

Benefits of Drama Therapy for Actors with Creative Blocks due to
Fear, Anxiety, and Depression

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Submitted in partial fulfillment of the requirements for the Master of Arts in

Independent Study in Drama Therapy Studies and Psychology Theory

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Cambridge, Massachusetts

May 2010

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Abstract

Drama therapy began as therapeutic theater in the 1920s, but its benefit for actors has remained underexplored. This master's thesis explores whether drama therapy would be beneficial for actors struggling with creative blocks due to fear, anxiety, and depression. The primary goals of this five-week actors' monologue workshop using transpersonal drama therapy modalities were to explore how well actors adapted to drama therapy and whether it could help them access deep emotional memories, thereby improving the quality of their artistic expression.

The workshop employed drama therapy experiential exercises including dramatizing archetypes and dreams, improvisation, monologues, and transformational theater and the following modalities from psychodrama: empty chair, role play, sociodrama, sociometry to unblock creativity. The outcome of the workshop successfully demonstrated that actors do well with drama therapy, as it naturally complements their acting training and creative personality, and that drama therapy leads to deeper emotional connection and enriched performance quality.

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Introduction

Drama Therapy has increased in popularity in recent years among a diverse array of psychotherapeutic groups including cancer patients, children, recovering addicts, and victims of sexual abuse, demonstrating that performing inner conflicts and engaging theatrically with others can lead to a greater sense of personal growth and interconnectedness. Although drama therapy began as therapeutic theater in the 1920s, its benefit for actors has remained underexplored as acting teachers throughout the 20th century encouraged actors to recall the emotions of past traumas but did not generally have the psychological training to facilitate professional-grade therapeutic healing. By the 1970's, renowned acting teacher Uta Hagen warned actors against raising psychologically buried issues in acting class for fear it would cause hysteria (Hagen & Frankel, 1973, p. 49). Today, however, with drama therapy and other creative arts therapies gaining in practice and support by artistic and therapeutic communities, the possibility for artistic and therapeutic acting work that reaches the deepest creative and psychological depths can be safely achieved if directed by a trained drama therapist who also understands the craft of acting.

For the purpose of this master's thesis, actors who had the recognizable psychological conditions of fear, anxiety, and depression were chosen to participate in a five-week workshop that incorporated drama therapy modalities and applied them to the actors' individual monologues. The primary goal of the project was to discover how well actors adapted to drama therapy and whether drama therapy could be used to help actors access their deepest emotions, therefore improving the quality of their artistic expression. Each participant actor had to qualify for the workshop, presenting with at least one of the

three psychological conditions in relation to their acting ability. These conditions of fear, anxiety, and depression were deemed symptoms of a creative block to emotional connection.

The workshop utilized drama therapy modalities including archetypes, dreams, improvisation, monologues, and transformational theater and the following modalities from psychodrama: empty chair, role play, sociodrama, and sociometry to unblock the actor's creativity. The actors' personal experiences served as the source material for the drama therapy; and the personal progress and growth was then applied back into the actors' monologue and monologue character.

The outcome of the workshop successfully demonstrated that actors do well with drama therapy, as it naturally complements their acting training and creative personality. Furthermore, the workshop demonstrated that drama therapy, when directed by a trained drama therapist, has the ability to help actors work through deeply underlying and unconscious emotional memories. As a result of the workshop, the participating actors felt that their acting blocks had been minimized and the drama therapy led to increased self-esteem, confidence and greater peace of mind. In comparing the actors' monologues before and after drama therapy, observers unanimously agreed that the monologues following drama therapy showed deeper emotional connection and enriched performance quality.

What is Drama Therapy?

Drama therapy has evolved since human beings began to communicate through story-telling and performance. Ancient civilizations dramatized their history and

community, their relationships with gods and spirituality, and their personalities through fictional myths and entertainment. According to Renée Emunah (1997), director of the drama therapy program at the California Institute of Integral Studies, the merger between art and healing dates back at least 20,000 years to “the dramatic healing rituals of shamanistic cultures” (p.108).

Ritualistic civilizations dating back to ancient times utilized shamans as conduits to bring messages of healing back from the spirit world, which was often expressed through dance, music, chanting, and theatrical performance (Landy, 2010. p. 9). A critical advancement in healing arts occurred when Aristotle metaphorically rephrased the term *catharsis* in his literary work *Poetics* from its literal definition of *purging* to describe the emotional release experienced after watching or participating in a Greek tragedy (Sparknotes Editors, 2005). Catharsis was later interpreted to mean *cleansing* by Josef Breuer, Sigmund Freud’s mentor, (Boeree, 2010) and embraced by the psychoanalytic community as “reliving emotional trauma to relieve emotional suffering” (Barlow & Durand, 2009, p. 157).

Emotional problems can trigger a wide array of abnormal psychological conditions including but not limited to performance anxiety and other social phobias, mood and affect disorders, and physiological reactions (Barlow & Durand, 2009). According to Candace Pert (1997), an expert in the field of emotion theory, human beings evolved by relying on an internal emotional response that required us to remember both pleasant and unpleasant experiences in order to survive (p.144). This link to memory causes on a very deep level many of the negative feelings we associate with our past

experiences. To transform these negative feelings into more acceptable ones would be inherent in the process of catharsis.

The concept of catharsis is widely accepted today within numerous therapeutic fields including psychodrama and group therapy, and typically occurs when a patient has a breakthrough in consciousness. Catharsis can also be synonymous for transformation, which means to change for the better. The practice of alchemy and transpersonal therapies strongly rely on the principle of transformation to facilitate personal growth and the movement from psychological or spiritual darkness to light (Hoeller, 2010).

The field of drama therapy as we know it today began as early as 1911 when Jacob L. Moreno, a medical doctor, began to develop psychodrama and embarked on his journey of reinventing theater for recovery purposes. The American Society of Group Psychotherapy & Psychodrama (ASGPP) carries forth Moreno's message:

Psychodrama employs guided dramatic action to examine problems or issues raised by an individual (psychodrama) or a group (sociodrama). Using experiential methods, sociometry, role theory, and group dynamics, psychodrama facilitates insight, personal growth, and integration on cognitive, affective, and behavioral levels. It clarifies issues, increases physical and emotional well being, enhances learning and develops new skills (ASGPP, 2010).

In order to define his ground-breaking techniques, it was necessary that Moreno differentiate between entertaining drama and therapeutic drama. While entertaining drama may be aesthetically pleasing or have a strong moral message that could plant the

seed for catharsis to occur, therapeutic drama must be consciously created with the intention to produce a cathartic benefit. Moreno (1946) wrote, “Thus the acid test of whether a dramatic work is therapeutic or not depends upon whether or not it is capable of producing catharsis in special types of audiences, or whether it is capable of warming up each member of the audience to a better understanding of himself, or a better integration of the culture in which he holds membership” (p. 385).

For actors, catharsis occurred by being themselves rather than characters. Moreno (1946) expands on the transformative nature that recreating past experiences can have on emotional memory:

In playing yourself you see yourself in your own mirror on the stage, exposed as you are to the entire audience. It is this mirror of you which provokes the deepest laughter in others and in yourself, because you see your own world of past sufferings dissolved into imaginary events. To be is suddenly not painful and sharp, but comical and amusing. All your sorrows of the past, outbursts of anger, your desires, your joys, your ecstasies, your victories, your triumphs, have become *emptied* of sorrow, anger, desire, joy, ecstasy, victory, triumph, that is, emptied of all *raison d'etre*. You can say to yourself now: Was I ever that fellow (p. 24)?

As Moreno discovered like so many before him, letting go of inner conflicts, this time through his technique of psychodrama, led to catharsis and a transformational effect on the personality. He transitioned from the theater and working with actors to

establishing psychodrama in clinical settings and group psychotherapy, which is primarily where his legacy remains today.

The field of drama therapy grew from the experimental theater of the 1960s and 1970s, “which explored the psychological, spiritual, and consciousness-raising aspects [of] theater and challenged the traditional boundaries between actor and audience” (Emunah, 1997, p. 109). Like many changes that occurred during this catalytic period in history, experimental theater rebelled against the confines of the Stanislavsky method and other mainstream acting teachers. Those who became drama therapists did so because of their love for acting and theater, and could appreciate the beneficial healing that resulted. Emunah (1997) writes, “Unlike psychodramatists, drama therapists are *required* to have a theater background in order to become registered” (p. 112). She describes what many consider to be the primary difference between psychodrama and drama therapy, “[Drama therapists] use a wide array of theatrical processes – not only psychodramatic role play, role reversal, and reenactment, but also adapted versions of improvisation, creative drama, theater games, story-telling, puppetry, masks, mime, movement, scripted scenes, and performance (p. 112).

Drama therapy practitioners such as Gertrud Schattner, David Johnson, and Eleanor Irwin took such experiential exercises into institutional settings to work with psychiatric patients, schizophrenics and veterans, and disturbed children, respectively (pp. 109-110). In 1979, the National Association for Drama Therapy (NADT) was established as a nonprofit organization with the mission to “uphold high standards of professional competence and ethics among drama therapists; to develop criteria for training and registration; to sponsor publications and conferences; and to promote the

profession of drama therapy through information and advocacy” (NADT, 2010).

According the NADT:

Drama therapy is the systematic and intentional use of drama/theatre processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. Drama therapy is an active, experiential approach that facilitates the client's ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience, improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility between roles (NADT, 2010).

Today, drama therapy encompasses the theatrical modalities mentioned above and also many theories of practice including, but not limited to, playback theater, psolodrama, and transpersonal drama therapy. Transpersonal drama therapy integrates elements from transpersonal psychology with drama therapy, and was the foundational theoretical model for this thesis creative project and research paper.

Transpersonal Drama Therapy

The drama therapy field is growing but still remains relatively small. The NADT recognizes only four accredited masters degree programs, located in the metropolitan areas of New York City (New York University), San Francisco (CIIS), and Montreal (Concordia University). These programs address the mainstream issues related to the

field at large. The organization also recognizes programs it deems “alternative” to mainstream orientations provided they meet the requirements put forth by the NADT.

The Transpersonal Drama Therapy Certificate Program at the Omega Theater is one such alternative academic program.

The Omega Theater Transpersonal Drama Therapy Certificate Program, according to executive director Saphira Linden, “evolved out of creating original and experimental plays that integrated meditation with relevant issues to create transformation” (S. Linden, personal communication, April 3, 2010). One example was *The Cosmic Celebration*, a theatrical pageant, produced from 1973-1983, that “celebrated the unity of the human family. It was designed as a transformational process first for its many participants (casts as large as 350, cast in different cities in the US and Europe) and then as a transformative process for its audiences, that numbered in the tens of thousands” (S. Linden, personal communication, April 3, 2010). The mysticism and meditation practices of the Sufi Order still provide the foundation for the Omega transpersonal approach to drama therapy – healing rooted in wisdom, intuition, and spirituality. Although the program does not maintain a religious perspective, the underlying theoretical basis of the program emanates from its roots in transpersonal psychology. According to Linden, transpersonal psychotherapists strive to transform suffering by engaging with the imaginative realms of the spiritual-self, where people are thought to be their essential self, never “tarnished by trauma and abuse in their early conditioning” (Omega Theater, 2010).

As noted on the Omega Theater website, transpersonal drama therapy “utilizes the embodied arts in the recovery from all forms of abuse, dysfunctional relationships, and

associated limitations acquired from personal history toward an experience of being fully present and whole...[offering] creative experiences through which individuals develop an awareness of their soul's journey..." (Omega Theater, 2010). The transpersonal drama therapy repertoire of exercises extends beyond the material world to include such processes as reliving life in-utero and communicating with ancient ancestors. People who have traumatic births (or pre-life experiences) can re-envision a more pleasant transition from spirit to embodiment. Whether such traumatic moments actually existed doesn't really matter – for it is the patient's perception and emotional memories of those actual events that are transformed toward healing. As Linden emphasizes, "When people are seen for who they are in this essential self or higher wisdom self, they are more able to be less defended and more open to face themselves and work on their emotional issues and life challenges" (Raucher, 2007).

The Omega Theater transpersonal approach is one of many transpersonal perspectives within the drama therapy field. Gary Raucher (2007), a drama therapist and NADT board member, led a conference panel discussion at the 2007 Annual NADT Conference in Montreal entitled "What the Bleep is Transpersonal Drama Therapy?" to organize the current points of view around this developing practice. The panelists included Linden, Wendy Limber, Greta Schnee, Stephen Snow, Sheila Rubin, and Raucher. Most of the panelists, like Linden, believe in the benefits of breath work to access deeply conflicted emotional memories, meditation, energy work, symbolic dream capture and a holistic view of the interconnected nature of the universe. Schnee, however, holds a Buddhist perspective that transpersonal experiences are found in the

mundane realities of life, and that a mainstream client-therapist relationship can transcend to the transpersonal realm if both parties are in touch with their spirituality (p. 2).

