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**EFFECT OF DRAMA THERAPY ON THE PERSONALITY OF
CLIENTS ADDICTED TO ALCOHOL AND
METHAMPHETAMINE**

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Abstract

How achievement is bridged by drama therapeutic lessons? We aimed to find out the details of drama therapeutic process with clients who are addicted to drugs. Data had been completed through the discussions with the clients. As a result, we found out that drama-therapy is useful for the addicted people's treatment process.

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Keywords: Drama therapy, process, client, drugs.

1. Theoretical Background

Drama therapy is an approach combining art and psychotherapy. According to Jennings (2006), the objective of each drama therapist is to induce emotional, social and primarily psychological changes in the patient by using the principle of kalos kaghatos. In her effort to achieve drama therapy objectives, the author was inspired by a Californian dramatherapist Renée Emunah, because the clients of a detoxification unit struggle with a loss of self-confidence and self-respect as a result of drug abuse. One of the treatment priorities is to regain self-trust and re-establishment of lost or development of new social relations and training of social roles. The structure of a dramatherapy session is adapted by the dramatherapist to the needs and reactions of the group; Valenta (1999) recommends classification into six parts: greeting of the therapist with the group, warm-up, ritual, introduction to the main part, main part,

and conclusion with reflection. At the beginning, it is important for the dramatherapist to focus on establishing contacts; only after that a successful therapeutic process can take place. It is important to identify the client and be able to reveal the client's actual needs (Majzlanová, 2004).

During the research the author collaborated with persons addicted to alcohol and methamphetamine. The desire to drink alcohol, which gradually becomes as important as the person's responsibilities and needs, is a sign of beginning addiction. At this stage, addicted individuals start detoxification treatment. According to Minařík (Kalina, 2003), methamphetamine is a popular drug produced in the Czech Republic.

Only after patients realize that they are helpless and unable to control the amount of the drug, they can start treatment. This realization is difficult for many individuals; instead, defence mechanisms take place that make treatment impossible. Kalina (2008) states that patients themselves and their stories represent a support mechanism at the beginning of treatment. Joint discussions, positive motivation and sharing of experience gradually lead to constructive criticism. Dramatherapy intervention is considered a major source of these support mechanisms.

Řehan (2007) classified addiction treatment into three stages. In the research study the author focuses on the first detoxification stage. This particularly involves purging of the body and treatment of psychosomatic consequences resulting from excessive drug use. An advantage is that this treatment takes place under supervision in a safe environment. In an enclosed environment, individuals have a reduced number of stimuli and use their energy for the purposes of deep contemplation.

The research study was carried out during a dramatherapy intervention in the Centre of secondary prevention and treatment of addictions, Sušilovo square, Olomouc, which is part of the Military Hospital. The patients included in the research sample were in the detoxification stage of their treatment.

The author followed the methodology of information exchange, which was described by Krahulcová (2014) in her dissertation. The attending physician provided brief information about the patients; this included both information about new patients and progress or changes in the treatment of current clients. The author of the intervention sent a detailed report with the following content: date, clients present, clients absent, content of the intervention, description of the techniques used, overall atmosphere, group activities, and individual information and observations concerning the clients. The purpose of this collaboration is to achieve a comprehensive follow-up therapy of the clients of the Centre. The intervention reports are accessible exclusively to the attending physician, psychologist and other therapists working with the clients. For the purposes of safety and observing ethical principles, the intervention reports are not available to medical staff.

2. Research Problem

The author has worked for a long time as a volunteer-dramatherapist at the Centre of secondary prevention and treatment of addictions in Olomouc. The clients of the Centre are persons trying to free themselves from addiction to alcohol and other non-alcohol drugs. After several years of observation and clients' feedback, the author revealed that although the clients are always identical, the results of the dramatherapy process differ. Based on her long-term observation and detailed study of relevant literature,

the author concluded that the diversity of dramatherapy sessions might be associated with specific dramatherapy techniques used in direct work with the clients during the sessions.

