
> does not exist (Jennings, 1993, p. x).

EPR is more of a developmental paradigm devised by Jennings, influenced by developmental and dramatic play theorists. Some of these influences are: Veronica Sherbourne who believed children should experience their whole body, in the development of trust for example; Richard Courtney who stated that "drama provides the *felt* basis for rational thought" (in Jennings, 1993, p. 14); Virginia Axline and Margaret Lowenfeld, renowned play therapists; and those who theorized and sequenced child development, like Sigmond Freud, Carl Jung, Erik Erikson, Jean Piaget, and Melanie Klein. The sequence evolves from the first stage of embodiment and sensory play (within the first year of life), to the second stage of projective play (toward the end of the child's first year), to the third stage of role and dramatic play (by two years of age). Role and dramatic play is the highest level of play, involving several elementary skills, from "proto play" (e.g. imitating sounds), to pretend (e.g. play mother), to personify (e.g. act out a television character), to projective roles (e.g. project through toys or take roles), to enactment (e.g. create roles and scenes), to dramatic play (e.g. dressing up or telling stories), and finally to drama. Drama includes all of these, plus the ability to improvise, test and retest ideas, refine performance, practice drama skills, and maintain role flexibility (Jennings, 1993).

Like Landy, Jennings emphasized the significance of roles for healthy development. Jennings said: "We can say that we enact the drama of our lives through a series of tried and tested roles" (Jennings, 1993, p. 68). Through play in childhood and adolescence, according to Jennings (1993), we try and refine our roles in order to live balanced, managed, and well-adjusted lives. She further stated: "by playing a role, we not

only learn about another, we also learn more about ourselves…and is the means whereby we develop both an individual and social identity" (Jennings, 1993, p. 68).

In Jennings (1995), she extended her position that dramatic development is part of human development, and that drama is essential for child development. She tied drama as development and drama as therapy, with drama as ritual, arguing that theater, medicine, and religion are interdependent (Jennings, 1995). Traditionally, ritual has functioned to prepare people for their journey through life. Ritual through drama can provide a rehearsal, a preventive medicine, for especially children and adolescents for their journey and healthy development (Jennings, 1995).

The Integrative Five-Phase Model (Emunah, 1994; 1997) combines drama therapy and psychodrama in a therapeutic progression through dramatic play, scenework, role play, culminating enactment, and dramatic ritual. In the first phase, dramatic play is used to foster self-confidence, trust, and interrelationship, and develop spontaneity in the participants. The structured theater games and improvisations gradually lead to scenes with developed roles. This marks the beginning of the second phase. The scenes in the second phase remain fictional, but the actors express emotions that are both indicative of themselves and the characters. In this early phase, the therapist does not interpret or lead the enactment. By the end of the second phase, the actors start to make personal connections with their role and the scene. In the third and fourth phase, the scene is less fictional, and participants begin to explore their own experiences. The shift from drama therapy to psychodrama happens here. Clients role-play and enact real problems in the third phase. The enactments culminate in the fourth phase, and clients explore deeper issues and intense emotions. In the fifth phase, dramatic ritual is incorporated in order to

facilitate closure, review, and integration. In the integrative five-phase model, therapy begins by acting, and progresses into re-enacting. Each stage is preparatory for the next. In this way, therapy seems safe and easy for clients to share and work through their issues, and resistance is thus minimized (Emunah, 1994; 1997).

Other theoretical approaches taken by drama therapists include: psychodynamic, developmental, and narrative. The following approaches are some of those cited by Landy (1993) and Emunah (1997). The developmental transformations approach of David Johnson which values a developmental framework, and object relations theory, is one. In fact, Jennings (1993) also values object relations theory, as she emphasizes the transitional object in dramatic child development. The transitional object (e.g. baby blanket) is a concept that was first noted by object relations psychologist, Donald Winnicott. Psychodynamic theory is also evidenced in the dramatic play therapy work of Eleanor Irwin. Another approach influencing the work of some drama therapists is the narrative model of Alida Gersie. Gersie uses themes and structures of classical stories to have the client, in turn, tell their story (Emunah, 1997; Landy, 1993).

Various models for drama therapy work have been created to point method and application more directly. Jennings (1990) organized four models: Creative Expressive, Tasks and Skills, Psychotherapeutic, and Integrated. The creative expressive model focuses on positive, healthy parts of people and encourages creativity. The model is intended to enhance self-esteem and encourage people to verbally express themselves. Even though the main aim is to enhance the creative energy in each participant, important social skills are usually learned because of the cooperative nature of the group (Cattanach, 1996; Jennings, 1990).

The tasks and skills model aims at working on particular skills needed by the group. Social skills may be practiced, for example, by dramatizing encounters and rehearsing appropriate interactions (Jennings, 1990). Cattanach (1996) offered an example of a group of six-year-olds who learned to handle teasing and avoid bullying on the playground by making up scenes and devising communication and coping strategies. Cattanach (1996) also suggested that the tasks and skills model can be used in teaching about body boundaries, diverse cultures and values, and illnesses or disabilities and their effects.