Transpersonal psychology theorists who led the revolution of thinking that integrated spirituality as part of mainstream psychotherapeutic theory include William James, Carl G. Jung, and Abraham Maslow. Whereas transpersonal psychology is generally understood as a model of psychology that embraces a deeper wisdom about one's place in the universe and a higher level of consciousness that extends the ego to include the soul, there are many similar but different definitions. Many theorists have described *transpersonal* in various ways and often it is associated with Eastern religion and ancient practices like meditation, prayer, and unification with the universe.

William James believed the spiritual self has the capability through prayer and meditation of engaging in an interactive relationship and reliance upon a greater source of consciousness, namely God (Frager & Fadiman, 2005, pp. 200-242). It is upon James' theories that Bill Wilson developed the spiritual program of Alcoholics Anonymous and all 12-Step addiction recovery programs that followed. Carl Jung identified the collective unconscious as a central transpersonal space beyond the ego where all living beings share access to a universal psychic energy force, regardless of individual personal experience (p. 64). Abraham Maslow defined transpersonal as self-actualization, where "we are whole, more integrated and better able to put our energies to constructive use" (p. 352).

For many transpersonal theorists, the goal of therapy then is to transcend the challenge or rise above it. For Linden, transpersonal is "actively seeing and relating to people as their essential, or higher self, a level of being which is deeper than the personality layer where problems or pathologies manifest" (Raucher, 2007, pp.1-2).

When exploring whether transpersonal drama therapy (or any drama therapy at all) can help actors to rise above their fear, anxiety, and depression, we must look at traditional definitions of these clinical diagnoses and then utilize the principles of drama therapy, from a transpersonal approach, to find ways to transform these neuroses, lessening their grip over the individual actor.

Fear, Anxiety, and Depression

A lot as been said about writer's block and other creative blocks but few theorists, if any, have been more successful at helping others to recover creativity than Julia Cameron, author of *The Artist's Way*. According to Cameron (1992), "Creativity takes faith....Our resistance to our creativity is a form of self-destruction....Depression, like anger and anxiety, is resistance, and it creates dis-ease" (p. 193). Cameron explains that through her recovery process people will "learn ways to recognize and resolve fear, remove emotional scar tissue, and strengthen confidence" (p. 7).

Like other creative blocks, acting blocks have at their core fear, anxiety, and depression. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) categorizes such psychological conditions within the mood and anxiety disorders classifications. According to the *DSM-IV*, the diagnostic criterion for social phobia best describes the condition of an acting block in general:

A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will

act in a way (or show anxiety symptoms) that will be humiliating or embarrassing (p. 416).

According to this criterion, “Exposure to the feared social situation almost invariably provokes anxiety...The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person’s...occupational functioning” (p. 417). In other words, an actor with social phobia may avoid performances in front of an audience or at auditions, and withdraw from a professional career regardless of creative passion or talent.

In an audio podcast about *The Artist’s Way*, Cameron espouses that people do tend to resist creativity. “I think we have a lot of faulty ideas about creativity. A lot of times we believe we can either be happy *or* creative....and then, of course, what we discover is we are far less tormented when we are creating than when we are not. It’s the blocked creatives that are miserable” (Cameron, 2009).

For many, an acting block may prevent further pain from rejection. The Screen Actors Guild has approximately 120,000 film and television actors worldwide within their membership (Screen Actors Guild, 2010). This number does not include the many more theatrical, radio, and non-union actors. Competition for a small number of roles leads to heartbreak when rejected, which over time leads to depression. The *DSM-IV* describes the mood in a major depressive episode as “depressed, sad, hopeless, discouraged, or ‘down in the dumps’” (APA, 1994, p. 320). Many with depression suffer from a loss of desire or pleasure from activities that once were joyful. Depression with melancholic features includes the “loss of pleasure in all, or almost all, activities and [a] lack of reactivity to usually pleasurable stimuli” (p. 384). When rejection begins to feel

like an ongoing personal attack or constant criticism, the artist within dissociates to protect his or her ego.

Therefore, drama therapy would be a highly effective clinical intervention for acting blocks because the physical nature of the practice helps to reconnect people with their bodies, and in a healing way, helps them to rediscover their inner actor whom they love so dearly. Cameron (2009) says that artists supporting other artists is the best way to further success:

We have a mythology that tells us that artists are loners...I think support is pivotal. It's very often the difference between success and failure. We need to find what I call "believing mirrors," and those are people who reflect us back to ourselves as competent and gifted. They reflect back your sense of possibility or even probability that you're going to do well. I think having a "believing mirror" can be the difference between giving up on a project or hanging tough on a project when you have a lot of rejection. (Cameron, 2009).

Through the process of drama therapy actors work with other actors and their inner selves reflect outward. Cameron's concept of a believing mirror comes to life in each experiential moment. The safe environment of a drama therapy group for actors decreases competition and the resulting fear, anxiety, and depression. When drama therapy exercises are well-directed by a drama therapist, creativity and spontaneity generate a beautiful and healing art form.

Tools of Drama Therapy

The tools utilized in this drama therapy thesis project included dramatizing archetypes and dreams, empty chair, improvisation, monologues, psychodrama, role play and role reversal, sociodrama, sociometry, and transformational theater. This section will define each of the modalities called upon and why they were chosen for a drama therapy group for actors. How each was used will be described later in greater detail.

Archetypes are essential and timeless images of humanity recognized innately as inner guides. Carol Pearson (1991), author of *Awakening the Heroes Within: Twelve Archetypes to Help us Find Ourselves and Transform our World*, identifies the subjective nature of our relationship to the archetypes, “We each experience the archetype according to our own perspective” (p. 6). In her book, Pearson focuses on twelve inner guides: the Innocent, the Orphan, the Warrior, the Caregiver, the Seeker, the Destroyer, the Lover, the Creator, the Ruler, the Magician, the Sage, and the Fool (p. 3). There are countless other archetypes in contemporary society such as the Rock Star, the Dumb Blond, and the Politician but these are all representations or combinations of original archetypal patterns – in this case the Ruler (Creator, Lover), the Innocent (Fool), and the Magician (Ruler, Destroyer), respectively. Determining which archetypes apply in a specific situation is subjective and depends on one’s perspective. In drama therapy, these archetypes are embodied and performed as characters and guiding spirits.

Dream work in drama therapy includes reenacting parts of a dream, embodying a dream image, and performing dream symbolism. Reenactments can be as simple as a gusty wind or as complicated as staging a scene from the dream. Dreams have long been appreciated for their prophetic messages and insight into the unconscious. In biblical

times, Joseph's dreams were sought to predict economics, and around the turn of the 20th Century, Freud theorized that dreams are the key to unlocking the symbolic language of the Id (Dream Moods, 2009).

The *empty chair* technique originated from Moreno as part of psychodrama (Blatner, 1996). It is commonly used as a “blank canvas” where a protagonist projects his or her thoughts and feelings onto an imaginary receiver sitting in the chair. During role reversal, the protagonist becomes the “person” sitting in the chair and sees his or her life from another perspective – from the point of view of his or her projected self (p. 54). Almost anything can be projected onto the empty chair. Common examples include an aspect of oneself, another person, a body part, and a spiritual being. Empty chair is very helpful in drama therapy because it allows the therapist to see where blocked energies reside within the actor, whether in the body or in relation to something external, and know the direction to take for healing.

Improvisation is a major component in drama therapy to free up creativity. Daniel J. Weiner (1994), author of *Rehearsals for Growth: Theater Improvisation for Psychotherapists*, applies the techniques of theater improvisation (improv) to individuals and groups in order to build relationships and relationship skills. He defines improv as “a method of stage-acting in the moment, using minimal prearranged structures (such as scripts, plots, or props” (p. ix). For both Wiener and Moreno, spontaneity is “an ability to experience and express fully, without inhibition, and an ability to respond externally to new situations in an immediate, creative, and appropriate manner” (p. xviii). For actors, to be able to respond in the moment is an important element of their acting craft. Fear,

anxiety, or depression can prohibit free-flowing expression and improvisation, when used in a therapeutic context, can open and release inner conflict.

Monologues are one of the many forms of scripted material that can be incorporated into drama therapy practice. Other scripted material includes scenes involving more than one character, poetry and spoken word, and journal entries. A monologue is “an extended uninterrupted speech by a character in a drama. The character may be speaking his or her thoughts aloud, directly addressing another character, or speaking to the audience...” (Monologue, 2010). Monologues are essential material for every actor and often what agents and casting directors look to when considering an actor’s ability to embody a role.

Psychodrama is a well-structured, staged physical exercise invented by Moreno in which a person portraying him or herself becomes the *protagonist* and chooses others to play roles from his or her own life. These supporting characters are called *auxiliary roles* and can be whomever or whatever the protagonist chooses, i.e. a significant other person such as a spouse or parent, a generalized supporting character such as a teacher, a fantasized figure such as God or an archetype, an inanimate object to which the person relates such as clutter, or a collective group such as a religious community (Blatner, 1996, pp. 16-17). Psychodrama was originally intended as an extension of psychotherapy, but today is employed in many therapeutic settings. It is not typically used as an acting technique. However, for actors in a drama therapy recovery group, psychodrama can be a fun, yet complex, way for an actor to explore his or her own personal experience, before relating it to a fictional character.

Role play and *role reversal* are two sides of the same exercise. Role play is the improvisational acting-out of a particular character, either fictitious or based on a real person, place, or thing. It is widely used in a variety of therapeutic and corporate environments, and for fun. The classic game *Charades* uses pantomime role play to communicate a word. Players win points for the roles they can identify. Children role play consistently as they portray fantasy figures like princesses and firemen.

In drama therapy, role play to facilitate self-expression and embody a relationship dynamic can be very therapeutic. To embody a role is to access the unconscious (Landy, 2008, p. 135). Zerka Moreno (2006) defines role reversal as “the role of the other person involved” (p.98). Through this technique, “distortions of perception of “the other” in interaction may thus be brought to the surface, explored and corrected in action” (p. 98). For actors, role play is the first step in taking on a character. In drama therapy, accessing the unconscious through improvisation can be enlightening and deeply cathartic, especially when what is explored is relevant to the actor himself.

Sociodrama has the same basic structure as psychodrama but where the protagonist explores a social issue relevant to the wider culture or general population, and auxiliary roles are chosen as aspects of the issue. Also invented by Moreno, it is defined as “...an exploration of a problem that involves a role or a role relationship, a theme which might be relevant to a group of people” (Blatner, 1996, p. 10). For example, if the sociodrama is about childhood obesity, the protagonist may be the child and auxiliary roles might include the food manufacturer, politician regulating the industry, dietician, and parents. Within the context of drama therapy for actors, sociodrama can place

relevant themes into historical and social context which helps to create a more realistic setting for scene work.

Sociometry is another complex concept invented by Moreno and measures the proximity of people in relation to each other. As described by the Psychodrama Institute of Los Angeles (PILA), sociometry is “the study of human connectedness” (PILA, 2010). A drama therapy sociometry exercise establishes how participants feel about a particular issue based on where they physically stand during the exercise. The therapist may raise a question that prompts participants to choose where to stand depending on how they relate to the question asked. From there, the therapist can gauge the inner experience of a participant.

Moreno theorized that every person has developed inside of what he called a *social atom*, the immediate microcosm of one’s life. Typically, it is the first relationships that establish the social atom, and for most are immediate family members and primary caregivers from childhood. According to Moreno, we make choices based on these original relationships. “Sociometry is based on the fact that people make choices in interpersonal relationships. Whenever people gather, they make choices - where to sit or stand; choices about who is perceived as friendly and who not, who is central to the group, who is rejected, who is isolated” (PILA, 2010). In a drama therapy group for actors, sociometry helps a therapist to determine resistance and comfort levels.

Transformational theater is used quite frequently in transpersonal drama therapy. As Linden (2000) explains, “Transformation is not about changing people to become something else, but rather about releasing their limited self from early conditioning to remember who they really are in their true nature” (p. 361). Many times this approach is

used to reveal never-before-seen sides of the self. Linden (2000) notes there are two ways in which this is done:

One is by using these methods therapeutically to access one's own life material, and learning techniques to be able to craft and effectively communicate this material to an invited audience, with whom the group can be vulnerable with their intimate material. The second is to create biographical theatrical works for larger audiences with healing and transformation as a goal. This can be done either as a one-person performance or as part of a larger ensemble work (p. 361).

