

CHANGING THE ATTITUDE OF SIXTY MENTAL HEALTH STAFF MEMBERS TOWARDS DRAMATHERAPY

Ravindra Ranasinha

Abstract

Mental Health Unit of the Ministry of Health organized a seven-day residential training programme, from 9th – 16th July 2018, on dramatherapy, for sixty Mental Health staff members attached to hospitals in the Southern region in Sri Lanka. Mental health staff in hospitals do not perceive dramatherapy as a psychological first-aid tool, to support the general public. They treat dramatherapy as a mode of entertainment and not as a psychological intervention. The purpose of this research is to ascertain whether the hospital Mental Health staff would change their attitude towards dramatherapy, after the training, and whether they would accept dramatherapy as an effective psychotherapeutic intervention, to improve psychological well-being of the general public. This dramatherapy research is the first of its kind in Sri Lanka. It adopted a qualitative case study design, treating the purposive sample as one case. A pre-test questionnaire, researcher observations, semi-structured interviews, and post-test questionnaire were used as data collection tools. Interpretative phenomenological analysis procedures were used to analyse the data. The following key themes emerged through the process: humane space, communication, group work, creativity, and mindfulness. This study reveals that dramatherapy assists mental health workers to adopt a humane approach towards the sick, and to remove the barrier between the mental health worker and the patient. As results show, dramatherapy training helped the mental health worker to value the mental patient's life, enhancing their rapport with them. This dramatherapy intervention is of great benefit not only for mental health practitioners, but also for teachers and counsellors.

Keywords: Mental Health, Psychological First-Aid, Dramatherapy, Hospitals, Perception

Introduction

Today, psychiatric practitioners in Sri Lanka 'appear to be of the view that all patients seeking mental healthcare need a psychiatric and a medical screening' (de Zoysa, 2013:18). It is stated that 'even if the patients wish to consult a clinical psychologist, they have no choice but to be seen by a psychiatrist instead' (ibid. 19). In other parts of the globe, psychiatrists are 'skeptical about the *popping of pills* as the most appropriate treatment option for people with mental health problems' (Hankir et al., 2017: S197). After conducting a large-scale ($n = 25,522$) study on psychiatric morbidity in Great Britain, the President of the World Psychiatry Association, Professor Dinesh Bhugra and colleagues collectively issued the clarion call that '*The mental health of a nation was unlikely to be improved by treatment with psychotropic medication alone*' (Brugha et al. 2004). A study in Sri Lanka confirms this view, stating that culturally appropriate psychotherapeutic interventions can manage a wide range of mental disorders (Rodrigo, 2015).

Late Dr. D. V. J. Harischandra, a renowned psychiatrist in Sri Lanka, in his monumental document 'Psychiatric Aspects of Jathaka Stories' (1998), speaks of drama as a culturally relevant psychotherapy (1998). The role of dramatherapy was expounded descriptively in the text 'Dramatherapy in Sri Lanka' published in 2013. As shown in this text, dramatherapy aims to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. In 2015, the National Institute of Mental Health, Angoda, conducted a study

to ascertain the efficacy of drama for patients with schizophrenia (Isuru et al., 2015:3). The conclusion was that ‘exposure to ... drama therapy lead to symptom reduction as well as a positive effect on self-esteem in the short term, in patients with schizophrenia.’ Thus, in the Sri Lankan context, dramatherapy has been viewed as an appropriate psychotherapeutic intervention.

At present, the Colombo Office of the World Health Organization, Family Planning Association, the Special Needs School of the Sri Lanka Army, and several other organizations use dramatherapy to maximize the outcomes of their client-centred programmes. Becoming familiar of these programmes encouraged The Mental Health Unit of the Ministry of Health to organize a seven-day residential dramatherapy training programme, for sixty Mental Health staff members attached to hospitals in the Southern region in Sri Lanka. Preliminary discussions at the Mental Health Unit revealed their belief that dramatherapy may change the attitudes and behaviours of mental health staff towards patients, and also may dismantle the view that any mental issue is a result of chemical imbalance in the brain, and should be treated with drugs.

Methodology

Study Design

A qualitative method was chosen, focusing on how each participant experiences the dramatherapy training. The descriptions (objectivity) and interpretations (subjectivity) of the participants’ experience provide an understanding on the reality of the training (Llyod et al., 2007).

Participants

The Mental Health Unit of the Ministry of Health recruited the participants from the Mental Health staff available in the hospitals of the Southern region in Sri Lanka. They comprised of medical officers, psychiatric social workers, and community psychiatric nurses. They never had had a training on dramatherapy at any previous occasion. This purposive sample was treated as a single case.