The psychotherapeutic model focuses on insight and change. The drama therapist might make use of transference in the therapeutic relationship to explore the client's past, or make note of behavior, symbols, or possible projection, and make interpretations when deemed necessary (Jennings, 1990).

The integrated model values the drama itself as the healing medium. The premise behind the integrated model is that the dramatic enactment fulfills a natural human need to act, enact, reenact, rework, take risks, and discover things about oneself and their world (Jennings, 1990).

Cattanach (1996) conceptualized three models, two of them being creative expressive, and tasks and skills, which were taken from Jennings, plus the self advocacy model. The self advocacy model was influenced by Augusto Boal and his influential book *Theatre of the Oppressed* (1979). According to Boal, one can take his/her form of oppression, turn it into a fiction, transform it considering what he/she wants to change about it, dramatically explore the possibilities of change, and then work toward truly transforming the oppression in the context of reality (in Cattanach, 1996). In the self

advocacy model, participants are ideally directors of their own therapeutic process (Cattanach, 1996).

Drama therapy is a broad field. Approaches vary widely among practitioners, as drama therapists are not only trained in psychology and psychotherapy, but also theater arts—including improvisation, puppetry, role-playing, pantomime, mask work, and theatrical production (NCATA, 2003). Jennings (1990) said: "Dramatherapy is itself a diverse and complex discipline with a plethora of methods and range of stimuli" (p. 28). All methodology and techniques cannot be summarized here. Examples of techniques, from acting exercises to improvisation to performed plays, and applications, from children with special needs, to adolescents, to victims of abuse follow.

Stolinsky (2002) paralleled actors in training, with abuse victims in therapy. Actors fear expressing too much emotion (sadness, crying, weakness) when performing, so they constrain themselves to save face in front of the audience or casting crew. If the actor does not adequately communicate the true emotion of the character, he/she will lose the opportunity to play the role to someone else. Abuse victims, too, hold back from expressing themselves in therapy. Often they do the same in relationships and end up losing significant others because of it. Stolinsky (2002) advocated for acting exercises to be the psychotherapeutic tool for survivors of abuse. The acting exercises gradually proceed from external (using touch and texture by imaginatively creating familiar objects to recreate environmental situations), to internal (using all five senses to recreate the feelings, and memories of people or objects, associated with the experience). Working through painful past experiences this way allows the client total control over how much

he/she remembers and feels. Gradually, memories are uncovered and dealt with again in a more mature way (Stolinsky, 2002).

Acting exercises proceed from external to internal re-creations in a hierarchical manner (Stolinsky, 2002). In the beginning, the person should always commit to a relaxation exercise. Stolinsky (2002) used the sunshine exercise in her guidebook. The sunshine exercise helps to focus and calm thoughts and energy, and puts one in control of his/her thoughts and emotions. First the participant is to imagine the sun shining on his/her entire body. Then he/she is to center the warmth of the sun on specific body parts (each muscle group from the toes to the elbows to the forehead, etc.). After the relaxation exercise, an external exercise is employed. One of these is the Coffee Cup Exercise. During this exercise, the participant extends his/her arm, and imagines a coffee cup (or any object the participant frequently uses). He/she explores that cup through sight, touch, smell, sound, and taste, asks questions like "When did I get this cup?," and continues to ask questions, out loud, in positive and active terms. The explorations should be spontaneous, theoretically coming from the unconscious, spurring memories and experiences (Stoloinsky, 2002). After a series of external exercises, the participant moves into internal exercises. One of these is the Animal Exercise. In the animal exercise, the participant chooses any animal to become. He/she first observes how the animal walks, how it looks at another being, and how it interacts with the environment. Then the participant takes the physical stance of the animal. Gradually he/she begins to move like the animal, considering what the animal sees and hears, and if the animal moves quickly or slowly, jerky or smoothly (Stolinsky, 2002). The participant exercises being whoever or whatever he/she chooses. Unrecognized feelings express themselves in the exercise.

And the participant can find out how he/she reacts, gain control over what is acted out, and create a positive experience from it (Stolinsky, 2002).

Emunah's work has mostly been with adult and adolescent patients in psychiatric treatment (Emunah, 1994; 1995; 1997). The majority of her drama therapy work seems to incorporate some form of improvisation. When Emunah's Integrative Five-Phase Model is employed, improvised fictional scenes comprise the second phase (scenework). Emunah (1994; 1997) offered an example of the metaphoric realm used with adult psychiatric patients. The group imagined a planet they called "Glockenspiegal." The drama therapist interviewed the group about the planet in order to help develop their ideas. The group proceeded to enact inhabitants of this ideal planet. One person came as a newcomer from Earth, for example, wearing special eyeglasses to aid him in seeing a broader perspective, and going through a cleansing machine to wash off the overwhelming emotions he brought from Earth. There was no abuse or violence on Glockenspiegal, and expression of emotions was warmly welcomed. After the enactment, the inhabitants returned to Earth. The participants then processed the fictional scene, and brainstormed elements of the fantasy that they could incorporate into reality. The enactment in the idealized planet built a bridge between two worlds, the ideal and the real (Emunah, 1994; 1997).