Transformational theater has many benefits for actors including becoming more comfortable in their own skin.

Drama therapy has many modalities in addition to the ones mentioned herein. The ones utilized in this thesis were relevant specifically for actors and could be applied easily to a group. None of these techniques are unreasonably challenging and most of them were only a minor leap from the work they were already doing in acting class. For beginning drama therapy participants, these exercises were fun and easily learned.

Moreno vs. Stanislavski

Before delving into the breadth of the workshop it is important to understand the convergence and divergence of Moreno and Konstantin Stanislavski. Moreno was the founder of group therapy and psychodrama, and Stanislavski was the founder of method acting, arguably the most followed acting technique of the past century. Both were born

in the latter half of the 19th Century in Europe - Moreno in Vienna and Stanislavski in Russia. Both of their techniques evolved from the theater. However, their divergence may parallel their differing views on Freud.

Moreno believed Freud's office setting was limiting and that patients needed a more personal environment to act out their unconscious desires. He also disagreed with how Freud seemed to diminish his patients' dreams and wanted instead to find ways to "give them the courage to dream again" (Moreno Institute East, 2010). Moreno's practice as a psychiatrist integrated his own original thinking as he sought ways to apply creativity to his work as a doctor. He embraced improvisation, spontaneity, and creativity as a tool for accessing the unconscious, and he respected the expressive and therapeutic nature of performance.

Stanislavski, on the other hand, was greatly influenced by psychology theorists of the day including Theodule Arnaud Ribot, from whom he extracted the theories of sense memory and emotional recall and applied them to acting. Freud and Ivan Pavlov also inspired him. Freud's theories resonated with Stanislavski, as he "attempted to develop intuitive actors, open to the dynamics of the unconscious" (Landy, 2008, p. 102). Landy (2008) wrote in *The Couch and the Stage* that Stanislavski believed "an actor's job was to behave on stage as if the dramatic moment was real. The reality of the moment was expressed emotionally, linking the past of the actor to the present of the role" (pp. 101-102). Although Stanislavsky did not espouse acting as therapy, audiences favored acting that reflected a psychological realism, which is why his system was so revered especially by American actors. In later years, Stanislavski identified with Pavlov and taught about

the importance of a character's physical behaviors rather than emotional memories (p. 102).

Both Moreno and Stanislavski were disenfranchised by the world of acting. Like Moreno, Stanislavski aimed to transform the acting profession after becoming disheartened by the acting practices of the day, which included overacting, and phony histrionics, imitation, and actors' lack of discipline (Gordon, 1987, p.17). He recognized that all of his favorite actors had an aura around them on stage and likened this concentration of energy to a transpersonal state of consciousness, similarly experienced by children, which he called the *creative state of mind*. He began developing exercises to help actors recreate this heightened state of awareness from where he thought great artistic work was generated (pp. 28-30). He continued to explore ways to bring about truthful acting and promoted the theories of Ribot, who wrote in 1896 that "to re-experience an emotion, one must first re-experience the emotion's imprint. By recalling the sensory atmosphere of a past activity, one can capture the past emotion" (p. 39). Today, actors still attempt to recreate sensory perception, as they believe that actually feeling the heat of a hot summer day within a scene will increase the realism felt by the audience.

Similar to Stanislavski, Moreno laughed at what a mockery of reality he felt theater had become with all its conventions, machinations, and playwrights and actors betraying their audiences with phoniness. His aim was to deconstruct theater, and the participants' relationship to it, so that the creative process would mirror a genuine reflection of the truth of one's life. That, he claimed, was "theater of genius" and

spontaneity the spark that ignited it (Moreno, 1946, pp. 21-24). Moreno believed that spontaneity led the way to true imagination.

Moreno (1946) concluded, however, that Stanislavski's technique required actors to relive the past, unlike psychodrama, where spontaneity occurs in the moment. He further believed that reliving the past limited and confused the actor when confronted with what was actually happening in reality. In comparing acting to therapy, he distances himself from Stanislavski and Freud:

The emphasis upon memories loaded with affect brings Stanislavski in curious relation to Freud. Freud, too, tried to make his patient more spontaneous just as *Stanislavski tried to make his actors more spontaneous in the acting of conserved roles*. Like Stanislavski, Freud tried to evoke the actual experience of the subject but also he preferred intensive experiences of the past to the moment - for a different application however - to the treatment of mental disturbances. Although working in a different domain, Freud and Stanislavski are counterparts (p. 39).

Moreno (1946) insisted that his way of improvisation freed the actor from performing typical theater clichés and wrote:

Once we had permitted the actor a full spontaneity of his own, his full private world, his personal problems, his own conflicts, his own defeats and dreams came to the fore. I recognized gradually the therapeutic value this kind of presentation had for the actor

himself and when properly manipulated, the therapeutic value it had for the audience” (p. 40).

To this end, Moreno's goal was to use acting to heal. Today, his legacy as the founder of psychodrama, and drama therapy as it is generally practiced, may very well extend into acting training as the two fields converge once again through this thesis and beyond.

My Personal Story

Since I was a little girl, I always felt the mystical connection between my creative spirit and the art which manifested from it. I remember when I was four years-old I was coloring at my mini table and chairs in my bedroom in Michigan, and while I was concentrating on each color and line I heard a voice come through my meditation. The voice said, “I am God. I am with you.” From that moment, I have always felt a living, spiritual power within me.

I am still that artist. Today, I am a painter, actor, and filmmaker. Before I begin any form of self-expression, I pray to channel a divine message, for God to speak through me in whatever artform I am creating. For me, being an artist is a co-creation with God, a special moment with my guiding spirit and source of freedom and comfort.

Art and creativity flow through me as effortlessly as water through a cold spring, however, there are times when I get stuck professionally. Show business is different from show-and-tell and when it comes to actually making a living from my acting I become incredibly blocked: fearful, anxious, and depressed. I have a tendency to sabotage success by avoiding commitment to a particular project, not following through

on opportunities that could become profitable, overeating and overexerting before auditions, and giving up just moments before success.

When I enrolled the Omega Theater Transpersonal Drama Therapy Certificate Program, I did so secretly as an actor wanting the healing benefits of drama therapy for myself. I had hoped that drama therapy would unblock my own fear, anxiety, and depression, although I knew that was not the intention, per se, of the program. I didn't yet understand exactly what transpersonal meant but I soon realized that I was being guided to confront painful past experiences through a creative process rooted in spirituality, and to eventually share recovery from self-sabotage with other actors as a drama therapist.

As I continued through the academic curriculum at Omega Theater, I realized that the quality of my acting expression was evolving and I was becoming more in tune with who I am – more at ease within. Although I am not 100% healed and my recovery is a work-in-progress, I have begun to rush less while acting and allow myself the space to communicate honestly, which was Stanislavski's ultimate aim. In my current acting class directed by Charles di Cagno, I am beginning to release long-stored fears of being seen for who I really am, which was a process I started in the Omega Theater program. The calmness I now have has led to a willingness to be directed by my compassionate teacher, whereas before I could not accept criticism. Although I am more vulnerable now in my ability to receive the process, I am less emotionally scarred by the experience. I am stronger and more resistant to creative blocks.

My master's degree coursework at Lesley University has also been very rewarding. Supporting the Drama Therapy Studies program at the Omega Theater with a

co-emphasis in Psychology Theory at Lesley was invaluable for me to understand the structure for how drama therapy actually works in relation to the structure of the psyche. I learned how the transformative process of drama therapy had its roots in theory, and knowing why it works is just as important to me as learning the drama therapy exercises. In addition, I have an innate interest for psychology theory. Prior to enrolling in my graduate program, I had written what I felt to be a ground-breaking theory defining antisexual personality disorder (ASD), a personality disorder theory describing a type of personality consumed by negative sexual energy and violence. Therefore the psychology theory studies at Lesley University were exciting for me and helped to fill in academic information I had not found through my own research.

I am glad to have had an understanding of this theory because it aided me through some challenging moments in this thesis project, particularly when Mirna recalled her past incest by her father, which will be reviewed in Week 4 of the Week-by-Week Journal of Activities section. According to my theory (1998), antisexual personality disorder is the containment of negative sexual energy in victims and victimizers of abuse and when that energy is not released peacefully, it leads to more acts of violence of an antisexual nature, including but not limited to, child molestation, domestic violence, eating disorders (including obesity), fertility dysfunction, homophobia, gun violence, prostitution, rape, sexism, sexual dysfunction, sexual harassment, substance abuse, and terrorism. Although many theories recognize that violence begets violence and victims become victimizers, the difference between ASD and other theories such as post traumatic stress disorder (PTSD), for example, is that within ASD, the whole of the personality is seen as affected by trauma, and like other personality disorders, the

personality has developed a recognizable pattern of coping. Through therapy, creative arts and otherwise, this pattern can be broken and personality recovery is possible.

ASD can be a useful diagnosis within transpersonal psychology as well. The forms of abuse that cause ASD include physical, emotional, verbal, sexual, and spiritual abuse, and often they overlap. Spiritual abuse occurs when zealots use their religion as prey to warp minds or commit sexual abuse. In many of those cases, God bears the blame for the violence and over time people lose their faith in a loving higher power – disconnecting from their empowerment source and inner wisdom. The theory accompanied a series of art therapy paintings I made to represent various *archetypes of violence*. For example, the Terrorist is the contemporary version of the Destroyer, a classic archetype, but is seen through a lens of perpetual and generational violence (Leib, 1998).

By the time I enrolled in the Omega Theater Transpersonal Drama Therapy Certificate Program in 2008, I had personally experienced the cathartic power of creative arts therapies, and was willing to find more ways to use creative expression to facilitate healing.

The Evolution of a Drama Therapy Group for Actors

Throughout my master's degree program from 2008-2010, integration became the theme of my studies. How would I integrate all of my creative passions and theorizations into a streamlined career presentation? After three semesters of book reviews, research papers, and coursework in drama therapy and psychology theory, I still wanted a better understanding of acting and how drama therapy might help me become a better actor.

In a discussion with my team advisors Linden, Nancy Waring, and Jim Grant, we brainstormed thesis ideas for a creative project that would incorporate my video and directing skills, building on my work experience and undergraduate major in Film and Video Studies from University of Michigan. Linden encouraged me to direct a drama therapy group. She had supervised me leading a client session at Omega Theater, which had gone really well. I felt comfortable directing the client in a psychodrama and improvising with him, even though he was not an aspiring or professional actor. I gained confidence because he responded favorably to my direction and seemed to benefit from the way in which I had accepted his life experience and spontaneously worked with it in the creative moment.

During the academic calendar year of Fall 2008 - Spring 2009, I participated in a psychodrama group in New York City with group therapist and psychodramatist Mary-Jo Amatruda. These experiences along with my growing confidence as an artist, actor, and drama therapist-in-training conveyed to my academic advisors that I was ready to lead a group of my own, with Linden's supervision.

Although I wanted to work with actors purely for the artistic enjoyment of it, my advisors guided me to link a clinical component that actors suffered from to the workshop using drama therapy principles. As Linden urged, people need a reason to be in drama therapy. I thus tapped in my creative consciousness and found a connection between what I was experiencing as an actor and why I needed drama therapy to resolve my own inner conflicts. That is when I identified that fear, anxiety, and depression underlie creative blocks, and forged ahead to create a drama therapy group for actors dedicated to exploring these issues.

Current Approaches to Acting Blocks

Virtually all acting teachers have their formula for improving an actor's performance whether it is through a sense-memory technique like Stanislavski's or a less-structured technique like Susan Batson's Develop Your Own Method (DYOM). DYOM challenges actors to choose from an array of techniques that work best for them. The only acting teacher I know of who specifically addresses anxiety and stage fright is my current acting teacher, Charles Di Cagno.

I initiated contact with Di Cagno through his website while researching "drama therapy for actors" after my group meeting with my advisors for this thesis project. I wanted to further explore the nature of my own creative block both as research for my thesis and for personal growth, and to see who else was working in this realm. In Di Cagno I found a wonderfully skilled instructor able to help people relax through the potentially frightening process of self-discovery. Although he is not a registered drama therapist, and does not incorporate drama therapy exercises into his acting class, he does have phobia training. Di Cagno reflects on when he began associating clinical issues with acting and his process for recovery, "I struggled with severe stage fright as an aspiring actor, and incorporated all I learned from acting, public speaking and phobia therapy training...[My approach is to] teach acting with gradual exposure in manageable steps to overcome anxiety issues related to performance" (C. Di Cagno, personal communication, March 22, 2010). Like most of his students, I have grown in my craft and stretched my creative limits as a result of his teachings.