The research problem is the fact that different dramatherapy techniques have different effects on the experiencing and behaviour of the patients of the detoxification unit.

3. Objectives Of The Research

The author investigated the effect of dramatherapy as an additional therapy in a specific establishment on the process of treatment, and whether and how the clients react to different dramatherapy techniques.

In her methodology, the author deliberately used different types of dramatherapy techniques in a heterogeneous group of clients. After completion of the intervention the effect of dramatherapy was assessed. The main objective of the research was to collect data in order to assess the effect of dramatherapy techniques on the experiencing and behaviour of the patients in the detoxification unit.

4. Research Questions

In line with the research objectives, the following research questions were formulated:

- *What is the effect of selected dramatherapy techniques on the experiencing and behaviour of the patients in the detoxification unit?*

The whole research focuses on examining the effects of dramatherapy techniques on these clients. The author focused in detail on the effect of preselected dramatherapy techniques on specific clients.

- *What are the reactions of the patients in the detoxification unit to selected dramatherapy techniques?*

The answers to this question reflect the results and effects of specific dramatherapy techniques based on observation of dramatherapy sessions. In the final part the author summarized the effect and functionality of dramatherapy techniques used in the treatment of these clients.

5. Research Methodology

The data were processed by means of a qualitative approach. Hendl (2005) states that this type of research uses inductive forms of scientific methods, in-depth study of individual cases, interviews, observation, and its great advantage is the flexible nature. Qualitative research is holistic in principle and allows an analysis in all possible dimensions and across the whole width (Ferjenčík, 2000).

Qualitative researchers use the following three types of data: data from interviews, data from observations, and data from documents (Švaříček, Šedřová et al. 2007). In her research, the author used data from observations and data from interviews (panel discussion). The data formed an album of words and sentences collected by means of direct cooperation with the patients of the detoxification unit during the dramatherapy intervention. Then the author examined the associations between these data. For the purposes of the research the method of inductive logic of qualitative research was selected. At first the

author collected a sufficient body of data and then searched for regularities in the data. In the final part, conclusions were formulated.

The advantage of the qualitative approach is that this type of research does not require a pre-formulated hypothesis. Moreover, the author did not have to base the research study on theory that had been developed before. The intention was to examine the research data and acquire new ideas about the issue.

Another advantage was that the author collected and analysed the data independently without cooperation with other researchers. Regarding the fact that the data were analysed by means of coding, it was necessary to collect data independently, also because the author asked additional questions concerning the course of dramatherapy and observed the clients consistently and carefully during the dramatherapy sessions. In these cases, a single researcher is considered a guarantor of reliable and homogeneous data collection, analysis, categorization and processing.

An important positive aspect of the qualitative research was the fact that the author had an opportunity to personally attend dramatherapy sessions and in detail describe and assess the system of working with the patients, and monitor various dramatherapy effects in the patients.

6. Interpretation Of The Results, Answers To Research Questions

The first part of the research sample used the technique of role play, pantomime, and working with their own body in space. The initial technique was difficult for the patients, they had problems using their own body in space and perform something that directly relates to them. The main technique was aimed at serious issues and those clients who were unfamiliar with other clients or the therapist were likely to be affected by defence mechanisms, which the author observed in two clients, who were seemingly not interested in the technique and were involved as active observers. Those patients who had been under treatment for a longer time and trusted the group were excited about dramatherapy. During the panel discussion the patients suggested that it would have been desirable to have more time for thinking. However, this was impossible for capacity reasons. The form of dramatherapy was considered appropriate; the clients usually think about their problem and talk about it by means of words. Dramatherapy offers an opportunity to act out the problem in a visual form, which is for many people more comprehensible. Moreover, they get a detached view and consider the problem from a different perspective. The patients accepted this technique with seriousness and humbleness, because everybody had a chance to place their own elements in the statue.