With an adolescent group, a scene was created in which roles were assigned to the group members (Emunah, 1995). In this particular example, a boy named Tony who had been living with his abusive father was cast by group members to play a father in the scene. Naturally, Tony played out the role of an abusive and authoritarian type father. Although fictional, the scene was autobiographical for him, uncovering many negative

emotions from his experience. With that, Tony left the scene. But the director invited him

back, this time to act along the streets outside of the scene. Then she directed other

adolescents in the group, who could identify with him, to act out his thoughts. Then she

invited the remaining members to act out the feelings behind Tony's thoughts. A chorus

performed the emotions, supporting, encouraging, and reaffirming Tony's experience. At

the end of the scene, Tony played the father again. Only this time, he played the father he

wanted to be (Emunah, 1995). In this scene, we see how drama therapy sometimes

overlaps with psychodrama. What was intended here to be a group drama therapy session

using improvisation in a fictional scene, turned out to be somewhat psychodramatic. A

clear protagonist appeared, enacting his own realities, and gaining support from the group

members.

Aside from improvisational scenes in drama therapy, there are scripted scenes,

and sometimes even theatrical performances that are intended for public viewing. In this

instance of drama therapy, the process is still emphasized, but so is the product—the

aesthetic creation. Emunah founded a theater company called *Beyond Analysis* in 1979, in

which adults who were previously residents in psychiatric hospitals, created plays that

told their personal stories (Emunah, 1994). Many other drama therapists have created

such theater groups for a variety of populations, including recovering substance abusers,

war veterans, and persons with developmental disabilities (see Emunah, 1994). Green and

Reinhard (1995) wrote about a group of clients with mental retardation, and their

therapists, who performed a play before an audience, complete with costumes, masks and

movement. The article emphasized the therapeutic value of the performance, but most

significantly the process. Part of the justification for therapeutic theater companies

involving such populations, emulates much of my own experience with community theater groups. Emunah (1994) described:

> A theatre company facilitates a high level of social interaction and provides a sense of belonging, connectedness, and intimacy—ingredients essential to the well-being of all people. A theatre company provides an ongoing creative outlet for the expression of emotions. The confidence and self-worth that are developed in any effective drama therapy process are magnified by successful performance before outside audiences. Perhaps long-term participation in a theatre company could modify the insidiously low self-esteem so pervasive among this population" (p. 253).

Generally, drama therapy is group-oriented, but can also be applied to individuals (Jennings, 1990). Practitioners may work in medical facilities or artistic ones, social services or private practices,…in Veterans Affairs hospitals, mental health clinics, centers for adults with developmental disabilities, nursing homes, drug rehabilitation centers, schools, businesses, or correctional facilities (NCATA, 2003; New York University (NYU), 2001). Populations drama therapy may be applied to include: war veterans and others who suffer from Post-traumatic Stress Disorder (PTSD), those who abuse drugs and alcohol, patients with terminal illness, individual with psychiatric disorders, children who have been physically or sexually abused, dysfunctional families, and healthy individuals seeking help to explore life problems (NCATA, 2003; NYU, 2001).

Through drama therapy, the client can discover creative, healing resources within oneself.

By freeing these resources, which are innate in everyone, it is possible to recognise and understand unhelpful past events; to identify and learn new behaviours; to re-negotiate perceptions of self and society. Furthermore, it provides pathways between our inner experience and outer reality and makes it possible to transcend ourselves and go beyond our everyday limits and boundaries (Jennings, 1990, p. 28).

BIBLIODRAMA

Relatively recently, Bibliodrama, distinguished with a capital "B," was developed by Peter Pitzele. Pitzele started as a trained clinical psychodramatist and was educated at a doctoral level in English literature (Pitzele, 1998). Then, substitute teaching at the Jewish Theological Seminary in 1984, Pitzele encountered the word "midrash" (Pitzele, 1998). Midrash is a Hebrew word meaning exploration or investigation (Pitzele, 1995). There is actually a tradition of scholars and ministers interpreting, elaborating, and creating a story from text in order to fill in the gaps, address inconsistencies, and send a moral or spiritual message (Diaz de Chumaceiro, 1995; Pitzele, 1998). Outside of Judaism, this activity is referred to as "hermeneutics" (Diaz de Chumaceiro, 1995). Pitzele combined the art of psychodrama with the midrashim (plural form of midrash) of biblical stories, and started what he called "Bibliodrama."

Bibliodrama is defined by Pitzele (1998) as "a form of role-playing in which roles played are taken from biblical texts" (p. 11). It is a form of midrash (Pitzele, 1998). It is a form of sociodrama. Sociodrama is essentially psychodrama applied to the group and group problems (McCaslin, 1990). It is a form of improvisational theater, incorporating

Moreno's values of spontaneity and the moment. It is a form of bibliotherapy in that participants can identify with the characters represented in the story and develop a sense of universality. It is a form of literary analysis, in that it peeks into the existing text looking for subtext, voices, feelings, etc.—that which the words alone do not tell. Through the characters of the Bible, participants find their personal feelings and conflicts, the loneliness in Cain or the sibling competitiveness in Jacob and Esau, for example (Pitzele, 1995). "These biblical figures are big enough to contain all of us: what we find in them is both in us and beyond us" (Pitzele, 1991, p. 563).