Rationale for a Drama Therapy Group for Actors

Throughout this thesis I have identified three blocks to free-flowing emotion: fear, anxiety, and depression. All of these blocks are known psychological conditions that contribute to a patient's distress regardless of his or her profession. They have been ongoing and treatable conditions throughout psychotherapeutic history; and all can be severely debilitating. Furthermore, in the case of an actor, these conditions directly impact the acting work itself which in turn further triggers the conditions.

Fear can derail an actor instantly and manifests in several ways such as being afraid of failure and/or success, of not being good or talented enough, of body-image (not pretty or skinny enough), of speaking the language (if not fluent enough), of what people will think, etc. Fear can also inhibit spontaneity as well as overtake the central nervous system making actors feel stiff or paralyzed physically. Actors can have stage fright to the degree that they are afraid of their own audience; they can overact under pressure or dull their voice to a muffled peep, losing all tone and inflection.

Anxiety can cause an actor to skip an important audition, masking itself as physical illness. It can generate exhaustion when energy reserves are necessary, distract an actor's focus, invent all kinds of excuses why an actor should not perform a role or access a deep emotion. Anxiety can send an actor to a plastic surgeon, keep them addicted to drugs, make them quit prematurely, and interfere with relationships.

Depression may be caused by genetics and therefore places actors who have it at a challenging disadvantage. Depression can manifest from a chemical imbalance or a deep seeded unresolved conflict. There are many, many causes for depression, but for actors it can trigger avoidance of acting and feeling lethargic or unenthusiastic about a role. It can

alter an actor's perception of reality, generating low self-esteem and body image distortion. Depression can slow down an actor's progress and make it very difficult for him or her to function on the stage or off.

Acting classes can provide a therapeutic benefit just by helping actors to engage with their emotions on a deeper level, but drama as therapy is best left to professionals trained to treat such psychotherapeutic conditions. Acting teachers who do not have the credentials to treat their students as patients when a student has a psychological condition worthy of medical attention may find themselves in an overwhelming and potentially damaging position. For this reason, Uta Hagen (1973), a well-regarded acting teacher and actress in New York City, issued a precaution to actors against using drama *as* therapy,

I must warn you, at this point, to avoid the examination of any past experience which you have never talked about or wanted to talk about. Here you will be on dangerous ground because you will not know what can happen to you, and without an understanding or a degree of objectivity to the experience it is useless to you artistically. There are teachers who actually force actors into dealing with something buried (their response to the death of a parent, or the trauma of a bad accident). What results is hysteria or worse, and is in my opinion, anti-art. We are not pursuing psychotherapy. If you feel mentally sick or disturbed and in need of it, by all means go to a trained doctor or therapist, but *not* to an acting teacher (Hagen & Frankel, 1973, pp. 49-50).

When Hagen published her acclaimed book *Respect for Acting* in 1973, drama therapy had not yet emerged into the mainstream as a popular method for many therapeutic populations, much less for actors to examine their past experiences effectively. Since then, drama therapy has evolved into a thriving field of practice with its own national association, code of ethics, and a state licensure credential for a registered drama therapist (RDT). Today, in contrast to Hagen's warning, actors have greater accessibility to drama therapists in general, and therefore could reasonably use acting therapeutically in a safe environment when directed by a trained drama therapist. However, not many drama therapy practices are centered on actors as the target group of clinical patients. Thus, this thesis creates a structure for how drama therapy with actors could work using scenes and monologues from their repertoire, and how the drama therapy process can help an actor grow as a person and performing artist.

Overview of Workshop

The vision for this group was to provide a creative and participatory environment where actors would use the backbone of their craft such as monologues, scenes and role play to access inner psychological and emotional conflicts. The following presentation will explain how the group was formed, who participated in the group, the core workshop curriculum, the issues explored and treated, why video was used to document the actors' progress, and an evaluation based participant feedback and nonparticipant observation.

To explore whether drama therapy would benefit actors struggling with creative blocks due to fear, anxiety, and depression a target group was formed under the title "Actor's Monologue Workshop using Drama Therapy Principles" and was a hybrid

drama therapy group, acting class, and thesis project that I would direct as a drama therapist-in-training. The workshop was organized and conducted during the fall semester of 2009.

During this semester, I was also enrolled in an online group dynamics psychology course entitled Group Work Practices at Empire State College in New York. The course, led by instructor Joanne Levine, importantly served as my group therapy model. I could communicate about my experience leading my own target group with others in the course in our simulated peer discussion group. Course assignments were based heavily on group psychology theory by Gerald Corey and Marianne Schneider Corey and covered all the essential components for leading a group: the group proposal; informed consent; the stages of group therapy including the initial, transition, working, and final stages; and evaluation (Corey, Corey, & Corey, 2010). Many of the assignments were actually written for application in this thesis group.

The drama therapy workshop met on Wednesday nights from 6:30-9:00pm for five consecutive weeks in New York City with time between sessions to process the experience. The group would meet for the first four weeks in a rehearsal studio and on the last session in a black box theater. Each actor would prepare a monologue they wanted to connect more deeply with emotionally. The monologues would be videotaped to measure their progress before and after drama therapy. The last session would be a culmination of all the drama therapy sessions and the monologues would be performed a final time as transformational theater.

Although I had the vision for this group, I still was not sure how I could connect with the right actors willing to participant in this avant-garde and highly focused acting

workshop. As luck, and spiritual synergy would have it, I met the right person at the right time that would introduce me to a database of blocked actors.

In the week leading up to the Labor Day Parade in New York City on September 12, 2009, I had learned that my union, the Screen Actors Guild, would participate in the walk. Not one who typically joins in activities like these, I had a strong intuition that if I were to walk with my peers (I have been a SAG member since 2002), I would meet someone important who would help me in my career – “hopefully an agent,” I thought. I didn’t know how or why I received this message from my creative spirit... all I know is when that voice sounds as loudly as it did that day, *I obey!*

On the morning of the parade, I raced uptown only to arrive moments before the team departed. While walking, I randomly coincided with another New York actress who was a member of the Actors Equity Association and had been working at a theater school. I mentioned in our casual conversation about my drama therapy studies and told her about my plans for my thesis project. Miraculously, she said, “Email me your proposal and I’ll forward it on to my network.”

My higher power was certainly with me that day. When I got home and looked online, I realized the school is quite prestigious. If that isn’t transpersonal, I don’t know what *is!*

Hours after I submitted my proposal to my new "friend," I began to receive emails from actors who were interested in the workshop either to understand what drama therapy is or because they felt they needed it. They expressed why they believed they were blocked and how fear, anxiety, and/or depression had impacted their lives and career. In total, I received twenty-one inquiries.

The initial candidates were both alumni and current students. The school did not offer drama therapy but was known for its emotionally deep and thought-provoking teaching style. Most of the school's course offerings are traditional acting classes including text analysis, speech and voice, and scene study and do not include widely known drama therapy exercises such as psychodrama, sociodrama, or therapeutic role play.

My plan for the drama therapy group was to admit a limited number of participants into the workshop so that each person would have a thorough experience and I would be able to manage the sessions as a drama therapist-in-training. I interviewed each participant to ensure as best I could that all participants in the group would meet the criteria: that they were sufficiently blocked and would assimilate well enough within the group setting. The purpose of the intake session was not an audition, for I was not measuring talent. It was to understand each group member on a personal level and to determine who would be right for the group.

The Intake Process

Although over twenty actors had expressed interest in the group, only ten were available to meet for the 15 minute-per-person intake session at a coffee shop in the East Village of Manhattan on the scheduled night. To keep things simple, rather than interviewing all interested actors, I only considered the ones who could make the open introductory session, because I had only had a small number of spaces to fill. At the session, I requested each potential group member to complete the Application Questionnaire (see Appendix I).

The intake application was a unique form that I developed for this group. I asked for the actor's contact information, availability, acting experience, level of training, previous knowledge of drama or group therapy, the nature of the creative block, whether the candidate was experiencing fear, anxiety and/or depression, preexisting medical conditions, current medications, whether the candidate had ever received a mental health diagnosis, and if he or she had any physical injuries that would affect participation in a performance group. Upon reviewing their application, I was more prepared to engage in a one-on-one conversation with each actor and to use my judgment as whom I felt would qualify for the group. It would also help me to determine who was not sufficiently blocked to need or benefit from drama therapy and who might have preexisting mental health and medical conditions beyond the scope of my competency level as a graduate student. Incidentally, the intake questionnaire was a great resource for me that I could utilize to review group members' presenting conditions in relation to the work they were doing throughout the group. After meeting all the applicants, I accepted six actors into the group.

The four who were not admitted were divided into two categories – those who were not sufficiently blocked and those who had presenting conditions beyond my competency level. The two who I determined not sufficiently blocked displayed little distress around their acting, did not feel that fear, anxiety and/or depression overtook their lives, and had no preexisting medical conditions. One was more interested in learning my technique as a fellow teacher and the other was already working on her creative block in another acting class and had recently made very good progress. Although they did express a need for drama therapy, I did not feel that this group would

have been right for them because the former did not appear to have genuine intentions and the latter, it seemed, desired to play drama therapy exercises rather than explore underlying issues.

The two applicants I determined too complicated for my experience level had presenting conditions that I have not been trained in or that I could not relate to based on my personal experience. The first had a previous suicide attempt, depression for which he was unmedicated, and a heart and lung condition. The second was diagnosed with bipolar disorder and could not remember any of her childhood. Both had the fear that if they opened their emotions they may lose control.

After much thought and many conversations with my supervisor and group dynamics course instructor, I concluded that both of these actors would likely require more of my attention, and therefore time, during the group process than what I could give to the others, and I was apprehensive about having two people monopolize the time and energy of the whole group. On a practical level, I was already looking at an ambitious agenda with several drama therapy modalities to cover in a brief five-week period. In addition, the combination of suicide attempt and memory loss together with a fear of losing control made me think long and hard about my own ethics and how I would feel if I were to trigger a reaction that would cause injury to them or others. Rather than be a daredevil, I chose to play it safe with their psyches, especially because this would be my first experience leading a drama therapy group with actors and even I was uncertain what would manifest.

Group Demographics

Of the six actors who were admitted to the group four were female and two were male. All had intermediate to advanced level acting training, with the exception of one who considered himself a beginner. Four out of the six had no previous experience with drama therapy or group therapy but all were beginners at psychodrama. Five actors were American and one was from the Middle East. Five were Caucasian and one was African American. Religious background was never discussed although presumably four were Christian and two were Jewish. All of the group members were adults under thirty years-old, and none of them were famous actors.

Table 1: Drama Therapy Background and Nature of Acting Block

<u>Group Member</u>	<u>Acting Level</u>	<u>Drama Therapy Experience</u>	<u>Group Therapy Experience</u>	<u>Fear</u>	<u>Anxiety</u>	<u>Depression</u>	<u>Self-Diagnosed Creative Block</u>
Allen	Beginner	No	No	No	No	Yes	Improvisation block due to thinking too much, self-judgment
James	Intermediate - Advanced	Yes	Yes	Yes	Yes	Yes	Closed off creatively
Laurel	Intermediate	No	No	No	Yes	No	Tendency to avoid important things
Melanie	Intermediate - Advanced	No	No	Yes	Yes	No	Has difficulty expressing herself
Mirna	Intermediate - Advanced	No	Yes	Yes	Yes	Yes	Massive anxiety and panic attacks around acting and writing
Rachel	Advanced	Yes	No	Yes	Yes	Yes	Scared and anxious about reentering the audition world after two years of teaching and directing

***Note: All actor names have been changed to protect their anonymity.**

Table 2: Medical Conditions and Demographics

<u>Group Member</u>	<u>Preexisting Medical</u>	<u>Medications</u>	<u>Mental Health Diagnosis</u>	<u>Physical Injuries</u>	<u>Male/Female</u>	<u>Nationality</u>	<u>Race</u>
Allen	No	No	No	No	Male	Israeli	Caucasian
James	PTSD, Social Phobia, ADHD, Addiction	No	Yes	No	Male	American	Caucasian
Laurel	No	No	No	No	Female	American	Caucasian
Melanie	No	No	No	No	Female	American	African-American
Mirna	PTSD, Major Depressive Disorder, Recovering Alcoholic	Yes	Yes	No	Female	American	Caucasian
Rachel	Depression, ADHD	Yes	Yes	No	Female	American	Caucasian

Group Logistics

The location for the drama therapy group was held in a theatrical rehearsal space for the first four weeks and a black box theater on the last session. The group met on Wednesday nights from 6:30 - 9:00 p.m. from October 28 - November 25, 2009, with intake and evaluation sessions on October 21st and December 2nd.