The second group used a story in their therapy. At the beginning the patients underwent a positive warm-up technique, which was not difficult and the participants could be involved as they wished. The initial technique had a positive effect and motivated the patients to take part in the main technique, which was based on a story. This technique had a relaxing effect on the patients. Almost all of the patients were motivated and were involved with humour and enthusiasm. The technique was safe because each patient had an opportunity to decide about the degree of involvement. The patients could either project their own story or make up an unreal story. Some of the patients underwent this technique for the first time but had no problems with group cohesion. The patients showed exceptionally positive reactions to this type of

technique. They appreciated the entertaining and humorous aspects of the technique; many clients were surprised that they were able to think about other things than their addiction and forget about their addiction for some time. According to the patients, dramatherapy should be involved more often and the sessions should be longer in order to develop the technique more. Those clients who projected their own story were positively motivated because using their story enabled them to develop their own universal 'recipe' to eventually succeed in their treatment. For the patients, this technique was also a means of approaching other members of the group. They listened to each other and motivated each other. The whole session had a relaxing effect on the patients, which was reflected in their reactions.

The third group used a technique which was a modification of the previously mentioned two techniques. In terms of content and form, the selected warm-up techniques were not related to the main technique, and the author observed considerably lower initial enthusiasm and motivation for the main technique compared with the previous two techniques. The patients worked verbally in the sitting position, which provided them with a sense of safety, which was missing in the first group, who worked with their body. On the basis of the panel discussion and observations, the author concluded that those patients who joined dramatherapy only once preferred verbal approaches without using and presenting their body. The theme of the main technique was 'Hero's way to success by overcoming obstacles'. In this case again, the patients had an opportunity to decide about the degree of their involvement. They were invited to select a real person and process the person's story, but could also present their own story. The patients could decide about the way of processing the content of individual boxes. They could either draw or write the content of the theme into the boxes. Most of the patients selected drawing. This method offered a degree of creativity, which the patients preferred. In presenting Hero's way, some of the patients did not use this option because they were afraid of being ridiculed and ashamed in the group, although they were active during the session. Most of the patients projected themselves and their long struggle with the drug in the story. The patients appreciated the form of the dramatherapy. They were offered an unconventional perspective of their problem. Regarding the fact that this method is not usually used in this department, it was accepted positively as a change in their stereotype. During the dramatherapy, most of the patients reacted positively, with good mood, and showed empathy for other group members. This dramatherapy technique was both entertaining and instructive.

The patients in the fourth group used a technique aimed at working with their own body and imagination. The process of imagination used an animal, into which the patients projected their qualities. They could use their qualities and adapt the animal as they wished or use any unreal qualities. Throughout the whole session the patients used their body, which resulted in negative reactions. Only few patients were involved in the technique with seriousness and enthusiasm. Most of the patients used ridicule as a defence mechanism and escape from their self-actualization and self-presentation. Those patients who decided to take full part in the activities reported at the end of the session that this was an extremely difficult task given the short duration of the session, and that they needed more time for thinking about how to project their qualities into the animal. Other patients believed the session was childish and ridiculed their age and position. Some of the patients considered the session neutral claiming that it only killed their time, and did not impress them or offend them. Most of the patients felt they were embarrassed by their participation in the therapy, both in front of other members and themselves. This

group obviously suffered from a lack of trust, which would have been needed for full use of this technique.

7. Limitations Of The Study And Practical Recommendations

One of the most significant limitations of the study was the duration of the session. In the establishment, a total of 90 minutes is reserved for dramatherapy. The course of the session is variable depending on the number of clients, and last not least on the initial introductory round, the content of which is crucial to inducing appropriate atmosphere and a positive relationship with the therapist. Those patients who have been in the detoxification unit for a short time, tend to describe their situation in an extensive way, which shortens the time for the main technique. The patients need to undergo a warm-up technique. Although it is in the form of a game, the purpose of warm-up is to prepare and motivate the patients for the main technique. It takes some patients a longer time to fully immerse in the main activity and to start experiencing the desired emotions. At this point the time of the therapy is usually over and the therapist is forced to terminate the activity, although the patients might require the therapist to continue. The reason is the daily regimen of the department.