The theoretical foundation of Bibliodrama is similar to that of other drama therapies. This discipline also values spontaneity, creativity, insight, playfulness, applied role theory, and group dynamics. Because it is improvisational, Bibliodrama too works to reveal the unconscious aspects of a person (Pitzele, 1991). Performed within a group, Bibliodrama can be a synergistic experience (Pitzele, 1991). More unique to Bibliodrama though, is the idea behind its use of biblical text:

> Myths are complex mirrors, the reading of which will always contain the distortions of one's own character and one's unconscious mind. To stand before a myth is in part to see what one looks for, in part to be blind to what one is not prepared to see (Pitzele, 1995, xxii).

Many psychodramatic techniques are employed in the psychodrama. For instance, the enactment is improvised, with no props or other devices. Empty chairs may be used to block a scene or visualize an idea or a state of being. Echoing is used to reiterate or dramatize something important that the player said, and direct the scene where it should go. Doubling, again is similar to the psychodramatic technique of the double, both actors

take on parts of one biblical character (Pitzele, 1998). An example of a biblical story used is the story of Lot and his wife to Zoar. There is a point in the story where the wife stops and looks back. Participants of the Bibliodrama can take this particular scene, step into the shoes of the wife, and express their interpretation of the wife's emotions regarding the decision (Pitzele, 1991).

Like psychodrama, there are three general phases to the Bibliodrama: the warm-up, the action, and the review (Pitzele, 1991; 1998). In the warm-up, the topic and the segment of a biblical story are chosen. Either the leader or the group chooses the story to be portrayed. Participants introduce themselves, and the leader reads the chosen passage. Then the group begins to analyze the text, and the leader facilitates the analysis by asking questions that are interpretive in nature. In order to enact text, one must create a picture from the text, and make the picture come alive by filling in the empty spaces. So the Bibliodramatist asks questions like: How did Eve *take* the apple? Where was Adam? How long was it before she found him? etc. The interpretive exercise leads to decisions and choices. Then the group members are ready to take roles. With the characters set, and the setting in mind, the action begins (Pitzele, 1991; 1998).

In the action phase, participants become the biblical characters, and portray their interpretation of the scene, as the director facilitates the enactment. The director "sculpts" the scene, meaning he/she interprets the episode in the text to create a scene--positioning the characters respectively on the stage, and maybe even directing a particular posture for the character(s). The director embarks on the "encounter" in stories. Pitzele (1998) said: "Encounters are the crucible of drama" (p.105). When an encounter between two people (or between two aspects of one self) occurs in the text, the director first allows one

character to develop on stage, then freezes that character and brings on the second at the appropriate time, then allows the second participant to en-role, and finally brings the two characters together in a spontaneous dialogue. Throughout the Bibliodrama, the director asks interpretive questions to prompt the scene to go in the direction suited to his/her and/or the group's purpose (Pitzele, 1998).

In the review, the final stage, the participants are to de-role, or step out of their characters. They share with each other what it was like to play the biblical figure, and may express some last words for their character. They discuss what they found in their characters, and ultimately what they have discovered about themselves. What is pivotal here, and an ongoing question in acting and theater arts in general, is whether or not the emotions expressed were truly those of the character or the actor. As the review progresses, group members often share their own personal histories (Pitzele, 1991; 1998).

Pitzele did not intend the methodology he laid out in Pitzele (1998) to be a form of psychotherapy, but instead a way of teaching the Bible. However, he does not inhibit participants of the Bibliodrama from personally relating to the text and sharing insights and personal experiences with the group. It seems inherent in the process, psychodramatic, interpretive, and cooperative, that Bibliodrama would become a healing experience for at least some of the participants.

CHAPTER THREE

DISCUSSION

As of yet, a school guidance counseling approach derived from the drama therapies has not been popularized for application for the school counselor and children and adolescents as students. Throughout this paper, we have found the dramatic technique in counseling to be rich with possibilities for students of all ages and a variety of needs. As is the art of theater, this technique is creative, playful, active, and experiential; these characteristics are also the essence of learning and education. In proposing drama therapy approaches for use with children and adolescents, I reviewed three organized drama therapy fields: psychodrama, drama therapy, and Bibliodrama. Each field discussed serves a variety of populations and both individuals and groups. At the heart of each, is the value of the dramatic—an enactment which involves the mind and body in fostering insight and change. In the drama therapies, there are a myriad of possibilities for application with children and adolescents. The goals and benefits are therapeutic, but also educational in many cases.