Each drama therapy session was structured based on psychodrama, which includes the warm-up activity, dramatic action, and integration (Blatner, 1996). The warm-up activity began with a check-in discussion where group members would share their current feelings and set an intention for the session. After this discussion, I would direct them in a short exercise that would open comfort levels and trust among the group. The warm-up period lasted for about an hour. The warm up would then lead to the dramatic action where the more in-depth drama therapy experientials would occur. This process would last about an hour and a half. The remaining thirty minutes was reserved for the integration process and the time for the actors to share about what was catalyzed for them during the drama therapy process. It also served as a time when anyone could raise questions or process feelings about the group or drama therapy experience.

The first session was an exception to this format, and opened with a discussion about the informed consent document and the videotaping of the drama therapy sessions for the thesis documentary video. Other sessions would infuse video at various times during the sessions.

Informed Consent Process

We spent the majority of the first session discussing the informed consent document that each group member was required to sign before participating in the group. It is standard practice at the onset of a therapy session or group that the therapist provides a patient or group an explanation of what is to come so that each patient can make a fully informed decision about whether to participate in the process or not (Corey et al., 2010). The informed consent document (see Appendix II) for this group explained the nature of drama therapy, procedures, my credentials as a student and past experience leading creative groups, the fact that this would be a free workshop, the length of the group, termination policies and procedures, that I would be discussing the group with a supervisor, benefits and risks of group, alternatives to drama therapy such as 12 Step and traditional psychodrama groups, confidentiality, and the conditions upon which I would use the documentary video. The informed consent document also included a visual and audio release form, provided on a supplemental page (see Appendix III). This would describe the primary purpose of the video I intended to create to document the group for this thesis paper.

The group unanimously agreed to allow me to videotape the workshop strictly for educational purposes. Educational purposes would include only showing the video to my advisory team for evaluation of my academic progress. They did not want their image publically associated with drama therapy, and whatever personal issues they would address, or the video released onto a public internet website. All participants expressed concern that appearing in this video on a public scale would make them feel unnecessarily vulnerable and exploited for my professional gain, and that their acting

careers may be compromised if they were seen in a “reality show” type of program about drama therapy.

After a long discussion I conceded to change the release form to include in the agreement that the video would be used only for educational purposes and would not be published. They also refused, each for their own personal reasons, to allow me to exhibit the video to my friend at the theater school that referred them to me.

This was a challenging blow to my video distribution plan but I knew I had to cooperate with them or risk anyone leaving the group. I therefore surrendered the right to show my colleagues any video documentation of what I anticipated would be a groundbreaking new acting technique. In doing so, I chose to stay in the here-and-now, and give every group member what I had hoped would be a meaningful drama therapy experience – even in few would actually witness it. Directing a therapy group in the “here-and-now” means that group members address issues that arise in the present moment with each other. According to Corey et al. (2010), “Focusing on here-and-now interactions is of the utmost value, for the way members behave in the present context of the group is reflective of how they interact with others outside the group” (p. 139). My main concern was to be the best leader I could be.

Furthermore, for me to stay in the here-and-now meant I would have to be present to their immediate concerns and respond with appropriate leadership skills. This would require performing the following skills Corey et al. (2010) identify as necessary for a competent group leader: active listening, reflecting, clarifying, summarizing, facilitating, empathizing, interpreting, questioning, linking, confronting, supporting, blocking, assessing, modeling, suggesting, initiating, evaluating, and terminating (pp. 38-46).

At some point during the group I practiced each of these skills. The most common ones for me were active listening, facilitating, empathizing, interpreting, and modeling. *Active listening* is the ability to stay fully present to what people are saying and communicating, verbally and nonverbally. *Facilitating* includes encouraging group members to open up emotionally and creating a safe environment to do so. It also includes involving group members in the process and helping them use their skills to communicate effectively. *Empathizing* requires compassion and an open heart for others as they share their innermost conflicts, wounds, and vulnerabilities. *Interpreting* is very important to group leadership because a director must be able to understand nonverbal cues as much as the verbal ones. Interpreting where a person is at emotionally will guide the director toward the next step of the process, and the readiness of members to move forward. I, personally, consider *modeling* as one of the most critical skills a leader can have. Group members will naturally look to the leader for answers to their problems, and if the leader puts forth poor modeling, group morale and respect for the process can diminish (pp. 39-44).

The informed consent process was an interesting experience for me because we had not even started the group yet and my agenda for marketing the video was challenged, placing me at odds against all six group members. I knew this was an important time when group members would be judging me and the respect I had for them. I surely did not want anyone to walk out of the group or lose my standing as the group leader. I remained calm, stayed present and active in my listening to their genuine concerns, and empathized with them enough to make a change in myself at that critical moment. I did not become angry or defensive, showing good modeling skills. I did not

react negatively at all. I simply rewrote the agreement so that they would feel empowered by the group experience – and moved forward with the drama therapy.

Drama Therapy Curriculum

The core curriculum for the course was developed to utilize a range of relevant and widely practiced modalities including dramatizing archetypes and dreams, empty chair, improvisation, monologues, psychodrama, role play and role reversal, sociodrama, sociometry, and transformational theater, all experienced through the format of a monologue workshop. The modalities are supported by theory applicable to transpersonal drama therapy from such theorists as Moreno, Fritz Perls, Jung, Freud, and Carl Rogers. Group therapy theory and the work of Gerald Corey and Marianne Schneider Corey were also important as the group members not only explored their own personal issues but became integral collaborators in each other's dramas throughout the five weeks. The monologues served as a catalyst for the emergence of drama therapy and transformation.

The curriculum was workshop-based meaning that there would be an implied learning curve inherent in the structure of the program. I positioned this group as a workshop so that it would attract people who wanted a breakthrough in their training and were willing to move through personal issues to get it. Each week would build from the one prior and the exercises would take the actors further into their core selves. Rather than create a drama therapy group that exclusively centered on recovery, I knew that professional and aspiring actors would gravitate first toward a workshop that could help them with their craft before they would gravitate toward personal growth. As I know

from being an actor, most working actors are highly comfortable with acting classes and participate in them regularly to continue developing their craft. I do not know of many actors who seek therapy because they want to become better actors.

The reason for using monologues as the backbone of the workshop structure was to provide the actors and myself with a measurable beginning and end point from which to evaluate the basis of this thesis. Monologues, in general, are essential to the acting profession because they easily showcase an actor's ability to embody a role. For this reason, actors take great care in preparing their monologues for the opportunity to audition for an agent or casting director. For me, it also established a common language within the group and I was able to use my training and experience as a filmmaker to help them prepare their work. This is important because it provided a two-fold gift to the process of drama therapy. It showed them that I could understand where they would need to go in recovery to unblock their talent – and that they could trust that I would not lead them astray in their acting goals.

The Monologues

During and after the intake process, I talked with the actors about the kind of monologues for which drama therapy would be useful. I encouraged everyone to choose a monologue they wanted to develop, one that had a significant or special meaning to them worthy of exploration. I also emphasized choosing a monologue that they related to on a deep personal level; perhaps one that mirrored a relationship in their own lives – i.e. with a parent, sibling, or significant other. Lastly, I suggested the monologues be rich in

the kind of emotional material that might trigger their creative block – for example, an unresolved past emotional memory.

Most of the actors already had been working on a monologue that fit my suggested criteria. I asked that everyone arrive at the first session with his or her monologue fully prepared. In order to evaluate any real progress made from drama therapy, I wanted to see their best work first. If, after evaluating the final monologues, the drama therapy had worked as well as I had hoped, then I would have tangible results to prove the benefits of drama therapy on acting work.

A couple of the actors talked with me directly about which monologue to choose for the workshop. Mirna, in particular, was unsure whether she wanted to delve deeper into her Shakespeare monologue or try something she had written. She, unlike the others, wanted the workshop to help unblock her writing in addition to her acting work. She began the group with a monologue by Beatrice from *Much Ado about Nothing*, but after the first session wanted to try writing her own monologue. She communicated with me about having an interest in writing and performing standup comedy but said she was blocked emotionally from pursuing it. I made a special consideration to allow her to write her own piece; her transformation as a result was quite powerful.

One of the great benefits of drama therapy is the release of repression through replaying past experiences. Frager & Fadiman (2006) define repression as a “defense mechanism that forces a potentially anxiety-provoking idea, event, or perception away from consciousness, precluding possible resolution” (p. 50). By interpreting the actors’ monologues from the perspective of why they chose the material, how they personally related to the material, and what, if any, similarities existed between the monologue

characters and repressed aspects of themselves, I could link the experientials to address these concerns thereby maximizing the therapeutic benefit of the drama therapy. At the end of the workshop, I could reflect on whether fear, anxiety, and/or depression were lifted through the process of exposing repressed emotional conflict. I could also evaluate whether a greater degree of comfort existed between the actor and his or her monologue and monologue character.

Each session would expand the actors' knowledge of themselves by exploring their monologue character and/or their personal life in relation to that character, and working through a drama therapy modality to discover the nature of their repression. This would lead to an increased knowledge of who their monologue character was and how to use their own past personal experience to access the character's inner life which already existed within them. Through drama therapy, the actors integrated past emotional memory with their present lives and began to unblock the mystery of how they developed patterns of coping. This awareness led to new ways of thinking and dismantled their blocks.

I would like to issue one caution with regards to integrating nonautobiographical characters from monologues or scripted material with drama therapy. If a director does not have the capacity to keep the focus on either the actual actor or the monologue character at any given time, an actor's psyche can become fragmented and he could become disorientated within the drama therapy and not know who he (or she) is at that moment – the character or himself. I could see this beginning to happen in my group and I fought hard to keep the focus on the actual group members so they would not dissociate or get confused. I believed at that moment it would have been dangerous for the actors to

lose themselves in the oblivion of creativity, for that may have led to insanity. My responsibility was to keep them present with the process at all times so that they could consciously understand what, how, and why the drama therapy was working.

Week-by-Week Journal of Activities

Week 1

Drama Therapy Modalities: Improvisation, Role play

Warm-up and Dramatic Action: Ancestors

The first group session was mostly consumed by discussion of the informed consent and video release documents, as well as by videotaping the “before” drama therapy monologues. After those procedural activities, I utilized the remaining hour to direct them in one drama therapy exercise in which all the actors would equally participate. It was important to me to develop exercises in which all participants could perform as a group, because I had limited time to delve deeply into each person. Only in the third and fourth sessions, during psychodrama, was there an actor who stood out as the protagonist in each exercise.

The first drama therapy exercise was called “ancestors”, which I had done as a student in the Omega Theater program. I asked each actor to choose a person in their lives who they admired and with whom they had a positive and loving relationship. I suggested that they choose someone no longer living, such as a deceased family member or ancestor.

The brief warm-up activity was to embody this person and talk to another actor, also embodying an ancestor, in a dyad. A dyad is a group of two people who work

through an exercise together. A first-time participant in drama therapy would probably be more comfortable talking in their role to another group member before talking to the whole group at large (Corey et al., 2010).

After ten minutes of dyad conversations, I facilitated the group to form a half-circle where I began to question each ancestor about who they were in relation to the group member they loved. This was all done through improvisation where the actor spoke from inside the role of the ancestor. In each scenario the ancestor had wonderful things to say about the group member, often things the group member subconsciously repressed. I ended the questioning of each ancestor by requesting they impart an inspirational message for the beloved group member from the world beyond. The actors were very moved by the words that came from their own mouths as they said something wise and positive about themselves. This was a very cathartic first session and a great introduction to drama therapy. The exercise helped to comfort them about the process that would be unfolding over the next four sessions.

From the beginning, role playing came naturally to every actor. No one seemed unreasonably shy about performing in a role such as their own ancestor - except Laurel and Adam felt they chose the "wrong" ancestor. Most could embody the mannerisms and dialects, although some were more liberated creatively than others with regard to group improvisation and imagining how the ancestor would come to life. They were all engaged in the discoveries that evolved in the here-and-now. In general, the actors were very willing to portray these roles and jump into the exercise.

On a side note, as a drama therapist-in-training, I can attest to what a pleasure it was to work with willing participants. During other drama therapy groups in which I

have participated, I have felt frustrated by the challenge of getting non-actors to perform or become enthusiastic about embodying a role in a drama therapy session. For other clinical populations, drama therapy is associated with healing sickness and not as something they strive to proactively succeed at, as in the case of actors. Dedicated actors will go to great lengths to improve themselves. However, if an actor is not dedicated or afraid to make a commitment to the craft, he or she will likely not pursue what it takes to be a professional actor - and they may drop out of the process. For one of the six actors, the first session would be his last. I will discuss participant drop-out in subsequent sections.