Another limitation is the frequency of dramatherapy sessions. Considering the fact that dramatherapy sessions take place once a week, some patients take minimum part during their stay, which might cause misinterpretations of the effects of dramatherapy. The observations suggest that those patients who take part in dramatherapy on a regular basis show more activity and respond more spontaneously compared with those patients who take part for the first time and dramatherapy is something new and unknown.

The inclusion of dramatherapy in the daily programme has an effect on the course of the session. Considering the fact that dramatherapy intervention takes place from 4 pm to 5.30 pm, the patients are subject to fatigue after the whole day, and their concentration and enthusiasm is decreased by waiting for dinner, which comes after dramatherapy.

Another significant limitation is the diversity of the patients, who take part in the session. This is truly an open group including patients with severe withdrawal symptoms, patients under treatment and those at the end of treatment, even patients who are in the detoxification unit as part of their recondition stay. Such groups are affected by lack of group trust, and the members of the groups often fluctuate and do not have an opportunity to familiarize with others, which is required for group therapy.

According to the author, another limitation of the study is the minimum application of dramatherapy in these types of establishments in the Czech Republic and their public accessibility. The author was unable to compare the results of the research with similar studies and assess any similarities or differences in the use of selected dramatherapy techniques in this group of clients.

For this specific psychiatric department the author recommends that the length of dramatherapy intervention be 120 minutes. Regarding the fact that the capacity of the department is 15 beds, the sessions are usually attended by 15 patients. In order to preserve the dramatherapy process and provide each patient with space for self-actualization and self-presentation, which is preceded by the introductory round, it is not always possible to fulfil the needs of all clients, which might be counter-productive with respect to the therapeutic objectives of the therapist.

Those patients who are motivated for treatment and undergo a regular 4-week intervention and report positive effects of dramatherapy, particularly due to its creativity and different nature compared with other therapies, would appreciate if dramatherapy sessions took place twice a week. This is also supported by the author of the present study, who recommends the frequency of dramatherapy twice a week with a one-day break. During the practical part the author observed significant differences in approaching dramatherapy by those who take part for the first time and those who take part repeatedly. To increase the effectiveness of dramatherapy and to achieve its positive therapeutic effect, it would be desirable to extend the time allocated for dramatherapy.

Another aspect is the period of the day, in which dramatherapy takes place. Regarding the fact that it starts at 4 pm, the patients are tired and consider dramatherapy a form of entertainment, relaxation and distraction after regular daily activities, which might be counter-productive when the therapist selects an active physical technique, which requires active engagement, thinking and absolute concentration.

An important factor is the selection of an appropriate warm-up technique before the main technique, which motivates the patient for involvement in the main part. In one case the author selected initial techniques that were not related to the main technique in terms of theme or content; as a result the patients were insufficiently motivated for the main activity. In the group of patients where the initial technique was linked with the main technique, the author observed greater enthusiasm. Therefore, the author considers the selection of the initial technique an exceptionally important aspect.

The diversity of the patients is crucial to the results of therapeutic work. Considering the fact that the patients do not form a stable and cohesive group, they try to avoid activities that include using their own body and refrain from revealing their internal qualities in the group, which usually consists of unknown persons. The patients usually prefer individual activities and avoid public presentations that would expose their personality. On the contrary, they like to present the results of activities that are not directly related to them and through which they achieve positive relationships with other group members and which are humorous, relaxing and entertaining. In such diverse group it is necessary to select various techniques that offer the patients a free choice as to how they are going to use dramatherapy and to what extent they are going to expose themselves.

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