In this chapter, I propose a drama approach for school guidance and counseling that integrates techniques deriving from psychodrama, drama therapy, and Bibliodrama. The school counselor would, however, replace the Bible in the practice of Bibliodrama, with stories that are relevant to children and adolescents, and rich in text and theme. I will refer to this idea as "bibliodrama" with a lower case "b." Psychodramatic techniques, such as role reversal and the mirror could be incorporated, as they often are in traditional Bibliodrama. Drama therapy methods, could also be employed, such the use of masks, and the maintenance of metaphor throughout the counseling session. Other qualities of

Bibliodrama, like utilizing encounters presented in stories, and sculpting scenes, could also be utilized in bibliodrama. The school counselor would choose a story that relates to a guidance theme or a counseling issue. The story would be the catalyst for working through the theme or issue. The counselor would then direct the students through an enactment of a section of the story. Finally, the students would process the enactment, either directly or indirectly relating it to the guidance theme or presenting issue, and consider the integration of what they have learned and practiced into real life.

This chapter illustrates how bibliodrama can utilize techniques from psychodrama, drama therapy, and Bibliodrama by providing examples from two stories: *Where the Wild Things Are* by Maurice Sendak (1963), and *The Sneetches* by Dr. Seuss (1961). To summarize, *Where the Wild Things Are* reads like a children's story, but the text can be interpreted in numerous ways, and thus applied to any age group. The story begins with a boy named Max who is being mischievous wearing his wolf costume one evening. His mother calls him "Wild Thing" and he talks back saying "I'll eat you up." So his mother sends him to bed without dinner. Then the boy's bedroom turns into a forest, and he sails off to where the "wild things" are. Max becomes the king of all the "wild things." After a while of being the king of all the wild things, though, Max becomes lonely. So he sails back home, where his dinner is still waiting for him (Sendak, 1963). This story touches on themes such as rebellion, discipline, and loneliness.

The Sneetches is about a society of Sneetches who all look exactly alike except for the one thing that differentiates them from each other—a star upon their belly—some have it, some don't. The star-belly sneetches don't associate with the plain-belly sneetches, for they think that the star upon their bellies makes them better than the others.

Then one day, Mr. McMonkey McBean comes around with his machine that can give the plain-bellies stars. So the plain-bellies get stars and are no longer different from the star-bellies. The original star-bellies become angry and go to Mr. McMonkey McBean to get their stars removed. Soon there is a big mess, as the sneetches go in and out of the contraption adding and removing stars from their bellies. In the end, the sneetches get smart, and begin to accept each other whether they have a star or not (Seuss, 1961). This story touches on many themes applicable to all ages. The underlying social theme could be used to address issues such as cliques and problems with peers on the playground, cultures and discrimination in society, or exceptionalities and communicating with individuals with physical, cognitive, or developmental disabilities or exceptional talents.

PSYCHODRAMA

As reviewed in chapter two, psychodrama is the enactment of an individual's real problem. Although protagonist-centered, psychodrama occurs in a group, and members play auxiliary ego roles to help the protagonist act-out his/her presenting issue. A trained psychodramatist directs the group through the warm-up phase, the action phase, and the post-discussion phase. Psychodrama is ultimately an attempt toward the individual gaining insight, and exploring and practicing problem solving strategies.

Techniques deriving from psychodrama, like role reversal and the mirror, could be incorporated into bibliodrama. The student as protagonist could role-reverse, or swap roles, with another group member playing an auxiliary. The role reversal, then, would allow the protagonist to see the situation in light of another perspective. For example, in *Where the Wild Things Are,* when Max's mother catches him being mischievous—"The

night Max wore his wolf suit and made mischief of one kind and another, his mother

called him 'WILD THING!' and Max said 'I'LL EAT YOU UP!'" (Sendak, 1963,

n.p.)—a student could play Max, as another student in the group plays Max's mother.

Then the two could reverse roles. The school counselor would direct: "Be Max. Show us

the mischief you are creating. Now your mother finds you. Show us what you do. ...Now

you be the Mom and talk to Max. Show us the expression on your face. Tell us what you

say to Max. Show us what you do." In processing the enactment, the counselor would

ask: "Okay, 'Max', why did you act wild that evening in your wolf costume? Why did

you say 'I'll eat you up!' to your mom? Why did your mom call you 'Wild Thing'? Why

did she say it that way? Why did she look at you that way?" Arising from the enactment

then, would be the student's personal story. Theoretically, what he/she chose to be

mischief, how he/she chose to react to the mother, and the way he/she acted as his/her

mother would reflect the student's own personal story. The counselor, then, could work

with the student's new resulting insights and perspectives toward behavioral or emotional

change.

        In another psychodramatic technique, a group member, or auxiliary ego, could

mirror the protagonist's actions, and the protagonist would then have a chance to see

himself/herself from outside of the situation. For example, when the star-bellies played

ball together but would not include the plain-bellies in their game—"When the Star-Belly

children went out to play ball, Could a Plain Belly get in the game…? Not at all. You

only could play if your bellies had stars. And the Plain Belly children had none upon

thars" (Seuss, 1961, p. 5)—a student could be a star-belly, and show how he excludes

others from activities. Another student could mirror, or imitate, his/her star-belly-like

behaviors. In processing the mirror activity, the counselor could ask: "How do you look as a star-belly sneetch? Do you like the way you act? What surprises you as the other group member mirrors your star-belly behaviors? What does not surprise you? What can you learn about yourself as a star-belly sneetch?" This would give the student the opportunity to gain insight into this type of behavior, and afford the other student playing the mirror to gain insight and empathize with such a person. Furthermore, the star-belly sneetch, or group of star-belly sneetches, could reverse roles with the plain belly sneetch or group of plain-belly sneetches. In processing the role reversal activity, the counselor could ask: "What can you learn about yourself as a plain-belly sneetch? Which character do you identify with most? Why? Do you enjoy being a star-belly sneetch? Would you rather be a plain-belly sneetch? What would life be like if you were a star-belly sneetch? What would life be like if you were a plain-belly sneetch? How do you feel leaving the plain-bellies out of your games? How do you feel being left out of the games?" This way each participant would be able to experience being in both social groups, seeing from each perspective, and empathizing with both roles.

DRAMA THERAPY

In summary, drama therapy is the employment of any combination of a variety of theater methods—such as theater games, mime, puppetry, masks, improvisation, stories, and theatrical performances. This artistically based form of therapy is typically applied to groups. The drama therapist is not necessarily a psychotherapist, but definitely someone who has training in many modes of theater, like an actor/actress, or a director of theater, in addition to training in psychology and counseling. The drama therapeutic techniques

used depend entirely on the drama therapist's theater processes of choice, as well as the

clientele and the presenting problem. Because of the elements of playfulness, distance,

and safety that are inherent in drama therapy, and the many possible methods, drama

therapy can be applied to any group of people and any need. Cattanach (1996) provided

many ways drama therapy can address special needs: to explore cultural identity; to

enhance self-esteem among people with learning disabilities; to learn and practice skills

like social skills; and to establish a supportive group for people with physical disabilities

where individuals can share information, help and support each other, become self-

advocates, relax, and have fun.

　　　　Like drama therapy, bibliodrama would be experienced as playful; by using an

aesthetic illusion, maintaining metaphor, and thus creating a more distant and safe

experience for students. The participants would remain in character, acting out parts of

the story, and processing and sharing personal insights while in character. Theater

products such as masks or costumes could be used. For example, the student playing Max

in *Where the Wild Things Are* could dress in a wolf suit like Max does. Or the group

enacting *The Sneetches* could all wear identical masks signifying the sameness among the

sneetches, and then those in role of the star-belly sneetches would wear stars, and those

playing the plain-belly sneetches would not. The masks and/or costumes would function

to enhance the experience of embodiment and the level of understanding in the roles. The

counselor would ask something like: "You are Max in his wolf costume, how do you

feel? What do you want to do?" Or "You are sneetches. All of you look identical except

for the star upon some of your bellies. How is your experience looking the same as

everyone else? Do you like or dislike being the same? Star-belly sneetches, how do you

feel having a star upon your belly—better or worse or no different as the plain-belly sneetches? Why? Plain-belly sneetches, how do you feel having a plain belly? Better or worse or no different than the star-belly sneetches? Why? What would you rather be? Yourself, whether you are a star or a plain-belly sneetch, or the other kind of sneetch? Why?" Again, the story the group would ultimately tell the counselor, the group, and themselves, would be about them. Through Max, they would tell a story about their being deviant. Through the sneetches, they would tell a story about their self-concept and how they see themselves and others socially.

Drama therapy models such as the tasks and skills model (Cattanach, 1996; Jennings, 1990) and the integrated model (Jennings, 1990) could structure the bibliodrama nicely. As in the tasks and skills model, participants could practice effective communication skills, while, for example, enacting the story provided above from the Sneetches. The counselor would facilitate social skills practice by directing: "Now that you have seen the sneetch's situation from both the star-belly sneetch and the plain-belly sneetch perspectives, how could you invite the plain-belly sneetches to your games? Star-bellies, talk to the plain-belly sneetches when they pass by your party. Plain-bellies, talk to the star-bellies. How could you ask if you could join them?" In this metaphorical realm, students could more freely confront the situation of cliques on the playground, for example, and practice possible ways of making friends, or dealing with being left out and teased. As in the integrated model, just the fictional dramatic enactment itself would allow participants to experiment with roles and communication styles, and take risks.

Also previously reviewed, Bibliodrama is the method of psychodramatically enacting biblical stories. The myths and characters of the Bible are rich enough for everyone to identify with (Pitzele, 1991; 1995; 1998). Participants enrich a particular story through enactment and elaboration, filling in the spaces of the story, answering questions that the story does not answer, and thus creating a personal story. By becoming part of the biblical story, the client empathizes with another person in another situation, and the client learns much about himself/herself in a related situation. By enacting the text, the client can gain insight into his/her own behavior, try on different perspectives, practice new behaviors, develop new goals, and uncover new problem solving strategies. Bibliodrama has been intended to teach the Bible, though Pitzele, the founder, is a psychoanalyst and a psychodramatist, and the therapeutic benefits are inherent because by enacting the text, the student or client naturally relates personally to the story.

Like Bibliodrama, bibliodrama involves analyzing the text. The director asks interpretive questions in order to elaborate on the story, and fill in the empty spaces, and then creates a scene for the enactment of the story as interpreted by the participants. For example, the counselor would read *Where the Wild Things Are,* and focus on the part when Max's mother calls him "Wild Thing." The counselor would ask questions in order to answer that which is unanswered in the story, such as: "How did Max's mom react?" And the participants would have to decide if Max's mother was angry, upset, or happy, and if she called Max "Wild Thing" in a serious or silly manner. In analyzing the story, the participants would be forced to make a series of choices, and thus create their own story from the text.

As emphasized in Bibliodrama, the director could "sculpt" the scene, positioning the characters as illustrated in their interpretation of the story. For example, for the scene in *The Sneetches* when the star-bellies and plain-bellies go in and out of the star-off machine—"All the rest of that day, on those wild screaming beaches, The fix-it-up Chappie kept fixing up Sneetches. Off again! On again! In again! Out again! Through the machines they raced round and about again, changing their stars every minute or two. …Until neither the Plain nor the Star-bellies knew Whether this one was that one…or that one was this one…" (Seuss, 1961, p. 21)—the director could use a chair as the star-off machine, and block the sneetches on either side of it, and even direct the star-belly sneetches to take-on a snobbish posture, such as sticking their noses in the air. Similar to the function of costumes or masks, sculpting the scene would also enhance the experience of being in role. In this example, the counselor could ask the participants: "You just went through the star-on machine, how does it feel to suddenly be a star-belly sneetch? Do you feel different or the same? Do you like yourself as a star-belly sneetch more or less? Why? What will you do now that you are no longer a plain-belly sneetch? How will your life be different? How will it be the same? Who will you befriend and what will you and your friends do?" With this example alone, students would have the opportunity to explore individual differences and experiment with being both unique and similar to others, and contemplate whether or not they would want to change something about their being in order to be accepted by a certain group of people.

Also emphasized in Bibliodrama, the counselor could embark on the encounters in the story. Using encounters offered in the story, students could practice communication skills and problem solving strategies. For example, the part in *Where the Wild Things Are*

when Max comes to the place where the wild things are—"And when he came to the place where the wild things are they roared their terrible roars and gnashed their terrible teeth and rolled their terrible eyes and showed their terrible claws" (Sendak, 1963, n.p.)—participants could enact the encounter of meeting strangers, entering an unknown place, and confronting associated fears, and practice skills for adapting to a new place, meeting new people, and controlling one's fears and emotions. The counselor would direct: "Be Max. You have just met the wild things for the first time. What do you say? Show us how you act." In this enactment, the counselor could incorporate skills practice. For lessons regarding safety or making friends, for example, the counselor could direct: "You are Max. You are walking to school and a stranger approaches you. Show me what you do and tell me what you say," or "You are Max. It is your first day at a new school. You enter the classroom and you don't know anyone. Show me how you meet your new classemates." The value of education, integral in Bibliodrama, could also be the main aim of bibliodrama. For the case of the school guidance counselor, the purpose would be psychoeducation.

COUNSELING SCENES

This approach, bibliodrama, could be applied to the three main work areas of the guidance counselor: classroom guidance, small group facilitation, and individual counseling. I have provided examples that fit best in small group counseling, but bibliodramatic methods can be easily adapted to individual counseling, as well as large group guidance. For guidance, which is fundamentally preventative education, bibliodrama can be used as a preparation for dealing with inevitable social issues, such as

peer pressure and drugs and alcohol, or friendships and conflict. In this way, the drama would be a "rehearsal for life" (Starr, 1977; Yablonsky, 1976) or a "preventative medicine" (Jennings, 1995). Also in the classroom, counselors could cooperate with teachers and use bibliodrama to teach about a book. The dramatic enactment would enhance the students' understanding of the literature, and simultaneously provide the opportunity to discover new things about themselves. For group counseling, the bibliodrama can be a cooperative effort between participants, and students would be forced to strengthen their interpersonal communication skills. Also, they would receive support, encouragement, and feedback from their peers. For individual counseling, the bibliodrama could provide a safe metaphorical avenue for expressing one's situation and emotions. The story would provide a product from which to project one's inner experiences from. In other cases, this product may be a puppet or a toy.

Bibliodrama as a technique seems to incorporate many practices of the school guidance counselor as laid out by the American School Counselor Association student competencies. The theatrical nature of bibliodrama might instill a broader range of interests and abilities in the students. The behavioral practice embedded in bibliodrama's action-oriented method could teach social skills and conflict resolution, friendship skills, and skills for coping with peer pressure and setting personal boundaries. Bibliodrama, which is probably suited best for groups, will develop the ability for students to work in groups, practice decision-making and problem-solving skills, and learn to respect individual differences. The feedback available, especially through techniques like role reversal and the mirror, can help students distinguish between appropriate and inappropriate behaviors, and learn about the necessity of self-control. Through dramatic

enactment, students can audition different roles for themselves and others in a variety of situations, and ultimately come to understand personal and social roles, and how and why those roles change. Finally, bibliodrama facilitates expression of feelings for children and adolescents.

Probably the most significant pitfall of this approach would be the fact that the only literature available that systematizes such a method regards Bibliodrama, for use with the Bible, from the perspective of Peter Pitzele (1991; 1995; 1998) only. Some similar ideas of enactment with stories for counseling might be found in bibliotherapy writings. Dramatic methods for counseling in general, have not been tried and tested, researched and validated, or described in detail. No significant amount of empirical studies has validated any related drama therapeutic method. Dramatic techniques have hardly been proposed for use in school counseling, leaving no current method or activity guide with lesson plans, other than that of Renard and Sockol (1987). Another major concern is the specific training the counselor ethically needs in order to safely, effectively, and comfortably implement theater processes and psychodramatics into counseling children and adolescents. In drama therapy, the possibilities of techniques are broad, and the counselor would need training in theater arts in addition to psychology and counseling, to know how to use theatrical methods like improvisation, to be comfortable with a variety of acting exercises and theater games, and to know how to use puppets, for example. The counselor would also have to have an invested interest in theater arts, and want to take the extra time and effort to bring together the materials, plan the strategies, and possibly attain the training needed in theater arts. Psychodramatic methods, especially, are very direct and dangerous. In order to ethically practice psychodrama, the

counselor would need specific education and supervised training (Blatner, 1973; Pitzele, 1998). In this thesis, I present bibliodrama (and drama therapies) simply as another resource to possibly fill in the gaps that are left by many other methods school counselors use. It should be one tool in an already plentiful toolbox. Many students will choose to verbally express their struggles because they enjoy adult-like conversations, and communicate effectively and comfortably with the counselor. Others will respond better to totally undirected, independent play therapy. Some may like painting and drawing activities better. Bibliodrama and other dramatic modalities, as a sole technique for all individual, group, and classroom guidance and counseling, for all children, adolescent, and young adult students, would be ineffective and insufficient. As the drama therapist caters dramatic products and processes to the specific case and client, so should the school counselor individualize techniques, or vary techniques for groups to try to reach as many students involved as possible.

Despite the pitfalls, the possibilities of drama in counseling are endless. Drama therapy pioneer Sue Jennings described why in one statement: "The metaphor that is embodied, projected, and enacted enables profound change to take place" (Jennings, 1990, p. 25). Acting is experiential, and connects doing with thinking with feeling, fostering the mind-body connection (Stolinsky, 2002), and Carl Rogers' concept of congruence (in Gladding, 1992). Enactment brings about insight. This type of activity can make the unconscious conscious, and enable one to find more insights in his/her recovery (Stolinsky, 2002). Dramatic activities are reinforcing, providing an immediate success and reward (Gladding, 1992; Stolinsky, 2002). Acting is concrete as behavioral skills can be broken down and practiced. Interpersonal skills and cooperation are inherent in the

dramatic process. Drama galvanizes the creativity and spontaneity in people, leading to broader horizons, and confidence and trust in oneself (Gladding, 1992; Stolinsky, 2002). Acting can provide an appropriate and acceptable channel for acting out. Theater processes are inclusive, able to involve people of all abilities and disabilities, even those who are nonverbal. And theater processes are cross-cultural. By providing the technique of acting in the guidance and counseling activity, students are forced to step into someone else's shoes and feel what it is like to be in their situation. One of the most powerful qualities afforded in acting, in my opinion, is that of empathy. Renee Emunah (1994) said: "…nowhere more powerfully than in acting do we learn about truly entering the world of another while simultaneously maintaining our own boundaries (p. 30). The second most powerful quality, in my opinion, that drama offers is that of perspective. Actors simultaneously see from their perspective, from their character's perspective, and the whole drama in perspective with the real world. Actors can even play with time in drama—playing from the perspective of the past or future in order to deal with the present (Emunah, 1994). E. J. Burton said: "(Drama) increases the scope of life, leading to wider experience, a greater sympathy, a cleansing from narrow and selfish attitudes" (in Mallika, 2000, p. 48). Finally, drama in counseling is fun! (Hansen & Clark-Hansen, 2003; Stolinsky, 2002).

Drama as a school guidance and counseling approach for groups and individuals integrates many useful theoretical approaches into a wide array of possible methods that can address a variety of student needs. Theories like humanism, behaviorism, and psychoanalysis, with goals of catharsis, insight, social interest, behavioral change, and insight, meet with creative arts therapies, including art, music, dance/movement, and

poetry, to form one action-oriented counseling approach using drama. Student needs such as acceptance, trust, fitting-in, understanding, socialization, safety, and education can be met through dramatic means in guidance and counseling. Other methods of drama therapy should be explored for counseling children and adolescents in the schools, such as psychoeducational acting troupes. Drama can provide school counselors with unlimited possibilities for intervention with children and adolescents. Because theater arts are exciting and interactive, students will be engaged and willing to learn and grow.

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