The most emotionally connected actor to their ancestor was Rachel, who embodied her grandmother. It was very moving to witness Rachel's expression in accessing not only her grandmother's New York Jewish accent, but the way she stood and gestured about Rachel as a young girl and how much she missed her now that she had passed on. I could empathize with her and the group as memories of my own grandmother came up for me. I could feel the warmth in the room when Rachel realized she was not alone in the world...and then I realized I, too, was not alone.

After the ancestors exercise, we reformed a circle to discuss how the dramas affected us and what was catalyzed as a result. In other words, I encouraged everyone to share about what revelation (or challenge) occurred for them during or after the exercise and any new insight they had about their lives. As I listened to their viewpoints, I was most surprised by how some of the actors felt about therapeutic role playing for the first time.

Two group members were deeply moved by how the improvisational nature of role play led them to speak on behalf of someone not even in the room (or in this world) and how that process captured the essence of their relationship with that person. I explained to them the power of therapeutic role play and how effective it can be as a healing tool. I also communicated my reasoning for this exercise - to create a solid foundation in unconditional love. I wanted to start off the workshop by creating an environment where people felt positive, knowing how deeply someone they loved loved them. I felt this was a very important first step in creating trust within the group before we embarked on the deeper work through more painful relationships.

The theory behind role play as a foundational building block of the whole workshop, and to build group cohesion, refers back to transpersonal psychology and Moreno's theory on spontaneity. That this person was somebody special to them (either because they admired the person or because the ancestor was no longer living) catapulted the actors to a world of pure imagination as Moreno (1946, p. 39) describes. Having relived the relationship through role play and seeing the drama unfold in the here-and-now was quite a unique experience for each actor, as I am sure they were not expecting to encounter such an angelic and positive influence in their lives prior to the session. Gestalt psychotherapist Maria Kirchner (2009) says of this process, "This actual living through an event(s) is very different from simply talking about a situation. The emphasis is on what-is instead of what-could-be" (Kirchner, 2009).

Additionally, "ancestors" was a manifestation of a psychic spiritual connection with the afterworld, the collective unconscious as well from humanistic psychology.

Jung's theory of archetypes as spirit guides appropriately relates, as our ancestors became our source of wisdom.

Week 2

Drama Therapy Modalities: Improvisation, Role Play, Empty Chair

Warm-up: Mirrors

Dramatic Action: Embody Your Fear, Anxiety, and Depression

At the beginning of the second drama therapy session I asked each group member to share his or her intentions for the workshop in the video documentary. I thought it would be helpful if each actor revealed the nature of his or her creative block and how he or she had hoped the workshop would be beneficial. By helping the actors to clarify their intentions, I was facilitating a better group practice. According to Corey et al., 2010:

In the absence of a clear understanding about the purpose of a group and the meaningful goals of members, much needless floundering can occur. Members may have difficulty making progress until they know *why* they are in the group and *how* they can make full use of the group to achieve their goals (p. 147).

This section will provide a general description of the group members' self-diagnosed acting blocks. More detailed information can be found in the documentary video.

Allen's creative block was due to the fear of self-judgment. He was having a difficult time improvising without questioning himself whether what he was doing was right. He wanted to utilize this workshop as another tool in his acting craft, to better access why he was feeling "stuck."

Laurel grew up in a hostile home environment and could not have relationships that delved deeper than the surface. She had a difficult time giving to others when they express they need her. She was concerned with not knowing how to portray relationships in scenes and wanted to use the workshop to help her get more comfortable working with others.

Melanie was suffering from severe anxiety and set an intention to work on why she “gets so crazy” about acting. She leapt at the chance to discover her fears so she could attack them.

Mirna expressed her block as, “This really super-intense fear and anxiety,” which she has experienced her whole life. Mirna’s presenting conditions included major depressive disorder, alcoholism, and PTSD. She was in recovery from alcoholism and also suffered from dissociation related to childhood sexual abuse and incest from her father. She expressed that she had not written in years and would be “very grateful” if this workshop could help unblock her writing.

Rachel was experiencing anxiety and fear about reentering the auditioning world after a two-year absence to teach and direct theater. She presented on her intake application that she had been diagnosed with clinical depression for which she took medication. She realized during the intake session that she felt worried about being able to access “the emotional state and energy necessary to be in a creative mindset.” In other words, this is what Stanislavski’s meant by the creative state of mind.

Prior to the night’s session, I received a phone call from James who communicated to me that he was having tremendous stomach problems and would have to miss the second session. Although I reminded him that he had committed to all five

weeks in his informed consent document, he still felt he could not attend. Although the informed consent document is a contract signed by group members, it is not a legally binding agreement. James did not share any apprehensions about his participation in the group, although he did express still feeling vulnerable from the first session. I reassured him the group did not convey any judgments of him, but he chose to break his commitment and remain absent. As it turned out, James would not return to the group at all.

The warm-up exercise “mirrors” helped group members become more comfortable in their bodies and with improvisation. Mirrors is a commonly used drama therapy exercise where group members work in dyads or freely throughout the group. We worked in dyads, and in James’s absence I worked with Allen. The exercise is to model and reflect back to each other movements so that the follower is the mirror reflection of the leader. After a few minutes the leader becomes follower and reflects back the motions of the leader. The movements can be dance, stretching, jumping, and shadowboxing, for example. The rhythm can be subtle, dramatic, funny, manic, slow, playful, or whatever the leader has in mind. The key with this exercise is for people to connect with one another, letting their walls and guards down. I like this exercise because it frees people of judging themselves and opens up the possibility for silliness and spontaneity.

After the group warm-up, I embarked on the journey of one of the most important exercises of the workshop: “Embody Your Fear, Anxiety, or Depression.” I directed them to actively connect with their bodies and feel the location of the pain...to really get inside their emotion. Some actors walked around the room, talking as their pain, and

others found a quiet seat to submerge and wallow in their feelings. After ten minutes of connection with their creative block I began moving through the group, focusing individually on each member. I directed each actor through an empty chair exercise.

Empty chair exercises originated as psychodrama and are frequently used in Gestalt psychotherapy. During this role play, I used the group leader skill of questioning to engage the actor embodied as the creative block. I first wanted to know who was coming out from the actor's unconscious and what role they played in the actor's life. I then asked the creative block to speak to the actor in the symbolic empty chair about who it was and why it had a need to control the actor's life. I then asked the creative block to reverse roles so that the actor was talking directly to the creative block about the pain that control was causing. This process continued until I felt catharsis had been made for every actor, that he or she had awakened to the nature of the creative block and could see how to manage it. This kind of role play projection onto an empty chair is quite transformational because participants gain access into deeper psychological levels through the acting out of inner conflicts.

First, I asked Allen to introduce himself from his fear and asked him to describe the scenario he found himself in. He said that he was talking to God and his worry was for his family back in Israel, that they should remain safe. I had him reverse roles with God so that he became God talking to a worried Allen. I asked God to relay a message back to Allen about his family. God replied that Allen had nothing to fear, that God would protect his family. "All you need to worry about is yourself," said God to Allen in the imaginary space of the empty chair. The dialogue exchange continued until I sensed that Allen felt inner peace with his worry.

Second, I moved toward Mirna, who was curled up in a ball in the corner of the room. I inquired about who was being embodied and Mirna revealed that she could not speak. Her throat was closing up and she was afraid to utter a word. I asked her then if she would like to role play with her throat, and she accepted. As she embodied her scared throat and reversed roles I could see Mirna beginning to respond to her throat telling her that she needed the ability to speak and be an adult in the world. As she began to integrate this relationship with her throat into herself, I could see that she was becoming stronger and more self-confident and in control of her ability to have “a say” in the world.

Third, when I encountered Melanie she was bouncing around the room like a cheerleader, dancing and prancing without taking a moment to breathe. She revealed herself as Do-It-All, a woman who will not slow down even for a moment. She rushes here, there and everywhere to auditions, work and class. I improvised, asking that she communicate with a future version of herself (who she wanted to become), a Melanie who was calm and settled in a relationship. From that perspective, Do-It-All could see that she could slow down and that she would be more successful in her career if she could just take the time to center herself and relax.

Fourth, I addressed Rachel who had sunk so deep into a depression she had embodied a massive lump. Rachel identified this as her depression that lives with her and brings her down. Through the empty chair exercise Rachel was able to detach from her depression and see that she used depression as protection against a threatening world. I think Rachel was shocked to realize that her depression loved her. As the role reversals continued, I watched Rachel gain power over the depression and distance herself from the

depression to see that she could accomplish her goals in life without such hovering protection.

Lastly, I discovered Laurel holding her head in her hands. She was embodying her negative thinking. Every time Laurel would advance in her life, this negative thinking was there to cut her down and tell her she was arrogant. I asked Laurel to name that voice, to which she replied, “Bitch.” I directed Laurel to talk back to the voice saying, “Thank you very much and have a nice day.” She began to see that she did not have to take this inner chatter seriously. I think Laurel had fun with this exercise. As she shared during integration, it was empowering for her to combat this voice.

Although I improvised differently with each individual group member, I was clear that to shine a light on their fear, anxiety, and depression would be beneficial in the long run for the actors. By the end of Rachel’s drama, she was hugging herself and telling herself that she was okay and didn’t need to be smothered by her depression anymore. Do-It-All became a source of creative energy and passion that Melanie could tap into when needed rather than a maniac running her life. In all the dramas, each member became stronger than their greatest problems. It was quite transformative a session.

In the feelings check-out at the end of the session the only unenthusiastic response any group member had was by Allen. He judged himself for talking as God, which felt inappropriate for him. The whole group supported him in not judging himself and encouraged him that what his role playing was not blasphemous. I communicated that many people have two-way conversations with God and even mentioned the book *Conversations with God*, in which the author journals his own interactions with his divine creator (Walsch, 1995). Still, Allen did not enjoy the exercise and had wished he had

embodied someone or something else in his drama. Even as I listened, I believed quite the opposite and that deep down beneath his complaints, he did benefit from the very moving work he did.

Week 3

Drama Therapy Modalities: Sociometry, Psychodrama

Warm-up: Sociometry

Dramatic Action: Psychodrama

By the third week the group had become cohesive. They were able to depend on one another within the dramas and as participants in the group. Most of the work in the first two sessions was done in dyads or with me as the facilitator of an individual improvisation or with themselves in the empty chair exercise. For psychodrama they would be requested to take on roles within each others' dramas.

During the check-in part of the warm-up, I was informed by Allen that Laurel would not be returning to the session, because she felt uncomfortable expressing herself in front of people she knew from her acting school. I recalled that her acting block was an inability to connect with others in relationships, and could see that her acting block was greater than she realized. James was also absent which brought the number to four group members. Although I was concerned about why two had dropped out, I felt this would actually benefit the remaining members because we would have more time to delve into the deepest work. Group members were beginning to take personally the reason for the drop-out rate but I assured them that many actors have difficulty committing and that they were not at fault for the non-returning members' decisions. I

did not even take it personally as the group leader, for I knew the psychological conditions blocking them were hard to break through.

We started Week 3 with a warm-up exercise during which I asked the actors to first embody their monologue characters. I then asked them to introduce their characters to the group as if they were making an introduction at a cocktail party. Then, I directed the actors into a sociometry spectrogram, asking each actor questions in order to guide them toward a particular area of the room. I could gauge who was ready to become the first protagonist in the psychodrama exercise or who may not be quite as ready to go first, based on where they stood in the room. I could see that both Melanie and Rachel were ready and willing to explore psychodrama, as they had migrated to the left side of the room, while Allen and Mirna were standing on the right side of the room, designated as “not ready.” Therefore, both Melanie and Rachel would work this session and Allen and Mirna would have their psychodrama session in Week 4.

As we started the psychodrama, I explained the various roles that the actors would be called upon to enact. In addition to the protagonist, they would be asked to take on various auxiliary roles to support the protagonist. In addition to being the director, I would be the double. The double is the protagonist’s alter-ego who reflects back to him his inner feelings that may be too deep to identify himself (Blatner, 1996, p. 28). I would primarily act as the double in our group because it takes psychodrama skill and has a more complicated function as the communicator of the protagonist’s unexpressed feelings. Other forms of doubling include dramatizing the feelings, verbalizing nonverbal communications, physicalizing words and gestures, support, questioning the

self, contradicting the feelings, defending against the feelings, self-observation, interpretation, interpretation of carry-over to other relationships, and satire (pp. 31-33).