Study Site

The dramatherapy training was a seven-day residential programme, and was held at Hector Kobbekaduwa Agrarian Research Centre in Colombo 07.

Study Intervention

The training covered fourteen sessions with high practical output. All sessions were divided into three parts, namely, a Warm-up Phase, a Main Developmental Phase, and a Closure. Each session, lasting for 03 hours, was planned to produce a therapeutic context in which the participants would observe, verbalize, and respond actively, deepening their self-exploration. The topics covered in the sessions were Dramatherapy Games, Relaxation, Improvisation and Imaginative Journeys, Active Listening, Empathetic Responding, Story-telling & Therapeutic Clowning, Autobiographical Narration, Use of Symbols for Self-exploration, Ritualistic Behaviour and Behaviour Modification, Movement and Voice in Therapy, Clinical Role-playing, Use of Mask for Therapy, Therapeutic Performance, Mindfulness-based Dramatherapy, and Conducting a Dramatherapy session.

Data Collection

A Pre-Test Questionnaire was given to the participants to know their perception about dramatherapy, before the intervention. In all sessions, a collective reflective process (Bolton,

2001) was allowed for participant reflection and group discussion around the material presented, individual and group experiences, and thoughts on further applicability of the work in participants' lives, and to reflect on the choice of activities and the overall facilitation. Feedback was invited through group presentations about participants' "most significant change" (Davies & Dart, 2005) experiences in the programme. Researcher observations and reflections of the participants and group responses were also used as a data collection tool.

Data Analysis

Data analysis was based on Interpretative Phenomenological Analysis procedures. Through the analysis, five super-ordinate themes emerged, namely, humane space, communication, group work, creativity, and mindfulness.

Results & Discussion

Humane Space

The participants found dramatherapy as a very humane process. They felt safe and comfortable to engage in activities. One participant said: *"Good that we didn't introduce ourselves first, otherwise there would have been barriers to interact"*. This statement was confirmed by several others. They said: *"if we were to introduce what positions we hold in the hospital, then that order would have impeded this learning."* What they spelt was the need to remove power play, to let a positive therapeutic relationship emerge. *"This is how we behave in the hospital. The doctor would say 'I am the doctor and you listen to me'. Then the patient becomes helpless,"* revealed the interview data.

Shared narratives of the participants explained that they lack empathy towards their clients. *"When a client came I just gave medicine. What else can I do?"* said several participants. Self-exploratory activities enabled them to become conscious of their behaviour, to make a healthy shift. Many participants said: *"If we feel so safe and comfortable with these dramatherapy tools, what stops us in practicing them with our clients. The clients can be motivated and empowered easily with this intervention."* Such response confirms that dramatherapy processes helped the participants to make a change in their attitude towards themselves, their patients, and dramatherapy.

Dramatherapy opened a play space for the participants, to feel safe and comfortable, to become child-like, to remain actively involved, and to experience a humane connection with others (Cassidy et al. 2014). *"I feel encouraged now, after these activities,"* said a participant. *"We became one, interacted well, and found it very easy to relate,"* commented several participants. That feeling of oneness was evident throughout the programme, having no barrier preventing them to interact easily in groups; acceptance was visible.

Communication

The use of symbols and metaphors to communicate one's experience in the 'here and now', helped the participants to have a broader perspective about life. *"Symbols show us life in different angles, and we can see where we are,"* said a participant. *"What we communicate is our own experience,"* was a feedback, confirming that a person's thoughts, emotions, and behaviours are embodied memories.

The use of spectogram, a tool to tell a story utilizing symbols, was very special for the participants. *"I didn't want to tell this story to anyone, but after making the spectogram, I couldn't stop myself,"* a participant told. Many said they felt a great relief after communicating what they had been bottling up for months or years. It was a process of releasing their shadows and becoming fully aware of when, what, how, where, and why of their condition.

Mirroring activities and rhythmic movements enhanced communication, helping the participants to physicalize colours, shapes, sizes, weights, feelings, thoughts, and behaviours. It was a process to become conscious of their embodied memories, and improve in flexibility and spontaneity (Silberg, 2012). As participants commented: *"It never occurred that rhythmic expressions can be used to communicate feelings and emotions so easily; we have never learnt to communicate with the body; we engage in unconscious communications, when we are angry, happy, jealous, or in love."*

Every participant learnt to maintain openness, and listened to others' narratives actively, with a non-judgmental mind. *"I have never listened like this"; "It was difficult to listen since my thoughts were always quicker"; "I learnt to be silent and listen. It was a great change in me, and in everyone"* were the results that emerged during debriefing time. This confirmed that communication is a skill to be achieved through enhanced awareness in breaking habitual patterns of thought. The dramatherapy process helped the participants to improve verbal and non-verbal communication, to engage in self-disclosure, and to enhance self-expression.

Group Work

Working as a group through a creative process was a novel experience for many participants. *"Being in a group always helps to share experiences, and to have diverse perspectives about an issue,"* told many participants during debriefing time. The group work enhanced their creativity. As all of them said: *"Everyone helped us to become creative. We shared our stories, acted, played, sang, and danced. We changed, because everyone helped us"*.

Group work creates an awareness of oneself by oneself, and of someone else's observation. Observing and being observed are part of a therapeutic process. (Jones, 1996, cited in Couroucli-Robertson, 2011:5). *"We wanted others to give their comments. That feedback integrated us more to the group. It is a skill to be part of a group,"* told participants. *"Group educates us a lot"* said the whole group.

Group work establishes friendships; builds a supportive and confident environment (Snow et al., 2003), supports in forming of bonds and makes the group cohesive (ibid.). Group work builds confidence in the participants, ensuring the smooth flow of the process. *"Every day our bond was strengthened in this group. We loved to be with the group. It is very entertaining. Jokes and laughter were endless. We are all friends,"* were the feedback data.

Creativity

For the majority of participants, this was the only opportunity that gave them space to rethink about their creative resources, since leaving school. *"Though reluctant at the beginning, now I have let my creative impulse to function,"* said a participant. Another participant said: *"There's always something different. It makes me fully engaged."*

They did role-plays, improvisation, imaginative journeys, rhythmic movements, art presentations, sculpting, mask-work, singing, and also activities with nature, to make a conscious exploration of their creative capacities. A participant said: *"I never had a chance to be creative. I wanted to dance when I was small, but didn't get a chance. I made it a point to make maximum use during this training."*

It was observed that the participants were completely in a relaxed state, enjoying the creative processes. After engaging in a sculpting activity some participants stated: *"Becoming creative is not easy with our hospital work. But now it makes me to re-think in bridging my creative talents and work."*

After a story-telling session, participants said: *“Every story is a story about ourselves. Even a fairy tale is a script about us. We should know the kind of script we build, and how to resolve the challenges creatively.”* Interestingly, many said that metaphors help to look at life in different perspectives, and broadens the way they perceive themselves, others, and the world. In general, the participants said: *“The story-telling activities made us to distance from the story, re-evaluate our story, and make a change”*.

Dramatherapy, thus, addresses the whole person, and the healthy aspects respond with creativity, and ease the discomfort (Jaaniste, 2011). Creativity enabled the participants to reconcile with their innate talents, forming a fresh perspective about themselves. *“Space is very limited in the hospital, but I will make maximum use of arts,”* commented a participant who wanted to create a positive transformation.

Mindfulness

On the final day of the training, group presentations provided the following data: *“It was a training on acceptance, being non-judgmental mind, to let go, and have Mettha”*. This data revealed that the participants have attempted to make meaning of dramatherapy from a Buddhist perspective. The participants further mentioned: *“There was slowing down and breaking out of habitual rush in life”; “During this programme, we didn’t think about our families. We learnt to let go of anxiety, and be relaxed”; “I listened to the body and senses in every given moment.”*

Dramatherapy training influenced them to be present, and enhance ‘Awareness’ in any given moment. A participant said: *“Before this training, even if I wanted to act or dance, I had many thoughts about how other people might look at me, and then I suppressed my need. Here, I managed to disregard the planning mind and become spontaneous”*. Several said: *“We trained from small days only to gather information and analyze. So we have become very judgmental”*. The complete dramatherapy training engaged the participants to work with the relationship between ‘awareness and action’. (Gluck, 2005:53).

The following were noted through interviews:

1. Awareness of impulses was greatly heightened, and the participants found greater ability to stay present to the flow of new impulses, without becoming distracted.
2. New impulses could be turned into a creative learning to enjoy and discover richness, new insights and ultimately, accept them.
3. A supportive, non-judgmental witness empowered the participant to witness oneself non-judgmentally.
4. Participants learned to work with ‘inner imagery unfolding in the present moment’ (ibid:53-54).

The participant’s growing self-awareness was a result of others’ presence and feedback that increased concentration, and deepened the overall experience with dramatherapy. It was a meditation-in-action. As the participant feedback confirmed, dramatherapy *“reinforces awareness, loving-kindness for self and others, to help clients break free from cycles of obsessive clinging, self-criticism, and fear”*.

Dramatherapy, in many ways, is a deep expression of a person’s core ideas about life, spirituality, theater, and therapy (Jaaniste, 2011). However, more robust research in this area with larger sample sizes and more rigorous study designs are required before health care providers can consider scaling up such initiatives to a population level.

Conclusion

The seven-day period of dramatherapy training helped the participants to become creative, spontaneous, and flexible, and to become conscious of their patterns of thinking and behaviour. The manner in which they got involved in group work, how they communicated and interacted with the group, and how they supported each one, explains their personal growth, and their acceptance of dramatherapy as a catalytic intervention. Dramatherapy, as the participants viewed, is a mindfulness training that empowered them to become leaders who can compassionately support the development of others. This qualitative study helped them to understand that recovering from illness best happens, if clients can be introduced to alternative (not necessarily instead of beneficial medications in case of serious mental illnesses) and adjunctive humanistic approaches in managing and coping with mental illnesses and associated psychological problems. This is the initial research on this topic, and this research is a platform for future research in the health sector.

References

- Bolton, G. 2001. *Reflective Practice: Writing and Professional Development*. London: Paul Chapman.
- Brugha, T. S., Bebbington, P. E., Singleton, N., Melzer, D., Jenkins, R., Lewis, G., Farrell, M., Bhugra, D., Lee, A., Meltzer, H. 2004. Trends in Service use and Treatment for Mental Disorders in Adults throughout Great Britain. *British Journal of Psychiatry*, 185: 378-384.
- Cassidy, S., Turnbull, S., & Gumley, A. 2014. Exploring Core Processes Facilitating Therapeutic Change in Dramatherapy: A Grounded Theory Analysis of Published Case Studies. *The Arts in Psychotherapy*, 41:353-365.
- Couroucli-Robertson, K. 2011) Breaking Down Barriers and Uniting People through Art. *Dramatherapy*, 33(2). Accessed February 10, 2014. DOI:10.1080/02630672.2011.582780
- Davies, R. & Dart, J. 2005. *The 'Most Significant Change' (MSC) Technique*, UK: Care International. Retrieved from www.mande.co.uk/docs/MSCGuide.pdf
- De Zoysa, P. February 2013. Clinical Psychology in a Medical Setting in Sri Lanka. *International Psychiatry*, 10:1.
- Gluck, J. 2005. *Insight Improvisation in Context: Antecedents in Meditation, Theater, and Therapy; Individual and Group Experience*. (Master's Thesis, Lesley University Graduate School of Arts and Sciences, Massachusetts, USA).
- Hankir, A., Kirkcaldy, B., Carrick, F. R., Sadiq, A., & Zaman, R. 2017. The Performing Arts And Psychological Well-Being. *Psychiatria Danubina*, Vol. 29, Suppl. 3, pp 196-202.
- Harischandra, D.V.J. 1998. *Psychiatric Aspects of Jathaka Stories*. Colombo: Vijitha Yapa Publications.
- Isuru, L. L. A., Dahanayake, D. M. A., de Alwis, A., Weerasinghe, A., Hewage, S. N., & Ranasinghe, C. K. 2015, March). Impact of Dance, Drama, Yoga and Music Therapy Workshops on Symptom Reduction in Patients with Schizophrenia: A Randomized Controlled Study. *South Asian Journal of Psychiatry*, 3 (2): 3-9.
- Jaanieste, J. 2011. Dramatherapy and Spirituality in Dementia Care. *Dramatherapy*, 33 (1): 16 — 27. Accessed September 10, 2015. DOI: <http://dx.doi.org/10.1080/02630672.2011.558355>
- Lloyd, C., Wong, S. R., & Petchkovsky, L. 2007. Art and Recovery in Mental Health: A Qualitative Investigation. *British Journal of Occupational Therapy*, 70(5).
- Ranasinha, R. 2013. Dramatherapy in Sri Lanka. Author publication.
- Rodrigo, A. 2015. Making psychotherapy culturally relevant to South Asia. *South Asian Journal of Psychiatry*, 3:2.
- Silberg, D. N. 2012. *The Utilization of Movement and Dance to Support Children in the Aftermath of Community Disaster*. (MA thesis, Drexel University).
- Snow, S., D'Amico, M., & Tanguay, D. 2003. Therapeutic Theatre and Well-being. *The Arts in Psychotherapy*, 30 (2): 73–82. Accessed March 6, 2012. DOI: 10.1016/S0197-4556(03)00026-1.