As we began the first psychodrama of the workshop, I asked Melanie to embody her monologue character for a moment. Next, I asked her who she was talking to in the scene to get an understanding for the relationships in her own life that were surfacing through this monologue. Then, I asked her to de-role as her monologue character and re-role as herself. Just so I knew she was present and aware of what was happening in the moment, I asked her to tell me who the person she was talking to in her monologue reminded her of in her own life.

Melanie began a psychodrama delving into her past relationship with young men, starting in early high school. The other actors were chosen to play various roles in Melanie's life, including her ex-boyfriend. As we went deeper into the drama, Melanie returned to her middle school years when she witnessed her uncle's battle with AIDS and how it felt for her witness on the sidelines her uncle's death. The distance her grandmother, played by Rachel, created between she and her uncle caused chaos in her life and created unresolved feelings around death, loss, and sexuality. Being that her uncle was homosexual, Melanie's grandmother kept secret the truth about the severity of his condition. All of these deeply repressed emotions were blocking Melanie from being centered. She had activated Do-It-All to numb the pain whenever she felt she could not control her surroundings or cope with stress.

Melanie's psychodrama was very engaging as she confronted her fear around her uncle's death. She was still holding onto the mystery of how and why he died, from the time she was twelve years old. Instead of accepting what happened, she swept it under

the rug, denying and pretending nothing was wrong. Through role reversal with other actors playing various roles in Melanie's life, and myself as the double, Melanie came to accept that her uncle was not okay at the time and that he was going to die...and he was scared. She began to identify with her own fears of death and why she felt blocked in the present by a director she was currently working with who has AIDS. I could tell that Melanie reached an inner layer of her psyche that was causing anxiety, and by integrating it into her awareness she could find a peaceful resolution.

During integration, Melanie fully embraced the connections between her past experience and current challenges. We all communicated how moving it was for us to see Melanie's transformation from being in the dark to understanding the layers of her past.

Week 4

Drama Therapy Modalities: Archetypes & Dreams

Warm-up: Embody an Archetype or Dream Image

Dramatic Action: Psychodrama

During the check-in section of the fourth drama therapy session, we processed any unfinished business from the previous week. I asked the group how they had felt about being videotaped, and no one had a problem with it. I could tell that we were fully engaged in the working stage of the group process characterized, according to Corey et al. (2010), "by the commitment of members to explore significant problems they bring to the sessions and by their attention to the dynamics within the group" (p. 228).

The warm-up exercise was to recall and embody a dream image they had or an archetype with which they identified. It was fascinating to see Allen run away from his fear in a moment of primal expression. Melanie portrayed the Rock Star archetype, singing and dancing until her fear kicked-in that she couldn't sing. Rachel connected with an old friend she wanted to heal.

All had fun with this exercise except for Mirna who was incredibly challenged by it. She could not present a dream image. When I noticed that she was withdrawing from the group, I approached her to explore what she was going through. I helped her identify a warrior archetype that she could embody, but as I moved through the group, and worked with each actor to help them embody these mystical figures, I again noticed Mirna's withdrawal. I could see that she was entering a crisis state. Her eyes were rolling back into her head and she compulsively started to gag. I had never seen this type of dissociation before and wondered whether she may be slipping into another personality. As I remembered from her intake form, she had PTSD. I realized that I needed to focus my immediate attention to Mirna and so I asked the other group members to take a five-minute break.

I asked Mirna whether she wanted me to call 911 to which she adamantly responded "no!" She requested that I repeat back to her where she was and what city we were in so that she would stay present and grounded in reality. She told me to ask her questions like what she was wearing and what she had for lunch that day, and where she worked to which she responded with the facts. I continued to tell her to stay present and asked her informational questions. I asked if she had anyone she could call and so she

called her doctor (presumably a psychiatrist). She left her a voicemail message and then called her sponsor in AA. All the while she said she was doing okay and staying present.

After about ten minutes I resumed the group. Mirna wanted to reenter the room but not to participate in the first psychodrama exercise of the evening. I kept my eye on her throughout the session watching her sit in the corner concentrating on her breathing exercises. When it was her turn to be the protagonist in a psychodrama I did not pressure her. She did, however, want to work and so I allowed her to participate, feeling that getting through the block would really serve her.

When she became the protagonist in her own psychodrama, she confronted her mother in a future time about the passive role she had taken while Mirna's father sexually abused Mirna. It was very, very powerful. Mirna was fragile but she got through it and I was very moved to have come through a challenge as great as this one. I reassured myself that I could handle a crisis and that deep-rooted recovery was possible inside of my group.

In the integration stage, I could tell that other group members were afraid for Mirna but also because it was a scary episode to witness, due to the fragile state of Mirna's psyche. The other group members were very cautious about what to say because no one wanted to offend another group member. It was an extremely intense session but we all came through it much stronger, even Mirna. I wondered if anyone in the group had seen Mirna experience a similar dissociative episode in another acting class but did not ask.

Week 5**Drama Therapy Modalities: Sociodrama, Transformational Theater****Warm-up Exercise: Sociodrama****Dramatic Action: Transformational Theater / Monologues after Drama Therapy**

The group met in a black box theater for the fifth session. Actors were directed to dress as their monologue character and to be “camera-ready,” with their hair and make-up styled. As usual, we started the session with a brief feelings check-in to address any unfinished business from the last session, breakthroughs or challenges that occurred during the week, and to set the intention for the transformational theater piece. All had the same goal, which was to be truthful to their monologues and to express fully and deeply.

After the check-in, I directed the group through a sociodrama warm-up exercise. The common problem we agreed to address was the economy. Mirna, who arrived to this session much more confident than how she left the last session, played the protagonist. The group role played what it was like to struggle for money, beg their parents for support, and argue with the boss for a meager raise. Life in a “bad” economy was miserable and we could all relate to those roles. Then, I had Mirna recreate her life in a “good” economy as if money were no object. Suddenly, she was thanking her boss for the perfect job, telling her parents she could make it on her own, and living in the abundance of prosperity while doing work she loves. I could really see the light in all the actors’ eyes when they re-envisioned their own lives through this new lens.

After four drama therapy sessions, the group was ready to perform their monologues as transformational theater. In essence, they were performing as themselves,

as the protagonists in their psychodramas released from the creative blocks that held them back. Each actor warmed up by embodying their monologue character and improvising the moment right before the beginning of the speech with the other actors. When I felt each person was in the creative state of mind and attuned to their character, I started the video camera to record their “after” drama therapy monologue.

I could tell right away that the monologues had improved since we began the group. In the first session Mirna recited a Shakespearian monologue from *Much Ado about Nothing*, and in this session she told her own story in a monologue that she wrote while in the group. Her writing and acting of it was extremely clever and creative. It would be hard for anyone to believe she hadn't written for years until now.

During the time for integration, I could tell Rachel felt particularly vulnerable. I think I accidentally triggered her insecurity by questioning why she seemed a little disconnected in the beginning of her scene. It did open up an in-depth discussion to resolve any unfinished business lingering in the group, which I hoped would help her in the long run. The suggestion I made was to take a moment's pause before starting the monologue to connect with her creative spirit.

As we concluded the workshop, I asked group members how they would feel now that the group would no longer meet. Members expressed sadness and concern about not having the space to transform their fear, anxiety, and depression. I scheduled time with each group member for an in-person individual follow up session on December 2nd and gave them a copy of the evaluation form (see Appendix IV) to complete and return to me at our next meeting.

At the close of the group, I sat in the black box theater long after the group had left, thinking how great it felt to be on a stage, under the lights, and with the theater dust beneath my feet. It always feels good to arrive home.

Evaluation Process

When I wrote my first proposal for the group I thought I would have an easier way of evaluating the group experience than I did. There was no time left after the integration discussion in the fifth session to have the actors fill out the evaluation form at the theater. I allowed them to take the form home and return it to me the following week when we would meet individually for our follow up session. I only received three of four evaluation forms back.

I also think that the evaluation form I created was pessimistic and did not encourage many free-form answers. I wanted in-depth responses but in retrospect, I believe the form was too complicated for the group. In my next group, I will revise the evaluation form to be simpler.

During the follow up session, each group member shared with me how they felt the group helped them. All of them still felt blocked in some way but knew they benefited deeply from the drama therapy. According to their evaluation, they all felt the group was too short in length and should have been three hours instead of two and a half. They also felt that I was ready to lead an ongoing group on a weekly basis and that I handled challenges within the group very well.

I felt that each of them made enormous progress, evident by comparing the before and after drama therapy monologues on the video. I feel very proud that I was able to

lead several drama therapy exercises well enough to have four group members break through some very deep emotional blocks. I can now see myself working with actors on a regular basis and developing an acting technique rooted in drama therapy.

Upon showing the edited documentary video to my Lesley University team advisors, all stated they felt the actors had progressed greatly in the craft from drama therapy. They could see, as I could, a deeper emotional connection to the material and an enriched expression from the “before” to the “after” drama therapy monologue.

Documentary Video

The video aspect of the thesis project added some additional challenges but overall was not intrusive and facilitated the evaluation process. I videotaped parts of every session, documenting the “before” and “after” monologues, intensions for the workshop, and psychodramatic action. I videotaped most of the portions myself except for the psychodramas. For that portion I hired a videographer to document my role as director so that my advisors could see how I worked within the group.

There were a few moments when I used my best judgment *against* recording video during the sessions. Those times were when I felt the video was becoming the main focus, when I didn't want the actors to feel they had to put on a show, and when I felt the here-and-now moment was too sensitive and risky to add the extra pressure of knowing one would be recorded. This was a particularly important judgment call for Mirna during her psychodrama. After she had her PTSD breakdown and was brave enough to want to work through a psychodrama, I felt very strongly that she should not be recorded. I asked the videographer to step out of the room so that Mirna could feel

safe to explore her past experiences with childhood sexual abuse, in the familiarity of the group she had come to know better over the past month.

Furthermore, I wanted the actors to trust the camera as part of their personal growth. In my opinion, if an actor is afraid of the camera, he or she will freeze up whenever it is turned on. If I used the camera as a weapon or for my own personal gain, this would be counterproductive for the actors. I was conscious of not allowing the camera to be an abuser. The camera should always be loved!

I believe this also demonstrated that my purpose for leading drama therapy groups is not to become famous but so that I can facilitate real healing. All in all, everyone worked well with the camera and I think having it as a recording device contributed beneficially to their transformations. Instead of the camera being an obtrusive foe to the group experience, I utilized it as an aspect of recovery.

Supervision

Working with Saphira Linden as my supervisor was a highly rewarding experience. She was very helpful to me in creating the curriculum and choosing which exercises would benefit the group. Her experience as a theatrical actor and director, as well as an expert drama therapist, was the perfect support for me to establish the parameters for this new target population.

During our conversations, Saphira and I would talk about the various drama therapy tools available to me and how to structure them in a way that would evolve over time so that the actors did not confront deep issues too soon in the process. For example, I did not ask the actors to embody their monologue character until Week 3, because

Saphira felt it was more important for them to become comfortable with the drama therapy process and work on themselves first before exploring their characters' psyches. This turned out to be very good direction; the sessions organically unfolded and escalated in complexity so that by the third and fourth weeks they could easily and willingly confront painful old beliefs and emotional memories.

Throughout the workshop I was able to see first-hand how well my work in the Omega Theater Transpersonal Drama Therapy Certificate Program prepared me to lead a successful and profoundly transformational transpersonal drama therapy group. I spoke with Saphira for a total of two supervised hours during the five week course, and could not have organized this group experience without her.

Conclusion

In conclusion, I enjoyed working with actors and directing them through a series of drama therapy modalities that would open them up emotionally and help them heal past issues and negative beliefs. It was a highly creative process for me to improvise with them every moment of the group process and to create from scratch a level of programming that has never been done before in quite this way. I initiated a group of actors to embody their fear, anxiety, and depression which was a miraculous way to help them overcome as best as possible in a five-week period, acting blocks that challenged them in their personal lives and careers.

The psychology theory I studied through my master's degree program was vital to my understanding at the core how drama therapy works. I now have a greater appreciation for group work as a result of studying the stages of group work (Corey et al.,

2010). My admiration for Moreno grows daily when I think about how ahead of his time he was to discover the psychodramatic process and the interconnectedness of all of us. Even social networking sites like Facebook owe their fundamental structure to Moreno's theory of sociometry, the distance between people and the choices we make in relation to others.

I always loved how the transpersonal theorists like William James, Carl Jung, and Abraham Maslow believed in the power of spiritual transformation long before it was popular. Their discoveries were in all of the exercises I directed with this group and I hope to have an even command of their theories in the future.

When I began this journey of directing a drama therapy group for actors I did not know who would be in the group or how the workshop would transpire. I honestly feel it was a powerful experience for all who participated. The workshop surpassed my expectations on every level.

I am still profoundly touched by Mirna's ability to write (and write well) after years of repression, and by Melanie's inner calm. She not only appeared centered in her final monologue but in her mind and spirit as well. During the evaluation session with Allen, I could feel his inner critic at peace and that he had reached a new level of self-acceptance for the great work he had done in the group. Even though Rachel and I had some unfinished business to work through in the last session, it was great to help her resolve some of her own self-judgment and encourage her to be proud of herself.

I did feel myself wanting to analyze the performances at the end of the final session, but I know that the progress they made could not be graded or judged. After the seven weeks of intake, group, and follow up sessions, I can clearly see the benefits that

drama therapy had on these actors who suffered from fear, anxiety, and depression. I believe transpersonal drama therapy, and the modalities chosen for this group, is a great approach to working with this clinical population. Most importantly, I appreciate a groups' willingness to grow personally. In my heart, I feel actors are wonderful drama therapy recovery group to work with as a drama therapist.

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APPENDIX I

Actors Monologue Workshop using Drama Therapy Principles

Application Questionnaire

Drama Therapist-in-Training: Jodi R. Leib

Name: _____

Telephone: _____

Email address: _____

Availability

Are you available for 5 consecutive Wednesdays – October 28-November 25 from 6:30-9:00pm? Yes or No Dates you will miss: _____

Acting

What level actor are you? beginner intermediate advanced

What is your level of training? (circle more than one) high school undergraduate college post-graduate professional acting classes

Do you follow a particular acting technique? Yes No If yes, which one (s):

Drama Therapy

Have you ever participated in drama therapy? Yes No

Have you ever participated in group therapy? Yes No

What is your knowledge of psychodrama? beginner intermediate advanced

Are you experiencing a creative block? Yes No If yes, please explain:

Are you experiencing any of the following (circle more than one)? fear anxiety
depression other If so, please describe:

Medical Conditions

Do you have any preexisting medical conditions? Yes No If yes, please explain:

Are you taking any medications? Yes No If yes, please explain:

Have you ever received a mental health diagnosis? Yes No If yes, please explain:

Do you have any physical injuries that would affect your participation in a performance
group? Yes No If yes, please explain:

APPENDIX II

Actors Monologue Workshop using Drama Therapy Principles

Informed Consent Document

Drama Therapist-in-Training: Jodi R. Leib

Informed Consent:

The following information is provided so you are able to make an informed decision regarding whether or not this group is for you. Your signature is an acknowledgment that you understand the nature of the group, along with group expectations, risks and benefits. Please keep all but the signature page of this form, for your personal use and future reference. Please return the signature form to your group facilitator.

Nature of Drama Therapy:

According to the website www.artsintherapy.com, “Drama Therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals. Drama Therapy is active and experiential. This approach can provide the context for participants to tell their stories, set goals, and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced. Participants can expand their repertoire of dramatic roles to find that their own life roles have been strengthened. Behavior change, skill-building, emotional and physical integration, and personal growth can be achieved through drama therapy in prevention, intervention, and treatment settings.

Participants benefitting from drama therapy span the life spectrum. Client populations may include persons recovering from addiction, dysfunctional families, trauma and abuse survivors, persons with developmental disabilities, people with eating disorders, people with HIV/AIDS, prison inmates, homeless persons, at-risk youth, older adults, and the general public” (<http://www.artsintherapy.com/whatis.asp?id=228>).

This group is not meant to take the place of formal treatment or peer-managed meetings. For some, it may be an addition to those options. This group is not intended to cure any diseases or medical conditions. The goal of this group is to uncover and work through any creative blocks however the results are not guaranteed.

Procedures:

Group members will bring with them a prepared monologue which they would like to delve further into throughout the group. The drama therapy modalities to be explored will include improvisation, role play, psychodrama, sociodrama, archetypes, dream work

and transformational theater. Each drama therapy modality will begin with a warm up and end with a time for discussion where each actor can share how the drama affected him or her and what was catalyzed within as a result. Through the process of drama therapy, group members will recall scenes from their own lives that may have caused the creative blocks.

Group Facilitator:

Jodi R. Leib is a Drama Therapist-in-Training. She is currently earning her Master's degree in Drama Therapy Studies and Psychology Theory at Lesley University in Cambridge, MA. She has completed her core training in Drama Therapy at the Omega Theater in Jamaica Plain, MA, which includes Principles of Drama Therapy, Drama Therapy for Special Populations, Psychodrama Intensive, Recovery using Creative Arts Therapies, Advance Practice in Drama Therapy, Ethics in Building a Drama Therapy Career, and Developmental Psychology. She was a member of a psychodrama group in New York City for one year. In addition, Jodi earned her Bachelor's degree from University of Michigan with a major in Film and Video Studies in 1994. She is a member of the Screen Actors Guild and a student member of the National Association of Drama Therapy. She agrees to abide by the NADT Drama Therapist Code of Ethics.

This group is part of her Master's thesis on whether drama therapy can help actors recover from creative blocks due to fear, anxiety and depression.

Fees:

This group is being offered pro bono for all group members because it is part of a Master's thesis creative project. There is no fee required.

Length of this Group:

This group will meet for five consecutive Wednesdays from 6:30-9:00pm in New York City. The location will be at 440 Studios, 440 Lafayette Street, New York, NY 10003 from October 28-November 25, 2009.

Individual intake and follow up meetings will be scheduled before and after the group. The date for the intake meeting is Wednesday, October 21, 2009 and the date for the follow up meeting is Wednesday, December 2, 2009. Both meetings will be for 15 minutes held at Starbucks in Astor Place, New York, NY 10003 at a time pre-arranged with the group facilitator.

Termination Policies and Procedures:

Participation in each session is voluntary. Group members are strongly encouraged to attend all group sessions in order to complete the drama therapy process. If a group member must terminate the group, such termination may be done so after an in-person discussion with the group facilitator.

Discussion with Supervisors:

The group facilitator will discuss each session with Saphira Linden, a Registered Drama Therapist (RDT), Licensed Creative Arts Therapist (LCAT) and Board Certified Teacher Trainer (BCT), who will supervise the drama therapy process on behalf of the Omega Theater Transpersonal Drama Therapy Certificate Program in Jamaica Plain, MA. The Master’s thesis advisory board may also be informed of the group progress. The three-person advisory board includes the supervisor, an associate professor of Lesley University and a licensed psychotherapist in private practice.

Benefits and Risks of Group:

Drama therapy has many known benefits such as “the client's ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience, improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility,” according to www.artsintherapy.com. There are also risks involved that may include being overwhelmed by emotions, vulnerability from too much self-disclosure, and discomfort from confronting past experiences. Each group member is responsible for working within their limitations and resting when feeling over-challenged.

Alternatives to Drama Therapy:

The group facilitator may from time to time suggest alternatives to drama therapy that may include 12 Step groups, group therapy, psychodrama group therapy, and individual therapy. The group facilitator will not diagnose or make any mental health conclusions, and will make every attempt to understand group members’ pre-existing medical conditions. Group members are encouraged integrate their other experiences with therapy or acting into the group while remaining present to the drama therapy process.

Audio / Video Recording:

The monologues performed in the group will be videotaped to measure the affects drama therapy has had on the group members. Other portions of the workshop may be videotaped for documentation of the thesis. Group members have the right to keep their name confidential. The videography will be done by the group facilitator and possibly by an outside person who has a background in video production.

The video will be shown to the group facilitator’s supervisor and advisory board, as well as within the acting and drama therapy community for educational purposes.

Group members have the right to a copy of the video.

Confidentiality:

Group members are strongly encouraged to keep confidential what happens in the group including other group members' names, identities and likenesses, as well as any identifiable personal stories.

The group facilitator will not break the confidence of any group member except in the following conditions: 1) group member is likely to do serious harm to oneself, others, or physical property; 2) abuse of children or elderly is suspected; 3) by court order; 4) as a supervisee in a supervisory relationship; 5) with group member's written permission.

The video documentary will apply to #5 above.

Statement of Informed Consent to Group Participation

I have read the following information contained in this handout (please check all that apply):

- € **Informed Consent**
- € **Nature of Drama Therapy**
- € **Procedures**
- € **Group Facilitator**
- € **Fees**
- € **Length of this Group**
- € **Termination Policies and Procedures**
- € **Discussion with Supervisors**
- € **Benefits and Risks of Group**
- € **Alternatives to Drama Therapy**
- € **Audio / Video Recording**
- € **Confidentiality**

I further understand that I am to be actively involved in making all decisions about group participation, and I agree to comply with group rules and expectations (including the strict maintenance of confidentiality and privacy of all other group members) herein.

I willingly give my informed consent to participation in **Actors Monologue Workshop using Drama Therapy Principles.**

Printed name of Group Member:
Signature:
Date:
Your Phone:
Email:
Address:
Drama Therapist-in-Training: Jodi R. Leib
Signature:
Date:

APPENDIX III

Actors Monologue Workshop using Drama Therapy Principles

Visual / Audio Image Release Form

Drama Therapist-in-Training: Jodi R. Leib

I grant permission to Jodi R. Leib (herein referred to as Drama Therapist-in-Training), or any employees and agents authorized by Drama Therapist in Training, to take and use visual/audio images of me. Visual / audio images are any type of recording, including photographs, digital images, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used with respect to the workshop entitled Actors Monologue Workshop using Drama Therapy Principles without notifying me, and could be published in content-related websites, publications, broadcasts, promotions and for educational purposes. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release Drama Therapist in Training and its employees and agents, including any firm authorized to publish and/ or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Printed name of Group Member:

Signature:

Date:

My initials here signify that I would like my name to remain confidential in all audio/visual images _____.

* Addendum: This video will not be published and used for educational purposes only.

APPENDIX IV

Actors Monologue Workshop using Drama Therapy Principles

Workshop Evaluation

Drama Therapist-in-Training: Jodi R. Leib

Expectations:

1) Did the workshop meet your expectations?

- a) None of the workshop met my expectations
- b) Some of the workshop met my expectations
- c) It met my expectations
- d) It went beyond my expectations

Please explain what expectations were met and not met by the workshop:

2) Did the workshop help you with fear, anxiety and/or depression?

- a) It did not help me at all
- b) I am not sure if it helped
- c) It helped but I still have fear, anxiety and/or depression related to acting
- d) Yes, I feel much better now

Please communicate what aspect of your creative block still exists if any:

3) How did the overall structure of the workshop work to provide a safe environment?

- a) I did not feel safe at all
- b) I felt somewhat safe
- c) I felt mostly safe
- d) I felt very safe to express myself

Please communicate any thoughts you have about the workshops and any suggestions you have for future groups:

Exercises:

1) How well-chosen were the exercises both in terms of being creatively interesting and therapeutic in nature?

- a) Not well chosen
- b) Somewhat well chosen
- c) Mostly well chosen
- d) Very well chosen

Please express any thoughts you have on what you liked or disliked about the exercises (any or all):

2) How was this course different from other acting courses you have taken?

- a) Not different
- b) Somewhat different
- c) Mostly different
- d) Completely different

Please explain how other acting courses address creative blocks:

3) How well did the exercises help to unblock your creativity?

- a) They did not work
- b) Moderately well
- c) Reasonably well
- d) Very well

Please explain how your energy has changed as a result of the workshop:

3) Did the exercises give you insight into your personal life?

- a) I did not have any insights
- b) I had one or two insights
- c) I learned some interesting things
- d) Yes, I learned a lot about myself

Please communicate what you learned from the group:

4) Did the exercises help you learn more about your monologue character?

- a) Nothing has changed in the way I see my character
- b) I am still a bit unclear about my character
- c) I understand some aspects of my character more
- d) I see my character much more clearly now

Please explain what more you would have wanted to help you understand your monologue character better:

About the Group Leader:

1) How prepared was the group leader for each session?

- a) Unprepared
- b) Somewhat prepared
- c) Moderately prepared
- d) Very well-prepared

Please express any thoughts you have about group leader preparedness:

2) How well did the group leader handle challenges that came up during the sessions?

- a) Not very well
- b) Okay

- c) Reasonably well
- d) Very well

List any challenges not handled by the group leader:

- 3) Did the group leader address your individual needs?
 - a) Not at all
 - b) To some degree
 - c) Mostly
 - d) Absolutely

Please communicate ways in which the group leader did not meet your needs:

Please explain any feelings you still have about how the group leader conducted the workshop:
