DRAMATHERAPY PERFORMANCE AND SCHIZOPHRENIA

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ABSTRACT

This research project examines the impact of therapeutic performance-making within Dramatherapy practice for clients with schizophrenia. "Dramatherapy Performance", a specific model of therapeutic work which is defined and presented here, consists of the clients' construction of a performance through a therapeutic process and its presentation to an invited audience of their Significant Others. The context of existing evaluation methods in Dramatherapy concerns either the development of the clients' abilities within a group process, such as role-playing or dramatic involvement, or the change of the clients' symptoms after a groupwork as measured by existing psychometric scales. However, no specific method of evaluation of performance-making to be used within clinical practice has been constructed yet. For this reason a new instrument for evaluating this model of work was formulated, namely the "Dramatherapy Performance Evaluation", which derives from a combination of psychiatric and theatre semiotics. This instrument is inspired by Aristotle's "Poetics", used for the first time for assessment in Dramatherapy and analyses the structural elements of a performance in relation to the clients' schizophrenic psychopathology. Furthermore, this project examines the effect of a "Dramatherapy Performance" on the clients' overall psychopathology, and their relationship to self and others. A clinical trial conducted in a Day Hospital for young adult clients with schizophrenia allowed a qualitative evaluation of the therapeutic process as well as quantitative measurements of the clients' symptom change. The outcomes of this project suggest that "Dramatherapy Performance" has a significant effect on the clients' dramatic involvement within the group process, on the decrease of their overall "negative symptomatology", on increasing their "competence and efficacy" and on changing their perceived support from their significant others. The "Dramatherapy Performance Evaluation" showed the importance of the performance's unifying cathartic structure as well as demonstrating how non-verbal therapeutic processes reinforce the impact of verbal processes. It also distinguished the usefulness of collective techniques- such as participation in a chorus- for the less functional clients as opposed to character work for the more functional clients. This research confirms the value of "Dramatherapy Performance" as a treatment for specific schizophrenic symptoms, in addition to medication, and provides Dramatherapy practice with a new and useful instrument for the evaluation of both the therapeutic process and the progress of clients with schizophrenia.

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RESEARCH RATIONALE

The objective of this research is to examine the impact of Dramatherapy on adult clients with a schizophrenic disorder.

"Dramatherapy", the therapeutic use of theatre and drama, has been developed as a concrete therapeutic method during the last thirty years (Schattner & Courtney, 1981, Jennings, 1987). The therapeutic dimension of ritual, drama and theatre has been recognised throughout the history of human civilization: theatre and drama having often been used for curative reasons from antiquity until the present day (Schechner, 1985). However, in the contemporary world, where it is necessary to prove the efficacy of different methods of clinical practice in order to provide adequate and specific health care to different client groups and individuals who suffer, Dramatherapy needs to provide evidence of its impact on its clients; to show where, to what extent and in what way it promotes change.

Contemporary mental health policies follow the "bio-psycho-social" model of understanding and treating mental disorders, which brings together biological factors, psychotherapy principles and social values to a common and integrating approach towards mental illness and suffering (Kaplan & Sadock, 1994). Though psychotherapeutic interventions have previously played only a complementary role alongside drug treatment in the treatment of psychotic clients, recent research shows that psychosocial interventions are crucial to the overall health care and rehabilitation of clients with schizophrenia (Maj & Sartorius, 1999). The inclusion of Dramatherapy within contemporary therapeutic projects in different frameworks is increasing, since clinical evidence shows that the clients' communication with their environment can be improved through this method (Johnson, 1981, Grainger, 1990). However, the process by which Dramatherapy can reduce the communication deficits of individuals with schizophrenia has yet to be clarified, and the specific areas of the schizophrenic psychopathology for which Dramatherapy can be more beneficial have only sparsely been explored using thorough scientific methods.

This research aims to contribute to the scientific evaluation of the therapeutic effect of Dramatherapy on clients with schizophrenia through their participation within the dramatic activities of a therapeutic group process and their contribution to a

creative product resulting from this groupwork. The particular aspects which this research addresses are the clients' overall psychopathology, their negative symptoms, level of depression, their self-esteem and perceived support from their "Significant Others" (family members and friends who are important to them). This research also focuses on the clients' healthy functions which are not affected by their symptoms and, especially those which relate to their creative capacity, their dramatic involvement and their social participation.

In order to examine these parameters, the effect of a Dramatherapy project on a group of adult clients diagnosed with schizophrenia and undergoing open hospitalisation within a Day Hospital's therapeutic programme is examined through a comparative study with a matched group of controls in the form of a clinical trial.

The methodology used within this project combines quantitative, qualitative and theatre-based research strategies in order to respond better to the different areas of the main objective of this research. Initially it carries out a theoretical exploration into the theory of Dramatherapy in order to clarify and define therapeutic concepts which are used within this project, such as "performance" or "aesthetic distance". The evaluation of the pre-post changes in the clients' clinical state and attitudes is conducted through quantitative methods with the use of specific scales and statistical analysis. The therapeutic process and its effect on the clients is analysed through qualitative methods specifically designed for this study (the "Dramatherapy Performance Evaluation", chapter 9). Finally, theatre-based methods are used in order to assess the clients' expressive skills, the performance event and the audience's response. The rationale for developing a methodology based on three different modes of enquiry (quantitative, qualitative and theatre-based) is an important factor in this research project. This project is designed and implemented in such a way that evidence from all these separate strands supports and, in some cases, verifies one another within a clinical setting. Apart from providing more complete answers to the research questions, the development of this methodology aims to satisfy the needs of different health authorities -including psychiatrists and hospital managers- concerning the application of Dramatherapy practice in a clinical setting.

This research project involves individuals with schizophrenia. "Schizophrenia" is a term that has been approached from different theoretical or scientific angles, since

this particular mental disorder can affect all levels of human existence. In this thesis the term "schizophrenia" is used in its psychiatric sense: as a mental disorder, which can be diagnosed and treated by contemporary psychiatric methods.

Apart from the hospitalisation periods, which mainly aim at the alleviation of an acute phase of the schizophrenic disorder, residual symptoms often need a special ongoing outpatient provision. According to mental health policies, provision for these clients is available under the umbrella of primary prevention (programs for individuals at risk from the disorder), secondary prevention (day centre and day hospital care for relapse prevention and for the social reintegration of the clients) or tertiary prevention (rehabilitation programs for chronic clients) (Stefanis, 1990).

The fieldwork of this research project, which takes place in Athens, Greece, focuses on a population with schizophrenia that receives Day Hospital treatment as part of secondary prevention. This particular Day Hospital treatment applies a multi - disciplinary, integrative approach towards the problems of clients with schizophrenia, ranging from biological treatments to psychosocial therapies. In this way, it offers to the clients an overall therapeutic atmosphere, which was called a "therapeutic milieu". For the practice of "milieu" therapy, the hospital is organised as a social unit, which has been modified in such a way as to become itself a therapeutic medium, encompassing psychotherapeutic approaches as well as social activities. According to the theoretical principles of this setting: "within a warm and safe environment the disordered behaviour of the clients can be improved, not only by their working through of their personal material therapeutically, but also by internalising new experiences from the environment that may have a "re-corrective" influence on them (Mantonakis et al, 1991).

From the different Dramatherapy models, a theatre model involving therapeutic work through performance-making is selected. The reason for this selection is that the existing literature indicates that the construction of theatre performance has been a useful method of therapeutic work for clients with schizophrenia (Johnson, 1980, Emunah, 1983, Grainger, 1990). This model has been applied to clients hospitalised in large psychiatric institutions since the first half of the twentieth century (Iljine and Evreinov, in Jones, 1996), as well as to recent therapeutic projects in contemporary psychiatric units worldwide (Bielanska, 1991, Mitchell, 1996). However, the use of

public theatre performances within Dramatherapy practice is often a debatable issue since the therapeutic process is usually kept within the group boundaries in order to avoid the exposure of clients' personal issues. As a consequence, there has arisen a need to define the limitations of therapeutic performance-making.

This research aims at describing which model of work can be named "Dramatherapy Performance" and to differentiate it from other Dramatherapy practice that does not involve performance, as well as from other theatrical activities, such as happenings that may have a therapeutic effect but do not belong within the Dramatherapy field. In order to better define the term "performance", this research project includes an extensive examination of the different meanings of the notion of performance within the framework of sociology, anthropology and theatre theory. These contexts bring to the notion of "performance" a number of significations which may enrich Dramatherapy theory and point to the meaning that may be given to the notion of performance within a therapeutic practice that involves a "Dramatherapy Performance". Following the definition of "Dramatherapy Performance" as a specific model of practice within the field of Dramatherapy, research on the evaluation of this practice lends credence to its therapeutic application.

Until now most evaluation strategies in Dramatherapy have followed two main lines. One is the pre-post evaluation of a therapeutic process by the use of already existing measurements of psychopathology deriving mainly from the fields of Psychiatry and Psychology. An example of this is Grainger's (1990) use of Bannister & Francella Grid Test of thought disorder (1966) for the evaluation of a brief Dramatherapy project in a Day Hospital. Another evaluation strategy has used specific tools created by Dramatherapists measuring elements of the therapeutic process such as Johnson's "Diagnostic Role-Playing Test" (1988) or Jones' "Dramatic Involvement Inventory" (1996). No attempt has been made as yet to combine these two methods in an instrument that measures the clients' changes in psychopathology- as described by existing psychiatric taxonomies of symptoms- in relation to the creative elements of the Dramatherapy process. This thesis includes the formulation of a specific tool of evaluation for schizophrenic symptoms in relation to the particular elements of the creation of a "Dramatherapy Performance".

In order to evaluate a "Dramatherapy Performance", this thesis explores theatre semiotics, examining how meaning is produced by a theatre performance, how performance material can be used as a text for further analysis and the relation between actors and audience. As a cornerstone within the literature of theatre semiotics stands Aristotle's Poetics, the first method of analysis both of the quantitative parts (episodes and chorus) and the qualitative parts (plot, characters, ideas, diction, music and design) of a Tragedy. Although Aristotle's Poetics has been mentioned by various theorists in the field of Dramatherapy it has never before been applied clinically within Dramatherapy practice.

At this point this thesis presents the argument that a "Dramatherapy Performance" can stand metaphorically as a contemporary tragedy. It elaborates the argument that there is a dialectic relationship between the overall functioning of clients with schizophrenia within a theatre performance and the level of acceptance of these clients' deconstructed functions by their audience. Since the overall therapeutic aim is the reduction in the clients' schizophrenic symptoms, the evaluation of a performance created by these clients on a basis of structure and reason, such as Aristotle's Poetics, seems appropriate. The schizophrenic condition is understood in this thesis as a tragedy of two conflicting tendencies: the fate of an individual with schizophrenia to follow his or her biological predispositions, and this person's need to relate meaningfully within societal norms. Thus, the case of an individual with schizophrenia undertaking therapy can be metaphorically seen as a journey of a contemporary "tragic hero" moving towards his or her "catharsis". Catharsis is the ultimate objective within Aristotle's Poetics. After an exploration of the different interpretations of the notion of catharsis within various social and semantic contexts as well as within the field of Psychotherapy, this thesis argues that for the use of Dramatherapy, catharsis can be conceived as a structure able to contain the collective expression of individuals rather than an emotional climax by which to release their suppressed instincts.

The areas in this evaluation system deriving from Aristotle's Poetics which are presented in this thesis are:

a) The evaluation of the "Dramatherapy Performance" process
b) The evaluation of the "Dramatherapy Performance" final product, i.e. the theatre performance

c) The evaluation of each client's psychopathology in relation to the structural elements of the performance in which they participate.

For the latter evaluation, among the subcategories of negative symptoms of schizophrenia - classified in Andreasen's taxonomy (1982) - the cluster of "affective flattening" is selected as an example and is assessed for each one of the subjects of this research. Collective results from this data shows the overall change in a client's "affective flattening" in each of the six elements of the "Dramatherapy Performance": the construction of the plot, the role-playing of the characters, the conveying of ideas, the expression of diction and the contribution to the music and design of the final play. Thus, these results indicate the different areas of therapeutic work that are improved as well as the ones that need to be improved in relation to the severity of the clients' psychopathology.

Finally, an additional area of this research explores the importance of the audience members' response to the difference in their attitudes to the performing clients after the performance event. Semi-structured interviews with the audience members - the clients' significant others who have been invited by them - show the effect of this event on the diminution of the social stigma attached to the mental disorder and also on the relatives' desire to contribute to this change as well as their resistance to it.

Pilot studies of four previous "Dramatherapy Performance" projects realised in the context of Greek psychiatric hospitals - two in the Eginition Day Hospital and two in Leros State Psychiatric Hospital - provide interesting data for the formulation of this research project. These pilot studies show that:

i) Some areas of the clients' schizophrenic symptoms are reduced more than others through their contribution to a 'Dramatherapy Performance' project.

ii) The effect of a performance construction based on an already existing play adapted to the clients' needs is different to the effect of using the clients' own autobiographical material as a basis for the performance, and affects the relationships as well as the clients' involvement in the group.

iii) Video recordings of the performance can be easily used for analysis of the material via the aforementioned evaluation procedures.

iv) Audience members are strongly influenced by such performance projects.

Details of the pilot projects are provided in Section C of this thesis (chapter 8, p.106).

Thesis structure and original outcomes

1) In this research project "Dramatherapy Performance" is formulated and defined for the first time as a specific Dramatherapy practice that can be applied with positive results to clients with schizophrenia. This definition is outlined in the historical context of Dramatherapy practice (chapter 1, p.25).

2) This thesis makes new contributions to Dramatherapy theory in regard to:

   a) Viewing the notion of "performance" in Dramatherapy from social and anthropological perspectives (chapter 4, especially pp.52-53).

   b) The use of "aesthetic distance" in relation to therapeutic performance-making with clients with schizophrenia (chapter 5, especially pp.71-73).

   c) The articulation of how the schizophrenic performance can be considered as a reflection of the patients' symptomatology (chapter 6, p.76).

   d) The analysis of communication of sanity and insanity through therapeutic theatre productions by the use of theatre semiotics (chapter 7, p.91).

3) This thesis proves through a clinical trial that Dramatherapy can reduce the clients' negative symptoms; in particular, 'affective flattening', 'anhedonia-asociality', 'avolition-apathy' and 'inattention'. Details of the formulation of the experimental work can be found in Section F of this thesis on Methodology (chapter 11, p. 178) and the Quantitative Analysis of the clinical trial with the statistical results is provided in Section H of this thesis (chapter 16, p. 285).

4) It also highlights a particular way of using performance in order to achieve social participation by changing the attitudes of family members, by creating

social relationships and by improving social support for disturbed individuals. This aspect of the work is described in the chapter on Qualitative Analysis- Part IV (chapter 15, p. 273).

5) This thesis fills a gap in the existing literature by presenting the formulation of a new instrument for the evaluation of performance-making within Dramatherapy. Details of both the formulation of the instrument and its application are provided in the "Dramatherapy Performance Evaluation" (Section D, chapter 9, p.127).

6) It offers Dramatherapists who work with clients with schizophrenia a simple and easily applied tool for assessing their clients' symptoms during the process of their therapeutic work. Thus, it helps them to communicate their clients' progress to their colleagues on the therapeutic team by using a language which all can understand and which is not restricted to terms that are commonly used only among Dramatherapists and are incomprehensible to other clinicians within psychiatric units. Therefore, Dramatherapists can refer directly to psychiatric symptoms and present ways in which these can be reduced through the Dramatherapy process. In this way, they can clearly demonstrate the efficacy of their work to their colleagues rather than having to rely only on the transmission of a general positive therapeutic atmosphere from their work to other professionals on their wards. Thus, this thesis looks forward to the inclusion of Dramatherapy within psychiatric programmes for clients with schizophrenia by suggesting new methods of scientific validation of Dramatherapy practice.

7) It contributes to the application of a holistic system of care for mentally disordered individuals, within which the clients' creativity can stand as a measurable factor with regard to the "creative process". This is presented in the Qualitative Analysis- Part I of this project (chapter 12, p. 195). The measurement of this area of work is described in Qualitative Analysis, part III (chapter 14, p.251).

8) This project may contribute to the establishment of Dramatherapy as an effective therapeutic tool for the treatment of individuals with schizophrenia in a variety of psychosocial and rehabilitation units, either in hospitals or

within the community. It is a fact that schizophrenia is the main concern of mental health policies all over the world. Patients with schizophrenia occupy about 50% of all mental hospital beds and account for about 16% of all psychiatric patients who receive any type of treatment (Kaplan & Sadock, 1994). Therefore, the application of this project concerns the biggest population of clients hospitalised for psychiatric reasons. "Dramatherapy Performance" is a model of therapeutic work which is group-oriented and focuses on the emotional material of the production rather than on "high technology" mediums, and is economical in comparison with other one-to-one therapeutic interventions. Therefore, from a financial point of view, this therapeutic project can also provide information on how low budget projects can be feasible in therapeutic settings in the less privileged regions of the world.

SECTION A

INTRODUCTION

LITERATURE REVIEW

CHAPTER 1

AN HISTORICAL OVERVIEW OF THE USE OF DRAMA WITH THE MENTALLY DISORDERED

From the ancient healing drama to contemporary "Dramatherapy Performance"

CHAPTER 2

DRAMATHERAPY PRACTICE FOR CLIENTS WITH SCHIZOPHRENIA

CHAPTER 3

DRAMATHERAPY RESEARCH AND SCHIZOPHRENIA

CHAPTER 1

AN HISTORICAL OVERVIEW OF THE USE OF DRAMA WITH THE MENTALLY DISORDERED

From the ancient healing drama to contemporary "Dramatherapy Performance"

The therapeutic role of drama and theatre has been evident from the beginnings of human civilization and it has been formulated according to the different social and aesthetic values of each historical period. It is important to take into account the different ways theatre was applied to help people with mental disorders and how these methods inform contemporary therapeutic practice. The expiration of such applications across time allows us to discover the roots to the therapeutic use of performance-making for mentally disordered individuals, which is the core of the Dramatherapy model this thesis presents. The past offers us the historical basis on which this therapeutic model will define its target and method. Referrals to notions that will be explicitly used in this thesis, such as "symbolic healing", "catharsis", "audience effect", originate from different periods of the evolution of therapeutic practice. It is important also to note how a contemporary "Dramatherapy Performance" relates to the already existing models of practice and to define the elements its novelty is based upon.

A first point of interest to this project is the dialectics formed between the therapeutic use of theatre as a form of art which is witnessed by an audience and of drama as an experience within a group culture as it is developed in contemporary Dramatherapy. A number of Anthropologists (Levi-Strauss, 1968, Turner, 1968, Kakouri, 1980) have stated that in the origins of human history, mental health and mental disorder have been considered as divine gifts or judgements of the Gods or the sacred spirits. The "Shaman" in primitive societies was a special person within a tribe to whom the other members of the tribe attributed supernatural, religious and medical powers. Through the dramatic forms of primitive magico-religious rituals and rites of passage, human nature expiated the divine judgements, the guilt and punishment of the Gods and bad spirits, empowered its sane potential and developed from one stage of life to the next.

Even in highly organised societies, such as that of Ancient Greece, madness was experienced as Divine Will and often priestesses in ancient sanctuaries exhibited dramatic states of madness attributed to possession by the Gods (Dodds, 1951). One such example is still extant in Aeschylus's "Oresteia", as Cassandra's invocation of the God Apollo. Apart from this, the dark, orgiastic and "insane" side of human nature was acknowledged, celebrated and, in this way, contained, within ecstatic dramatic ceremonies, devoted to the God Dionysus. Since then, Drama has been a major element in religious ceremonies and continues to be. However, a crucial moment in the evolution of Drama into a separate form of human expression took place during the Ancient Greek worship of the God Dionysus. It was in the 7th century BC when the poet Arion, creator of the religious song "Dithyramvos" in honour of Dionysus, separated the first "actor" from the chorus and established the actor-chorus dialogue, opening, thus, the way to the development of Ancient Greek Tragedy (Georgopapadacos, 1968). That early period of Ancient Drama, before the establishment of an audience and where a group of people gathered for worship to witness a "sacred" drama through an imitation process, is reminiscent of one of the "core" therapeutic processes in Dramatherapy (Jones, 1996), one's "witnessing" of the other members' enactments within a group, without an audience.

Aristotle in his "Poetics" (around 330 B.C.) has described a first theatre sign-system (Elam, 1980, p.5), which has been a basic source for all later performance theorists and semioticians. His fundamental notion for the accreditation of a Tragedy was "catharsis", a notion that has acquired numerous interpretations across the centuries. It is important to see what catharsis signifies for contemporary Dramatherapy and how this notion can be better understood and absorbed within its practice. Therefore details on catharsis are given in a later chapter of this thesis (pp.136-140), while a detailed study on catharsis is included in the Appendix.

The evolution of catharsis in ancient Greece was related to divination, as well as to the cultural and social developments of ancient Greek society from the age of Homer to the archaic period. According to Dodds (1951) "from the simple Homeric purifications, performed by laymen, it is a long step to the professional 'Kathartai' of the Archaic Age with their elaborate and messy rituals" (p.36). One of the major conflicts within the ancient Greek psyche was the battle between the opposing forces

of Dionysus and Apollo. Apollo promised security, Dionysus offered freedom. The tradition of catharsis for the resolution of such conflicts seems to have been carried on to some extent by private Dionysian associations. By the fifth century the "Corybantes", a group of sacred healers, had developed a special ritual for treating madness, by the use of appropriate sacrifices. Sharing many elements with the old Dionysian healing, the corybantic rituals brought about catharsis by means of "orgiastic" dance and music, in which the participants fell into a state of collective trance. Mentally disordered people entered into an ecstatic state of hysterical cries with an increasing heart rhythm that finally led them to a collapsus (Dodds, 1951, p.77).

Since it was the magical and not the rational self that had to be cleansed, these cathartic techniques were not rational but magical. They might have consisted solely of ritual, like the orphic books that Plato denounced for their demoralising effect. They might have also used the incantatory power of music, as in the catharsis attributed to the Pythagoreans, or they might have involved practicing a certain way of life. For, in both the old Orphean and in the Pythagorean view of life, the practice of "Askesis" was a central feature: vegetarianism, sexual abstinence, the rule of silence for novices and discipline as an "antidote" to the ancient Dionysian rituals of "Sparagmos" and "Homophagia" (meaning: "tear to bits and eat raw").

Slowly, the old magic-religious catharsis was eventually detached from its religious context to be applied to the field of lay psychiatry and to supplement the purely physical treatment, which official medicine of that age, as practiced by the Hippocratic doctors, had used (p.80). It is fairly probable that the term "catharsis" was taken over by Aristotle from the Hippocratic doctors in Ancient Greece, in whose writings it is used to mean the physical discharge of deleterious elements ("kakochymia"). Plato considered that maladies consisted of "phobias or anxiety-feelings arising from some morbid mental condition" (Dodds, 1951, p.78). We do not have evidence or descriptions of these rituals, but Plato informs us that the diagnosis was based on the patient's response to music. Once the patients knew which god was responsible for their illness they could supplicate with the relevant sacrifices.

This ancient heritage highlights the therapeutic importance of the containment of conflicting tendencies of the human nature within dramatic ceremonies. The

acceptance and unification of "good" and "bad" parts of the human mind, as well as of "sane" and "insane" functions, and the faith in transformation through the liberation of these functions within rites of passage form a basic concept of contemporary Dramatherapy which is symbolic healing. The evolution of theatre as a form of art with particular theatre techniques introduce on the one hand a rational thinking within the therapeutic use of a dramatic medium and on the other, the influence of the aesthetic values of its cultural context.

Since evolving into the art of Theatre, Drama has continued to play a healing role. At the site of the ancient theatre of Epidaurus there are the ruins of a hospital near the stage, where sick people participated in sacred enactments when it was not used for theatrical performances. These enactments included the invocation of the God of Health, Asklepios. Most of the Therapies in these ancient "health centres" had a mystic quality and were based on different types of hypnosis and instigations which were used for physical as well as psychological disorders (Aravantinos, 1907).

In Aristophanes' comedy (445-385 B.C.) "The Wasps", there is a scene, which may be considered as the first session of "Dramatherapy" described in a play; the protagonist's old and demented father is involved in a mock jury scene in order to find his own cure and behave decently in the future. Although arriving from a very different cultural context, it contains all the steps of symbolic healing as Dramatherapy does albeit with a generous dose of satire.

The use of drama for therapeutic purposes in modern western culture began in Europe at the end of the eighteenth and the beginning of nineteenth century, when special attention was given to the healing power of catharsis, whilst in most European countries various forms of art were introduced in psychiatric hospitals mostly for philanthropic reasons. The humanistic motto of nineteenth century romanticism: "return to the human, return to nature", allowed these forms of art to play a therapeutic role per se. Throughout the history of psychiatric evolution, the use of Drama for healing purposes has been influenced by four "revolutions" (Manos, 1988). The first one was related to the humanitarian values of "Moral treatment", which were first introduced by Pinel in France at the end of the 18th century. It introduced a supportive attitude towards the mentally ill on a moral level through consistency, benevolence and persuasion. Within the spirit of humanisation, chaining patients was

banned, the arts were introduced for the well-being of the patients and theatres were built in hospitals where performances and concerts took place. The second revolutionary step was Freud's consideration of the "unconscious", which provided a psychoanalytic understanding for the use of the arts, theatre plays and roles. The Oedipus myth is an example of the use of mythology in in-depth psychology. Thirdly, the development of anti-psychotic drugs in the second part of the 20th century allowed for the discharging of a large number of patients from mental hospitals. The relief of acute psychotic symptoms through the use of antipsychotic drugs permitted the use of psychotherapeutic methods for the treatment of psychotic patients. Finally, the movement of Social Psychiatry after the Second World War, promoted attitudes against the discrimination of the mentally disordered. The development of Group Psychotherapy and Psychodrama accredited role-playing, dramatic enactment and performance as tools for social change. It is in this period that Dramatherapy formulated its first theoretical concepts.

Relevant models of therapeutic work took place in Russia, in the beginning of the century. Parallel to theatre developments and to the work of the great theatre theorist and director Constantin Stanislavski, two pioneers in the conjointment of the fields of theatre and therapy, Iljine and Evreinov, produced important work. This work was unknown until recently, since it had not been communicated to Western Europe. Both Iljine and Evreinov worked initially in Russia and then moved to France and to the U.S.A. Their work influenced later practitioners in Germany and the Netherlands and has only recently started to be translated (Jones, 1996).

Evreinov (1879-1953), director and author, in his work "The Theatre in Life" (1927), which was translated and published in the U.S., described his healing conception of theatre as "Theatrotherapy". He emphasised the theatrical process rather than the final product; and compared the play of animals and children to acting. Evreinov (1927) believed in an essential, "pre-aesthetic" value of theatre, linked mainly to the instinct of transformation. He conceived of theatre as a therapy for actors and audience, as an instinct, as necessary to the development of intelligence and as the "stage management" of life. Evreinov assigned great importance to working on a role is a stimulating act for the actor. He also argued that an actor, when engaged in

theatre, enters into an energised state, which helps him alleviate mental or physical illness.

Iljine, Professor in the University of Kiev, provided a particular methodology in this field, working with psychiatric patients, with students with emotional difficulties, and in the theatre, between 1908 and 1917. Then he left Russia for political reasons and travelled to Paris and Hungary. Iljine developed a methodology of "Therapeutic Theatre", which was based on performance-making. It seems that through his systematic method he had long before applied the performance-making structures of contemporary Dramatherapy.

Iljine worked with clients for a minimum of thirty sessions twice a week, through the following stages: a) Improvisation training, b) Theme identification, c) Reflection on themes, d) Scenario design, e) Scenario realisation and f) Reflection and feedback. Improvisation training aimed to enhance creativity and expressivity and took place in one of the two weekly sessions. During the other weekly session, the themes of the performances arose either out of the clients' autobiographical material, or out of group discussions. Iljine considered the themes as providing diagnostic information to the therapist. He held that enactment of the scenes followed by a time for reflection, gave actors the opportunity to work on personal memories and issues and thus to gain insight.

One should also mention the important contribution of Moreno and his Psychodrama to the evolution of Dramatherapy. Although Psychodrama did not affect Dramatherapy at its initial stages, later on it formed with it a continuum of theoretical and practical interchange of action methods. Having founded in Vienna the "Theatre of Spontaneity" (1924), Moreno created his first Psychodrama theatre at the Beacon Hill Sanatorium in New York, in 1936. He used group improvisation as his main medium, where everyone was actor as well as audience. His structure (warm-up, action, sharing), his key elements (the scene, the protagonist, the auxiliary ego, the director and the audience) and his techniques (doubling, role-playing, role-reversal, mirroring, soliloquies, chorus, dream presentations, spontaneous improvisation, psychomusic) were specific and aimed at enhancing the members' spontaneity and to lead on to a catharsis. In 1941 a Psychodrama theatre was first built in a public hospital. In Moreno's Psychodrama (1946), the emphasis is on "the opportunity of recapitulation

of unsolved problems within a freer, broader and more flexible social setting". Roles were considered not to emerge from the self, but the self emerged from roles. Moreno introduced the technique of "auxiliary egos", which allowed other group members of a psychodrama group to enact different roles of an individual's social or inner self.

Moreno dealt with a wide span of psychopathology including that of psychosis. He suggested that psychotic clients, as in his case study of a patient with "dementia praecox" (in Psychodrama, Vol. I, 7th ed., 1985, p.220), cannot be covered by just one "auxiliary ego" but really needs a number of auxiliary egos (played by other group members), in order to bring themselves to a more satisfactory realisation of the "auxiliary world" they experience in their fantasy. The clients' hallucinations could be enacted in this way, by the "auxiliary egos", as for example in the form of opposed voices. Within this auxiliary world a patient's dream could be represented in order for him/her to accomplish a "mental catharsis" of the dream by integrating the sane as well as the insane parts of the dream within his/her psyche. In "Group Psychotherapy and Psychodrama" (1965) Moreno reports three ways of treating psychotic states. In his case study of Martin's dream he analyses the clients' therapeutic process from the psychodramatic action to reality and then to the verbal level. In other psychotic cases he attempted to unify the deconstructed "social atom", the system of interpersonal relationships, of psychotic clients (as in the case study of Elisabeth), or to use the auxiliary egos in order to "introduce resistances" within the patients' paranoid world when hallucinations are active (as in the case study of Mary).

In the sixties, Psychodrama was influenced by the French psychoanalytic school, such as S. Lebovici, A. Kestemberg, D. Anzieu (in Mantonakis, 1968) through which a new approach was invented, the "Psychoanalytic Psychodrama". This therapeutic method was considered sufficient for the handling of transference of severely neurotic or psychotic clients. According to the severity of the client's state it took place either as a group psychoanalytic Psychodrama or as an individual psychoanalytic Psychodrama with a group of therapists who enacted the auxiliary egos. The latter has been applied to psychotic clients with remarkable results in the Psychiatric department of the University of Athens in the seventies, which is the clinical setting the project of this thesis took place. According to Mantonakis (1968) this application of Psychodrama it aimed at "the uncovering of the Ego defences, the

unmasking of a false homeostasis held together by the symptoms of the delirium, and the reorganisation of the personality of the patient through the integration of the impulses in the Ego". The outcomes of this approach ranged between the disappearance of symptoms and the patient's social rehabilitation, the stabilisation of the clients' state, the modification of rigid compulsive defences, or the turning of a psychosis into neurotic symptoms (Mantonakis, 1968). However, recent therapeutic approaches consider acute psychotic, paranoid, suicidal, and severely disordered clients in general, as unsuited to Psychodrama. Structured action techniques or role training are considered as more suitable for low-functioning chronic patients needing rehabilitation (Kellerman, 1992).

It is important to relate the therapeutic practice of this project to the therapeutic elements described by the first pioneers in this field in the 20th century, Evreinov, Iljine, Moreno. They relied on the pre-aesthetic form of dramatic expression where a liberation of suppressed feelings and states of mind can happen through improvisation and play within carefully structured ceremonies. Furthermore Moreno's work was based on the group's culture where protagonists and audience are just roles the group members can experience alternatively within an experience of self-expression. Parallel to this, the concept of containment of the clients' feelings is introduced and special psychodramatic techniques to tolerate extreme feelings of mentally disordered individuals were used. Structuring the sessions, leaving time for entering and leaving the dramatic reality of the group, the use of more than one therapist, the sharing of the therapeutic role with other group members and the overall containment of the therapeutic use of drama are concepts already put forward at those early stages. This project will extend the importance of these factors for individuals with schizophrenia undertaking Dramatherapy.

Dramatherapy was developed as an independent form of therapy, and has been included within the therapeutic framework of Western Society in the late seventies. Though it emerged as a separate therapeutic field in different countries and with different people in the western world, the first "Dramatherapy" programme was founded by Sue Jennings at the Hertfordshire College of Art and Design in Britain (1978). Dramatherapy was only recently accredited formally as an approved form of therapy in this country (1998).

The British Association for Dramatherapists (1992) defined Dramatherapy as "a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth, which focuses on the intentional use of healing aspects of drama and theatre as the therapeutic process". The holistic character of Dramatherapy, due to the interrelatedness of psychological, social and artistic processes within Dramatherapy practice, can be an obstacle towards defining its specificity among other psychotherapeutic interventions. However, this interrelatedness can be exactly the specific potential of the Dramatherapy approach, which differentiates Dramatherapy from other therapeutic methods. Dramatherapy harks back to a time in human history when Drama encompassed religious rituals, health practice, societal norms and artistic expression, in order to examine how these features interrelate. In particular, the transition between Drama -a pre-aesthetic form of human experience- and Theatre -a form of Art- as a concept that reverberates backwards as well as forwards in human cultural evolution has been a cornerstone of the philosophy underpinning Dramatherapy. Although the heterodoxy of Dramatherapy (Casson, 1998), combining a variety of schools of thought and practice, delineates different aspects and propounds different models of work, it is agreed that its therapeutic impact underpins the psychological development, social rehabilitation or adaptation, and artistic creativity of individuals involved in the process.

The different elements of Dramatherapy practice can be adapted to be used for individual, couple, family or group work. Dramatherapy, just like all psychotherapies, has mostly been used for neurotic clients. Its holistic character has made a number of practitioners unwilling to examine its specific effects on the populations they worked with. However, recent research evidence aims at defining the specific client-groups for which Dramatherapy can be a valid treatment. Among the published literature one should mention its positive therapeutic effect on thought disorder (Grainger, 1990), auditory hallucinations (Casson, 2002), autism (Jones, 1993), bereavement (Gersie, 1991), ageing problems and reminiscence (Burger, 1981, Langley, 1983, Johnson, 1985), post-traumatic stress disorder (Lahad, 1992, Winn, 1994, Johnson, 1995), child and sexual abuse (Cattanach, 1992), antisocial personality and conduct disorder (Ryan, 1976 and Hart & Waren, 1983) and eating disorders (Dokter, 1994). Dramatherapy has also been used in community-based mental health programmes, as an additional

treatment for the rehabilitation of individuals with addictive behaviours, learning difficulties or schizophrenia.

Among Dramatherapists, a number of models of Dramatherapy practice have been developed, depending on the theoretical and educational background of their inductors. The more influential are the following:

a) The developmental model of "embodiment-projection-role" (Jennings, 1987), in which the clients' feelings are first "embodied", experienced through body expressions; then projected onto a dramatic medium, such as an object, a mask, a puppet, a picture, clay, sand etc., through which the client may experience an object relation with them; and finally enacted in a role deriving from this projection.

b) The "Role" model (Landy, 1994) in which the clients' role repertoire is explored and their problems are related and treated according to the clients' ability to identify with or alienate themselves from their roles, through a regulation of the "aesthetic distance" between clients and their roles.

c) The "Ritual" model (Mitchell, 1992) in which clients are introduced and work within a new dramatic group culture, by creating ceremonies deriving from the field of Para-theatre and anthropology.

d) The "Spiritual" model (Grainger, 1990) in which the clients' issues are encountered and contained within an existential approach that combines a cognitive re-construing with metaphysical meanings.

e) The "Storytelling and Storymaking" model (Gersie, 1992, Lahad, 1993) in which clients' issues are either contained and find meaning within existing stories from mythology, or are worked through in stories the clients themselves construct within a group.

f) The "Therapeutic Theatre" model (Evreinov, 1927, Johnson, 1982, Emunah, 1983, Jenkyns, 1996) in which clients explore and analyse their issues through their involvement in theatrical text exploration, or creating plays and performance-making.

g) The "Theatre of the Oppressed" model (Boal, 1995) in which the individuals' performance is empowered, so as to enable them to revolt against their social discrimination and to regain their rights within an environment which rejects them.

Different cultural frameworks in Drama and in Theatre have attributed various meanings to the notion of "performance", both as an individual experience and as a group phenomenon that has become a crucial subject of examination within Dramatherapy theory. Contemporary Dramatherapy usually refers to individual performance in a closed group therapy framework. In addition to this practice, individual one-to-one Dramatherapy for both adults and children has been developed by a number of practitioners recently (Jenkyns 1996, Cattanach 1997). Over and above this, a performance by a Dramatherapy group for an invited audience has often been used as a therapeutic tool, its aim being to include within the Dramatherapy outcomes the benefits of a public theatre performance, thus forming a particular method of work within Dramatherapy practice. Inasmuch as the performance itself is created through a Dramatherapy process, this therapeutic practice becomes both a special form of Theatre performance and of therapeutic intervention. In reference to this specific therapeutic intervention within the therapeutic spectrum, the term "Dramatherapy Performance" will be used and defined explicitly in this thesis. Such a therapeutic use of performance may differ each time according to the aims, process and practice of work in relation to the specific client group.

There is a recent debate on whether performance for an audience can be considered within the activities of Dramatherapy practice, since Dramatherapy has been usually applied as therapeutic work within a group. Within this frame of mind, Jones (1996) has defined Dramatherapy's boundaries from other major therapeutic and educational uses of drama and theatre, dramatic processes being used as an adjunct to other therapies and theatre performances and drama projects in clinical settings.

However, the "healing intention" Jones mentions in his definition of Dramatherapy can as well exist in other forms of Dramatherapy groupwork that do not limit their therapeutic benefit within the group, such as in the work of Dramatherapists who have used performance-making (see literature review of Dramatherapy practice, chapter 2, p.27). Besides, the same processes that underpin Dramatherapy practice, may not exist exclusively and specifically in therapeutic work within a group, but they can also be detected in almost every other form of dramatic activity with healing intentions, such as Psychodrama or even theatre performances within institutions performed by professional actors. Thus, the interesting argument of the boundaries of

Dramatherapy practice is still debatable and can push research perspectives towards various directions.

The formulation of a therapeutic project that includes a performance in front of an invited audience can be proposed either by the Dramatherapist or by the group members. Within a maturation process of a Dramatherapy group, the therapist often confronts the demand of the group members for a performance. This usually occurs when the cohesion of the group, the clients' ego strength and overall creativity within the group have reached a point, which allows for further transformation of the therapeutic practice into a social event. This event aims at confirming the clients' individual changes and achievements through sharing with and gratification of non-group members.

Besides the group's demand, the device of a performance by a Dramatherapy group can be suggested by the Dramatherapist to the group, when the group's potential allows it and is ready to sustain such a product. Usually the main reason for such a proposal –as in the pilot works and the main study of this thesis- is the confrontation of the social stigma, the improvement of the clients' self-esteem and their relationships with their significant others. This suggestion needs to be adopted and assimilated by the group members. Matching the clients' needs to the Dramatherapists' suggestions should always take prime of place within the rationale of therapeutic practice.

According to these ideas, I will formulate the definition of "Dramatherapy Performance", which will be examined and evaluated in this thesis.

Definition of "Dramatherapy Performance"

*A "**Dramatherapy Performance**" is a performance event which is created by and contained within a therapeutic process and which is based on the group members' personal material that is evoked, worked through, reconstructed, combined and projected into a dramatic form in order to be presented to an invited audience.*

This definition implies the following aspects:

1) A "Dramatherapy Performance" is a performance production, which is devised by a Dramatherapy process, a Drama process that has a healing intention.

2) It differentiates "Dramatherapy Performance" from other Dramatherapy group practices, which do not aim for a final product to be witnessed by an audience of invited non-group members.

3) Among the group members' personal material evoked during the Dramatherapy performance process, only the parts that are worked through therapeutically and are ready to be exposed will reach the final performance, with the mutual consent of clients and therapists.

4) Relating both the process and the final product to the group members' lives is the aim of this therapeutic intervention.

5) Achievement or non-achievement of the intended final performance may both be options, the therapeutic significance of which belongs to the "Dramatherapy Performance" process.

6) It provides the option of a monodrama, in case the number of the group is reduced to one, as a one-to-one Dramatherapy practice.

7) It differentiates between "Dramatherapy Performance" and the process of an "ordinary" theatre performance, whose only aim is the final theatre performance, the intrinsic healing quality of which, if apparent, is not a subject to validation.

8) It distinguishes "Dramatherapy Performance" from the process of "para-theatrical" performances or happenings, which may include an intentional healing dimension, but which is due to its artistic outcome and is irrelevant to the participants' needs for therapeutic intervention.

After the historical overview of the use of drama for mental disorders, contemporary Dramatherapy practice for clients with schizophrenia will be examined in order to inform the clinical practice of this project. Published literature in this field refers to how Dramatherapy can help individuals with schizophrenia deal with their personal and social deficiencies. I shall refer first to Dramatherapy practice and then to research conducted with individuals with schizophrenia. Of course, in most cases, the researchers are also practitioners in this field.

CHAPTER 2

DRAMATHERAPY PRACTICE FOR CLIENTS WITH SCHIZOPHRENIA

The model of therapeutic practice presented in this project, namely a "Dramatherapy Performance", combines a therapeutic group process in which a gradual construction of a performance out of the clients' issues takes place, as well as the presentation of this performance in front of an invited audience. Previously published clinical experience from other similar projects can inform this present clinical practice of the efficacy of particular methods and techniques of therapeutic work. Most of the Dramatherapists practicing with people with schizophrenia have worked exclusively within the group, while a few have worked through performance-making. Additionally, a few authors have focused on the "audience effect" within the therapeutic field, either by analysing the effect of a theatrical performance on an audience of clients with schizophrenia or by stressing the benefits of a performance devised by clients with schizophrenia for an invited audience. I shall refer to these areas of practice separately.

1. Dramatherapy group practice with individuals with schizophrenia

a) Focusing on the negative symptoms

Dramatherapy practitioners with clients with schizophrenia have focused on the clients' residual condition, apparent through the manifestation of their "negative" symptoms, while very few practitioners have tried to encounter the acute schizophrenic state, which is mainly characterised by "positive symptoms", delusions and hallucinations.

Dorothy Langley, in her published work "Dramatherapy and Psychiatry" (1983), distinguishes between different approaches of Dramatherapy practice to the needs of clients with schizophrenia, according to three different stages of their disorder:

i) The recent onset. For this stage, the author suggests that Dramatherapy "has nothing to offer except maybe more stimuli and further confusion". She considers that

at this stage the client's management includes mainly pharmacological treatment. stability, reassurance and a structured and secure environment for relaxation.

ii) The new chronic. Addressing the recovery from a psychotic episode, Dramatherapy can be helpful in coming to terms with the disability and learning to live with it, in finding ways of relating to others and returning to one's previous occupation or family by adapting oneself to new roles through role-playing.

iii) The long-stay. Here Dramatherapy can help in discarding the "patient" role acquired over the years, in creating new roles and recreating old ones, in promoting responsibility, individuality and, if possible, in moving out of the hospital to a sheltered environment.

Langley, in her practice with clients with schizophrenia, pays special attention to the elements of trust, body awareness, movement, concentration, relating, compromise and decision-making. She is quite apprehensive of entering into the client's schizophrenic fantasy life and explains "the goal with schizophrenia is to accept what a client offers and use it in a dramatic setting to help him towards reality". Therefore, she suggests role-play groups geared towards practical situations.

Van der Wijk (in Gersie, 1996) focused on the sane functions of the clients, the connection with problems outside therapy, the binding of tension, the holding and the containment aspect of the psychotic individual within the sessions.

Dramatherapy as practiced in this project addresses schizophrenic clients at the "new chronic" phase of their treatment. Readaptation to a new life after the stress of a psychotic episode and role-playing real life situations were mostly used. Exercises to regain trust among group-members, to find again a relationship with their body and their space and to relate meaningfully were the targets. Role-playing was one of the techniques applied when individuals were ready to expose themselves through a role. Group exercises were applied when clients were considered as more vulnerable.

b) The cognitive testing of reality

A main issue was to improve the clients' reality testing. Grainger's cognitive approach was useful for this reason. This is based on a 're-construing' of disordered thought processes, which may bring about affective response and enable individuals with schizophrenia to create relationships and share meanings with each other.

Grainger (1990) believes that Dramatherapy can help clients with schizophrenia to recognise the structural distinctions in the reality which involves and confronts them, within a practice that heightens contrasts and underlines similarities (p.65). In this way the clients' perceptions of the world can be clarified so that they can distinguish between their own private conclusions and public facts. In relation to the schizophrenic condition, Grainger also draws attention to the schizophrenic "affective flattening" and avoidance of relationships, for these clients live in a world "where nothing definite is expected, nothing is ever a surprise" (p.57). He considers as the healing effects of a dramatic experience within practice the following (p.66):

i) Catharsis, a psychological involvement within a dramatic structure that can increase the clients' courage to be and provide the client with alternative ("as if") ways of being.

ii) Psychological integration, that constructs an imaginary bridge between the clients' "inner" and "outer" world.

iii) Security, which results from the manipulation of the aesthetic distance and which allows the clients to work safely on their personal material through dramatic metaphors, and

iv) Validation, which permits the client to make sense of a life experience by focusing on a particular element and by allowing time for understanding it.

c) Creating ceremonies through collective physicality

Creating collectively was especially useful for clients whose functional level was low and did not permit them to perform an elaborate role-play. Use of body language and sharing expressive gestures and voices in "chorus" work aided this process.

Mitchell (1990) has formulated Dramatherapy practice with clients in a Day Hospital, based on Grotowski's model of work. The therapeutic process of this practice was divided into the following stages:

Stage one: Creating a potential space for the therapeutic process

Stage two: "Seeding-in" to an organic improvisation

Stage three: A shamanistic journey with bodily exercises and a movement alphabet

Stage four: Use of vocalisation exercises

Stage five: Break

Stage six: Propositions from the members, invitations to groupwork

Stage seven: Closing up

Mitchell's practice combines a shared physicality to cognitive propositions from the group members and to the emotional issues the clients bring into therapy. He believes that through a rite of passage, affective material is reshaped and integrated by the clients in a new and constructive way. Judging from his own experience, he states that this way of work is more beneficial than role-playing in rehabilitation settings as well as with schizophrenic inpatients.

d) Reintegration of the schizophrenic imagery in the Self

In order to establish a safe mode of practice, very few Dramatherapists have dealt with schizophrenic imagery, which springs out from the delusions of this disorder. However, often during the therapeutic process, the clients' positive symptoms were expressed within the group and their schizophrenic imagery claimed its place among the clients` efforts to relate rationally.

Notably, Snow (in Gersie, 1996) has published his Dramatherapy approach for exploring psychotic mythic imagery, through performance-making of the actual delusions of a psychotic individual in an acute psychiatric unit. Snow was inspired by Perry, a Psychiatrist and Jungian Psychoanalyst, who focused on the symbolic processes of young adult psychotics and who designated a therapeutic practice that he called "Renewal Process" (1986). Perry stated that the symbolic material in the psychotic imagery in relation to a severely damaged self-image could be classified in ten re-occurring essential mythological motifs. These are the centre of the world. death, the return to Eden, the cosmic conflict between forces of good and evil, the threat of the opposite, the Messiah, the sacred marriage, the rebirth, the new social order and the wholeness of the world (a "mandala"). Perry suggests that the arts can guide a patient towards reintegration of these powerful images in the Self. Snow. based on these ideas. worked through the internal ritual dramas of an individual with psychosis, who was contained within a group of staff members that enacted different aspects of his or her imagery. The psychotic client. argues Snow, has the possibility to

recreate his/her own fantasy world and transform his/her chaotic and destructive experience into one of creativity and integration. However, Snow does not provide data about the long-term efficacy of this method and his basic paradigm refers to a schizoaffective client whose prognosis is, in general, better than a client with schizophrenia.

e) Containment of feelings and the security of aesthetic distance

There are many times that the clients' needs cannot be contained within the therapeutic process and the security of the group is challenged. Despite the general positive effect, some negative aspects of Dramatherapy practice with psychiatric clients have also been mentioned. Whitelock (1987) has mentioned that the existential challenges within Dramatherapy practice can be a source of danger. He states that " the idea that we are made up of a community of selves and not a fixed readily defined entity can be both an exhilarating discovery or an awesome burden" (p.216). He also stresses the necessity to provide safety and containment to the group and to modulate real and symbolic levels carefully, according to the needs of the clients.

Landy (1994) suggests that Dramatherapy practice with psychotic individuals should be formulated to support defences and contain excessive feeling. He points out to the attention Dramatherapy lavishes on "the link between states of everyday life and imagination and its aim of integrating reality and fantasy-based roles" (p.217). For Landy (1996) the knowing of reality occurs through the knowing of fiction; the role a client enacts, which "is both me and not-me" is viewed as a support for the clients' need for reality testing. Landy (1996) used his distancing theory further, by applying in his practice "distancing" techniques with puppetry and masks, for adult clients with schizophrenia.

In schizophrenia a person is stuck in a concrete dramatic reality. The distinction between the concrete world of everyday experience and the symbolic world of the imagination has become blurred. The power of "aesthetic distance" in Dramatherapy (see Section B, Chapter 5) is that it paradoxically allows someone to come closer to one's core intrapsychic issues from the safety distance, through the use of a metaphor. These "mutative" metaphors, as Murray Cox (1987) names them, have the capacity of provoking change within the individuals' internal world because they

can serve as a container for feelings which are too overwhelming to be tolerated. They can also prove to be a vehicle for carrying, mobilizing, expressing, and integrating affect and cognition in furthering the therapeutic process. "Metaphor exerts its mutative effect by energising alternative perspectival aspects of experience" (Cox, 1987, p.99). Therefore working through metaphors in Dramatherapy can be particularly interesting for clients whose symbolic functions are deteriorating.

Different and sometimes contradictory approaches from a variety of Dramatherapy practices for clients with schizophrenia are often put forward. As Allen (1994) puts it in her article about the contradictory Dramatherapy approaches for clients with schizophrenia, "the emphasis should be with adapting techniques to individual needs, rather than fighting for one practice over the other".

All the aforementioned issues of Dramatherapy practice inform the particular project of this thesis with the following standpoints:

i) Due to the severity of their psychopathology and the instability of their boundaries, clients with schizophrenia are a population to be approached therapeutically with special care. Dramatherapy should first attempt to contain these clients' feelings by working through a safe, constant and reassuring way rather than using emotionally challenging techniques. In order to work safely with these clients the manipulation of the "aesthetic distance" is a unique tool Dramatherapy can offer. This function can help the clients work as close and directly to their personal issues or as symbolically and indirectly that they feel safe to manage.

ii) Dramatherapy methods are better at targeting the deficit symptoms of clients with schizophrenia, namely the "negative" symptoms, than the "positive" symptoms, i.e. their hallucinations and their delusions. Negative symptoms can be more effectively reduced by Dramatherapy techniques which aim to enrich their everyday reality with new roles and initiate their communication skills. Dealing with positive symptoms can risk an increase of the clients' psychopathology and their boundary confusion.

iii) However the clients' schizophrenic imagery is bound to appear during the sessions often in the form of positive symptoms. One of the therapeutic tasks is to work towards the containment of their overwhelming power by helping the clients interpret their symbolic meaning and reintegrate these powerful images in the Self.

iv) Testing reality is a task for these clients since the projection of their schizophrenic thought may distort their perception of their outer world. Dramatherapy techniques may be useful to enhance cognitive processes and to help these clients' cognitive "reconstruing" by exchanging and comparing experiences with the other group members. The whole groupwork may become a "re-corrective" experience for their lives.

v) Each client's uniquely distorted vision of the world becomes an obstacle for sharing a common ground with other group members. Creating ceremonies can help the clients acquire the sense of sharing and belonging. The use of physical exercises through movement, gestures and voice helps avoid the often distorted verbal barrier of the clients and to express common feelings nonverbally. The "chorus" technique in this project was used with this main intention.

Dramatherapy approaches which include performance-making also serve as theoretical and methodological models to this project.

2. Dramatherapy performance-making practice with individuals with schizophrenia

This model of Dramatherapy practice is relevant to the one this clinical project will use. Although not named "Dramatherapy Performances" the work of the following practitioners belongs within the boundaries this thesis sets for the definition of a "Dramatherapy Performance" and is therefore of a special value because it informs this study with styles and methods of work that have been used before.

Within a contemporary therapeutic framework, ancient Greek Tragedies have been used as material for therapeutic performance making in the Greek Psychiatric Hospital 'Dromocaition' in Athens between 1950 and 1960. "Oedipus Rex", "Electra", "Antigone", "Eumenides" were stage-directed with psychotic inpatients as actors, by psychoanalytically oriented psychiatrists who were interested in theatre. Lyketsos (1980), Professor of Psychiatry and director of some of those projects considers the cathartic value of these performances from the point of view of abreaction, which lowers the level of anxiety and emotional pressure, promoting, thus controlled

behaviour and social communication. Lyketsos gave great importance to "the power of the plot, and the language of classical ancient Greek drama alone" (p.247) as a container for the beneficial effect to Greek clients.

A more recent model of work has been taking place in the department of Psychiatry in Krakow (Poland), where Dramatherapy has been formally established as one of the means for the psychosocial treatment of schizophrenia during the last fifteen years. The work of Bielanska et al (1991), on the rehabilitation of schizophrenic individuals considers Dramatherapy as "a combination of psychotherapy and social skills training that allows the patients to obtain a greater understanding of their emotional selves".

These practitioners attempt an innovative distinction between different dramatherapeutic approaches depending on the phases of the schizophrenic disorder. In the day treatment unit the patients work through expressive voice and motor training to group mime. During the following weeks, they enter in the "therapeutic camp", where focus is on short theatrical performances of a commedia dell' arte style or on film producing. In the outpatient service, one-year participation in the Dramatherapy group aims at public performances of plays (e.g. performances of adaptations of Shakespeare's Hamlet or Othello).

The authors report an improvement in social competence of the patients and especially in interpersonal contacts and communication skills. Having worked through text and roles, they mention that clients "initially elicit behaviours and expressions not previously revealed by them because of their condition" while the therapists are dealing constantly with "the unambiguous understanding of a character".

Bielanska assumes that the complexity of the characters of the play (e.g. Hamlet's love-hate relationship with Gertrude) helps the patients in reconciling contradictory but concurring emotional states in themselves. Through a further psychological analysis of the roles, the patients are able to create a distance between the roles they performed and themselves. Eventually focus on effective acting behaviour energises them and increases their motivation.

The style of the devised play in Dramatherapy productions varies. Andersen-Warren (1996) has worked therapeutically with clients with schizophrenia in a Day Hospital via constructing melodramas. She argues that the "contained yet fluid"

theatre style of a melodrama, although it may seem "insincere", provides a strong and simple structure and "brings a real sense of shape, definition, clarity of statement to the Dramatherapy process" (p.135).

Emunah (1994) has worked on performance in Dramatherapy including clients with schizophrenia, under a theatrical model which is influenced by humanistic psychology principles. She describes the following phases of work which form her practice:

Phase 1: Dramatic Play, with emphasis on collective creativity, development of trust and strengthening of the healthy ego parts of the clients,

Phase 2: Scenework, with emphasis on self-expression, role expansion, role distancing, by the use of dramatic media,

Phase 3: Role-Play, with dramatisations of the actual life of the clients,

Phase 4: Culminating Enactment, exploring the clients' deeper issues with the aid of psychodramatic techniques such as "doubling" (Moreno, 1946),

Phase 5: Dramatic Ritual, with a framing of the treatment, sharing, celebrating.

McKay (in Gersie, 1996), also working through performance-making, pays attention to the collective creation of a public performance in Dramatherapy and describes ways to avoid the counter-therapeutic parts. Although their practice does not specifically include psychotic individuals, both Emunah and McKay note the effect of "post-performance depression". This phenomenon occurs after the performance has taken place, as a feeling of loss of energy and interest and as a nostalgic memory of what has been created by the group but has come to an end. Although it may not have the character of clinical depression, this effect may take such a dimension if not enough importance is given to sharing the performance experience within the group.

According to the aforementioned practitioners therapeutic performance-making can inform this study with the following points of reference:

i) The emphasis of creating open performances within Dramatherapy practice is on expanding the social interchange and the communication skills of the clients beyond the boundaries of the group to their relationship usually with a non-schizophrenic audience and, to integrate and work through the problems of this confrontation within the therapeutic process.

ii) Clients with schizophrenia are able to respond to different dramatic methods in relation to the course of their disorder and their maturation process within the group. Clients that are closer to their onset of their disorder or that are new to the groupwork are keener to respond to expressive training, theatre games and mime, while elaborated role-playing is better performed in later stages of the groupwork. Character work on existing plays can be more beneficial within extended Dramatherapy projects, where detailed analysis of the enacted characters has the time to be assimilated and lead to a therapeutic experience for the group members.

iii) The overall performance project needs to be structured in stages according to the clients' capacity and courage for exposure as time goes by. Autobiographical material may be elicited at a deeper level and treated more psychodramatically at later stages of the groupwork when confidence towards the group and to the leader is acquired. The use of the "doubling" technique, i.e. for someone to speak "as if" they are in the place of another has been usefully applied towards the creation of relationships between group members. Special attention should be given to the post-performance phase of work in order to give enough space to the clients' reflection of what has happened.

iv) The final performance may assimilate different theatre styles ranging from real life dramas to comedies, melodramas, fictional dramas or period theatre plays. The importance is not on the style of the play but on the staging process that attributes to any style of production a therapeutic character. The use of nonverbal elements and in particular music seems to have a positive effect.

I have referred above to performance-making with clients with schizophrenia as a model for Dramatherapy practice. One important factor of this practice is the audience effect, i.e. the presentation of the therapeutic work to non-group spectators. The audience effect can be of a therapeutic nature not only in the case of "Dramatherapy Performances" but also in any theatre performance attended by clients. Theatre performances performed by professional actors for clients with schizophrenia within psychiatric settings may have a therapeutic effect, as this will be presented next.

3. The audience effect for individuals with schizophrenia.

One of the aims of this research project is to examine the impact of a "Dramatherapy Performance" on the audience and the audience's response to the clients thereafter. Until now there is not enough information from previous practice around the effect of Dramatherapy performances on the clients' Significant Others. The most relevant of published work refers to the effect theatre plays have on an audience of clients with schizophrenia or to the social effect of community-based theatre groups formed by ex-patients. This existing material points out the importance of these performances for a change of social perception of psychiatric illness, the negotiation of sanity and insanity with the audience and the existential impact theatre within the hospital wards can have.

The most important study of the effect of theatre performances have on institutionalised clients with schizophrenia has been published by Murray Cox (1992, 1995). From the point of view of a psychotherapist as well as of a clinician, Cox marked out the effects of theatre performances in a Forensic Psychiatry setting, the Broadmoor Hospital. In particular, he observed and interpreted the audience's response to the intrinsic features of Shakespearean plays, which were performed by professional actors under the conditions of a psychiatric prison. In his books "Shakespeare comes to Broadmoor" (1992) and "Shakespeare as Prompter" (1994) he describes the therapeutic implications for the schizophrenic condition.

"Feelings of emptiness", states Cox, "tend to reflect either the experience of privation (i.e. never having been satisfied) or deprivation, with the implication of having lost the good previous experience of being safely held and adequately nourished. There is an existential awareness of proximity to the great void. "Hell is empty" is a phrase from "the Tempest". The therapeutic space echoes to these words: "My emptiness is so empty. So full of nothing".

Referring to the schizophrenic condition in attending theatre performances, Cox argues that "When patients present deficiencies in their experiencing of the self, so that they have frail boundaries combined with low self esteem, interpretations may present the danger of rubbing salt into wounds and causing pain. Reframing, helped by the mutative metaphor, within the over all "holding"- context of a therapeutic

relationship, enhances therapeutic possibilities. It puts things into words and gives shape to experience".

In his book "Shakespeare as Prompter", Cox (1992, p.66) goes on to show how Shakespearean plays help us "to reduce the pathological significance of the human story". He views the "play-within-the-play" feature of Shakespeare's plays as "depathologising", a powerful aspect which can absorb and disarm the tragic alternative. Cox states that the dynamics of the "play-within-the-play" resemble those of the transference in therapy. This feature allows meaning between patient and therapist within a therapeutic relationship to be played with, considered and understood. As Claudius did in "Hamlet", every Hamlet audience in the Broadmoor performance of the play was "prompted to reflect upon facets of dramatic enactment which "catch the conscience", what Cox calls "the play-within-the-play-within-the-hospital". He observes that the aesthetic imperative sometimes enables contact to be established with patients traditionally regarded as being beyond therapeutic reach.

In the performance of "Hamlet" by the Royal Shakespeare Company at the Broadmoor Hospital, Cox describes the therapeutic interchange between actors and patients (in "Shakespeare comes to Broadmoor"). He argues that although the play is full of violence and madness, its effects were not upsetting for the patients but, on the contrary, an enhancing experience, as he found out when he discussed it with them immediately after the performance and in later conversations.

Other professional theatre groups have been trained to perform plays for people with disabilities or minority groups, such as the "Street Theatre Caravan" or the "Geese Theatre Company" who performed in American prisons, the "Teatro Escambray" in Cuba (in Landy, 1994), or Boal's "Theatre of the Oppressed" (1979) in Brazil, a community-based theatre for social change. Professional actors form most of these theatre groups. Nonetheless, some include a number of ex-patients or ex-patients especially comprise them. The reason I refer to them here, and not in the chapter on therapeutic performance-making, is that their way of work follows a theatre model rather than a dramatherapeutic model. One of them named "The Second Step Players" has been producing performances in Connecticut, U.S.A., since 1985. It was formed by more than 50 mental health users, who write and perform original comedy and drama about the experience of being labelled with a mental illness, on a professional

basis. The actors engage the audience members in a dialogue about the myths surrounding psychiatric illnesses and serve as an inspirational role model for other people with psychiatric disabilities.

The above references can stand as a springboard for a further systematic examination of a Dramatherapy Performance's audience effect, which will be included in this project.

In sum, the above chapters have referred to Dramatherapy practice with clients with schizophrenia within a Dramatherapy group, via "Dramatherapy Performance" or by witnessing theatre performances as an audience. Dramatherapy practice with clients with schizophrenia has aimed mainly at improving their remaining "sane" functioning in terms of self-acceptance and reality testing, at expanding their role repertoire, at communicating emotions through a dramatic medium, at promoting their symbolic processes and critical thought through witnessing drama or theatre and at containing their uncontained chaotic self. This practice can be fostered both through groupwork, as well as through performance-making for an invited audience. A therapeutic effect may also arise through the clients' becoming spectators to theatre performances. In all the above methods of practice the main issue is participation within a dramatic reality as a metaphor for real life situations. Mental construing, physical representations and witnessing each other's life dramas seem to enhance a socialisation process.

In the next chapter I shall refer to previously published Dramatherapy research with a particular focus on clients with schizophrenia.

CHAPTER 3

DRAMATHERAPY RESEARCH AND SCHIZOPHRENIA

The existing literature concerning organised Dramatherapy research with clients with schizophrenia is sparse. Among these researchers, a few have conducted experimental trials while others have presented qualitative approaches either as case studies, or as new models of research strategies. Being the precursors of future research in Dramatherapy, these research projects are of great value, revealing methodological advantages and disadvantages which a researcher needs to acknowledge.

This research project follows a mixed research methodology combining:

a) statistical analysis of the quantitative data that has been collected as a result of the clinical trial which is part of this project, b) qualitative analysis of the therapeutic process material as well as of the audience effect and c) analysis of the performance as an artistic product. These three ways of analysing the therapeutic impact of the presented model are inspired from already existing research in the Dramatherapy field to which this project's methodology aims to adhere or to delineate its differences. A description of the most influential research methods will guide the formulation of this projects' methodology.

Literature on Dramatherapy research with clients with schizophrenia includes only a few published projects that involve quantitative analysis, while most of the projects involve qualitative or art-based methods. Quantitative research and, particularly, randomised controlled trials have disadvantages and limitations in research in psychotherapeutic interventions. Martindale (2000) refers to the difficulties of defining the nature of the intervention when the treatments are complex and multi-modal, an appropriate "comparison" group and the independence of measurement between subjects, especially in settings that involve several subjects together, as in therapeutic communities. Since the project of this thesis involves quantitative measurements, I will comment on the few existing quantitative studies in detail.

1. Quantitative research

Among the few Dramatherapists who have applied an experimental design, Roger Grainger (1990) examines the effect of Dramatherapy on schizophrenic thought-disorder from a cognitive psychotherapy perspective.

His approach is based on the theories of Kelly, Bannister and Goffman. Kelly's "Personal Construct" approach (1955) accepts that "to the extent that one person construes the construction process of another, they may play a role in a social process involving another person". Grainger suggests that, just as Goffman regards society as dramaturgically constructed, "an artistic attempt in social communication carried on by means of the self-conscious 'presentation' of selected aspects of an over-alienated-personal reality" (1971), so Kelly describes a similar process occurring at a micro-social level, in which individuals "try out for size" various views of themselves as perceived by other people, so as to select the ones which allow them to carry on social relationships with one another. In reference to the schizophrenic condition Grainger adopts Bannister's (1975) theory about the personal constructs of schizophrenic thought, which "are structured relative to the very loose system of which they take part". He states that since personal constructs are subject to validation in interpersonal communication, drama can provide a field safe to practice in and where the "validation schedules" of personal relationships stand clearly revealed and can be studied. In Construct Theory terms, the process of loosening and tightening is considerably less frightening than in life, because the range of events to be anticipated is drastically limited and our involvement in them is entirely voluntary.

Grainger conducted a study in a Day Hospital with thought-disordered clients in order to validate his hypothesis. He used as a measure for this the Bannister and Francella Grid Test of thought disorder (1966), in an experimental model of study with a "cross-over" design. His subjects, though they had a thought disorder, were not all diagnosed with schizophrenia. The main Dramatherapy procedure was "interpersonal activity" and it took place in 10 one hour weekly sessions.

The study showed an improvement in the patients' cognitive construing following Dramatherapy. Grainger's study is important for this research project for the following reasons:

a) It gives a detailed description of the combination of psychological theories that form its theoretical background.

b) It discusses the advantages and disadvantages of the use of a rigorous experimental model of study (the only study in Dramatherapy that has used a cross-over design) in an environment where the quest is for spontaneity and freedom of expression and in which rigid control over subjects can be counter-productive.

c) It discusses the issues of the number of the subjects, which is a restriction on the statistical significance of the outcome. It also shows that the duration of a brief intervention of 10 sessions can have a measurable outcome for the clients.

d) It emphasises on the factor of originality, which might be more important than consistency and intensity of construing, where subjects are encouraged to find new ways in "putting things together".

Another relevant experimental study was undertaken by Spencer, Gillespie and Ekisa (1983). They ran a controlled comparison on the effects of Social Skills Training, Remedial Drama (a term which was used before the predominance of the term "Dramatherapy") and Social Discussion Group on the Conversational Skills of Chronic Schizophrenic Individuals.

After sixteen one-hour treatment sessions only the social skills training showed a significant improvement, which was also maintained at a two-month follow-up. The subjects were chronic patients (mean age: 44.75 years) in long-term hospital care and they were assigned to three groups of eight. Remedial drama treatment was applied a non-specific method (Baker, 1977) and it consisted of "a series of highly interactive exercises aimed at improving conversation with strangers", deriving from texts by Remocker and Storch (1979) and by Jennings (1978). In order to measure pre-post changes a battery of existing scales was used (Elms rating measures of structured role-plays, Maudsley social skills rating scale, Time sampling resident activity during free time, Nurse's observation scale for inpatient evaluation and MACC behavioural adjustment scale).

This study showed:

i) An increase in social interest both through Social Skills Training and through Remedial Drama,

ii) No change on the role-play measurement in the Remedial Drama Group and

iii) A significant elevation in the "mood" subscale of the MACC, observed only in the Remedial Drama Group.

These interesting outcomes may pose further questions relevant to this research project:

a) It is important to focus on an area of psychopathology that Dramatherapy can specifically affect. The Remedial Drama Group was focused on the clients' conversational skills. The verbal distortions of long term hospitalised clients with schizophrenia are chronically distorted. Special practice might be more effective for these symptoms.

b) A second question is whether sixteen sessions were enough for this particular client sample, bearing in mind that Iljine in his extended work with schizophrenic clients in Russia suggested around thirty sessions.

c) Having two groups of control similarly to this study (i.e. a matched outpatient group) could be an interesting way to check the settings' non-specific impact, but this design needs a number of researchers to be involved. It would be interesting though to see whether affective components played a crucial role in any of the three groups of comparison.

One of the most influential researchers in Dramatherapy is the clinical psychologist David Read Johnson, who has worked extensively with people with schizophrenia while professor at the Yale University School of Medicine in between 1970 and 1990. His theoretical approach lies in object relation theory, ego-psychology and Erickson's theory of development.

Johnson's model of improvisational role-playing influenced the role-playing practice and diagnostic assessment of this study. It reflects four levels of human communication through role-playing: impersonal (relationship between roles), intrapersonal (relationship of individuals to their roles), extrapersonal (relationships of individuals to the others' roles) and interpersonal (relationships between the individuals). This model enables the Dramatherapist to differentiate paranoid from

non-paranoid clients with schizophrenia by their inner representations and boundary confusion with the use of his devised "rigid and fluid boundary scale" (Johnson and Quinlan, 1980). Johnson also developed the notion of "communitas", "the feeling of belonging to a community, of recognising the common bonds which link people together in a unit, with shared purpose".

In the nineties Johnson published a number of articles which illuminate the effect of Dramatherapy on individuals with schizophrenia, by the use of the experimental model. Johnson's scientific contribution to this project lies in the following:

i) It helped include the follow up periods of measuring the therapeutic effect, since he proved that the maintenance of the therapeutic effect is closely linked to the existence of a follow up. Theatre performance in psychiatric institutions may improve the patients' social contact and clinical state during the plays' rehearsals, as measured by existing scales rated by the nursing staff before, during and after the plays. However without a follow-up after the performance, the patients' social contact and clinical state decrease. With follow-up, social contact decreases from the rehearsal period, but the clinical state improves. In accordance with other Dramatherapists who work through performance-making (as Emunah and McKay which are already mentioned before), Johnson showed that important therapeutic work begins when the play has ended, which is experienced by the clients as a significant loss of both emotional support and task-oriented structure in their lives. He has also proved that the patients' level of clinical deterioration after the play predicts the level of difficulty at the time of discharge from hospital, thus providing an important prognostic indicator.

ii) A special modification of Johnson's "Diagnostic Role-Playing Test" (1988) in order to facilitate its application within group-oriented settings has been made by the author of this thesis and it is included in the Appendix. Its first part measures the presentation of a social role by a subject after s/he improvises five specific social roles: grandparent, tramp, politician, teacher, and lover. Its second part measures the interpersonal interaction of a subject who is asked to develop a scene between three characters. The test assesses the following aspects of the subjects' role-playing:

organisation, action representation, integration of action, motivation, interaction, ending, accuracy, content, and movement.

Another quantitative study of Dramatherapy with patients with schizophrenia, called "improvisational drama", was undertaken in an inpatient rehabilitation unit at Brockville Psychiatric Hospital in Ontario, Canada. It showed that the use of Dramatherapy increased by nearly 100% the frequency of verbalisation of the group members within the group (Sheppard, 1990). The study used quantitative measures of evaluating the verbal responses of the patients from videotaped sessions, as the records of this main study were kept. What is interesting in this study is the measurement of "verbalisation" defined as any spoken response relevant to the drama exercises.

Although not directly related to schizophrenia, one can include in this overview the following two Dramatherapy studies, which involve quantitative analysis.

Irwin, Levy and Shapiro (1975), used the Rorschach Index of Repressive Style (RIRS) and the semantic differential to analyse the effects of the Drama experience through puppet stories with emotionally disturbed children.

Working with autistic individuals, Jones (1993) devised a scale from an adaptation of Parten's social participation scale by Sanctuary (1984), in order to rate interactions outside the therapy group. He has also devised a key rating scale in Dramatherapy, by adapting the Sutton-Smith & Lazier scale of Dramatic Involvement (1996). It assesses focus, completion, use of objects, elaboration, use of space, facial expression, body movement, vocal expression and social relationships within Dramatherapy practice. This scale was one of the instruments applied to the main study of this thesis.

2. *Qualitative and Art-based research*

Apart from the quantitative evaluation of the change of the clients' schizophrenic symptoms after the implementation of a Dramatherapy project, this thesis aims to research the process by which this change has occurred. This process can be evaluated in relation to both its therapeutic as well as its creative-artistic product. Developments in this type of research inform the methodology of this study with new perspectives.

Under the umbrella of "qualitative" research are included methods that aim at understanding the process of a change, rather than at proving a causal inference between variables and measuring the effect of this inference. However, most of the published qualitative or art-based research is conducted, mainly, with non-psychotic clients. The reason is simple. Psychotic clients are rarely met in non-clinical settings or are appointed for psychotherapeutic interventions. Usually a Dramatherapist deals with them as a staff member of a therapeutic team, since the mainstream treatment for these clients is psychiatric management and medication. Therefore the best way of communicating research messages about such clients is when the researcher speaks the "language" of the setting in which he or she works. Because these settings are medically oriented most research strategies are quantitative. Therefore, Dramatherapists have attempted to conduct research following a quantitative or a combined design of research method, in order to establish their role within clinical settings for clients with schizophrenia.

Grainger, in "Researching the Arts Therapies" (1999), distinguishes four types of research methods that do not rely on a statistical analysis of quantitative data: the Qualitative approach, the Action approach, Practitioner research and Art-based research. However some of the above methods may include quantitative data, or a quantification of qualitative data.

Within the first type of research a certain process is explored step by step so that the researcher draws conclusions and understands all its interlocking aspects. The exploration of a process refers to either a general area of investigation, such as a hypothesis of public health, or a particular case study. An example of this research approach is the method by which Valente and Fontana (1993) investigated the aspects considered as beneficial for Dramatherapy practice by British Dramatherapists. The outcomes indicated that the top skills for a Dramatherapist were: listening, observing, supporting, identifying issues and staying calm in crisis, while the more desirable personal qualities in the Dramatherapist were: self-insight, motivation, empathy, sensitivity and spontaneity. Besides, the therapeutic effect of Dramatherapy was related mostly to the clients' improvement of self-esteem, self-awareness, self-acceptance, self-confidence, encouragement and instillation of hope. In a relatively close method, the research project of this thesis explored the audience effect of a

"Dramatherapy Performance" and the importance this had in changing the attitudes of the clients' significant others towards them. Initially semi-structured interviews and questionnaires were used. Numeric results occurred after quantification of qualitative data.

Furthermore the qualitative analysis of the group process as well as of the clients' participation within it (part I) could be considered as a detailed case study. A number of researchers in Dramatherapy have used the method of case study in order to check or strengthen their initial hypothesis through a therapeutic process either with groups or with individuals. Grainger (1999, p.97) thinks that the case study approach to arts therapies research is considered to be particularly appropriate "because it allows the artistic happening to speak for itself and as itself by producing a frame in which artistic communication is permitted to take place in ways able to preserve its resonance". Thus, he is in agreement with Landy (1994), who believes that the case study method is highly promising in Dramatherapy, "because it addresses not only the effects of the drama experience upon the person but also the historical and social factors that have contributed to the person's development".

The clients' participation to the research methodology of this study was not negligible. Although the initial plan was designed by the researcher, the clients were always informed at every step of the project about the reasons and the objective of its undertakings. Their opinions as well as their reflection on the research process, which took place at special sessions within the research period, inspired the researcher with the direction and the choices he had to make. The clients' collaboration to the whole research strategy is analysed through a recent research model, which is called the "new paradigm". Junge and Linesch (1993), as well as Payne (1993) in Dance Movement Therapy have developed the "new paradigm" research strategies in the creative arts therapies. They were based on the "new research paradigm" of Peter Reason and John Rowan (1981) considering three approaches of this type: the hermeneutic (research as a dialogue), the heuristic (research as a phenomenon) and the ethnographic (research as a cultural investigation). Examples of these methods are Moustacas' heuristic research in the subjective experience of loneliness (in Reason, 1981) or Jennings' ethnographic research (1980) on the healing rituals of a Malaysian tribe. In the "new paradigm" research, the subjects are not a material for observation or experimentation,

but they contribute with their own perspectives to the research process and may alter the route of the research according to their opinions as active participants. The subjects of this research reported their views as the project was going on through a continuous reflective practice, as well as through their compliance and comments at the different stages of the research evaluation, as during the interviews.

An additional model, the "practitioner research", aims at the solution of a "real world problem" within the actual circumstances that this problem is met (Robson, 1993). This model involves an enquiry into a situation in which the researcher is personally included. The advantage here is that the solution formulated to a certain problem increases likelihood of its implementation. Because this present research took place within already formed circumstances (i.e. in an existing therapeutic programme of a Day Hospital), which were respected as well as investigated, and because the researcher who was also a Dramatherapist in this unit conducted it, it certainly adheres to a "real world" research.

Furthermore, the methodology of this project was also inspired by art-based methods, as for example the way the clients' drawn images after the performance formed a Gallery (see Qualitative Analysis -part I) which informed the researcher of their insight on what they had created and the therapeutic process before the group's closure. A number of researchers in the creative arts therapies believe that the authenticity of an artistic healing phenomenon is ruined when one observes it and describes it from the outside. Art-based research uses the arts to interpret the arts. Dramatherapy research of this approach has been conducted by exploration of a dramatic text within a group (Jenkyns 1996) or by focusing on a play and the people in it and to their response to the audience reactions (Meldrum, 1993, Andersen-Warren, 1996, Emunah 1994). The research experience uses a theatrical approach to create a healing environment, the elements of the play being a springboard of inspiration for the groupwork. This is particularly relevant when the dramatic context of a classical play gives the options of numerous modern interpretations, as it is exemplified in the research with Aristophanes' "Frogs" (Grainger, 1997, McNiff, 1998) or the "Birds" (Yotis, 1997). Moreover an autobiographical performance, as the one this project produced, can be an "in action" emotional bonding for all witnessing members, actors and performers. Landy states that the creation of a performance is a direct method of

research and marks out a difference between an ordinary performance and a performance devised from a Dramatherapy angle. He states (1994):

"The early struggles toward articulating feelings and discovering form in the autobiographical performance might well be accompanied by internal stirrings and the unearthing of painful feeling. For many creative artists, these primitive feelings are secondary, an occupational hazard, and a familiar but rough terrain to get through as quickly as possible. For the experiential researcher in Dramatherapy, these feelings are primary, a main focus of attention" (p.256).

In sum, the existing literature of Dramatherapy research includes quantitative as well as qualitative strategies. The former have tested the dramatherapeutic effect on clients with schizophrenia in terms of their cognitive functions (such as their personal constructs), their role-playing ability, their mental representations, the level of clinical and social contact, their conversational skills and their verbalisation. The latter tend to acknowledge the subjective experience of the clients on their emotional interchange within a Dramatherapy group process and to create new approaches of investigating human understanding within the creative therapies. A new perspective of research, the "new paradigm", considers clients not as diagnosed subjects of research but as active participants. In addition to the above, art-based research explores the healing environment of a theatrical production as a subjective and self-reflective enhancement and evaluation of a creative process. The particular research design which was used in this thesis (see chapter 11 on "Methodology") combined quantitative, qualitative and art-based approaches and created a mixed methodology, in order to respond to specific research questions which evolved within an actual therapeutic setting, in the form of a "real world" research.

SECTION B
THEORETICAL CONSIDERATIONS

CHAPTER 4

CULTURAL AND SOCIAL ASPECTS OF "PERFORMANCE" IN DRAMATHERAPY

CHAPTER 5

"AESTHETIC DISTANCE" IN THEATRE AND IN DRAMATHERAPY

CHAPTER 6

THE SCHIZOPHRENIC CONDITION AS A "PERFORMANCE" WITHIN MENTAL HEALTH CARE AND THE FIELD OF PSYCHOTHERAPY

CHAPTER 7

COMMUNICATION OF MEANING IN "DRAMATHERAPY PERFORMANCE" WITH CLIENTS WITH SCHIZOPHRENIA

CHAPTER 4

CULTURAL AND SOCIAL ASPECTS OF "PERFORMANCE" IN DRAMATHERAPY

This chapter explores a "Dramatherapy Performance" as a phenomenon within the drama of everyday life, as "life rehearsal" for the individuals involved therapeutically in it. The notion of performance has been a matter of continual dialogue between theorists of human understanding, as it is tied with cultural bonds to individual and societal creative processes, such as artistic experience and political phenomena.

"Performance" is used for events in real life, for example to describe individual and collective efficiency in cultural and social roles and situations, as well as for theatrical events -the result of a theatre production exposed to an audience. Furthermore, "performance" is used for a particular form of the experimental arts-theatre, music, art, sculpture, dance or multimedia- which "happens" as opposed to being presented to an audience, questioning in this way the relationship of the performers with the spectators; what is, in other words, often called a "happening".

A number of different definitions have been attributed to the notion of performance. The ethnolinguistic R.Bauman (1989), in the International Encyclopaedia of Communications states that: "All performance involves a consciousness of doubleness, through which the actual execution of an action is placed in mental comparison with a potential, an ideal, or a remembered original model of that action. Performance is always performance for someone, even if the audience is the self. This doubling involves the elusive *other* that performance constantly struggles in vain to embody".

This definition includes three main ideas. The first is the idea of **consciousness**. All human behaviour could be considered as "performance", but what differentiates performance is its conscious recognition, "the display of a recognised and culturally coded pattern of behaviour" (Blau, 1992).

The second aspect concerns the **distance** between the self and behaviour. It refers to the action itself, which is consciously separated from the person doing the

action. Schechner (1985), in his work "Between Theatre and Anthropology", uses the term "restored behaviour" when he refers to this mechanism, which is present in a number of social functions, such as ritual, aesthetic dance and theatre, social dramas or psychotherapy. In theatre performances an action is "performed" on stage, off-stage it is "done".

Spectatorship is the third aspect raised here. The importance of the spectator's expectations plays a primary role, on which is conditional "the general success of an activity judged by observers" (Carlson, 1996). In the last decades, the elusiveness of spectatorship, that the Performing Arts struggle to embody links performance to its cultural contexts and marks out the issue of presence and non-presence, the construction and deconstruction processes reflecting in the notion of performance the modern and post-modern values of our times. Carlson (1996, pp.193-197) considers performance as a phenomenon within a post-modern culture: "Performance implies not just doing or even re-doing, but a self-consciousness about doing and re-doing, on the part of both performers and spectators" (p.195). "As theatre moves more in the direction of performance art, [...] the *audience* is invited and expected to operate as a co-creator of whatever meanings and experience the event generates" (p.197).

The aforementioned aspects of consciousness, the distance between the self and behaviour as well as between performing and spectatorship, link the notion of performance to its particular context, as well as staking out a unique and potent territory for generating meaning. As we shall see in this thesis these aspects, become therapeutic factors for a "Dramatherapy Performance" practice which can promote the sense of self-control, insight and social integration of severely disordered clients.

However, the question remains: what kind of "performance" is a "Dramatherapy Performance"? "Performance" in Dramatherapy is first of all a phenomenon that occurs within the cultural and social context of this therapeutic practice. This chapter explores the influence of the context to the phenomenon of a "performance" and, vice versa, its influence to its cultural and social context.

Dramatherapy work through performance-making within a clinical setting presents the following areas of theoretical interest:

a) The concept of therapeutic "performance" can be regarded as a "framed" phenomenon within a clinical setting. It is framed conditionally in time and space as well as functionally for it implies social interaction, human motivation, involvement and pleasure within a setting that by and large lacks these qualities.

b) Performance changes the structure of the setting's interrelations by proposing an alternative way of creating relationships. This may either confirm tradition and ritual of a particular clinical setting, or it may function as an "anti-structure" undermining hierarchies and tradition. It is questionable whether performance subverts or reinforces order. Whether this question is important or it is a pseudodilemma adhering to a linear logic that refuses to conceive performance as part of a healing system for the individuals involved in it, will be examined here.

c) How does performance acquire a healing quality? Special attention must be drawn to the symbolic nature of performance, which reflects the mythic world of a culture, acquires a healing power and encompasses the human capacity for playfulness. The existing values of the signs and symbols of a psychiatric disorder are challenged by the performance through the qualities of new mediated symbols.

d) Clients can therefore re-form their social self and identity in relation to their participation within a "Dramatherapy Performance".

The notion of performance within a particular cultural context has been deployed by a number of anthropologists and sociologists. Each one of them has stressed different performance issues of cultural significance.

Milton Singer (1959) introduced the term **cultural performance**, as the "most concrete observable units of the cultural structure". In these terms, performance possesses the following features, which set it apart in time, place and occasion (p.xiii):

- A definitely limited time span
- A beginning and an end
- An organised program of activity
- A set of performers
- An audience
- A place and occasion of performance.

Singer's emphasis is on performance as a marked out, **framed** phenomenon, which takes place within a cultural context. Although the aforementioned elements are

obvious within a Dramatherapy performance within a clinical setting, it is its interrelated functions that add up to its total impression. Bauman's (1986) contextual approach gives more attention to the **total event** of a performance than to the performer's skills and argues that "Performance is marked as subject to evaluation for the way it is done, for the relative skill and effectiveness of the performer's display and also marked for the enhancement of experience, through the present enjoyment of the intrinsic qualities of the act of expression itself".

More than anything else the fact that human individuals are able to interact through the enjoyment of playfulness within a setting meant to treat psychiatric disorders "seriously" gives a marking quality to the use of the notion "performance" within this setting. This **marking** quality of a performance was one of Gregory Bateson's concepts in his work: "A Theory of Play and Fantasy" (1955). Bateson refers to how living organisms distinguish between "seriousness" and "play" and argues that playing needs a signal of mutual interaction, a signal that "this is play", which is a way of meta-communication among individuals. In "Frame Analysis", (1974), Goffman discusses the concept of a **"frame",** an organising principle that sets social events apart. This is based on Bateson's psychological notion of frame, which allows the fictive way of play to operate, and also akin to the "meta-communication" concept of Turner.

Richard Dorson in his field of folklore research introduced a "contextual approach" (1963-1972), in which performance is conceived as **a communicative act** within a cultural context. It shifts attention from what a performer does and from the particular text of the performance to the **context** in which it is done.

Kenneth Burke's (1962) model of **action**, in which the concepts of language and thought are "situated modes of action", asserts text as a means for encompassing a situation. Burke, used the concept of "Dramatism" to analyse social interactions and cultural behaviour. In his work "A Grammar of Motives" and "A Rhetoric of Motives" he discusses human **motivation** in terms of: What was done (Act), When and Where it was done (Scene), Who did it (Agent), How he did it (Agency), Why did he do it (Purpose): all of them notions deriving from theatre and from Stanislavski's Method acting.

From a similar angle, Abrahams (1968), in his "rhetorical theory of culture" sees performance as a way of **persuasion** through the production of pleasure. The anthropologist W. Jansen suggested a classification model where performance and participation are at two ends of the spectrum, based upon the degree of **involvement** of the audience of the event (1957).

Let us see how the aforementioned concepts relate to a therapeutic setting. A "Dramatherapy Performance" can be conceived as a "framed" phenomenon within a Hospital setting. It marks out "performers" and "audience" as two poles of a communicative act. Both participants of this communicative act are indispensable for the performance event. However there is a message there to be communicated. Language is one significant medium but not the only one. Human drama is built up by "actions". Burke's ideas can help to shape the clients' motivation to the expression of some messages through a "Dramatherapy Performance". Apart from the deep-down messages, the element of playfulness seems crucial for the audience's involvement and persuasion of the clients' "actions" within the total event of a "Dramatherapy Performance".

The next aspect to investigate is whether a Dramatherapy performance can provide a structure able to promote or to undermine the existing values of its context, the therapeutic setting. As a human experience, a therapeutic performance challenges the already existing values of the therapeutic setting in which it takes place, as these are formed by the opinions of its participants, performing clients and audience members and therapists. The performance event can be an activity able to break through new messages about the life of the hospitalised clients to their environment and to become a turning point of their life thereafter. Apart from the delivery of new skills and sane functions to an audience, the clients' performance is a cultural event and as such it may remain in their memories and reframe their future. Anthropological views referring to the subverting potency of a performance within the laws and values of a cultural setting come to enlighten this theme.

Victor Turner in his structural model of "Social Drama" and its relation to the "Aesthetic Drama", in his work "Schism and Continuity" (1957), deals with the traditional **structure** of dramatic action and uses the specific cultural form of theatre for an analysis of cultural manifestations at large.

Turner (1974) conceived of performance as a marginal space of **transition** between two states of cultural activity and used drama as a metaphor stressing its importance. His structure of the social drama consists of four phases: a) a **breach** in an established order, b) a crisis, c) a process of redress and d) a reintegration or a recognition of the permanence of the schism. In contrast, traditional drama concentrates rather on the phase of ritualised action of redress.

In 1969, Turner, in his book "The Ritual Process", describes the "Liminoid activities" based on Van Gennep's concept of the "Liminal" (in "Rites de passage" 1908). He calls these activities **"anti-structure"**, as opposed to the structure of normal cultural operations. Liminoid activities are those activities that are out of the regular cultural activities of work or business, such as play, sport, leisure or art, and mark sites of possible social and cultural resistance and change. These activities provide a space removed from day-to-day, enabling members of a culture to "think about how they think in propositions that are not in cultural codes, but about them" (Turner, 1969, p.22).

Turner agreed with Singer that traditional cultural performance is, after all, a **conservative** activity. Liminal performance may invert the established order but never subverts it. On the other hand, other anthropologists, such as Sutton-Smith (in Turner 1982) influenced this theory by arguing that liminoid activities are anti-structural, alternative systems that can be precursors of **innovative** normative forms and that they can be sites of cultural resistance, where the conventional structure is open to subversion by the appearance of alternative situations to the status quo.

Turner's ideas have been further developed by Colin Turnbull (1990) who suggests a shift in modern Anthropology; from being a neutral objective reporter of cultural customs to one of a native from one culture observing natives from another, creating a complex interplay of influence and adjustment. The liminal phenomena according to Turnbull cannot be objectively studied but experienced through an active **participation**. Entering in a liminal or performative situation requires discipline and concentration, as well as a clearly defined goal, or the negation of all goals and a surrender of the inner self in order to become something else.

These views relate to a Dramatherapy performance in various ways. A Dramatherapy performance can be a rite of passage in the lives of its clients from the

chaos of their disorder to a meaningful social communication. However as a "liminal phenomenon" it incorporates both elements of chaos and order in a dialectic relationship. Its aim is both to cure and to accept and more than these to establish the hope of change. Therefore it has to accept the existing structures of the clinical setting that allows this process to happen. It also has to become an anti-structure that will subvert the stigmatising image of a disordered individual. But most of all it is a function that can bring together the old and the new within an innovative therapeutic process and provide the opportunity of all participants –both clients and non-clients-to live together, exchange meanings and accept each other.

The question arising here is whether all performance is based upon some pre-existing model, script or pattern of action, in other words a ritual, or if performance can also undermine tradition. The relationship between performance and culture questions the essence of ritual and under what conditions ritual can promote change.

Turner defines **ritual** as "prescribed formal behaviours for occasions not given over to technological routine, having reference to beliefs in mystical beings or powers". He considers the **symbol** as the smallest unit of ritual. In a ritual situation symbols can be objects, activities, relationships, events, gestures and spatial units in a ritual situation. Turner dives deeply into the question of meaning of ritual symbols and classifies three properties of ritual symbols: a) condensation, b) unification and c) polarisation of meaning between an ideological and a sensory pole.

In the ritual of a "Dramatherapy Performance" the clients' expressive skills, dramatic acts and relationships acquire these properties. Ritual symbols condense the clients' attempt to relate with each other; unify their personified expression of being together and actualise this by both intellectual and sensory means.

In his work "Divination and its symbolism" (1968), Turner distinguishes divination ritual from life-crisis rituals in relation to changes within the social process. The former relates to breakages in the social network, the latter to its continuity. Therefore, the ritual symbols are not of a standard predetermined social value, but are considered according to their relationship with the total field situation in which they occur; in Jungian terms, as "pregnant of meaning" (Jung, 1949). Carl Jung has made the distinction between the Sign as an "analogous or abbreviated expression of a

known thing" and the Symbol as "the best possible expression of a relatively unknown fact, a fact, however, which is none the less recognised or postulated as existing".

Within a Dramatherapy performance one can observe both signs and symbols. Signs are the psychiatric and psychosocial effects of the clients' disorder as they are demonstrated through their stage presentation. Symbols are what this presence tends to mean, both emotionally and cognitively, for clients and audience within a hospital setting.

Turner (1964), bridging ritual symbolism and depth psychology, argues that "In distinguishing between ritual symbols and individual psychic symbols, we may perhaps say that while ritual symbols are gross means of handling socially a natural reality, psychic symbols are dominantly fashioned under the influence of inner drives". Whether intrapsychic or socially determined, symbols for Turner exist within relationships. This basic concept makes his theory crucial for the field of healing.

Furthermore, Dow (1986) states, "The symbols are part of the **mythic world** that couples the social system to the self system of the patient". Dow calls these symbols "transactional" and views an illness and its symbolic healing as a particularisation process in which a generalised symbolic medium in the social system is particularised in such a way that it can "transact" emotion in the self-system. This relates to Grainger's thoughts (1990) about the therapeutic potency of the myth in Dramatherapy, which may heal by "loosening our construct systems and breaking down the fixed patterns of neurotic thinking with the permeability of the symbolic narrative".

At this point, I will offer an example of such a "transaction" of the mythic word from a clients' vignette of therapeutic work that I witnessed as a therapist in a Dramatherapy group session in Greece. The vignette referred to personal life experiences of the group members in relation to their addiction problem and their efforts to change their way of living. All of a sudden, a female member, a housewife from Sparta (a Greek city with an ancient tradition of ferocious warriors), emotionally charged with performance material, comes unexpectedly to the Dramatherapy space trembling, with a face full of tension and eagerness and standing up with her fist in the air cries directly towards the witnessing audience: "I will make it! I will fight against my addiction and I will not surrender! I am a child of Leonidas the warrior, and I am

going to win!" This phrase, breaking out of the usual figures of speech, exemplifies the place of the mythic world as a symbolic healing transaction within Dramatherapy practice.

The subverting potency of a Dramatherapy Performance as a celebration of the psychiatric disorder within values established by a "sane" society may sometimes occur within the therapeutic framework. This aims at challenging the "insane" parts of what is supposed to be normal as well as acknowledging disorder as an indispensable part of the process towards re-establishing order in social norms. The carnival rituals of cultural activities inform this view.

Similarly to Turner and his concepts of liminal phenomena, Mikhail Bakhtin (1929) deals with **subverting order** through cultural activities such as carnival rituals. Bakhtin thinks of the carnival as "the place for working out in a concretely sensuous, half-real and half-play-acted form, a new mode of interrelationship between individuals, counterposed to all-powerful socio-hierarchical relationships of non-carnival life". It is an open testing ground for new social and cultural structures. Bakhtin posits carnival as being constituted by:

a) Free and familiar contact among people

b) Free expression of latent sides of human nature in eccentric conduct

c) Profanations

d) Misalliances, allowing the combining and uniting of the most disparate and ill-assorted things.

The most important carnival act, the mock crowning and de-crowning of the carnival king, consists of a ritual of **pathos, change, death** and **renewal**. These elements are often facilitated to appear within therapeutic performances with psychotic individuals as signifiers of the clients' self-criticising ability and their capacity to ridicule their own disorder as a grotesque demonstration of their Self so that they can be in control of it.

It is important to examine the ways social structures influence the individuals involved in a performance so that they shape up their "social self". In his thorough overview on Performance Theory, Carlson (1996) distinguishes three main sociological positions regarding the relationship of the concept of "**social self**" to performance:

1) The Neutral position, as expressed mainly through the work of Goffman. where social performance has a communicative function and its relationship to the Social Self is of minor importance. The **responsibility** taken up by the performer is the important element; whether the Self remains "true" or not is a minor issue. Ervin Goffman in "The Presentation of Self in Everyday Life" (1959) refers to Role-playing in social situations. He states (p.22): "Performance is all activity of an individual which occurs during a period marked by his continuous presence before a particular set of observers and which has some influence on the observers". This definition implies that an individual might possibly be engaged in a performance without being aware of it. Performance analysis however, has considered the importance of the conscious contribution of the performer as well as audience reception. Goffman states that an activity is turned into a social performance by the constraints on the role-playing individual.

2) The negative position, deriving from Plato's ancient suspicion of "mimesis", suggests that the playing of social roles denies the activities of the **"true" self**. Among social theorists, the phenomenologist Bruce Wilshire (1982) rejects Goffman's arguments and makes a stand against the formation of the self from performance of social roles, suggesting the danger of alienation and demoralisation. Wilshire argues that certain physical predispositions are "built" into the body before any social mimesis occurs. Rejecting modern performance theorists that tend to diminish the boundaries between "on stage" and "off stage" activities, he suggests that if we are to preserve sanity and existential reality, performance must remain to the side of the **aesthetic** and paratheatrical activities should be limited. ("The Concept of Paratheatrical", 1990)

3) The positive position, expressed by the sociologist Robert Park (1950), who states that performance provides the means by which the self is actually constituted. Park (in "Race and Culture", pp.249-50) declares: "the word person in its first meaning is a mask... It is in these **roles** that we know ourselves. Our very faces are living masks, which ... tend more and more to conform to the type we are seeking to impersonate… -this mask is our truer self. the self we would like to be. In the end. our conception of our role becomes second nature and an integral part of our personality".

Within the same viewpoint, James (1925) had already considered social performance as **self-creation**. The self has a material, social and spiritual component.

A person has as many social selves as there are distinct groups of persons about whose opinion he cares. According to his model, it is a "self of self" that makes selections while an ideal social self is the highest possible judging companion to it.

Following this positive approach, a number of theorists of "Social Constructionism" in the sixties argue that patterns of social performance are not pre-scripted by culture, but are constantly constructed and reorganised out of a "recipe knowledge", what the French called "bricolage". The important issue here is that inner motivations are not always clear and conscious but may leave **discontinuities**, gaps and intermissions.

B.States (1985), a phenomenologist, states that the power of theatre derives from the "binocular vision", in other words from the **double** relationship to the object of the performance that the audiences must carry out in joining in "a certain kind of actual". This is reminiscent of Schechner's double negativity: the performer is not himself and- at the same time- "not not himself", operating in a double consciousness, as does the audience.

These ideas refer to the truthfulness of an individual participating in a Dramatherapy Performance project and, thus, they question how beneficial such a participation can be for the client's social self. This thesis will show that the matter relates to the consciousness of the Self on a Dramatherapy stage, which is the factor that determines the therapeutic value of such a performance. This consciousness is built up during the therapeutic process. So, the clients' performance in the project is progressively reformed in such a way that the social self and the inner self of the client interrelate as much as possible.

I have used until now a number of sociological and anthropological concepts that underpin performance in order to stress its importance within Dramatherapy theory and practice. The relationship of performance to ritual and symbols, its relation to tradition and innovation tied to the concept of its social function as structure or "anti-structure" and the way performance influences the presence of a Self within societal norms, are some of the main aspects of performance relevant to its therapeutic use in Dramatherapy. Performance is perhaps the field of evaluating the balance between chaos and order; between stability and change within Dramatherapy practice.

Apart from these cultural and social definitions of "performance" we also have to consider the term within the domain of theatre. In the next chapter I will explore theatrical perspectives ranging from classical theatre performances to post-modern happenings. These various types of performance take shape according to the use of the distance between the fictional reality of the performance phenomenon and the reality of everyday life. This notion is called "aesthetic distance".

CHAPTER 5

"AESTHETIC DISTANCE" IN THEATRE AND IN DRAMATHERAPY

A "Dramatherapy Performance" is staged for an audience, therefore, apart from its therapeutic essence, it consists of a theatre event. In all theatrical perspectives, ranging from classical theatre performances to post-modern happenings, the notion of "performance" offers a field for investigation and innovations. The various types of performance within the spectrum of the performing arts take shape according to the use of the distance between the fictional reality of the performance phenomenon and the reality of everyday life. This notion is called **"aesthetic distance"**.

The term "aesthetic distance" expresses the difference between the fictional reality of the play and the reality the spectators' life in terms of time, space and functions (Jennings, 1987 and Jones, 1996). Grainger (1990) expands the term in respect to mental representations: "The interposition of an idea or an artefact between a perceiving subject and the object of his/her perception, with the result that intensity of perception is increased by the effort involved in overcoming the obstacle. In the theatre this effect is produced by the actual physical separation of audience from stage" (p.150).

Aesthetic distance is a crucial notion in Dramatherapy, the manipulation of which can produce a different effect in its participants each time. Aesthetic distance has been used in different ways at different stages of the Dramatherapy practice of this project, according to different theatre approaches. These will be examined next, as forming an important theoretical background to the experimental work of this thesis.

Firstly, this chapter will explore the concept of aesthetic distance as it has been used by the most essential theatre theorists and directors of the 20th century. Its influence on Dramatherapy theorists and practitioners will be examined next. Finally the relation of the examined views to this particular project as well as the authors' approach of using aesthetic distance in Dramatherapy practice with psychotic individuals will be presented.

Constantin Stanislavski (1948), the father of 20th century psychological theatre, in his work "My life in Art", has stressed the concept of the **"as if"** process:

the recall of a past experience and a past emotion in the present and the representation of this emotion as if it is occurring for the first time. Through the technique of "emotional memory", a paradoxical moment of living, the actor creates the present through the past. The aim here is "under-distancing" the audience from the play, as well as the actors from the characters they perform, through **emotional involvement** and **identification**. Through improvisation techniques, the actor explores the subtext, his or her motivations, feelings and behaviour. This method has mostly influenced psychodramatic techniques and naturalistic role-playing both often used within Dramatherapy practice.

Bertolt Brecht's political theatre rebels against the psychological procedure of acting. Brecht, in his "Messingkauf Dialogues" (1977), suggested that multiple identifications during a theatrical performance (such as the actor identifying with the character or the audience identifying with the actors) are a way of compromising, where the audience conforms to established rules via emotion. In order to promote the audience from the state of a passive viewer to an active spectator Brecht elongated aesthetic distance and formed his **"alienation"** theory. According to this theory the actor distances himself from the role and comments upon his behaviour. The viewer separates thoughts from feelings and thinks through the performance's issues. As Willet (1964) comments on Brecht's terms, "the aesthetic distance is created through music, design, documentary effects and dialectical ideas in the text, the design, the behaviour of the actors".

Brecht's epic theatre contains stories of struggles between forces of darkness and light, presented as chapters in a book, or as masks, puppets, props, or social types rather than theatrical characters. Projective material in Dramatherapy has a similar use, when clients distance themselves from a dilemma and find a safe means of symbolizing it in visible terms. Unlike psychodrama, Brecht's theatre is meant to have an "anti-cathartic" effect, its main preoccupation being **social change** rather than a focus on the individual. Brecht's influence in Dramatherapy is evident in Boal's (1995) notions of "anti-catharsis" as "a purgation of all antisocial notions".

Antonin Artaud in his work "Theatre and its double" (1958) gives a different notion of catharsis: the catharsis of the soul, of the spirit, not of the feeling. Artaud's "Theatre of cruelty" aims through the falling of the masks to arrive at a **heroic** attitude

over life. Mythological, religious and magical material is ritualised in front of an audience, by the use of improvisations and nonverbal action and sound. Artaud creates **ceremonies**. The actors take the place of the shaman. They do not wink at the audience, as the brechtian actor does, but they celebrate together with the viewer-participant. Artaud says: "We must allow audiences to identify with the show breath by breath and beat by beat".

Jerzy Grotowski's "Poor Theatre" (1975) was strongly influenced by Artaud's ideas, depending on the actors' impressive physical presence, their **bodily communication** taking place on stages as bare as possible. After the foundation of the Laboratory in Poland in the 1950's and 1960's, Grotowski and his co-workers (Cieslak, Burzynski, Ozinski) invented a new way of working, known as "Para-theatre". The basic concept is the exploration of dramatic material not in front of, but together with the audience. In other words, questioning the role of the audience in theatre. According to Grotowski's ideas, "Para-theatre" is not an imitation, depiction or invocation of any other reality than that expressed literally. There is no division into performers and observers: all present are **active participants**. "Disarming" (i.e. giving up one's defences) and "meeting" the others were the basic intentions of the Laboratory, and ritual and ceremonies were widely used, as in the example of the "Labyrinth" workshop that was conducted by Cieslak.

Judith Molina's and Julian Beck's "Living theatre" (in Schechner, 1988), directed **improvisations** broke the barriers of the stage. Actors and audience intermingled.

These theatre currents promoted a paradox in relation to the notion of aesthetic distance which is relevant to Dramatherapy, especially when it deals with the performance-making which is based on autobiographical material. On the one hand, these theatrical forms abolish the hero, the character, the role itself. Heroes and characters may have no name, no identity. Actors are able to improvise all together on an abstract meaning, a condition or a machine. From the actors' as well as from the spectators' perspective these theatre forms promote an overdistancing effect. On the other hand, these currents intend to cover the gap of this distancing with the actors' energy and truth, who become the roles they embody on the stage or during a ceremony and create a new plot out of a living experience. As for the spectators, they

are either equally energised by this alternative reality, or they actually participate as actors too. In both cases they are underdistanced from the spectacle, while paradoxically being overdistanced from it. For the creation of such performances, actors use to prepare themselves with many underdistancing techniques so as to produce the effect directors aim at. Some of these techniques that push the limits of the body to extremes, have been used therapeutically in forms of psychotherapy, for the sake of a "cathartic" response; for example the technique of the "primal scream" in Janov's "Primal Therapy" (Janov, 1991). This therapeutic approach aims at the resolution of the primal pain an individual suffers from, from infancy onwards, by breaking all his/her repressions within a redeeming enactment. However, Dramatherapy practice has been quite apprehensive to such extreme techniques and certainly this particular project has chosen a safer ground to approach the already unstable boundaries of individuals with schizophrenia.

Performance Art emerged during the 1970s in the Western world as an important cultural event, which contained post-surrealistic and political concepts, fusing theatre, art and lifestyle and offering a new kind of experience to its audiences. As Carlson mentions (1996, p.106), "a new kind of open and free-wheeling experience, offering collages of atmospheres, moods, and striking images clustered around some central theme".

From a theoretical perspective, Performance Art examines the relationship between the aesthetic and the socio-political in dramatic art. It crosses the boundaries of different artistic forms, bringing together such disparate activities as painting, sculpture, theatre, music, singing, dance, and video art within a common public event. In the seventies it was combinations of visual art forms with the aid of texts, while in the eighties expression moved more towards movement-based or choreographed spectacles. Autobiographical narrative was used frequently and turned "selves" into characters, eliminating the aesthetic distance between them.

Dramatherapy has been influenced by the aforementioned theories of theatre, which are concerned with obtaining an aesthetic result by the **manipulation of aesthetic distance.** Dramatherapy's particular approach to the question of finding balance when working either with individual or group issues is by the use of metaphors and takes place at a **symbolic level**. This may occur when the unconscious is revealed

through a metaphor, as in a moment of spontaneity, when two levels of reality identity are distinct and yet coexist, and with the containment of this metaphor within the client-therapist relationship.

One method of producing such a metaphor is through the use of a **role**. This is what aesthetic distance implies, according to Robert Landy's Role Theory (1994). For Landy, Dramatherapy combines three models of distancing between the Self and the Role, in order to understand the individual as a total person. Through aesthetic distance an individual may achieve a balanced relationship to the past and to "see feelingly". Landy exemplifies this argument with the blinded Gloucester in King Lear. At this "point of liberation" one is an actor as well as an observer, reliving and simultaneously remembering the past. On the one hand, by **overdistancing** one relives the past as a cognizant observer. On the other hand, by **underdistancing** one remembers the past as an affective actor. At an **intermediate distance** the above functions occur simultaneously and bring about a psychic tension that may lead to catharsis. This may be expressed by a physical response such as laughing, crying, shaking, blushing or any other "cathartic expression". Catharsis in Dramatherapy is for Landy "a gentle moment of recognition of a psychological paradox, a glimpse in the mirror saying: 'I am my father' and at the same moment 'but I am myself'".

Scheff (1979), a social psychologist, defines catharsis as a state of being that occurs when the individual achieves **a balance of distance**. On the one hand, overdistanced individuals tend to detach themselves from past experiences, by means of the defensive mechanism of repression relying on their cognitive functions. They tend to be alienated, withdrawn, compulsive, depressed, and at the extreme, autistic. On the other, underdistanced individuals return to their incompletely repressed emotions and relive the past, often exhibiting impulsive, hyperactive, or even manic behaviour. Dramatherapy practice, according to Scheff, by searching for a balance between feeling and thought, may help the individual:

a) To represent the imbalance through improvisation

b) To create a balance of distance through a visible form, such as role-playing

c) To lead to a catharsis.

Grainger (1990) uses the notion of aesthetic distance to examine the impact of performance on the individual's **relationship with their inner world**. For over-

distanced individuals, who are detached from their emotions, do not share their experience and seem to communicate in a private and remote way, such as individuals with schizophrenia, aesthetic distance in drama may provide a secure ground for the validation of human interrelations in a structurally recognisable environment. For underdistanced individuals, who are usually emotionally over-involved, socially over-personal and often demanding, many of whom end up suffering from depression, aesthetic distance gives them the chance to share their feelings with their audience and to be accepted as a character in a play, while protecting their true identity from the risk of criticism and rejection.

Donovan (in Gersie, 1998) assigns particular importance to the **group's narrative** and its transformation through "distancing". She claims this can be done in a Dramatherapy group by a constant **"reframing"** of the group's narrative and of the ensuing metaphors, by moving towards the direction of an increasingly differentiated reality context and by decreasing the level of the surreal.

Lahad (in Gersie, 1998), when working with post- traumatic stress disorder, makes a connection between the most distressing element for his client to a sense of **physical relief** within the frame of aesthetic distance. He first connects the metaphor to a physical response and only when this link is established does he move on to the rest of the client's issues.

Jennings (1993) states that **maturity** is the capacity to move in and out of dramatic reality appropriately. She differentiates the terms acting, acting in, acting out and focusing, which she views as ways of regulating distance in respect to time, concentration of theme and "intensity of light" (i.e. level of revelation of unconscious material) one wants to bring into the Dramatherapy session.

Casson (1990) and Mitchell (1992) focus on the area of Dramatherapy that connects to theatrical processes and suggest how a theatre model can be modified, in order to be used in Dramatherapy. Casson explores the therapeutic processes occurring in the audience during theatre performances and relates them to the benefits of the clients becoming an active witness of the dramatic process within the Dramatherapy group.

Mitchell's theatre-based research in Dramatherapy (1990), was inspired by Grotowski as well as by Peter Brook. He worked in Dramatherapy in three directions,

on a physical, a cognitive and an emotional level. He has also tried to incorporate in Dramatherapy Brook's principles of work (1968), after having attended his rehearsals for "Midsummer's Night Dream". According to Brook, there is no school of acting; the creative process is always leading to new ways of working together. Mitchell described the following phases of a creative process:

a) The ensemble.

The group works as a whole, focused on physicalisation and voice work, as a means of building group cohesion.

b) Character work.

Firstly, the clients are involved in a decision making process. Secondly, imagination is used in forming a character. Thirdly, the dynamic process of building the character takes place. The character here is seen as a container, which is safe enough in order for the client to investigate a burning issue, to arrange him/herself physically and to interrelate with other characters.

c) Scene exploration.

This phase aims at finding the meaning of the scene in configuration with the other members and at identifying the "super-objective" (i.e. the overall objective) of the characters in the play, according to Stanislavski's ideas.

d) Shaping Dramatherapy sessions.

Mitchell shapes the Dramatherapy session as a process of gradual opening and finally closing. Brook's "Empty Space" (1968) is the potential space for Mitchell to create **a healing process**. In this space the client "gains a seed that will in his/her memory recreate outside of the group, after it has closed, what had been illuminated and crystallised for him/her during the life of the group".

Grotowski's theatre research may be particularly useful in Dramatherapy. Johnson (1996) has developed a model of Dramatherapy practice that combines Grotowski's ideas for theatre to his approach of "Developmental transformations", influenced by the psychology of object relations, developmental and existential theories. He named this model "Poor Drama Therapy". Within an encounter in the playspace between the client and the therapist, the client is invited into a process of removal or **transformation**, a revelation of the true self via a continuous deroling, an unmasking of the soul in depth. Bodywork plays the major role, by the use of

spontaneous play, movement and sound improvisations from which images and role-plays are developed. An application of this method was the creation of therapeutic ceremonies for people with post-traumatic stress disorder.

Contemporary Dramatherapists that follow the Para-theatrical model find Eugenio Barba's approach useful within Dramatherapy practice. Barba in "The Secret Art of the Performer" (1991) uses another model of experimental theatre, which focuses on the "sociocultural and physiological behaviour" of the performer, **"the performer's body"**, linking performance to anthropology and ritual. He divides a potential bodily activity into three types:

a) Daily Techniques-communication of content

b) Virtuosi Techniques- seeking amazement and transformation

c) Extra-daily Techniques inform the body, place it in a position where it is alive and present, without representing anything.

For Barba, the "pre-expressive" level of the body underlies all performance and provides a transcultural physiology independent of traditional culture.

An important issue for the creation of aesthetic distance within a Dramatherapy Performance is the regulation of time. Jones (1996) focused on "the relationship between **time** as experienced within a Dramatherapy group and the process of therapeutic change". He argues that a crucial part of this process is the specific condensation of experience and time within the dramatic mode

Jones also refers to the **"creative distortions of time"** and links emotions to theatre time through the imagination that an act of theatre engages. This imaginary distortion of time in Dramatherapy heightens the client's level of absorption and permits the patient to play with time. Jones stresses the importance of "an active therapist in modelling, structuring the work and identifying shared goals with the client". He states that the client in Dramatherapy "can combine past, present, and anticipated future events or feelings into a dramatic product which is experienced in the "here and now". Time can be slowed down or condensed according to the clients' needs. The client feels empowered by controlling events and learns in an active way. The dramatic mode maximizes the speed of this learning experience.

The use of the notion of "aesthetic distance" in my clinical work with schizophrenic clients and in the development of this research project falls into the following categories:

a) During their acute delusional state or a relapse, where positive symptoms are preponderant, clients with schizophrenia overdistance from roles that make them sociable, secluded in a personal delusional system, of which the meaning is captured concretely. At this withdrawn state, time seems a non-existing dimension for psychotic clients. Especially for clients which are institutionalised, time orientation is often lost, past experiences fall into oblivion and future has nothing to promise. The creation of a performance is a time-bounded event which sets clients at an "aesthetic distance" from their everyday reality, thus introducing in their life two time-related therapeutic factors; hope and change.

b) On the contrary, psychotic clients underdistance from those roles that coincide with their delusional system. When they have the opportunity to enact aspects of those roles they often lose their boundaries on stage, distort any aesthetic distance and believe that the dramatic reality of the staged drama or the sessions' drama is one with their life. The therapeutic aim here may well be the nurturing of their reality testing while they improvise their delusions in a dramatic form. A key practice towards this process may be the "re-corrective experience", a technique of redoing the scene by taking into account the audience response, in this case through the other group participants in the Dramatherapy session. Special attention to the deroling process may prevent the risk of continuing the enacted drama after the performance event of the sessions' completion.

c) Psychotic clients underdistance some of the parts they play creatively and reach an artistic value throughout the group process, as this may happen with non-psychotic members of the group, staff members for example. This therapeutic effect can be important inasmuch as it shows that they can create, share, produce and enjoy just like people considered "sane". The staff's performance within the group can be considered as a kind of modelling, which aims at bringing together the split worlds of a psychotic individual, as well as at helping people's sociability, despite their diagnosis.

In the same way that a schizophrenic disorder, as any mental illness exists within a spectrum between sanity and insanity, clients with schizophrenia can be

undersistanced or overdistanced according to the course of their disorder, the timepoint of therapeutic work and the particular circumstance they face.

The question remains of what kind of a theatre production the Dramatherapist aims to stage for the particular client group. The simultaneous existence of different theatre forms today, ranging from classical theatre productions to post-modern performance art, provides the landscape for an exploration of how aesthetic distance can provide meaning and create different impressions on the participants of a spectacle or a happening. In particular, the Dramatherapy Performance of this project has used "aesthetic distance" in various ways:

a) The main target for this client group was to motivate the clients towards an emotional disclosure through their dramatic involvement and role-playing and thus, to confront their "affective flattening". Capturing the feeling through Stanislavskian methods were often used when clients were aided to live up the plays' situations "as if" they were real and then to relate them to their own lives. "Doubling" the protagonists was a technique used in order to foster interrelations and initiate emotional bonds between group members.

b) An additional therapeutic task was to increase the clients' control of extreme and overwhelming feelings of loss, chaos and delusional beliefs. Here aesthetic distance was used according to the alienation techniques of the Brechtian theatre. The use of a chorus, which interfered in the plays' actions and commented upon the performers' choices, helped this purpose.

c) The creation of a total ceremony that was not a part of the clients' everyday life, but a vital force that was over and above the limitations their disorder had caused to them, was an aspect of practice inspired by Artaud's views of theatre.

d) The use of physicalisation and body work was a main concern for these clients' neglected physical abilities and needs, as an essential way of communication, especially when the language abilities were sparse. Grotowski's and Barba's notions and improvisation techniques helped.

e) The autobiographical element played a crucial role to the overall therapeutic value of the performance. Performance arts brought the theoretic background to its use on stage.

In order to be "tuned in" to the clients' needs during this project, the Dramatherapist had to select the most suitable techniques for each case. In most cases, more withdrawn, "overdistanced" psychotic clients felt more comfortable with stylised techniques, while more emotionally fluctuating, "underdistanced" clients were more tempted to work through psychodramatic techniques. However, there is still a case to be made for the kind of effect a particular technique may provoke. For example, the use of masks, providing the safety of a stylised technique, may underdistance the client and promote emotional disclosure. However, a particular mask may be overwhelming for a particular client and it might produce either an extreme emotional discharge or an overdistancing effect by increasing the clients' resistances. For the above reasons the use of mask was avoided during this project. Working through at the "here and now" of the clients' lives rather than dealing with their past experiences was one of the aims of this project. Scheff's techniques to be used in order to balance the distance were helpful:

a) Present time frame versus past time frame

b) Fictional events versus reality-based events

c) Rapid reviewing of past events versus detailed recollection of the past

d) Positive emotions versus negative emotions.

To the above techniques Landy adds another one:

e) The projected role versus the psychodramatic role.

The first parts of the techniques were regarded as more suitable for the beginning sessions in Dramatherapy as well as for underdistanced clients although there are different opinions regarding the role of timing within a therapeutic process. For Scheff, the present time frame seems overdistancing, while Landy finds that current events can be overwhelming for underdistanced individuals.

It is doubtful though whether some characteristics of the aforementioned theatre models could be assimilated into Dramatherapy practice. For example, the importance Brook assigns to detailed shaping, accuracy, and the aesthetistic quality of his performances, may weaken the level of spontaneity if transferred to Dramatherapy sessions. Also the long, exhausting duration of Grotowski's exercises and the emotional and physical suffering involved in order to find personal truths can be counterproductive for fragile clients. What is perhaps more important is entering a

special level of awareness, of consciousness, a state where changes might occur in the clients' perspective on life. Conditions of sensory deprivation, quite similar to conditions widely used by the Laboratory, may provoke strange experiences in clients, such as a depersonalisation effect or delusions (Kaplan & Sadock, 1994). It is crucial how a Dramatherapist handles this phenomenon for the benefit of the client, for it can be productive as well as destructive. As Mitchell (1990) states, "in these liminal phases of actions it is the needs and the images of the clients which are always vital. The role of the Dramatherapist is to 'serve' the clients in facilitating their own healing".

In conclusion, I will attempt to summarise the therapeutic elements that are linked to the creation of "aesthetic distance" within the Dramatherapy practice:

1) **Physicalisation** and **vocalisation,** both as a way of familiarising oneself with the tools of the therapeutic work, and as means of exposing the bodily presence of the members in the group; creating the "here and now" of an individual space in the group.

2) **Ritual,** the initial abolition of the distinction between actors and audience and their mutual participation in a new ceremony.

3) **Structure**, in terms of a beginning, a main activity and closure.

4) **Graduality**, as a maturation process, both the two previous elements being closely related to time regulation.

5) **Smoothness** of the process that is created by all the above elements plus by respecting the participants' will and their voluntary participation.

6) **Control** over reality and allowing playfulness and imagination to inspire and create new realities in a fearless way.

7) **Catharsis** as a result of recognition and containment of an internal conflict within a structured context.

8) **Truth**, which can be deep, pleasing, cruel or violent, but can be contained in the group's life; real life entering the theatre frame.

In this chapter the notion of "aesthetic distance" has been examined within Theatre and Dramatherapy contexts. Aesthetic distance is a basic component of the phenomenon of performance, in its broader sense that refers to the broader theatrical spectrum ranging from stage productions to performance arts. Since different theatre

models affect a Dramatherapy Performance practice, the manipulation of aesthetic distance as an important therapeutic tool is accentuated.

Chapters 4 and 5 have explored the concept of "performance" from a variety of perspectives including cultural, social, theatrical and therapeutic. It is important to add that the patients' symptoms can also be regarded as a "performance". In regarding symptoms as a form of performance in its own right we might consider factors such as the symptoms' symbolic nature as will be evidenced later in some of the case studies of the experimental phase of this project. Also, the value of the schizophrenic performance for these individuals in their search for acceptance and meaning will also be evidenced. Other important factors include coming to an understanding of the clients' dysfunctions as interrelating within a system of family and social relationships which are projected by the group members to the relationships they create within the Dramatherapy group.

CHAPTER 6

THE SCHIZOPHRENIC CONDITION AS A "PERFORMANCE" WITHIN MENTAL HEALTH CARE AND THE FIELD OF PSYCHOTHERAPY

Performance, as it has been considered, carries sociocultural significations and performing individuals participate in the global Drama of human experience. Individuals with a mental disorder, such as schizophrenia, being participants of this real life Drama can be recognised by their special "performance" within it. I will use the term "performance" here, in order to refer to the special group of symptoms, functions, roles and relationships individuals with schizophrenia manifest within their environment. This chapter will explore the schizophrenic performance as it is presented in contemporary mental health as well as its significations to different psychotherapeutic approaches.

One could distinguish three basic components of the use of the term "performance" for individuals with schizophrenia. The first is what this disorder means as regards the clients' clinical semiology, the view of the schizophrenic performance as a formulation of signs and symptoms. The second component refers to the psychological implications of the schizophrenic performance; what it may symbolise and express for the individual afflicted with the disorder. The third component is the social aspect of this performance; what it expresses in relation to social norms.

Particular behaviour patterns, communication and expressive skills, everything that in medical terms comes under the heading of "symptoms" may be summarised as the special "performance" of an individual with schizophrenia within his or her environment. Because these individuals spend a big part of their everyday life within clinical settings or within community mental health care, the metaphor of 'performance' will be also used to express their symptoms, as this is present within a clinical or a community care context. Within the therapeutic practice of a "Dramatherapy Performance", the clients' performance during the sessions or their stage presence during a performance in a hospital is also characterised by the symptoms of their disorder.

The schizophrenic drama is also characterized by the patients' relationships with self and others. These relationships are determined by the clients' disordered functions, expressions and beliefs as well as by their conditions of living. These clients may stay with their families, where they perform a special sort of interrelation with the other family members, or the may live in special protected surroundings within the community, hospitals or large institutions.

The word "schizophrenia" was invented as a psychiatric term to describe a psychotic disorder that is characterised by disorders of thought. It is actually a neologism, which is derived from the Greek words "schizo" meaning tearing apart and "phrenas" meaning mind. This literal "tearing apart of mind" is a term that encompasses a dramatic interest or non-interest for a user of this word, with a number of connotations and metaphors this term leads to. Obviously, the impact on a non-Greek speaking client of the mental health specialist's statement "you suffer from schizophrenia" has different implications than for a client who understands the Greek language, for whom it means "your mind is torn apart". Labelled as "insane", "mad", "crazy", or even "different" they may either be victimised by the social stigma or they may be looked after and encouraged by the social and mental health provision. Therefore a crucial aspect of the schizophrenic performance is its psychosocial implications.

The schizophrenic performance varies a lot according to the course of the schizophrenic disorder and the presence or absence of schizophrenic symptoms. The particular client group which is described in this thesis is just one particular population with schizophrenia which can be observed in the field of mental health care: a population within a Day Hospital were clients were in a progressive stage of their diagnosed disorder. Most of these clients though, had experienced periods of acute hospitalisation or psychotic outbursts within their family lives during which their performance had been very different form the one they presented in the Day Hospital.

First of all it is necessary to examine the "performance" of a client with schizophrenia in relation to his/her symptoms. The clinical course of schizophrenia can be separated into four phases: the premorbid phase, the prodromal phase, the progressive phase and the stable relapsing phase (Jarskog L. et al, in ed. Lieberman J., 1998). The first psychotic episode introduces the progressive phase, for which the

diagnosis is based on special clinical criteria. These diagnostic criteria for schizophrenia are defined in the DSM-IV taxonomy of the American Psychiatric Association (Kaplan & Sadock, 1994).

Diagnostic criteria for schizophrenia (DSM-IV)

A. Characteristic symptoms: At least two of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated): 1) delusions, 2) hallucinations, 3) disorganised speech, 4) grossly disorganised or catatonic behaviour, 5) negative symptoms.

B. Social/occupational dysfunction.

C. Duration of at least six months.

D. Schizoaffective and mood disorder exclusion.

E. Substance/general medical condition exclusion.

F. Consideration of a relationship to a pervasive developmental disorder.

DSM-IV also distinguishes five subtypes of schizophrenic disorder: paranoid, catatonic, disorganized (formerly called "hebephrenic"), undifferentiated, and residual. Another classification has been attempted by Crow (1980), which distinguishes between type I schizophrenia (with a predominance of positive symptoms) and type II (with a predominance of negative symptoms). The distinction between positive and negative symptoms is based on a classification proposed by Andreasen (1982). The negative symptoms of the subjects in the clinical trial of this project was preponderant in their clinical state and therefore the detailed assessment of the changes observed in these symptoms was a main focus of this projects' methodology.

Classification of positive and negative schizophrenic symptoms (Andreasen, 1982)
Positive symptoms
Hallucinations (auditory, voices commenting, voices conversing, somatic, tactile, olfactory, visual), Delusions (persecutory, jealousy, guilt-sin, grandiose, religious, somatic, of reference, of being controlled, of mind reading, thought broadcasting-insertion and withdrawal), Bizarre behaviour (clothing-appearance, social-sexual behaviour, aggressive-agitated behaviour, repetitive-stereotyped behaviour), Positive formal thought disorder (derailment, tangentially, incoherence, illogicality, circumstantiality, pressure of speech, distractible speech, clanging).
Negative symptoms
Affective flattening, Unchanging facial expression, Decreased spontaneous movements, Paucity of expressive gestures, Poor eye contact, Affective non-responsivity, Inappropriate affect, Lack of vocal inflections, Alogia, Poverty of speech, Poverty of content of speech, Blocking, Increased response latency, Avolition-apathy, Grooming and hygiene, Impersistence at work or school, Physical anergia, Anhedonia-asociality, Lack of recreational interests & activities, Lack of sexual interest & activity, Lack of intimacy & closeness, Lack of relationships with friends & peers, General inattentiveness, Social inattentiveness, Inattentiveness during testing.

THE SCHIZOPHRENIC PERFORMANCE IN RELATION TO THE COURSE AND THE TYPE OF THE DISORDER

The course and type of the schizophrenic disorder constitute the plot of the dramatic performance of an individual with schizophrenia.

One of the major dramatic moments of this plot is the acute outburst of a psychotic episode in the life of an individual, which was considered to be "normal" until this moment. Even if scientists have related the schizophrenic premorbid functioning to minor deficiencies in particular areas of cognitive functions or to specific schizotypical personality traits, in common terms there is almost no evidence that a premorbid life of an individual with schizophrenia is significantly different from

the norm. The diagnostic criteria exclude developmental disorders, psychiatric symptoms due to medical conditions, or substance abuse. Usually the overall functioning of these people is normal and this is why some prodromal signs -such as social withdrawal or impersistence at work or at school- are often overlooked by family members or peers and are considered as a transient existential crisis. However, the psychotic outburst strikes the family and social life of the patient like a terrorist attack. The patient's bizarre behaviour and possible agitation provokes a phase of extreme anxiety in the patients' relatives and friends, which in turn, affects the patient. A phase of covert interaction among the clients' relatives usually begins in order for them to find a solution, which intensifies and confirms the patients' suspiciousness and persecutory ideation of them. This phase of tension climaxes with the involvement of psychiatric and judicial services, and especially with the appearance of police officers called to take the patient for psychiatric examination against his or her will. Usually this "crescendo" of events in the patients' drama ends with hospitalisation in an acute psychiatric unit.

In other cases where the disorder appears progressively in time, as in the disorganized type of this disorder, the gradual decline in the patient's functioning in most areas of his or her life, follows a gradual atrophy of social relationships. Friends are estranged, intimate relationships are disrupted, jobs are lost and the individual becomes isolated. It seems as if the rest of the world moves ahead at a faster rhythm. Sometimes, some people stop to examine the "silent" case of this individual and they exhibit a sudden interest when they consciously acknowledge that "something is wrong" in his or her life, or they attempt a heroic sensitisation of the patients' environment. Soon though, their interest evaporates and their attention returns to their everyday tasks. The whole scene seems like a world hurrying to work and passing by a homeless person who asks for money. Some may recognize momentarily the characteristics of an old forgotten friend.

A further scene in the dramatic plot of a patient starts after the first hospitalisation. In very few cases the recovery is complete and even in these cases some psychic wounds of what the individual had experienced are still existent. The patients' relationships may recover but there is often a level of retention from the others because of their fear of a new psychotic episode. Usually, though, the frequent

relapses, the continuation of antipsychotic medication and the patients' negative symptoms are manifested through the individuals' residual performance, which creates the role and identity of a disordered person. The social stigma appears. The person's relatives react with self-protective defences, by moving into roles of either rejection or over-protection and dependence. Their hopes and expectations of the clients are radically changed.

In severe and chronic cases there is often social neglect and marginalisation of the patient, which maintains the security and the psychological well-being of the "sane" members of society. Depending on the financial status of the family, the disordered individual is either looked after by mental health carers or enclosed in a psychiatric institution. In some cases, acts of "self-sacrifice" take place, as for example when the mother decides to look after her disordered son or daughter -which provides her with a reason to live- and condemns both mother and child to a schizophrenic symbiotic relationship. In the extreme cases of the person's confinement to an institutionalised life in an asylum, all concepts of human dignity are forgotten. The patient is often "homogenized" with the other inmates within an eerie obscure world of violence, screams and silence. In these cases the individual's life acquires the tragic destiny of the personas in Beckett's existential dramas. More details about the dramatic components of these situations will be provided in the pilot study of this thesis, which took place in the psychiatric institution of Leros.

THE PERFORMANCE OF THE DRAMATIC BODY IN SCHIZOPHRENIA

Let us see now how the symptoms form the dramatic performance of the individuals with schizophrenia and determine their dramatic involvement within their environment. The more severe these symptoms are, the more the individuals' overall dramatic presence in the world "differs". This depends on the stage of the disorder, the duration of the symptoms, the individual's adaptation to the symptoms, as well as on the particular environmental conditions that accentuate or diminish the difference between the schizophrenic performance and the "normal" one. For example, a neglected appearance can be more accentuated in a bureaucratic environment than in an agricultural community. In general, though, the dramatic performance of an

individual with schizophrenia has a number of characteristics, most of which are demonstrated through body language.

The **appearance** of an individual with schizophrenia usually seems more bizarre, with a strange selection of clothes that do not follow a particular fashion and are rather oddly combined with each other. Despite the fact that this might be fashionable at present, there is no such intention in the selection of clothes, which does not follow any aesthetic rules or fashion trends. Under conditions of institutionalisation, these individuals are dressed in sad uniforms, which are often torn or strangely tied together, leaving them half-undressed and in extreme cases completely naked. Poor grooming and hygiene is often apparent. The overall anergia of the patients is apparent from their poor use of space and postures (often sitting or lying on the ground) and in many cases their continual smoking. As Madianos (1999) mentions, "The gestalt of **the body** in psychosis has significant dimensions of communication (nonverbal) as well as psychopathological expression (such as catatonia, defensive posture), affective sufficiency or insufficiency (self-neglect, ego-devaluation), the patients' commitment to social functioning (cleanliness, neat appearance) or chronicity (isolation and asylic states with skeletal anchyloses). Within community psychotherapy the body is of primary importance as an interpretational concept of psychopathology and of the conditions of living, as well as a therapeutic concern within the process of social incorporation of the individual" (p.37).

The **expressive skills** of the schizophrenic performance are determined by the patients' positive and negative symptoms. **Facial expressions** are decreased; the face becomes a blunt mask with poor mimetic movements or is predominated by tics, drug-induced dyskinesias or grimaces responding to visual or auditory hallucinations. **Eye contact** is often avoided and the gaze is often empty and unfocused, easily distracted or obsessively eager. The **body movements** are characterised by bizarre, aggressive or agitated patterns, postures, gestures and actions that respond to delusions or hallucinations (including somatic ones) or repetitive and stereotyped movements that are either induced by the disorder or by medication (such as the parkinsonian side effects). Lack of sexual inhibitions can lead to overt autoerotic or promiscuous behaviours. The catatonic semiology of movement ranging from simple postures to complete collapsus characterises the catatonic type of the schizophrenic disorder.

Also, the negative symptoms include a general decrease in spontaneous movements and expressive gestures. The **voice** becomes either loud and aggressive -insulting imaginary persecutors or responding to hallucinatory voices and sounds- or monotonous and quiet, lacking inflections. Movement, voice and actions lack rhythm and continuity. The speech is disordered in relation to content, structure and sequence, reflecting the patients' positive formal thought disorder. When the negative symptoms predominate, the speech is poor both in content and quantity, with blockings and without reciprocity. Complete muteness is apparent in some cases, expressing the clients' inner void.

Usually, the schizophrenic **use of space** lacks concentration, fantasy and intention. Patients seem either to be isolated in their own world or to move around aimlessly. Their performance reflects a lack of interests and activities -sexual as well as social; their relationships with peers and friends are few -without intimacy and closeness- and dominated by mistrust and disbelief. Attention is removed from social relationships to the inner world of the schizophrenic individual. The schizophrenic **use of objects** lacks symbolism, is often unfocused and cannot be easily elaborated by the individual -alone or with others- and completed in a full action. By contrast, in other cases using objects becomes obsessive or unorthodox, according to the patients' particular thought disorder. In agitated states violence occurs to self and others. These are the most dramatic states experienced by individuals with schizophrenia. Equally dramatic is the response of the psychiatric and nursing staff when they apply methods of repression by injecting medication, or by using physical restraint or even electro-convulsive treatment. Finally, the stable relapsing phase refers to the patients who experience a chronic recurrence of their psychotic symptoms with a deterioration in their general functioning and social withdrawal.

THE POSITIVE VALUE OF THE SCHIZOPHRENIC PERFORMANCE TOWARDS ACCEPTANCE AND MEANING

Contemporary research has regarded a hitherto-neglected area of schizophrenic performance: an understanding of the schizophrenic symptoms and their value for the individual and the recognition of a positive perspective in some of the

aspects of this disorder. Research in this area confirmed that schizotype components and a measure of non-conformity were related to an enhanced creativity (Chadwick, 1997).

In his work on delusional beliefs and the meaning of life of psychotic patients, Glenn Roberts (1991) suggested a further understanding of the psychotic delusions. He showed, through an experimentally designed research, that delusional beliefs are of an important value for the psychotic individual, helping to bring about a positive perspective on life. Delusional beliefs can attribute meaning to life, which the author evaluated through the "Purpose in Life test" (Crumbaugh and Maholick, 1969) in relation to the patients' level of depression. Chronically deluded patients had a very high level of perceived purpose and meaning in life and low levels of depression and suicidal inclination, in comparison to a group of patients in remission. Contemporary rehabilitation has emphasised the need to base therapeutic endeavour on an individualised assessment of need and a sensitive understanding of the inner world (Holloway, 1988).

As the analysis of the therapeutic process of this project will show, it may be difficult to appreciate that some deluded patients may have subjectively fulfilled many of their apparent needs through a reconstruction of reality, in which they are protected from depression. Thus, they manage to experience their lives according to their own value system in a meaningful way. They may also be less depressed and consider their lives more purposeful than the staff that treats them does.

Rachman (1983) has demonstrated the irrational thinking of "normal" individuals and has named it "cognitive illusions". These are defended as true even when the subjects are informed that they are false. This is perhaps a common ground where psychotic and non-psychotic worlds can meet by sharing irrationality. As will be shown in the analysis of the communication patterns in a "Dramatherapy Performance" as well as in the part describing its audience effect all individuals can share a rational world, despite how irrationally they think, their stories meet. Cox & Thielgaard (1987) see recovery from psychosis as a "real" life story. "It is a process of leaving behind the psychotic ideas and experiences, and attempting to make sense of them, to integrate or ignore them from the standpoint of sanity, to recover a story and a way of telling it that is intelligible and acceptable to others".

THE EFFECT OF MEDICATION AND PSYCHOSOCIAL TREATMENT ON THE SCHIZOPHRENIC PERFORMANCE

The clients' schizophrenic performance is highly determined by their **compliance to medication**. Schizophrenic performance is affected both by the effect of antipsychotic drugs to the decrease of the clients' positive and negative symptoms and by the side effects of these drugs. Usually the side effects of these drugs affect the performance of these individuals in relation to the level of arousal (sedative effect), their motor dysfunctions (such as parkinsonian movements, or tardive dyskinesia), or induction of particular symptoms (such as seizures, or extreme salivation). The dopaminergic hypothesis has been for years the basic neurochemical basis of the biological treatment of schizophrenia, relating the schizophrenic symptoms to a dysfunctional dopaminergic neurotransmission in the human brain. According to the treatment of symptoms (Barnes, in Lieberman, 1998) antipsychotic drugs are used mainly for the extinction of positive symptoms, functioning through the dopaminergic neurotransmission. These drugs provoke more motor side effects. More recent antipsychotic drugs are designed in accordance with new theories of neurotransmission, such as the serotoninergic one. These drugs are called "atypical", and aim to control both positive and negative symptoms having less side-effects. The clients of this study were treated according to latest psychiatric data in relation to the efficacy of medication and of the different psychiatric interventions. Compliance to medication was one of the inclusion criteria of the Dramatherapy group in the Day Hospital.

The combination of medication with psychosocial treatment is considered to be very crucial for the management of the schizophrenic performance. Dencker & May (in Lieberman, 1998, p.27) conducted a meta-analysis of 18 studies that compared antipsychotic treatment alone to antipsychotics plus psychotherapeutic interventions (e.g. mileu, individual, group or family therapy) and concluded that combined therapy was superior in 13 of the studies with no difference between treatments in the other five. This drive result stresses the importance of psychosocial interventions in the course of the schizophrenic disorder. The psychosocial aspects of the schizophrenic symptoms, as stressed by Strauss (1989), design a framework for the confrontation of

the schizophrenic performance, which provided some guidelines for the therapeutic interventions of this thesis' clinical trial.

Psychosocial aspects of the schizophrenic symptoms (Strauss, 1989)
The pain of relapse into positive symptoms
The loss of hope and self-esteem
The possibility of impulsive or bizarre behaviour
Problems in finding a new identity as a non-patient
The feeling of guilt for past dysfunction
The potential threat of entering complex stressful social situations
Situations where the person is rendered helpless from disorder
Institutionalisation
The social benefit system
The stigma of schizophrenia

In general, these psychosocial aspects express intrapersonal, interpersonal and social conflicts of an individual within his or her environment. These aspects are understood and treated according to different perspectives in the field of psychotherapy.

PSYCHOTHERAPEUTIC CONSIDERATIONS OF THE SCHIZOPHRENIC PERFORMANCE

Different psychotherapeutic approaches consider the following features of the schizophrenic performance:

A. The schizophrenic performance as an expression of regression, emotional withdrawal, undifferentiated self-object relationships and fusion of reality and fantasy.

The schizophrenic performance is considered by psychoanalysis as a regressive response to overwhelming frustration and conflict with persons in the environment (Freud, 1955). This regression involves a "cathexis", a withdrawal of emotional investment from both internal object representations and actual persons in the environment, leading to an autoerotic stage of development. According to Freud's later development of a structural model of the psyche (id-ego-superego), the

schizophrenic symptoms were viewed as a result of a conflict between the ego and the external world, in which reality is disavowed and subsequently remodelled.

The schizophrenic symptoms contain a fusion of archetypes deriving from a collective unconscious of all human beings that have not found their way to expression by means of a "persona", a creative self, conscious of its role in life (Jung, 1949). The particular content of the schizophrenic delusions are explored by phenomenologists, such as Jaspers (1963), who considered psychotic states as human parables that allow patients to see into the depths of their psyche as individuals facing their own historical truth.

Other psychodynamic components of the schizophrenic performance refer to difficulties in interpersonal relationships. These can be affected by a difficulty in focusing due to the schizophrenic hypersensitivity to perceptual stimuli (Kiernan, 1977). Object relations theorists stressed on early childhood development and the lack of self-object differentiation. According to Winnicott (1974) the problem results to a lack of boundaries between reality and fantasy and, therefore, an inability to use intentionally the "transitional area" between fantasy and reality, the area of arts and play, an area that is conceived by the individual as outside the self but not in the external world. Bowlby (1979) stressed the deficiency of creation, maintenance and breaking of emotional bonds of individuals with schizophrenia, which are vital for their maturation process and a meaningful living. The clients' fragile boundaries should be taken into account during psychotherapeutic interventions.

The schizophrenic performance lacks the element of belonging. Facing a life and a world without an ordained structure provokes a state of anxiety, which is refers to a particular delusional system. Sharing these beliefs within a therapeutic group develops the sense of belonging and insight in one's condition (Yalom, 1985). Within a therapeutic group a client with schizophrenia may learn to cope with psychotic symptoms, strengthen ego functions, such as reality testing, and improve relationships through interaction. Research reports show that 67% of inpatient studies found group therapy significantly better than the no-group condition, while in outpatient studies this percentage rises to 77% over the control condition (Kanas, 1996).

B. The schizophrenic performance as a product of learning.

The clients' participation in a Dramatherapy group is also a new learning process, which can affect those cognitive functions that are not organically damaged and develop the ones that are still capable of this. Learning theorists regard the schizophrenic performance as caused by learning and modelling irrational patterns of communication leading to insufficient social skills. Under this perspective they consider behavioural methods, such as social skills training as more suitable for the schizophrenic condition, especially for the treatment of negative symptoms and rehabilitation (Slade & Bental, 1989). The confrontation of the schizophrenic positive symptoms, such as delusional beliefs, through cognitive-behavioural methods has been significantly validated in the last decade (Kingdon D et al, 1995). These methods help the psychotic individuals to identify thoughts and interpretations of experience, understand their beliefs and their precipitants, to explore alternative less distressing meanings and to design coping strategies with cognitive flexibility and vigilance (Fowler et al, 1995).

C. The schizophrenic performance as a symptom of family dysfunctional relationships.

The Dramatherapy group becomes a system for similar transactions to the ones that take place within the family system for each group member. Family relationships are often projected to the relationships the clients create with other group members. Dysfunctional family patterns in families with schizophrenic members have been identified and described by different theorists (Madianos, 1989). Pseudomutuality and rigidity within family relationships (Wynne, 1958), schisms and skewed family patterns, such as that of an over-involved mother and a disengaged father (Lidz, 1960) have been reported. Bateson considers psychotic communication as a result of a continual and repeated experience of a "skewed learning process". Bateson's idea of "double bind" (1968), consists of a symbiotic relationship (i.e. parent-child) within which the parental messages to the child consist of verbal and nonverbal contradictions. Therefore the relationship of the group leaders as symbolic parental figures to the clients as well as their avoidance of double messages can be therapeutic factors for the schizophrenic client.

The communication patterns of the schizophrenic performance have also been examined by system theorists, such as Watzlawick et al (1967). They conceived that what takes place within psychotic families is an inability to overcome the paradox of contradicting messages through a lack of learning this communication pattern, i.e. a lack of 'meta-communication' on this communication pattern. In other words, there is an inability to exchange information about this communication pattern, which could provide the subjects with the rules allowing a change of rules. For Watzlawick (1981), this becomes the therapeutic task in therapeutic work with psychotic individuals and families. Besides, the type of emotional exchange within families with a psychotic member plays a crucial role for the maintenance of psychotic symptoms and the relapse of a disordered family member. Recent research on 'expressed emotion' in families with members with schizophrenia shows that critical comments, hostility and over-involvement may increase the relapse rate of schizophrenia (Kavanagh, 1992). These concepts and facts were important in order to design as a part of this research an investigation of the effect of a Dramatherapy performance to the family members of the subjects of the research.

D. The schizophrenic performance as an expression of social pressure.

Schizophrenic performance can be also viewed as part of civilization processes. Foucault in "Madness and Civilization" (1967) views madness as the presence of "Unreason within an epoch of Reason". For Foucault, madness encompasses the paradox of the negation of reason: "Joining vision and blindness, image and judgment, hallucination and language, sleep and waking, day and night, madness is ultimately nothing, for it unites in the all that is negative. But the paradox of this nothing is to manifest itself, to explode in signs, in words, in gestures" (p.107). Ervin Goffman in "Asylums" (1961) describes the conditions under which mentally disordered persons are restricted and how these conditions on their own bring about the 'additional disease' of institutionalisation. He analyses the ceremonies in asylums and the loss of individuality they impose on the inmates, this leading to the social performances of those individuals being identical. In this context he considers the risks and dangers of producing theatre performances within asylums, since this can reinforce the asylic rituals. Goffman stressed the role of theatre performance in institutions as an "institutional ceremony", which actually reinforces the functions of the institution

rather challenging them. Furthermore, the movement of "anti-psychiatry" challenged the notion of schizophrenia as a social disease, firstly in Britain in the sixties. The founders of this movement (Laing, 1960, Esterson, 1964 and Cooper, 1967), conceived of the schizophrenic condition, as a defence of the individual against compromise solution of developing a "false" self, imposed on him/her by social norms. Cooper (1967) saw the insane person as a hero rebelling against the pressures and order of an authoritarian society. Only through understanding and empathy could individuals find balance within "irrational" and "controversial" family and social systems allowing them to develop and fulfil their "real" selves.

From the aforementioned biological, psychological and social perspectives, it is obvious that the performance of individuals with schizophrenia differs from the norm. This difference leads to a societal stigma for this minority of 1% of the total population worldwide. It is evident that the performance of these individuals needs to be seen as in a dialectic relationship with other human performances of people usually considered as "normal". The dialectic approach accepts the continuum between sanity and madness, i.e. that under certain circumstances an individual may pass from the stage of sanity to the stage of madness and vice versa (Madianos, 1989). Towards this direction, Dramatherapy may, perhaps, provide a special therapeutic tool, since it is based on the dialectics of the human Drama. In the continuation I will examine how the particular event of a Dramatherapy Performance with clients with schizophrenia may convey meanings of sanity and of madness to both performers and spectators.

CHAPTER 7

COMMUNICATION OF MEANING IN "DRAMATHERAPY PERFORMANCE" WITH CLIENTS WITH SCHIZOPHRENIA

Regarding the value and usefulness of performance in Dramatherapy with individuals with schizophrenia, one may consider the possible change of meanings throughout this process, which may produce structure in the chaotic world of the psychotic individuals involved in them.

In order to examine the differentiation of meanings, offered and acquired interchangeably, during the preparation of a "Dramatherapy Performance", it is useful to look closer at the different levels of communication of meanings any performance in front of an audience entails.

I shall rely here on theatre theory and semiotics as well as on recent research in Dramatherapy.

Considering the meaning of a performance in Dramatherapy several aspects will be raised:

a) Communication of meaning within a theatre performance.
b) Communication of the meaning of madness in a theatre performance.
c) Communication of meaning within the phenomenon of a "Dramatherapy Performance" with clients with schizophrenia.
d) Communication of the meanings within the dramatic context in a "Dramatherapy Performance" with clients with schizophrenia.
e) Communication of the overall meaning of a "Dramatherapy Performance» for its participants.

A. The communication of meaning within a theatre performance

Until the beginning of our century most of the far from numerous texts on theatre semiotics were mostly influenced by Aristotelian principles (1980).

During the 1930s and 1940s, the Prague Structuralist School (Zich, Mukarovsky, Veltrusky, Brusack), influenced by Russian formalist poetics as well as

by Saussurian structural linguistics, considered the theatrical performance as a semiotic unit, whose signifier or sign vehicle is the work itself as "thing", and whose signified is the "aesthetic object" residing in the collective consciousness of the public. The basic principle of the Prague School is the "**semiotisation of the object**"; an object stands for a theatrical sign and has two functions:

a) Denotation - as a sign vehicle for a class of objects, and

b) Connotation – which defines a second-order sign relationship, related to social, moral and ideological meanings.

The theatrical sign has the following three qualities, according to the Structuralists:

a) Mobility (a sword may become a cross in the next scene of a play)

b) Dynamism (an actor is not necessarily a man, it can be a puppet, or a machine, or even an object) and

c) Transformability (a door as a semantic unit may be replaced by gesture or by verbal reference).

As Elam (1980) discusses, the term "**theatricality**" became a general connotative marker, "permitting the audience to bracket off what is presented to them from normal social praxis and so, perceive the performance as a network of meanings, i.e. as a text". Another basic notion is "**foregrounding**", (a synonym for actualise, defamiliarisation, making strange) which consists of "framing" off a bit of the performance in such a way as to mark it off from the rest of the text; this has been used widely in Brechtian theatre approaches as well as in contemporary stage directions of poetic texts. Hence, there is a hierarchy of elements in theatre that form a structure where one of the elements predominates over the others.

Martin Esslin (1996) speaks about **a hierarchy of meanings** in theatre, based on Dante's explanation in his work "Epistolae" of how he intended his poem to be read. He distinguishes a "symbolic or metaphorical" meaning ("allegorical or mystic", as Dante puts it), a "social, ideological or political" meaning ("moral") and a "spiritual" meaning ("anagogic"). Yet he stresses that "there is no fixed code in reality, hence theatre, the double of life itself, cannot be reduced to a fixed system of codes either". The importance lies in the individual's experience.

"Theatrical signification", says Elam (1980, p.39), "is not reducible to a set of one-to-one relationships between single sign vehicles and their individual meanings... The production of meaning on stage is too rich and fluid to be accounted for in terms of discrete objects and their representational roles. An adequate account must be able to identify the range of sign repertories making up what might be termed the theatrical 'system of systems'; to explain the internal relations of each of the interrelations between systems; and to make explicit the kinds of rules which allow meaning to be communicated and received in the performer-spectator dialectic".

Theatre semioticians (in Elam, 1980) have attempted **to segment a performance text into units** in order to analyse it. Kowzan (1968) introduced the **temporal criterion**, defining a unit as "a slice containing all the signs emitted simultaneously, the duration of which is equal to the sign that lasts least". Yet, the duration of a given sign is often difficult to determine. Corvin (1971) suggests a unit is a number of **semantic features**, which recur throughout the performance (e.g. "Water"), a more flexible, but not a multi-levelled segmentation of the performance text. Other semioticians have been criticised for being "abusive" when applying the **linguistic model** to theatre (Hawkes, 1977) and the question still remains open.

Several researchers have attempted to define different aspects of performance as "**markers**" (Elam, 1980):

- "Proxemic" relations: spatial codes defining social or personal interaction (described in the research of Hall, Osmond, Burton etc.)

- "Kinesic" factors: gestures, such as the "mudras" of the Indian Theatre Kathakali or units of movements, such as the particular "kinemes" each culture selects to communicate with, as the anthropologist Birdwhistell discovered,

- Combinations of gestural and verbal "deixis" marking the intentionality of a gesture (described by Serpieri, Stern),

- Paralinguistic features, such as vocal qualities or the prosodic utterance of language (in the work of Trager, Lyons, Davits).

All the above segmentations of a performance mean to produce recognisable units of meaning that can affect the communication of a certain meaning through this performance in quantity and quality. For example, if the marker "game" occurs often in a performance, it may bring about the notion of playfulness more easily.

Let us see now how the meaning of madness has been represented theatrically and has been communicated through stage productions in the history of theatre.

B. The communication of the meaning of madness in Theatre performance

There is an historical evolution in the representation of madness through dramatic texts.

In ancient Greek Tragedy madness was represented as coming from the Gods or from destiny. Orestes in Aeschylus' Oresteia, after he has killed his mother, goes mad as a result of the pursuit of the furies. Orestes has enacted "ύβρις» (insult) against the will of the Gods. His symptoms, ranging form horrific hallucinations, emotional turmoil, terror, withdrawal from the real world and self-neglect to catatonia, remind one of an acute delusional psychosis and are "pangs of conscience arising out of his recognition of the nature of what he has done" (Davis, 1995, p.29). In the same play, Cassandra, priestess of the god Apollo, performs divination at a different level of consciousness, in an ecstatic state. Madness, in this case, is sacred and distinguishes those devoted to the Gods.

In the Shakespearean plays (ed.1987), madness is used for various psychological reasons. Firstly, madness expresses the conflict between the person and his conscience. Hamlet's obscurity and complexity, his impulsivity and instability of emotions, Ophelia's fragility and breakdown to a schizophrenic disordered jargon language and her suicide, Lady's Macbeth sleep-walking scene full of terrifying memories, all indicate the intolerable turmoil of the individual conscience against unmanageable feelings of revenge (Hamlet), confusion between love and rejection (Ophelia) and crime (Lady Macbeth). Madness is an escape and a refuge; it also brings about fear and yet it can restore order within a system of disastrous intrigues. Besides, madness is the best alibi for expressing the truth without inhibitions. What is unacceptable to conscience can be expressed through madness. In this way, the fools in the Shakespearean plays disclose their wisdom, insight and self-criticism (as in King Lear). In the comedies (e.g. "The comedy of errors"), madness is used as a paradox; cheating, mistaking or disguising situations reveal truth and uncover facets of hidden

identities under circumstances of external pressure. In this way, the spirit is liberated with humour and wit.

In the 16th and 17th century drama, which was created largely under the austere dominance of religion as well as the morality and heroism of the Baroque aesthetics, the aspect of dignity and pride governs relationships. The role of the sensitive soul enters as a social risk, for any one of its faculties may subvert the authority of reasonable thinking. The most obvious potential danger is from the liberation of the imagination and the passions. In the Spanish plays of Lope de Vega (in Hicks, 1990), the role of madness comes as a result of the honour conflict. In order to exorcise this danger, in the Lope de Vega plays, madness is presented as a spectacle, thereby transforming the style of the plays to "tragicomedias ". In Corneille's neo-classical tragedies the basic conflict is between volition and conscience. His heroes, seeking admiration, manifest their generosity and triumph only when their passions are subjected to a Cartesian reason and a moral order. Inadequacies and deficiencies are expelled. In Moliere's comedies the bourgeois values are established through refined and humorous "ridicule". Madness comes as a result of moral conflicts and engages the spectators' sympathy by the humane side of the characters' misadventures (as in "Le malade imaginaire" or "Le Misanthrope").

In 19th century psychological theatre, madness reflects uncontrollable passions. Ibsen's Oswald dies under the families' "Ghosts", as well as his hopeless admiration for the servant Regina and the suffocating dependence on his mother and his father's loss. Davis refers to (1996) two sides in Oswald's madness. On one hand, his symptoms- somatic complaints, loss of skills, inability to concentrate- may depict the standard medical view of the time on psychiatric illness, a hereditary degeneracy, an incurable "dementia praecox" as Kraepelin had described then (1896). On the other hand, the psychological violence of an adulthood "worm-eaten" by his dominant mother, who destroys his personal decisions, is a side of his madness that criticises family and social principles of his times. At the turn of the century, Chekhov's Russian characters experience madness through their betrayal of themselves and of their expectations. True-life conditions obstruct their fantasies and passions and they commit suicide, as Touzenbach does in "Three Sisters" (1901) or acquire fixations

with symbols of destruction, such as Nina's identification with a dead seagull, in "The seagull" (1896).

In the 20th century, madness is related to the political or existential loss of individuality, dignity and identity. In Brecht's theatre (ed. Willet, 1994) the oppressed individual reacts in an inconvenient, "mad" way in the struggle against the conditions of his life. "Mother Courage" or "Galileo" struggle obstinately against the madness of their real world. Their "madness" is a moment of revolution within a dialectic between social classes. From another angle, the fragile heroines of Tennessee Williams convey the pain of the unprotected sensitive soul against the crude reality of relationships in the 20th century, as well as the social oppression of the world against different sexual preferences. Blanche Dubois, Alexandra de Largo and Alma succumb to madness because of pain and lack of acceptance. "This world is for the strong ones; for the rest of us...." says Alma at the end of the play "Summer and Smoke" (1948), before she becomes depressed enough to lose her inhibitions. In "Streetcar named desire" (1947), Blanche, unable to deal with her traumas, loses the boundaries between fantasy and reality and becomes unable to relate. Her madness brings up her personal despair while she admits to the psychiatrist whom she misidentifies as a gentleman caller: "I've always depended on the kindness of strangers".

Summing up the characteristics of the madman (or a mad woman) in stage presentation, across historical theatre periods, Davis (1995) mentions estrangement and withdrawal from family or other social groups, reduction in interaction with others, a confusion or distortion of roles, changes for the worse in the character's communication, egocentricity, becoming less spontaneous and less frank, disguise of feelings and intentions, preoccupation by fantasies and failure to distinguish between fantasy and reality. In response, the significant others that interact with this person become defensive and reticent.

These characteristics are the building bricks for character creation in the theatre movement of the sixties and seventies called the **"Theatre of the Absurd"** (Esslin, 1961). Influenced by philosophical and political movements such as Surrealism, Dadaism, Existentialism and Marxism, this theatre criticised the lack of genuine communication, identity distortion and the industrialisation of the world of this age. Madness was presented as a normal function of the characters on stage in

order to bombard social values and requisites. Vitrak's "Victor" (1928) experiences maturity at age nine; Mr and Mrs Martin, in Ionesco's "Bald Prima Donna" (1950), could be Mr and Mrs Smith and vice versa; Martha in Albee's "Who's afraid of Virginia Wolf" (1962) is preoccupied with her fantasy son; the friendship between Kate and Anna becomes mysterious and misidentified as their past life is evoked in Pinter's "Old Times" (1971). However the intention is to subvert conventional reality towards a more authentic one. In Weiss' "Marat-Sade" theatre performance (1965), Asylums are strongly criticised by showing the performance ending up with the violent incarceration of the actors-fools behind the bars.

In the Post-Absurd theatre, characters seem to be more at terms with their insane parts. Minimal or post-modern tendencies show up schizophrenic forms and patterns of behaviour as acceptable and self-accepted stage presentations. Interest here is concentrated on what happens after destruction and decomposition, after the loss. Characters in Samuel Beckett' plays (1990) are so desperate that they stay alive, as in the "Happy Days", or so hopeless that they become free, as in "Waiting for Godot". Characters may be contradictory: they can be so extraordinary that they end up to seem quotidian, as in Carol Churchill's "Nine"(1983); so violent that they become tender, as in Sarah Kane's "Cleansed" (1998); so potentially dangerous that they deal with each other very gently, as in Bernard-Marie Koltes' "The solitude of the cotton wool valley" (1986); so victimised that they become the perpetrators, as in Pinter's "Ashes to Ashes" (1996). Moreover, one cannot really distinguish the character's journeys within the above-mentioned plays, but only vehicles of ideas or feelings, which have lost their personal identity.

I have mentioned in brief the different representations of madness in theatre over the centuries. It is obvious that madness is understood and expressed each time according to the moral, cultural, social and aesthetic values of each period of human civilization.

In the following chapter I shall examine how the meanings of madness and sanity are communicated within a "Dramatherapy Performance" in contemporary therapeutic settings.

C. The communication of meaning within the "Dramatherapy Performance" phenomenon with clients with schizophrenia

During a performance in the theatre there is **continual message information** from a source (the performing actors) to a recipient (the audience of the performance). In its turn, the audience gives feedback to the actors with a response, renewing thus the actors' state in this non-ending mirroring.

How psychotic can "actors" and "spectators" be in a Dramatherapy performance with psychotic individuals? Depending on the strategy of a therapeutic project, the performers in such an event can be psychotic clients and/or non-psychotic staff members.

The performing clients may be in various phases of an ongoing psychotic disorder:

a) A first psychotic episode or an acute relapse, both implying acute psychotic symptoms

b) A phase of residual symptoms (secondary prevention)

c) A phase of chronicity (tertiary prevention)

An audience member can be sane, but in a high-risk group for psychosis, without ever having demonstrated any psychotic symptoms, as in primary preventive psychiatric projects (i.e. having a monozygotic twin brother with a schizophrenic disorder).

Non-psychotic individuals, such as staff members facilitating a performance, may participate in the acting cast as role models, supporters or guides.

The **audience** of a Dramatherapy performance may be formed by other psychotic patients of the ward, or invited ex-psychotic members in a Therapeutic Community, or non-psychotic individuals, such a staff, friends and family members of the psychotic performers. It can also be a mixed psychotic and non-psychotic audience or even a whole community. Therefore, each time, the following combinations of "actors" and "spectators" (see scheme below), draws the meaning of the performance in a different direction.

Actors	*Spectators*
psychotic	*psychotic*
non-psychotic	*non-psychotic*
mixed	*mixed*

In a Dramatherapy performance with schizophrenic individuals one should detect the **observable "markers" denoting change** in psychotic or non-psychotic behaviours, attitudes or symptoms during the performance.

The **interaction** between actors and audience, which defines the production of meaning in any performance, can be kept safely within the life and limits of the group, and not be exposed to external factors that may affect it. In accordance with Jones' ideas (1996), the audience within a Dramatherapy group can be a subgroup that witnesses another subgroup, or it can be a group member towards the rest of the group, or the therapist, or the whole group watching a videotape of their previous work, or even the members themselves towards their enacted roles.

Hence the invitation of an external audience to a "Dramatherapy Performance" must have a justifiable reason, which will determine what should be presented. Such a reason may be the opening of an Asylum to the Community, as part of a trial and error process of deinstitutionalisation (Yotis, 1997). Another reason can be the group member's decision to exhibit some social skills they have acquired to their "significant others", their family members and friends (Yotis, 2001).

According to semiotician Keir Elam (1980), the search for a meaning must occur at all three levels of performance interaction:

1) The actor-actor communication,

2) The actor-spectator communication, and

3) The spectator-spectator communication.

Mutual communication between psychotic clients-actors towards a common goal, the production of a performance, has been the target of a few Dramatherapists (such as Emunah, Johnson, Meldrum), who have worked with psychotic clients, as has been already mentioned (see chapter on Dramatherapy practice).

One may hypothesise that, **the reduction of the negative symptoms** of the clients, such as flat affect, anergia, lack of motivation, may be achieved through

participation in an artistic event. Reality testing may help in the **reduction of positive symptoms** such as delusions. The **"ostenity" of acquired skills** and the feedback from the audience may improve the self-esteem of the psychotic members.

The audience too may have an enriching experience, first by identifying some fearful, **"insane" inner parts** of their personalities with the actors, and second by being surprisingly able to "understand" a previously unmanageable relative or friend via his or her performance.

Elam (1980) suggests that the spectator-spectator communication, usually ignored as a semiotic factor, has three main effects: stimulation, confirmation and integration, and it is with "the spectator that theatrical communication begins and ends". It is therefore important to check whether the ideas the performance aims to express to its audience are transmitted among all spectators and to what extend.

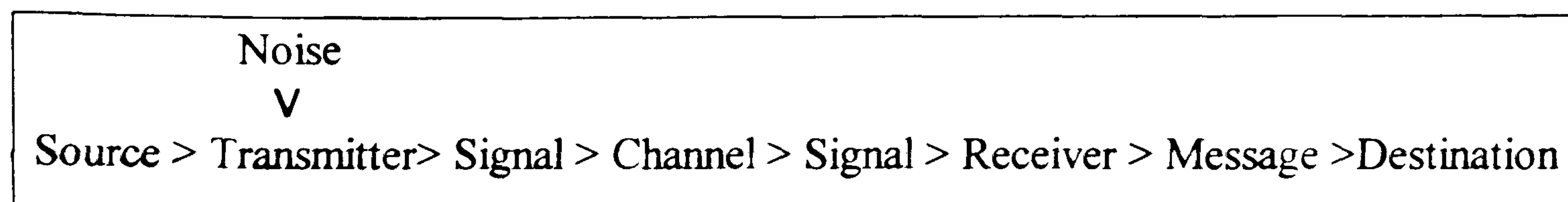
A potential benefit of a "Dramatherapy Performance" is to counter social stigma, by presenting meanings to the audience with which the audience can identify and thus to share moments of mutuality beyond barriers with the "actors". A challenge can then be **to lessen prejudice** towards the schizophrenic disorder, first by reducing those behaviours that mark out madness (such as the previously mentioned positive and negative symptoms) and then by accepting the individuals' special performance on stage as a marked albeit respectable "difference".

Communicating sanity or insanity through a "Dramatherapy Performance" does not just rely on the performance as a phenomenon between actors and spectators but also on the particular messages that are expressed by the particular dramatic context of the performance, as will be explained next.

D. The communication of the meanings of a dramatic context of a "Dramatherapy Performance" with clients with schizophrenia

Apart from communication, which is brought about by the performance phenomenon, there are also meanings that are communicated through a certain performance by its specific dramatic context.

A simplified theatrical model of communication is proposed by Elam, based on an elementary communication model by Eco (1977). Eco's model is as follows:



Elam developed the model by distinguishing two levels of context: the dramatic one and the theatrical one (Elam, 1980, p.39). He points out that "the actor-spectator transaction within the theatrical context is mediated by a dramatic context in which a fictional speaker addresses a fictional listener". Here the focus of communication is the meaning of the play or the happening, which is transmitted by the actors to the audience, and the response of the audience, as a code that has to be decoded by the actors and recoded by the audience during the performance.

This latter response refers to **the decoding of the play's meaning** from the part of the audience. Although this process can be easily prejudiced by the way this meaning is performed via the actors' performing skills, this being a common factor in all performances, in "Dramatherapy Performance" in particular there is an extra underlying factor to take into account: the difficulties that actors with psychosis have in understanding, producing and transmitting the meaning of the play.

Audience members tend to adopt a **critical attitude** during the performance. Like the "noise" in Elam's afore-mentioned model, while receiving the message the spectators frequently have in mind questions like "Does this play help the actors' state of mental health?" or "Do they really know what they're talking about?" Such questions on the insight of the actors in relation to the context of the play raise the question about which type of dramatic context is most suitable for Dramatherapy performances, what plays are more suitable and how they can be better directed and performed by clients with psychosis in front of non- psychotic members.

Elam's model can be combined with Johnson's model of Dramatherapy, which refers to specific levels of relationships between individuals and their roles within a dramatic context, such as "interpersonal" relationships between the client's roles and "extrapersonal" relationships between the clients and the role of the other clients.

Since a non-psychotic communication is the target for a client group with schizophrenia, the aim is **a joining of psychotic and non-psychotic members** on the basis of their sane ego-functions at the "here and now" of the performance. Reproducing on stage a psychotic atmosphere by a dramatic text, for example a piece

of Theatre of the Absurd, enacted by psychotic members, can easily decompose the whole effort and lead to a counter-therapeutic result. For example, Ionesco's "Bald Prima Donna" (1958) where the middle class "principle of identity" is challenged and where a series of neologisms lead up to a psychotic conversation, could end up into ego boundary diffusion and promote an overall psychotic communication among client-actors. The **psychotic atmosphere** of the dramatic context might threaten the symbolic deficiencies of the actors and role boundaries could be easily abolished. This danger appears also when a scene of madness is presented in a realistic or a symbolic play. A relevant example is that of the reception of a scene of madness from a spectator during a "Dramatherapy Performance" of the tale of "The Emperor's New Set of Clothes" in a Greek Day Hospital when he asked the Dramatherapist the question: "Is it the Emperor who is mad now or is the actor playing the Emperor deluding?"

In order to respect the actors' inadequacies in dealing with **symbolic functions** while transmitting a meaning, the play should be carefully chosen, so it can lead to a performance produced intentionally by the actors and accepted by the audience with interest.

The **defamiliarisation** of the audience through "foregrounding" of the dramatic text is a basic element of communicating meaning in theatre, by emphasising specific aspects of the text, drawing thus the audience's attention. What is **a paradox** to a performance made by clients with psychosis is that this defamiliarisation of the audience may be present in their everyday reality, the relationships (psychotic versus non-psychotic individuals) they experience daily, the common ground between the "audience" and the "actors".

The **ability to transmit a realistic message** to an audience is acknowledged as an unexpected worthwhile process. I would suggest that a play which is more "realistic" may contribute more to the overall communication and produce a much more intense effect, than a "surreal" one. Life scenarios or autobiographies may provide a source that matters to the "actors" and that triggers the audience's attention because they bring to life aspects of the clients' lives that they have shared with the audience. Autobiographical "Dramatherapy Performances" offer a genuine and moving

experience of the clients' lives and avoid the impression of amateur acting. The clients are the best possible actors of their own Life Dramas.

E. The communication of the overall meaning of a "Dramatherapy Performance" to its participants

Linked to the previous aspect, is the overall **existential meaning** that a "Dramatherapy Performance" may have to its contributors: the actors as well as the spectators.

Throughout the whole procedure of the preparation of a Dramatherapy performance, there is a smooth transition from the symbolic life of the group into everyday life, after which reflection takes place. Concepts, emotions and attitudes that are lived through the group' s life may alter meanings for each individual.

The relation of the group's changes to individual changes in the lives of the group-members is discussed here. These new meanings can be experienced, examined and measured.

A period after the performance is taken up for consolidation of these new meanings and can be called "**a reflection period**" upon the whole preparation and production of the performance. In this period one encounters a constant theme: the end of the groupwork, experienced as a loss of what was lived together. This loss, brought about by the end of the group's activity, followed by the completion of the whole therapeutic work, leaves a feeling of emptiness and often creates "post-performance depression". It is important in this phase to provide an emotional holding towards the group members in order to form a memory of the performance that may instil in them hope for their future. As Martin Esslin (1976) describes in "An Anatomy of Drama":

"Over and above its message or messages, its different levels of meaning, (theatre) may be able to give its audience, each individual in it, differently, an experience, on both emotional and intellectual planes, which.... will concentrate into that span of time what would be the emotional experience and the intellectual lesson of, say, a whole love affair, or any other decisively formative episode of an individual's life".

Furthermore, Esslin (1976) draws attention to the importance of **the lasting image** of the performance as a construct in the individual's memory:

"In the end, the memory of the experience consolidates itself into a lasting image or impression which becomes part of the individual's store of remembered experience that constitutes his or her personal inner world and contributes to her or his total, evolving identity".

The meaning of a "Dramatherapy Performance" for its actors and spectators may be **a memory good enough to hold on to**, an experience of togetherness, and a form of rehearsal of everyday life.

In sum, I have explored the different layers of communicating of meaning within a "Dramatherapy Performance". As it shares common ground with any theatre event, the "Dramatherapy Performance" shares the same theatre significations with any theatre performance seen as a cultural phenomenon. Culture in terms of its historical context presents the meaning of madness and sanity through theatre in different ways according to the system of values of each historical period. In our times, a "Dramatherapy Performance" with clients with schizophrenia disperses the meanings of madness and sanity throughout a network of interaction of psychotic and non-psychotic individuals at different levels of communication among them. Furthermore, the specific dramatic context of a "Dramatherapy Performance" with these clients is transmitted to an audience and received by this audience from a special angle, which has to do with the knowledge that the performers are disordered. Therefore, any dramatic context of such a performance acquires a particular meaning in relation to the performers' continuum between sanity and madness. The sharing of the overall meaning of a "Dramatherapy Performance" among all its participants has an existential value that may instil hope in performers and spectators alike, as they are all involved in a phenomenon that can be called **a "rehearsal of life"**.

In the following chapter, I shall present my own research with clients with schizophrenia, conducted prior to this study, as well as how "Dramatherapy Performance" practice has been applied in clinical settings in Greece. This will be material that will be used as a springboard for this research project, in order to create a method of evaluation of relevant therapeutic projects.

SECTION C

PILOT STUDIES

CHAPTER 8

"DRAMATHERAPY PERFORMANCE" WITHIN THE AUTHOR'S PREVIOUS RESEARCH

CHAPTER 8

"DRAMATHERAPY PERFORMANCES" WITHIN THE AUTHOR'S PREVIOUS RESEARCH

Pilot Studies

The formulation of the clinical project of this thesis was built up out of clinical experience with clients with schizophrenia in various psychiatric settings for more than a decade. This can be distinguished into two main areas:

1) A deinstitutionalisation work for inpatients of the Leros State Psychiatric Hospital in Leros, Greece, (1993- 1995) (Yotis, 1997) and

2) A secondary prevention work for psychiatric outpatients at the Eginition Day Hospital in Athens, Greece (1990-1993) (Yotis, 1993, 2000).

1. The Dramatherapy group at the Leros State Psychiatric Hospital

In the beginning of the eighties the few Greek scientists working at the Leros Psychiatric Hospital started to report on the conditions of living of the patients. In 1984 the European Union's social policy and financial support to the Greek state (regulation 815/84) promoted the improvement of the institutions' conditions by the implementation of two projects Leros I (1991-1992) and Leros II (1993-1995). In the frame of the Leros II project, which was co-established and co-founded by the Greek Government and the European Community, a Dramatherapy group was set up for the first time. This was an ongoing group running for three years until 1996, when the whole structure of the institution changed and the patients were transferred to smaller inpatient units or "sheltered" apartments at various parts of the country. The reintegration of clients into the community was an important goal of this project in addition to the housing rehabilitation.

Special conditions of the "Leros Problem"

It is important to mention here the problematic conditions of the Leros institution that affected the whole effort of implemented projects.

a) A large number of severely disordered patients (2750 in 1981) on which every psychiatric approach from lobotomy and insulin coma to recent antipsychotic medication had proved to be unsuccessful were housed in a closed institution without any therapeutic plan for thirty years.

b) The patients that had been transferred to the institution from different psychiatric hospitals in Greece were the "socially unclaimed", the ones that were not visited by their families for about two years. Their isolation to a remote island eliminated the already faint family desire to maintain any social bond with them.

c) These masses of human beings were stored in large ex-military camps failing to meet elementary conditions of living such as self-hygiene, the provision of personal space and belongings (clothing, shoes).

d) The permanent number of the staff of the institution consisted of five psychiatrists and no qualified nurses. Despite the financial incentives the institution was "unclaimed" from professionals too. Only a small number of psychiatrists, nurses and other professionals, mostly trainees, had worked additionally to the permanent staff for a short period there. The majority of the staff were wardens: uneducated locals called upon to perform the role of the guard and enforce the rules of the institution.

e) The mental hospital evolved into the island's basic source of revenue. One third of the island's population worked in the institution. Therefore there was an internal resistance of the citizens for any change that could threaten their economic status. Additionally, the opening of the hospital into the community was threatening the development of tourism as an alternative income for the island.

Under these circumstances it was extremely difficult to maintain hope. A drama was waiting to entwine in every image, every face, every evoked memory: the masses of patients who disembarked on the island's port; the 16th pavilion with the "nudes" (patients reluctant to keep their clothes on); the large arena in front of the 11th pavilion full of mortified souls and half-undressed bodies, all wearing a neutral

institutional mask. One could find more elements to add up to the history of the asylum including smells, screams and silence.

The sudden entrance through the asylums' gate of the young professionals employed to work for the Leros project seemed like an "adventure" in a tragic play. Youth, dressed in colours, brought hope and promises to the grey isolation of the inmates. These young professionals, named "persons of reference", created one-to-one relationships with the patients, worked for their self-care and helped them discover the world outside; the community of the island. This mixture of voices, gestures and expressions was already a changing image, perhaps the most crucial one during the whole process. However, whenever the staff tried to touch emotionally the patients they had to face wounds of thirty years of suffering, years of pain rising from every uncompleted story they were trying to utter. The same inconsistent evidence was apparent in all the clinical reports that described the desperate and hopeless efforts of the clinicians to confront their patients' problems. The whole climate could easily sink the therapists in the mud of the Asylum and burn out their hopes. The only antidote was structured teamwork providing day-to-day support to one another and reflection on their work.

Establishing a Dramatherapy group under these circumstances raised a number of questions. Would it be possible for these patients to function together creatively when their priorities were shoes to wear and a drawer of their own? Could the staff- mostly young and inexperienced professionals- contain the patients' feelings? What type of drama should the group set up? Could it go against the institutional mentality or would it end up to strengthening the Asylum's functions according to Goffman's views on institutional ceremonies (Asylums, 1961)? Would it finally help realise that truthful emotional links can be created with the inmates or would it show the institutions' capacity to tolerate the new roles the inmates play as splashes of rebellion?

We started working with these preoccupations in mind but also believing that human needs could not wait anymore and should be met at different emotional and practical levels simultaneously. So, the Dramatherapy group was formed, co-ordinated by two staff members who had adequate experience, one of which was the leader (the author of this thesis).

Our observations focused on two main aspects. Firstly, we explored the role of a Dramatherapy group regarding values of psychosocial rehabilitation, such as the development of a personal and social identity, the development of self-esteem, self-gratification and satisfaction from creativity, social interaction and the building-up of a meaningful life. Secondly, we acknowledged the role of open public theatre performances as a useful tool in countering the social stigma and as a dynamic trial and error process of the patients' reintegration in society through an "as if" dramatic medium.

Aims

1) Structuring of time, space and boundaries in order to foster the patients' awareness in relation to time, space, self and others;
2) An active participation of all the group members, focused on their individual needs, in conjunction to their passive institutionalised life;
3) An activation of the patients' emotional memory and expression of suppressed feelings at a verbal as well at a nonverbal level;
4) Developing the mature ego functions of the members and limiting their dysfunctional behaviours;
5) Developing the group's dynamics on the basis of equality, responsibility and freedom of choice;
6) Focusing on the potential of collective creativity in the form of a theatre performance which would be presented dynamically in the local community despite all resistances;
7) Instilling hope in the group for a meaningful life out of the institutions' barriers.

Subjects

Thirty inpatients and thirty staff attended the group's sessions. The patients were of an average age of 65 years, had an average hospitalisation of 30 years and the majority had the diagnosis of schizophrenia. Their clinical state was chronic institutionalisation, with a predominance of the "negative symptoms", especially alogia, asociality, apathy and lack of motivation. Most of the patients were unable to read or write and had a deficit in their cognitive functions, especially in memory and time orientation.

Method

The method of work consisted of a gradual development of the group members' potential towards a collective theatre performance, which would be presented out of the boundaries of the institution within the community of the island. We followed a theatre model of work in stages, inspired by the 'therapeutic theatre' work of Iljine (in Jones, 1996) in institutions and the Dramatherapy models of Johnson (1980), Mitchell (1992) and Emunah (1994) who work following developmental phases, as these are described in the literature review (Section A, chapter 2).

Preliminary phase

Before establishing the group there was a first period of observation during which all the staff members broadened their senses to detect any sign of expressive skills the inmates had; a mumbling of a half-forgotten song, a rhythm, a clapping, a memory such as "I once used to play the violin". We were also aware of the inmates who followed us or who wanted to be present in our discussions, in other words who expressed a need to relate with us. The formulation of the criteria for the patients' inclusion in the Dramatherapy group took into account both the above.

Criteria for participation in the Dramatherapy group

1) Free will of an individual to participate, despite diagnostic categories.
2) Dramatic or other artistic ability either expressed consciously by the patient or noticed by the staff and acknowledged by the patient.
3) Previous interest to participate in a group activity of any content.
4) Interest to participate because of an emotional bond with another group member.
5) Capacity to respect the group's boundaries.
6) Physical condition enabling attendance.
7) The staff members' availability and desire to work as a key-worker with a patient throughout this method.

Synthesis and boundaries of the group

The group began with 24 members-14 patients and 10 staff members- as a slowly alternating closed group. Throughout the three years of its life 30 patients and 30 staff members had taken part in it. Most of the staff members were young professionals employed for the Leros II project and only very few were members of the permanent staff of the hospital. This often created tensions, between the staff working within the group and the rest of the staff of the hospital, which needed special supervision. The staff members of the group, named 'persons of reference' for the patients, played a crucial role for the group's functioning: they helped the patients to remember and to be prepared for the group every week (clean, dressed, wearing shoes), to come to the group from their wards and back again (especially important for the physically disabled ones), to remain in the group during the whole session, and to model the group's exercises in case they were not understood.

The group's sessions lasted two hours every week, standard in time and place, in a room of the hospital specially prepared to host this group. The boundaries concerned the punctual arrival and departure of the patients, their self-care (being clean, dressed and wearing shoes), a respect of the rights of every member and forbidding violence and sexual harassment within the group. An initial problem this group had to face was the permanence of the patients in the group for two hours without smoking. Therefore we set a separate space in the room were group members could sit and watch as an audience and were smoking was permitted, so that the patients would not have to leave the group in order to smoke and could rejoin the activities when they felt ready again.

First phase

During the first phase of work the dramatic language of the patients, both their verbal and nonverbal communication skills had to be assessed. The techniques used were simple, repetitive and adapted to the patients' age and needs. A range of exercises were used for the assessment of the verbal skills, such as simple articulation of names and words in front of the other group member, the body contact, the use of space and the objects that were in it. Then we moved on to choices of words and

combinations of the words that were uttered in the group as well as to visualisation of those words in the form of "body sculpts" (i.e. immobile bodily expressions).

During the first phase of the groupwork it was enough for the staff members and patients to be able to co-exist equivalently within the same space. Altogether in a circle learn to address each other with their first names. Patients were encouraged to speak up their names without having to put their hand in front of their mouth, an institutional custom that symbolised obedience and "protected" the staff from the danger of being infected by the "ill". Then the group members introduced themselves with a simple word through free association (e.g. sea) and linked their name with it (e.g. Maria-sea). In this way they slowly became conscious that they were represented by this word within the circle for that session and also that through the word they had chosen they were saying something about themselves. Their language acquired meaning.

Next, each word was linked to a movement or a body sculpt that expressed its meaning (e.g. sunrise and raising hands). Moving in the space of the room and attempting body contacts they slowly overcome the fear of touch and being touched. The group members were then called to join others and exchange words and gestures so that some initial relationships were created between members and the first subgroups were formed. These subgroups presented some first combinations of words as group sculpts in front of the rest of the group.

This first phase lasted about two months and was the most crucial for establishing the basic trust in the group. Because it was characterised by a signification and combination of words, it gave its name to the final performance, which had the title: "Tell me one word".

Second Phase

Within the next phase of work, which lasted for a period of one month, the group dealt with the patients' emotional memory evoked by words or images that had emerged during the previous phase of work. This mnemonic material referred to recent experiences (e.g. a walk in the village) or old ones (e.g. recalling a family feast). These memories were the basis for creating stories within the group. In each of these stories the patients decided which part they wanted to play. After a quick rehearsal each story

was presented by a subgroup in front of the rest of the group. Usually this first performance had gaps and unclear meanings. During the therapeutic work-through of each of these stories, the rest of the group expressed their opinion on what they liked, what they desired to be more intensified or clarified within each story; a process called "re-corrective experience". This process had a therapeutic effect at two levels: a) at a psychodynamic level, by helping the group's transference through projection of emotional material between the witnessing group members and the ones performing the stories, and b) at a cognitive-behavioural level, as a "trial and error" process of behaviours that could be re-thought and changed. At the end of this phase the various stories were joined in one myth that became the myth of the final performance.

Third Phase

During the next month the common myth the group had created was rehearsed so that it could take a presentable form for a performance in front of an invited audience. The therapeutic work of this period was focused on two main issues. The first had to do with the individual participation of each group member in the group's myth. We had to find out which particular role or roles were more suitable for each member so that they could express themselves without being unwillingly exposed. The second issue was the myth's continuous transformation until it could provide a good-enough structure for the containment of all the group members. Only parts of the myth that were extensively worked through during the process would finally be presented. Emotional material continued to spring out of the group's life till the final performance and we had to deal with it until the performance day in parallel to the staging and direction of the group's performance as a theatre production. The final themes of the myth of the group were: a) love and loss, b) freedom and slavery, and c) family life and celebration. The dramatic components of these themes, as they were directed on stage and videotaped during the final performance, are further analysed in the chapter of "Dramatherapy Performance Evaluation".

The performances took place in outdoor spaces in and out of the hospital's territory for an invited audience of the citizens of Leros. The design used recycled material and simple objects that acquired a symbolic meaning for the enacted scenes (e.g. a large blue piece of cloth represented the sea). The autobiographical element of

the patients' performance, which evoked memories of life before and in the asylum, facilitated the projective identification of the audience with the patients-actors. The performance became a total event in which patients and non-patients were equally involved, a paradigm of deinstitutionalisation. It ended with a traditional feast in which they ate and danced altogether.

Fourth Phase

For about a month after the performance the group shared the lived experience and set new goals. Every group member shared their experience during the performance period in relation to the other group members and the citizens of the island. They expressed their level of trust to each other, the mutual support and the difficulties they faced, through words, images, drawings and music. They also shared what they wanted to keep from the group's life at the next stage, which was the move to living outside the institution and expressed their fears and resistances related to this task. Some wanted to leave the group and we had to work with suitable ways for them to work with "endings", while most of them wanted the group to continue. New members were also willing to join the group. As it is a common experience for a number of Dramatherapists who have used performance-making (McKay, 1996), during this phase this group had to face and tolerate the depressive atmosphere of leaving behind the performance product in order to move on to future creative activities.

Outcomes

a) The implementation of this "Dramatherapy Performance" project proved to be a very influential factor during this stage of the deinstitutionalisation process. The **realisation** of three performances with **consistency** and **an original aesthetic value**, which were presented to an audience of patients, staff and the citizens of the island, was **a new event** for the community of the island.

b) The Dramatherapy group had a **diagnostic value** since it permitted an observation of the patients' needs, abilities and difficulties and indicated the most

effective methods of working towards the patients' reintegration into the local community.

c) There were **observable changes** in the patients' motivation, affective responses, co-operation, meaningful communication and creativity throughout their participation in the Dramatherapy group including the rehearsals for the final performances. Their lives seemed to have acquired a **purpose**.

d) This project helped the **familiarisation of permanent staff** with alternative activities in the wards and **sensitised the hospital's administration** and the community authorities to promote and sponsor relevant future activities.

e) The performances presented a new image of the patients to the members of the community, which facilitated their reintegration and **blunted the social stigma** towards the mentally ill.

Links of the Leros pilot study with the main project of this thesis

The outcomes of this pilot work informed the main study of this thesis in the following ways:

This project's **methodology** was further developed in the main thesis, as it seems adequate for schizophrenic clients in general. In the Leros group elderly and severely disordered patients took part, this was not the case for the Day Hospital group where the abilities of the clients were not as poor and their life had not been institutionalised. Of course the methods used need constant adaptation according to the particular client needs: the phases of therapeutic work could be stretched or shortened and the techniques can be simplified or more elaborate. However it showed that this model of therapeutic work could be applied even to **chronic inpatients with schizophrenia** with significant therapeutic benefits.

The Leros project proved to be a rejuvenating experience through a **recycling process** at a practical level by using old spaces and objects in a new way as well as at an emotional level by recycling memories, relationships and roles and transforming psychic pain into a creative product. This had a financial benefit which was accredited by the hospital managers, as well as a symbolic one since in provided a changing image to all participants of the process both patients and audience.

The change of the patients' image during the performances had the most penetrating influence to **public opinion**. The old institutional mask fell, letting genuine feelings and thoughts to come to life. Public performances became 'rites of passage' from the patients' institutional life to their life within the community. In order to examine this audience effect in detail, the methodology of the main thesis was designed to evaluate the response of the audience and the perceived support of the clients' significant others after the project (see Qualitative Analysis- Part IV).

A Dramatherapy Performance project creates **social links** between the patients, between patients and staff, between staff and hospital managers, between people from the community, patients and staff, between the old and the new. Furthermore, it is one of the more efficient ways to create **emotional bonds** between people, even for those, whose capacity to express themselves creatively is severely diminished. Therefore a main area of investigation in the main thesis could be how social and emotional bonds can be created and how they can be detected and assessed during a Dramatherapy Performance.

One of the most crucial links for the accomplishment of the Leros project was **the therapeutic works' connection with psychiatric care**, which was provided by the psychiatrists of the hospital. Expressive therapy groups for members who suffer from severe psychiatric disorders face the resistances of staff in the wards due to the fear of exacerbation of symptoms. This is a fear that has to be understood by the Dramatherapists so that they can collaborate sufficiently with the rest of the staff in a psychiatric setting. During the Leros project there were a few relapses (three cases out of thirty patients) that needed additional psychiatric treatment. These relapses could have occurred anyway due to the course of the patients' disorders, but they might have been accentuated by the performance's tension, their evocation of emotional memories or their stress of adaptation to a new way of life. The continuous support by the psychiatrists of the wards was decisive, since they had the final responsibility for the continuation of a patients' participation in the group. Although transient symptom exacerbation could be contained within the therapeutic group, longer-term relapses needed psychiatric treatment and medication.

In sum, the Leros project provided a useful background for the main research since it experienced a model of Dramatherapy work similar to the one

implemented in the main research with a very regressed and disordered client group and informed the researcher with the promises, cautions and expected outcomes of his main research.

2. *The Dramatherapy group at the Eginition Day Hospital*

This pilot study was a precursor of the main study. It took place in the same clinical setting and the same therapeutic framework of the main study. The importance of this project relies on the examination of the theoretical and clinical background, which was important for the birth of the methodology of this research project.

The setting and the subjects

The arts-therapies were first introduced in the Eginition Day Hospital in 1980. This unit of the Athens University Psychiatric department treats patients suffering from psychotic disorders-mainly schizophrenic disorder and mood disorder - on an outpatient basis. According to its admission criteria, the Day Hospital intake includes young adults men and women, with a diagnosis of a psychotic (and rarely a severely neurotic) disorder, a recent onset of their disorder, an absence of an organic disorder, a learning difficulty or an addictive behaviour, the capability of the clients to transport alone to the hospital daily and the consent of clients and their families as regards the clients' hospitalisation. The programme of the hospital for the clients runs from 9.00 a.m. till 2.00 p.m. daily except weekends. It includes psychiatric care and medication, psychotherapeutic treatments (group psychotherapy, creative therapies), occupational therapy, family therapy and sociotherapeutic treatments (social group, community administration, recreational activities, outdoor meetings). It meets the standards of a therapeutic community for clients with psychotic disorders, mostly schizophrenia and aims at creating a 'therapeutic environment' for the treatment and rehabilitation of these clients. All the activities of this hospital, apart from the one-to-one psychiatric assessments, were group-centred. Frequent meetings between the members of the therapeutic team as well as supervisory groups helped to establish a functional therapeutic network for clients and therapists. Additionally, this Day Hospital is an educational setting for trainee specialists from the entire therapeutic

spectrum. Within this therapeutic frame, a Dramatherapy group was incorporated with the objective to promote through dramatic means the clients' creativity versus their psychotic regression (Yotis, 2000).

The Dramatherapy group composition

The Dramatherapy group consisted of all the clients attending the Day Hospital, approximately 20 young adults, the majority of whom suffered from schizophrenic disorder and were under medication. Two co-therapists led the group, which also included a number of approximately five trainee therapists undergoing their clinical practice in the Day Hospital setting. The group run once a week for one and a half hours. On special occasions, such as the final weeks of rehearsals for a performance, the group was run twice weekly. It was (and still is) an ongoing group with slowly alternating population of client-members.

The use of supervision

Supervision in the Day Hospital was group-centred and took place in three forms. Firstly there was a groups' supervision before each session, in which the co-leaders of the group supervised the trainee therapists who participated the group, in order to explain the group's schedule, to set their tasks for the session that followed and to discuss the trainee's role and personal issues in relation to the therapeutic process. Secondly, the group's co-leaders and trainees were supervised after each session by the supervisor of the therapeutic programme of the setting. During this supervision we discussed the difficulties the therapists faced in the group in relation to the clients' material, the therapists' manipulations and the relationships between co-leaders as well as between co-leaders and trainees. Thirdly, the same supervisor supervised all the group leaders of the therapeutic team weekly. This was the space for an emotional interchange between the therapists of the setting and also an inner training between specialists of different backgrounds. All supervision forms had a group psychodynamic approach, aiming at a dynamic interrelation of its members, the analysis of transference and counter-transference, mirroring and reflecting on each

other's responses. At different levels these three forms of supervision helped the leaders and trainees in the Dramatherapy group:

a) To trust their own expressive skills towards their self-expression and to avoid their performance anxiety, so that they can stand as models for the clients.

b) To contain the therapists' fears of being exposed to clients through nonverbal mediums without the power of the therapists' discourse.

c) To enable the therapists to bring into their consciousness the unconscious material, which is motivated within the nonverbal relationship between client and therapist.

Aims

The Dramatherapy group aimed at:

a) Introducing an additional method to medication and verbal psychotherapy, of confronting the clients' psychotic psychopathology and the problems they face towards their social reintegration.

b) Reducing the clients' negative symptoms and improving both their verbal and nonverbal communication.

c) Increasing the clients' physical abilities, which are distorted due to their disorder as well as to medication side effects, such as somatic symptoms, spatial and bodily awareness.

d) Defining ego boundaries; eliminating dysfunctional roles, creating and sustaining new, more functional roles.

e) Developing relations with self and others; increasing their self-esteem, sharing feelings and promoting relationships.

f) Improving the artistic expression per se as a therapeutic factor in the cultural reintegration of the clients into their social environment.

Method

The groupwork started with a period of acquaintance among group members, clients and staff and familiarisation with simple group techniques, such as stress

tolerating exercises, relaxation training, body and eye contact exercises. Gradually a basic level of trust was built among the group members and they were accustomed to enter the symbolic world of the Dramatherapy sessions and leave it behind at the sessions' closure. At this stage the clients were facilitated to bring to the group personal material and work through it therapeutically. The main techniques used included guided fantasy, group improvisation and role-playing, enactment of situations they faced in their lives. Guided fantasy emphasised nonverbal communication, it liberated the clients' fantasy to imaginable journeys in the groups' space. Group improvisation used a number of exercises that combined movement, gestures, facial expressions and sound in order to increase the clients' expressive skills. Role-playing was based on the themes the clients' brought in the group in each session. Usually the referred to real-life problems or current situations they faced and sometimes to past experiences. The role-playing process in the Dramatherapy sessions was as follows:

a) Evocation of a role in the clients' fantasy in relation to the group's theme(s), followed by mutual analysis, description and construction of the roles in subgroups.

b) Enactment of the roles, usually within scenes or life-vignettes created with other group members or, sometimes, individually.

c) Therapeutic work on a role: corrective and reparative experience through the group's feedback. Alternative behavioural patterns and more adequate emotional expressions were explored. Some psychodramatic techniques proved useful, one was "role-reversal", which gave the opportunity to try an opposite state from the enacted. This was particularly useful in dichotomous states of these clients, such as beliefs of being persecuted or ridicule by imaginary persecutors. Another useful technique was "doubling", which facilitated the clients' to act "as if" they were in the place of the "in role" member and the "in role" clients to listen to alternative ideas on what they were enacting. This was particularly helpful for the more isolated and regressed clients so as to create relationships.

d) Deroling. This used to start from a physical response, such as shaking their bodies so as to get rid of the role and leave it behind. Then it moved into sharing the relationship of roles to the self and to each other, as well as the possibility of a broader interchange of roles in actual life.

Additional means such as drawing, music, dance, singing, used in combination with dramatic techniques, enlarged the projective material on which clients expressed their inner needs.

As the group followed a maturation process, the group became cohesive. the level of collaboration increased and the clients' expressive skills were improved to the point that their enactments became a dramatic product of the group's life. The clients became used to presenting their own personal material in the form of vignettes performed by each subgroup to the rest of the group. Usually the group's themes concern the psychological effects of being diagnosed as a disordered person and of being hospitalised in a mental hospital, the changes this implies to their private and social life, as well as hopes for being able to enjoy friendship and family life again. As some of the scenes occurred repetitively and were being worked through during the group process, they acquired an aesthetic form, which was acknowledged by both clients and therapists. At this point the clients expressed that they felt ready to create a production for an audience. This production could be based either on the group's autobiographical material or on adaptations of already existing plays. These plays, through their story, structure and roles can offer a medium for the projection of the clients' material (Jenkyns, 1996). The selection of the play is crucial. It is the responsibility of the therapist to propose a play to the group that adheres to the level of accomplished therapeutic work, the group's interests and the inclusion in its parts of all group members in roles useful for their personal growth. In all cases before presenting a play to an audience a number of adaptations need to take place for the protection of the clients:

a) Only scenes that are judged by both clients and therapists to be 'ready' can be presented to an external audience. This means that these scenes, apart from being interesting as pieces of drama, have been worked through therapeutically well enough, so that the clients have sufficiently integrated the meanings of the scenes and they have acquired an emotional control over their anxiety while representing them.

b) Often the scenes are 'disguised' in such a way that the clients' personal material is protected from its exposure to an audience by distributing this material within the whole group. For example, another group member may play the role of the person who was involved in the scene, or more than one group members could enact

the same role, or the clients' problematic issue can be symbolised by a dramatic metaphor in a story similar to the clients' story.

The performance period is an important stage of the group's work. The final rehearsals need extra support for the clients'. The rest of the staff of the hospital can play a crucial role in the general encouragement and in alleviating the clients' tension. It is important for the performance to be accomplished, so the Dramatherapist in the role of a director has to provide to the group members different tips and safety ways of overcoming difficulties (i.e. how a gap can be covered). This reinforces the group's cohesion, apart from saving the performance in difficult situations. The final performance usually is the time for celebration of what the group has created together.

The period after the performance continues the group's therapeutic work towards the group's closure. It is when the performance stress is over and the clients have the time to share their experience. Further issues may be brought in the sessions to work with, such as issues of loss since they have to say farewell to each other soon. During this stage emotional bonds among group members are usually disclosed and the clients account for the benefit of the groupwork to their symptoms and their life thereafter.

Over a period of three years, four performances took place in front of an invited audience. Through a continual reflective practice among co-therapists, we remarked that this type of work resulted in an improvement of the clients' concentration, consistency, responsibility, readiness, mobility, adaptability, their overall negative symptoms and their socialisation. Besides, the originality of the performances communicated a dynamic effect to the audience.

The overall evaluation of this performance making was based on:

a) The groups' reflection after each session, by group-discussion and projective techniques (e.g. sculpting our feelings, offering one word to the group).

b) The group's special reflection sessions, in which the after-performance effect was discussed.

c) The therapists' comments during supervision.

d) The audience effect, by means of the audience members' response and comments after the performance.

e) Semi-structured interviews and questionnaires, which marked the subjective opinions of the clients about this therapeutic experience.

A first quantitative research approach

During this pilot period a first attempt was made to quantify some of the qualitative outcomes of the group's effect through an investigation based on questionnaires. This was due to an increasing need to justify the therapeutic effects of the Dramatherapy group in order to create credentials for hospital professional managers who were not directly involved in it. The results of this preliminary investigation was informative to the main thesis of the subjective views of the clients in relation to the therapeutic effect this work had for them. It consists of a quantification of qualitative answers that were given after questioning 24 subjects following two performance processes and a simple statistical analysis of this data. Fifteen subjects took part in the first group with nine further subjects in the second. All were questioned about their subjective view of its benefits of the Dramatherapy groupwork in relation to their condition. The researched areas, classified according to the clients' responses, were:

i) The clients' difficulties before the group in relation to their roles and to their emotions.

ii) The clients' difficulties after the groupwork.

iii) The clients' feelings towards self and others in relation to the group process.

iv) The clients' interpersonal relationships within the group.

v) The clients' role-playing ability.

Though they took part in two different groups, all the twenty-four subjects formed a population with similar characteristics regarding their diagnosis, age, duration of illness and hospitalisation and level of cognitive functions. They were also matched in relation to their mean dose of antipsychotic medication. Since all subjects covered these criteria the two group populations were considered as comparable.

Both groups worked through a 'Dramatherapy Performance' model, using a similar approach but with a different emphasis. The first group of 15 clients, produced the play: 'The Emperor's New Set of Clothes', based more on improvisations around the characters of the play, with less emphasis on the design and the formality of the performance. The second group of 9 clients produced the play: "The Dinner Party",

with an emphasis on role-playing, design, scenery and stage directions. A new stage was built for the second performance in the hospital.

Quantitative results

Statistical analysis through cross-tabulation (Chi-square) showed some significant results (if $p<0.05$) in the correlation coefficients:

a) There was not a significant improvement of what the clients perceived as their difficulties after the group process, if we take them as a whole (N: 24). However, what is interesting is that in the first group (N: 15) there was a statistically important correlation (c.c: 0.564, $p<0.029$), in the second group (N: 9) there wasn't any (c.c: 0.285, $p<0.456$).

b) Role- playing was loosely correlated (c.c: 0.52, $p<0.008$) to the decrease in initial difficulties. However this occurred at a statistically significant level only for the second group, which emphasised role-playing (absolute correlation, c.c: 1, $p<0.001$), but not for the first group (c.c: 0.36, $p<0.179$).

c) Emotional involvement in the group was correlated to the decrease of the clients' difficulties, at a statistically significant level in both groups (c.c: 0.53, $p<0.008$)

d) Interpersonal relationships in both groups as a whole helped improve difficulties at a highly statistically significant level (c.c: 0.73, $p<0.001$). However, this happened largely in the first group (c.c: 0.78, $p<0.001$), but not in the second (c.c: 0.59, $p<0.08$).

e) Role-playing was correlated with interpersonal relationships (c.c:0.66, first group:0.77- second group:0.59), but this was only statistically significant for the first group.

f) Role-playing was highly correlated with emotional involvement in both groups (c.c:0.70, p:0.001), but mostly in the first group (c.c:0.78) than in the second (c.c:0.66).

g) Emotional involvement was correlated with interpersonal relationships (c.c:0.66, $p<0.001$) but this happened only to the first group (c.c:0.74) and not to the second (c.c:0.39).

Links of the Eginition Day Hospital pilot study with the main project of this thesis

This pilot study formed the basis for the main research of this project. It took place in the same clinical setting and more than this it was **the inspiration** for the main research project. One of the reasons of this is that the particular setting seemed ideal for research in Dramatherapy since it provided a concrete therapeutic framework with a structured therapeutic ideology and an openness to new approaches and tendencies, such as the use of Dramatherapy with clients with schizophrenia. Another important factor was that both staff members and clients were accustomed to working through drama and creating theatre performances through having taken part in the pilot project.

Another important contribution was the **use of supervision**, which existed at different levels of therapeutic work and contributed to the overall holding of the therapeutic environment. The supervision arrangements put in place for the main study was based on what had been learned from the pilot study. This supervisory network safeguarded the accomplishment of this research project, which dealt with a difficult client group in terms of psychopathology as well as in the number of its participants. Due to this preliminary research the field was ready for a "real world" research project, a project that examines the implementation of a therapeutic model within an already existing environment without the need to create the conditions for its implementation.

The **methodology** developed for this pilot work informed the main thesis' project. It exemplified how specific techniques can be used during the successive stages of the therapeutic process; for example how **the use of role-playing** can be applied for these clients. It also provided the researcher with a back up of four already staged performances. These public performances informed the researcher with the special theatre techniques and therapeutic steps which are needed in order to pass **from the work within the group to a public performance**, a process which was thoroughly followed in the project of the main thesis, as it is further analysed in the qualitative analysis of the therapeutic process (see chapter on Qualitative Analysis-part I).

Two of those performances were based on **autobiographical material** of the clients and two on **adaptations of existing plays**. These two different ways of working informed the researcher of the advantages and disadvantages of the two methods and helped to decide for the autobiographical model for the conditions of this research. This was also supported by an investigation on **the clients' views** about the effects of the groupwork. The outcomes of this quantitative investigation suggested that the continuation of working through Dramatherapy was positive, since a significant **decrease of the clients' initial difficulties** was shown. This decrease of clients' difficulties as well as the clients' role-playing skills were strongly correlated to the **improvement in their interpersonal relationships** and to their **emotional involvement** in the group. This suggests that if the latter two are not present, role-playing on its own is not as effective. This observation was also evident during the group process, in which complicated role-playing in existing plays could lead to disinterest, mistrust and inefficiency in the clients. Therefore, these results **suggested a model of work** that deals more with autobiographical material and improvisation than with developed role-playing of existing characters in published plays.

Furthermore, this pilot study has used **statistical methods** for the first time, providing some first evidence of the therapeutic outcome to the setting and to the whole staff of hospital. Although these sparse results were not as persuasive as the influence of the public performances, this effort had a positive impact because it accredited the work as a therapeutic method and not as an artistic recreational event only.

The records of the performances of this pilot study were kept through **video documentation**. Reviewing and analysing this video material resulted in the **creation of a special evaluation tool**. This will be presented in the next chapter, which refers to the development of an evaluation tool for a "Dramatherapy Performance" with clients with schizophrenia.

SECTION D

A NEW EVALUATION INSTRUMENT

CHAPTER 9

THE "DRAMATHERAPY PERFORMANCE EVALUATION"

The construction of a new tool for evaluating a "Dramatherapy Performance" through video documentation

CHAPTER 10

APPLICATION OF THE "DRAMATHERAPY PERFORMANCE EVALUATION"

Pilot analysis of five previous "Dramatherapy Performances"

CHAPTER 9

THE "DRAMATHERAPY PERFORMANCE EVALUATION"

The construction of a new tool for evaluating a "Dramatherapy Performance" through video documentation

Video documentation is a common way of keeping records during a therapeutic process or a "Dramatherapy Performance" event in Dramatherapy practice. However, a system of evaluation, which is specifically formed for such video recordings, has not yet been created. This part of the thesis aims at creating a new tool that can be used by Dramatherapists for the evaluation of a "Dramatherapy Performance", as this can be documented on video. This evaluation tool, which I will name "Dramatherapy Performance Evaluation", can be applied to the Dramatherapy process, as well as to the "Dramatherapy Performance" event. Since all my pilot work has been focused on clients with schizophrenia, this evaluation system will refer to this particular client group. Nevertheless, it can be modified for use with other client groups as well.

Towards the creation of this evaluation tool, an evaluation procedure of five videotaped Dramatherapy Performances from previous work in Greece will take place.

In order to utilise these videos for the project, one should first identify "areas of attention" which are of some importance to the viewer of the video. Then one should create a measurement of these areas, educate other raters in this measurement, obtain measurements by different raters and combine the results (reliability) and deal with its validity (if it measures what it is supposed to measure), i.e. compare it with another already valid tool. The reliability and validity of this tool will be the subject of a further continuation of this research project. Within the limits of this thesis the attention is on the creation of a tool from previous projects and its application to this new research project.

A video recording of a performance may occur for different purposes and in many different ways. It is important to note why these performances are videotaped, in order to identify which are the important "areas of attention" within them, for further speculation.

Since the documentation here concerns only final performances, selected elements from the Dramatherapy process that led to the performances will be provided when needed.

The reason for which these particular performances were video-recorded was purely as memoirs. The existing videos did not aim at providing material for evaluation, but only reference material. The video recording of the performances followed the logic of the video recording of a social event, a feast or a ceremony, and was distributed to the participants of the performance (clients and staff) who wanted to keep a record of the performance.

Although this particular way of video-recording the performances restricts the observer from being able to carry out a thorough analysis of particular characteristics, e.g. eye contact, it is a common way of keeping performance records and it would be beneficial to find what can be commonly observed in such performances from a Dramatherapy angle. For this task, there are two things to be taken into account: firstly the video as a medium on its own; secondly the performance recorded in the video.

1. The Video as a Medium

The advantages and disadvantages of evaluating performance through video are the following:

Advantages

- Video recordings have been mainly employed for study of the following: motor activities, nonverbal communication and the expression of emotion, social interaction, medical diagnosis and surveillance in visual sociology and anthropology. They "offer supreme advantages when maximum information and minimum bias are desired" (Dowrick, 1991, p.31).

- Videotaping performances is a common and easy way of keeping a record of them, usually for reasons of reminiscence. It is therefore useful to create a tool that can be applied to a common material for Dramatherapists and researchers.

- Having created and witnessed the performance process and knowing the individuals, although this may restrict the objectivity of the following observations, has the benefit that one can make assumptions related to the clients' clinical state. This may be helpful for the pilot part of the research.

- The videos contain clients with schizophrenia at two different stages of their illness. The first two videos document performances which took place in a Day Hospital the overall therapeutic aim of which is secondary prevention- confronting the symptoms and relapse prevention. The last three videos document performances in the Asylum of Leros, in which the aim was tertiary prevention- reframing the symptoms and rehabilitation- and deinstitutionalisation. An interesting comparison can be made between these two processes.

- When the performances are devised with participating staff members, these can provide a control of the performing behaviour of the clients. Also, the relationships between staff and clients on stage can be observed as a model of co-existence and co-operation.

Disadvantages

- The transcription from a three-dimensional to a two-dimensional text is not an unbiased process. The video, in relation to performance, affects dimensions (e.g. when one is approaching the camera one's image is getting bigger), movements and gestures (projected in only two dimensions), colour, light (shadows increase).

- This video evaluation relies on a particular model of work, which is based on Aristotle's poetics. This may not be helpful for every single Dramatherapy performance. There might be other ways of devising a Dramatherapy performance, by other people, with different aims, for whom this evaluation tool might not be convenient. If, for example, a Dramatherapist devises a performance with clients based on Beckett's aesthetics, the theoretical basis of this evaluation tool might not be adequate. However, the process of development of this tool might be helpful for the development of another tool, which will rely on another argument.

- The fact that I was the leader as well as the only Dramatherapist in these groups has obviously affected the objectivity of my observations as a researcher. For

this reason some of this material has been cross-rated with my supervisor in Dramatherapy and no significant differences were noted.

- Cultural differences are variables that have to be considered. The video material is in Greek, created by Greek clients, under the mentality, ethics and mental health policy of contemporary Greek culture.

- The standpoint of the person who shoots the video, whether deliberate or not, might be of a particular bias that has to be acknowledged.

2. THE VIDEO AS A PERFORMANCE CONTEXT

The performances that have been videotaped have the following general characteristics:

Video material

The video material consists of 5 VHS tapes, each of approximately 45min, each containing one Dramatherapy Performances.

The video-recorded performances were shot between 1990-1995.

Apart from the last performance, which was realised in a regional theatre festival held in the Community of Leros, all the rest took place within clinical settings, either at the Eginition Day Hospital in Athens, or at The Leros Hospital in Leros. The five performances are:

1) "The Emperor's New Set of Clothes", at the Eginition Day Hospital in Athens (Jan.1992)

2) "The Dinner Party", at the Eginition Day Hospital in Athens (Feb.1993)

3) "The Flower of the Seashore", at the Leros State Hospital (Christmas, 1993), indoor performance

4) "Tell Me One Word", version I, Leros State Hospital (Easter, 1994), outdoor performance.

5) "Tell Me One Word", version II, Leros Festival of The Aegean Islands theatre companies (September 1994), outdoor performance.

The subjects

Different client and staff members, except for the two co-leaders, formed the first two groups. The basic diagnosis of the clients was schizophrenic disorder (31 clients) and 7 clients were diagnosed with affective disorders. In the first group 19 clients (16 S.D., 3 A.D.) and 3 members of staff took part. In the second group 19 clients (15 S.D., 4 A.D.) and 5 members of staff took part. One client (S.D.) and two members of staff took part in both the above performances.

In the last three performances 21 clients altogether (19 with Schizophrenic Disorder, 1 with Affective Disorder, 1 with Learning Difficulties) and 18 members of staff took part, in one, two or all three performances.

The total video material consists of the performance of 59 clients, of whom 50 have a schizophrenic disorder (S.D.), 8 have an affective disorder (A.D.), one has learning difficulties (L.D.) and 26 are staff members.

In the first two videos, which are shot at the Eginition Day Hospital, the clients are in secondary prevention, while in the Leros videos the clients are chronic inpatients in a de-institutionalisation project.

The subjects on stage were non-professional individuals, either clients or members of staff.

The role of the staff was a supportive and modelling one. The distinction between clients and staff cannot be always observed from the videos. Questions can arise about who is the client and who is not. This is significant, firstly because it shows the level of skills the staff has acquired as a point of behavioural reference to the skills of the clients. Secondly, in the observer's uncertainty in telling clients and staff apart, the image of psychiatric clients is challenged.

The audience members were invited by the participants (except in the Festival performance which was open to the public) and among them were friends, family members, professionals in the clinical field and other clients, who had some connections to these clinical settings.

Aims

The main aims of the Day Hospital Dramatherapy groups were the alleviation of the negative symptoms of the clients' schizophrenic disorder, the enhancement of verbal as well as nonverbal communication through Drama, the promotion of self-expression and creativity. The main therapeutic aim of the Dramatherapy Performance was the clients' presentation of their therapeutic achievement as regards their socialization to their invited significant others.

The main aims of the Leros Hospital Dramatherapy groups were to work creatively with patients who had been hospitalised for a long time under dehumanising conditions, acknowledging personal needs and identities and promoting free self-expression. The main therapeutic aim of the Dramatherapy Performance was to challenge the social stigma of mental illness into the community by presenting a different image of the clients on stage.

Special Characteristics of the Dramatherapy Performances

The first three performances were based on existing drafts on which the clients improvised. The last two were devised from the clients' autobiographical material. This was due to a maturation of the therapeutic approach, from the gradual use of material which were more distant to the clients (such as working on traditional songs) to ones closer to them (such as dealing with real life incidents of their incarceration) and from a more theatrical towards a more dramatic therapeutic philosophy (see chapter: Communication of Meaning in Dramatherapy Performance, paragraph d). The productions were low budget ones, emphasising human potential and not technical effects. Scenery, costumes and props were mostly recycled objects or devised and made by the participants. The idea behind this was to engage the group's creativity in a collective experience.

***Video-making** (standpoint, documentarists and purpose)*

In each of the five examined videotapes this standpoint was different.

- In the "Emperor's New Set of Clothes" the video was a surveillance from the midpoint of the audience, with a standard camera, by a therapist working in the clinical setting.

- In "The Party" the video was shot and edited by a professional documentarist, who focused each time on the "centre" of action.

- The three Leros performances were videoed by local professionals, who being accustomed to videotaping social events, shot and produced the videos, making it obvious that they considered the local dignitaries in the audience more important than the performance itself. What is observable though is a shift of attention of the video makers between the first performance and the third. In the first performance the audience and in particular the invited local notables, was more important than the performing clients, while by the third performance the performing clients were those mostly filmed.

- In the first performance in Leros, the "Flower of the Seashore", the video is shot from behind the stage, ensuring that the audience gets in the picture, disregarding the performers.

- In the second video, an Easter production of "Tell Me One Word" the performance is videotaped from the audience standpoint but there is a lot of focusing on the notables occupying the first audience rows.

- Only in the third video, the autumn production of "Tell Me One Word", there is proper attention to the performance, which is filmed by two side cameras and edited professionally, as all the other performances taking part in the regional Theatre Festival.

This shift of attention of the local video documentarists indicates the therapeutic goal of these performances, which was the opening of the Asylum to the community of the island.

Ratings

The videotapes were rated or evaluated, in Greek at the University of Athens between 1995 and 1998 by the leader of the groups, a Dramatherapist and Psychiatrist. A few samples were crosschecked in English, at the University of Hertfordshire between 1996 and 1999 by a Dramatherapy lecturer and supervisor.

After regarding the video as a medium as well as part of the context for the Dramatherapy Performances, I shall look now at the theoretical framework which forms the criteria for this video evaluation. This framework includes theatre and psychiatric perspectives both informing Dramatherapy practice.

3. *THE VIDEO AS A TEXT:*

"DRAMATHERAPY PERFORMANCE" AS A CONTEMPORARY TRAGEDY AND THE USE OF ARISTOTLE'S POETICS

In order to evaluate both "Dramatherapy Performances" as dramatic constructs, as well as the performance of the participating individuals within them, one has to employ a theoretical model. My argument here is that any performance within an institutional framework can be seen as a contemporary tragedy, whatever its nature might be (dramatic, comic, or satiric).

Of course the use of the term "Tragedy" in the context of such performances is debatable. Raymond Williams (1966) states in modern Tragedy "how firm and general our own ideas of order and disorder are, even though they are oriented to a pervasive individualism, and hardly seem in the same world as the definitions of tragic order and disorder which we have taken from the past and generalised as permanent tragic ideas". Nevertheless, he finally accredits the use of this term, although he stresses how confusing it is to take a body of work from the past and use it as a way of rejecting the present, within a society that lacks the basic beliefs and rules holding sway when Tragedy was born. The reasons for this contradiction are the following:

a) The different meanings of the notion of "catharsis" in therapeutic practice

The most common contemporary signification of the term catharsis is that is produces an "emotional purge" in a patient (Kellerman, 1992). From Freud's (1955) early psychoanalytic studies on hysteria (1893) catharsis was considered as an "abreaction" of repressed emotions, a release or discharge of a "blocked libido", which can be useful for the treatment of neurotic clients. However, further psychotherapeutic approaches have held for many years that cathartic psychotherapies involving powerful emotional expression are of a limited value. The conventional wisdom is that they are at best ineffective, at worst dangerous (Straton, 1990).

Dramatherapy theorists tend to avoid focusing on the 'cathartic' effect of Dramatherapy for the sake of a more "contained" therapeutic process. Since this project will be based theoretically on **Aristotles' Poetics**, it is crucial to understand how a "Dramatherapy Performance" acquires a cathartic quality. A special substudy of

the thesis (included in the Appendix) presents the argument that catharsis, actually, encompasses the meaning of structure and containment and that under this consideration it can be useful and meaningful for Dramatherapy.

Catharsis is the core concept in Aristotle's (384-322 B.C.) **definition of Tragedy**, which he gives in his 'Poetics':

*"Tragedy is an imitation of an action that is serious, complete, and of a certain magnitude; in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play; in the form of action, not of narrative; through pity and fear effecting the proper '**katharsis**', or purgation, of these emotion."* (Trans. Butcher, 1951, p. 240).

I shall deal first with catharsis, as mentioned in the definition of Tragedy, and with the main dilemma the definition raises, which refers to its direction, i.e. whether catharsis refers to the spectator of a tragic drama or to the catharsis of the play itself.

The performance of an ancient Greek Tragedy was **a central cultural and socio-political function** in the Athenian democracy of the 6th and 5th century B.C., which contrasted the traditional with the new social values, inspired criticism and versatility of thought and **created a meeting place** for citizens from all social classes. As Georgousopoulos (1996) states: "I can see catharsis, as a specific theatrical function incorporated within a system of functions, finally as the performance itself" (p.57).

Since Aristotle's Poetics, a number of **interpretations** have been given to the term catharsis (Kouretas, 1963, Chronopoulos, 2000), which are grouped into four basic views: the medical (physiological) view of catharsis as a physical cleansing function, the moral view of purification, the intellectual view of clarification and pedagogic development and the aesthetic view which refers to the intrinsic structure of a tragic action.

Else (1967) in his work 'The Argument', presents the aesthetic view that **catharsis refers to the fatal or painful action, the tragic 'passion'**. Catharsis lies within the play and is enacted through 'mimesis' in the plot of the play and, especially, at the moment of 'anagnorisis' (recognition). Else argues that the spectator or reader does not perform the purification. The purification, that is, "the proof of the purity of the hero's motive in performing an otherwise 'unclean' act", is presented to him. For

Else catharsis is a functional and a transitional component of the **tragic structure**. It is not the end in a Tragedy, but it is followed by letting off pity and by tragic pleasure.

This point of view can be made explicit if we bear in mind Aristotle's **structural elements of a Tragedy**, as examined by Barry (1970, p. 157-173):

i) The concept of imitation of nature, but of a nature, which 'makes', in other words that imitates what *may* happen, rather than what has happened.

ii) The concept of a complete action, of appropriate size, with a beginning, middle and an end, with parts and a whole, which can encompass a change from good fortune to bad;

iii) A basic pattern of events, a story with a plot, a pattern of change from good fortune to bad or patterns of reversal or recognition;

iv) The rules of probability or necessity.

A question arising is whether the term catharsis can be applied in comedy or in a satiric drama. Aristotle's second part of Poetics, which referred to the poetic structure of comedy and satiric drama, has not survived until our days. Contemporary drama theorists have attempted to construe similar models applicable to comic or satiric plays. For example, Sutton (1994) has attempted to define the 'comic catharsis' by describing a 'ridicule process' towards the production of laughter and Birney (1973) has attempted to describe the mechanisms of a 'satiric catharsis' for analysing satiric dramas. Both these models highlight the importance of structure.

The common aspect between the event of a therapeutic performance and the event of a performance of a tragedy is **the idea of structure**. Structuring the plot of the session as a 'vehicle' for the projection and containment of the group members' feelings is a main concern of a Dramatherapist. The idea of **catharsis within a therapeutic** process can be seen as initiated by the therapist's plan, as a plot to start with, and structured by the sequence of the guided events of the sessions leading to a closure. It can also encompass moments of practice where laughter is arrived at, for which the structure of the session needs to be seen from the angle of the dramatic medium of Comedy.

Dramatherapy models have approached the notion of catharsis in various ways. Scheff, in 'cathartic therapy' (1979), argues that ritual and drama are "social forms that reawaken collectively held distress, which is unresolved in everyday life" (p.13).

Mitchell (1998) states that catharsis as part of the process of 'poeisis' can take place within a ritual of transformation and shapes the Dramatherapy model in stages in order to create this transformation. Dramatic structure, including the demarcation of space and the plot, constructs the "healing symbol" for the sharing of pain in catharsis (Duggan and Grainger, 1997, p.128). Jennings (1994) initially considered Dramatherapy "in the realm of 'mimesis' and 'poeisis', making by imagination actions that are embodied, vocalised, projected into images and dramatised" (p.96). In her latter writings she was inspired by Artaud's 'theatre of cruelty' and introduced into her model of catharsis a discourse on contact and detachment, danger and safety. Thus, she adds to the Aristotelian poeisis concepts that are useful for people who have experienced the cruelty of deprivation of symbolic functions in isolating and confusing environments, such as closed institutions. Landy (1994) believes that in Dramatherapy "catharsis is germane to both the client, who releases emotion when properly distance in relation to his role, and to those group members who identify with the experience of the client" (p.131) Landy's model connects catharsis to the structure of the therapeutic session as well as to creativity and delight and broadens the term to include "comic" catharsis through playfulness. He believes that the moments of catharsis, inasmuch as they are moments of recognition and insight, do not necessarily have to be loud tearful moments but they can involve any physical response of tension release. The importance of using stories (Gersie, 1990, Lahad, 1992) forms of play (Cattanach, 1997) and theatrical texts (Jenkyns, 1996), as structures for therapeutic work is exemplified by the therapeutic story-making model in Dramatherapy. For Gersie (1990) "a story is a guide because it takes us from resting place to adventure, through misfortune to culmination and the end" (p.35). Emunah's (1994) therapeutic work through autobiographical performances designs a process which leads to a culminating enactment in which emotional catharsis, insight and behavioural change are equally valued. She emphasises the offering of love through self-revelation and the holding factor of a therapeutic performance for all its participants.

Is there finally any common ground for catharsis between them? The following argument suggests that there is. Catharsis is crucial for Dramatherapy because it stands for structure, mutual concern and respect between clients and therapists. It includes the **point of resolution** and provides **safety** without strangling

spontaneity, both of which a Dramatherapist is trained to provide for his/her clients when structuring a therapeutic process. This can be related to the importance Aristotle places on the construction of the plot of a drama -with a beginning, a middle part and an end- by acknowledging probability and necessity in order to provide not only a spectacle, but also a meeting of light with shadow within a democratic function; a place where differences can intermingle meaningfully.

Catharsis in Dramatherapy offers structure, but structure need not mean constriction of the clients' spontaneity. Catharsis gives an opportunity for the appearance of **spontaneity**, which can be **contained** in a way that is neither threatening for the clients nor threatened by the therapist's plan of work. It can provide a way to let feelings out and help the individual create. As Bennett (1988) mentions, "Explanation without remainder in literature and in life, is a dream, not a reality" (p.263).

Whether it is the role, the myth, or the aesthetic distance, whether it is the mask or the puppet, whether it happens in a serious or in a humorous way, catharsis is possible. And it is the **structural elements within the Dramatherapy methods** that might promote change. Catharsis does not appear after these elements have been applied in therapy; it is their own **intrinsic properties** that are cathartic.

b) The accidental occurrence of events and the destruction of the hero in the contemporary world.

Contemporary "tragic events of everyday life" do not bear a significant tragic meaning because this depends on people's response to them, while in the original Tragedies this response is embodied in the text as a matter of art. However, because they are strongly connected to a general body of facts, the social context in which they occur, they can be seen not merely as accidents, but are capable of bearing a general meaning as well.

In a "Dramatherapy Performance" though, the text one focuses on is the text of the performance, which can be witnessed through observation and documented by various means, such as video, and not written texts or scripts. The **tragic action** here arises from **individuals succumbing to a disorder beyond their will** and from their "adventure" towards regaining the initial order of things. This is what the performance

represents within a social and clinical setting. Therefore it is certainly connected to a general body of facts and is set beyond the level of an accidental event occurring to an individual.

Although the common interpretation of Tragedy is the dramatic construction where the hero is finally destroyed, this is nearly always followed by **a re-distribution of forces**, physical, spiritual or social, that succeed this death. The tragic action informs us on what happens through the hero and not only to the hero. This is usually expressed in ancient Greek Tragedy by the chorus, after the action has taken place. Although the Christian approach to death is hopeful, denoting the passage to an afterlife, as opposed to materialistic theories that exhilarate and justify death in the battle for human rights during a particular moment of historical evolution, the contemporary existential notion of death- at least in the Western world- defines human tragedy as the **experience of loneliness** in the face of an "irreparable action". As witnesses to the death of another we are forced to face our own mortality and our existential experience of being alone. Within a Tragedy though, death and destruction is experienced and lived through; it becomes negotiable. The heroes have been subject to destruction from which new meanings may spring, for them and for their audience. In this sense the Tragedy in a "Dramatherapy Performance" consists of **a negotiable tragic action of clients-"heroes"** succumbing to a disorder that disconnects human beings and spreads the feeling of loneliness, but they are still able to discover new meanings for themselves that can be useful for their audiences. The hero moves from his destruction to his renewal.

d) Tragedy and conventionality.

A basic criticism of Tragedy is that it is linked to the system it derives from in such a way that it can never subvert it. Boal (1979), in his criticism of the Aristotelian model of tragedy as "a system of coercion", regards the spectator of a Tragedy as "suffering a blow with regard to his fate (the action of the play), recognizes the error vicariously committed and is purified of the anti-social characteristic which he sees in himself". In this way he becomes tranquillised, socially inhibited, lacking the basic skills to defend himself and fight for his social rights. He becomes one of the "**oppressed**". This is a particular point of view that may have its own merit in terms of

conventional performances but it is not really relevant to the "Dramatherapy Performance". First, because this kind of performance does not take place within a society that includes the mentally disordered but within one whose social norms exclude them. To do away with this exclusion can be revolutionary. Second, because if we have to identify victims and oppressors within a "Dramatherapy Performance" the victims are certainly not the spectators. They are more likely to be the oppressors. The fact is that the challenge comes from the victims within a heroic process despite their anti-heroic status as mentally disordered. Thirdly, because one cannot predetermine the persona a spectator will identify with: it might be the client (in this case the client as an anti-hero commits a heroic action and thus, the spectator identifies his/her weak parts of him/herself with the client) or the staff members (in this case the spectator experiences a re-corrective approach towards the clients' mental state).

The criticism that there is an inherent contradiction between Tragedy and the subversion of order is debatable. As Williams (in Drakakis & Conn, 1998) states: "The tragic action often undercuts the ordinary association between fundamental human value as and the acknowledged social system: the claims of actual love contradict the duties of family; the awakened individual consciousness contradicts the assigned social role" (p. 165). The use of Tragedy in the contemporary world can bear meaning as encompassed within conflicting values and the possibility of revolution: "The tragic action in its deeper sense is not the confirmation of the disorder, but its experience, its comprehension and its resolution. In our time, this action is general, and its common name is revolution. We have to see the evil and the suffering, in the factual disorder that makes revolution necessary, and in the disordered struggle against the disorder" (p.178).

Living in times in which the major value is individuality, an inability to have self-boundaries can be seen as a major tragic phenomenon. If we consider Tragedy as resulting out of **two conflicting human or civil rights**, then individuals with schizophrenia become contemporary tragic figures, struggling between **a biological disposition they did not choose for themselves** and **a psychosocial need for adaptation**.

The context of these "Dramatherapy Performances" defines the attitude of the spectator. Because these performances show the clients' struggle to overcome

their biological nature in order to communicate social meanings, they can be seen, despite their context, **as contemporary tragedies**. Therefore, a semiology of the tragic form can be employed, originating in Ancient Greece, namely the *"Poetics"* of Aristotle. Contemporary semioticians consider the tragic mode as first defined by Aristotle as the first "sign-system" in Theatre (Elam, 1980, p.5).

Besides, it is interesting to mention that contemporary diagnostic criteria in Psychiatry are also based on a medical "sign system", which is constructed and organised in a rational way according to the presence or absence of particular psychiatric signs and symptoms. Psychiatric diagnoses are defined according to the laws of logic and not to our subjective experience. For example, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders' (American Psychiatric Association, 1994) outline a psychopathologic taxonomy as a subject to critical analysis, representing thus, a fundamentally Aristotelian conception of the phenomena of mental disorders (Carson RC, 1996).

However, the Aristotelian principles, which of course reflect concepts and values of another era, as well as a philosophical search for a reason within human phenomena, such as Theatre, can be used within the Dramatherapy context only **metaphorically**, since it conveys concepts about which our information and knowledge is sparse; we can only use suggestions and projections based on our contemporary frame of mind.

The argument is that Aristotle's Poetics can serve as a model for evaluating "Dramatherapy Performances" with clients diagnosed with schizophrenia, if one ascribes contemporary meanings to its elements.

I will give here some of my experiences with these videos. When I showed a part of the video of the Day Hospital performance to an art research student, without giving him any information as to what he was watching, he did not think the performance had an interesting artistic quality. It seemed to him a very "average" piece of theatre. When I informed him that this was in a hospital and that most of the actors were diagnosed as schizophrenics he jumped and said: "What? This is amazing, let me watch it again".

What caused the change in the observer's attitude in this example?

My hypothesis as to what changed is an **unexpected image**. The traditional image of a disordered person is transformed into the image of an actor whose coherence allows him/her to fulfil the task of a theatre performance adequately. The result can be startling. This new image of people labelled with a psychiatric disorder brings about a state of defamiliarisation to the witnessing audience. The general image of a psychiatrically disordered person as problematic, depressing, unable to communicate a message, unable to express him/herself and socialise efficiently is reversed here into a lively, collaborative, communicative, emotionally charged image.

Confirmation of this unexpected image is established by those aspects of altered behaviours in the clients themselves noted down or measured by the scientific staff of the clinical setting (further details in the following chapters of this study), as well as by comments made by the clients' significant others invited to witness the performance (see Qualiattive Analysis- Part-IV) as well as by the clients themselves during the reflection period of the group (see Qualitative Analysis-PartI). As will be shown, the performance acts as **a reconstruction of the inner and outer world** of the clients.

The use of Aristotle's "Poetics" is by no means the only semiotic system which can be used for the evaluation of a "Dramatherapy Performance" with clients with schizophrenia. From another perspective, Mikhail Bakhtin (1965), an important semiotician and literary critic, used the term of "reversal" to describe the potential power of popular celebratory festivities, such as carnival. By treating all image as text, he explored the dialogue of popular festivities with social norms, as well as their capacity to change hierarchical order, within an atmosphere of merriment and laughter. Bakhtin's theory can be introduced within the frame of a "Dramatherapy Performance" with its imaginative reversal of societal norms through a carnivalistic ritual. In his **"Poetic of Reversal"**, as Gash describes it (in Hilton, 1993, p.87), Bakhtin extends the term "carnival" to designate all forms of symbolic reversal undertaken in the spirit of laughter. Key terms in his theory are:

- The misalliance, the process whereby all isolated things enter into carnivalistic contacts and combinations.

- Ambivalence, a term that covers all hybrid images, contrasted opposites and similar pairs.

- The grotesque image of the body, an exaggeration, which leads to both burial and revival.

Bakhtin carnivalistic aesthetics contest the Aristotelian "plot". For Aristotle "reversal is a single phase in an organic, continuous and irreversible sequence", while Bakhtin's theory contests the linear flow of time with the principle of simultaneity, "whereby the meaning of every utterance or gesture on the stage is conditioned by the actual presence of its addressee, who may explicitly through speech, or implicitly through silence, contest its validity or definitiveness" (Hilton, 1993, p.106).

One could regard these two theories of Aristotle and Bakhtin as being mutually exclusive. However, I would argue that in these particular performances there is a very fine line between a chaotic carnivalistic experience and a well-constructed play. Our therapeutic aim is the latter, precisely because the former belongs to an expected image of mental illness.

Nevertheless, things can sometimes follow a different direction; within a constructed play, one can detect elements of **deconstruction**, where plot and carnival are constantly engaged in a potential dialectic interchange. Bakhtin's theory can therefore be used when moments of disorder and madness disrupt the continuity of the play's construction and unveil the functions of mental disorder. In such a way, a Dramatherapy performance can retain its therapeutic role, even when these disruptions occur.

During performance time, for clients with schizophrenia the "insane" role is reversed to the "sane" role, a role which can be acted on stage, communicate meanings, celebrated and enjoyed. However, "insane" features still exist recalling the reversal of order mentioned by Bakhtin. Since the performance has the function of making these "insane" functions acceptable and of promoting a **de-stigmatisation** on behalf of the audience, Bakhtin's view can, conceivably, be used as a model of evaluation.

However, the level of order that the clients achieve is the main interest from a Dramatherapeutic perspective, rather than the level of the acceptance of disorder, which would be more of more interest to the social theorist. Whether this will make no difference to the clients' state after the performance, or will reflect a significant

change in their life henceforth, is something to be evaluated in another part of the study. Here I am simply going to analyse the components of this changing image.

In order to analyse change at the individual level it is important to decide on which signs have to be taken into account. Elements of theatre Semiology that have been mentioned already (Elam, Kowzan, Pavis, Esslin, Astona, Schechner) can be helpful, since both theatre and medicine can be viewed from this perspective. Medicine, Psychiatry especially, derives diagnosis of mental disorders from conglomerations of signs and symptoms of behaviour. Because these performances are constructed with individuals at a non-acute phase of their illness (prevention of relapse or rehabilitation), there is a preponderance of **negative symptoms** in their clinical features.

It would be interesting to see whether these symptoms and signs of illness are altered during a performance. Several rating scales for the assessment of negative schizophrenic symptoms have been developed since 1982 (Fenton, 1992). One of the most useful for this research is the negative symptoms taxonomy, which was developed by Andreasen and is partitioned in assessment tools (SANS, PANSS, B.O.S. in Br. Journal of Psychiatry, 1989, sup.155). This includes the following areas: blunt affect, poverty of speech, avolition, social withdrawal and attention deficit.

Besides, theatre research has focused on ways of analysing performance signs. Kowzan and Pavis have developed scales for evaluating theatre performances. Jones (1996) has adapted them into "The Dramatic Body" scales, which can be more relevant for Dramatherapy, since these focus mainly on the actors' voice, gesture, movement and facial expression.

In sum, if what is produced is seen as the clients' struggle towards their social reintegration, this tragic dilemma renders metaphorically a "Dramatherapy Performance" into a contemporary tragedy. From this perspective, the elements of Aristotle's "Poetics" can be used as special categories for observation and evaluation: Plot, Characters, Ideology, Diction, Music and Design. The negative symptoms of the clients can be observed and quantified while these are being demonstrated through their dramatic involvement on stage, within each of the six Aristotelian elements of dramatic construction.

I will therefore construct a tool for the evaluation of a "Dramatherapy Performance" which will take into account:

A. The objective circumstances of a "Dramatherapy Performance".

Here information should be given about the time, space, subjects, stage and duration of illness, medication or other therapies the subjects are under, during the "Dramatherapy Performance" project, as well as time, staff members, basic aims of the particular performance, angle of video camera and a very brief rationale of the shooting of the video. I give an example of this information:

Video Material: Type of videotape, duration, date and place of the performances, title of performances, purpose of documentation.

Subjects (clients, staff and audience): number, diagnosis, stage of clients' disorder, additional therapies undertaken (including medication).

Therapeutic aims for the Dramatherapy group and for the "Dramatherapy Performance".

Special characteristics of the performance: e.g. autobiography, scripts, play, poems, narration, improvisation or other.

Video making: name of documentarist, qualification of documentarist, purpose of video documentation, standpoint of the video.

Ratings: Questionnaire date and place, name of rater, qualification of rater, language and nationality of rater.

Data on the aforementioned issues of the "Dramatherapy performance" projects I will analyse next have been already provided.

B. ***The poetic elements of the performance as a whole***, with the use of the Aristotelian model. These elements, informative for the "Dramatherapy Performance" ***final event***, can be also used to analyse a videoed Dramatherapy process from session to session.

C. ***The individuals' performance*** within this context, by combining the clients' negative symptoms and the clients' dramatic involvement as this contributes to the performance's poetic elements.

CHAPTER 10

APPLICATION OF THE "DRAMATHERAPY PERFORMANCE EVALUATION"

Pilot analysis of five previous "Dramatherapy Performances"

I will give here a detailed analysis of five "Dramatherapy Performances" using the metaphor of a contemporary tragedy and applying Aristotle's' qualitative (plot, character, ideology, diction, music and design) and quantitative (episode/chorus) poetic elements. The reason for this analysis is to detect whether this system of analysis can be applied to different styles of performance-making, such as performances using existing plays (such as the "Emperor's New Set of Clothes" and "The Dinner Party"), performances based on visualised storytelling (such as the "Flower of the Seashore"), or performances based on the clients' autobiographical material (such as "Tell Me One Word").

i) The plot (Mythos)

The plot of the play is being devised within the Dramatherapy process, through a meaningful journey for the clients. When the performance plot derives from an already existing story in a text, this can be altered in a way to contain the group members. As Jenkyns (1996) puts it in her Dramatherapy theory on the importance of the play as a therapeutic vehicle: "The text itself can provide a container for difficult feelings and unexplored parts of the self". (p.48)

During the therapeutic process with existing theatre scripts, novels or poems, the initial texts work as a general canvas for therapeutic work. The parts of these texts that end up being included in the final performance are the ones that have been better explored and have been more useful for the therapeutic needs of the clients. In this way, the final text of the performance contains only areas of secure emotional disclosure, and of a dramatic journey, which reflects the journey of the group members as heroes in their own adventure ("peripeteia"). Areas of indifference, of extreme emotional risk, or of shadowy unexplored feelings that remain unresolved until the

performance, will have to wait for another therapeutic process. In this way a new play emerges from the group, which involves cathartic properties in its re-construction of the dramatic text.

I use the term "cathartic" here to denote a structural process that entails a gradual cleansing from chaotic to meaningful situations. This is manifested through the text of the performance.

The performance text must illuminate the dramatic journey of the group towards a performance, with which performance this journey will be rewarded. This is something all participants must be aware of, because they consciously contribute to it in action.

It is, therefore, the responsibility of the therapists to provide a container for the clients' dramatic journey through a synthesis of a play with structure, which is meaningful for all its participants. In case the play is inappropriate, it should be modified to cover primarily this therapeutic need.

When the performance play is based on autobiographical material, or life-scenarios, the basic principle is the same. Again the selected scenes that form the final performance should be those that have been explored the most and are the most meaningful for the whole group. In this way, the final performance contains a condensation of the therapeutic process till that very moment.

I will hereby refer to the particular performance plots included in the existing video material.

A. "The Emperor's New Set of Clothes", is based on a theatre adaptation of Andersen's tale.

The myth takes place in the land of Sartouria, where people lead either an unhappy life of hard agricultural labour, or a notorious and sleazy nightlife. A corrupt Emperor, who accumulates money for the sake of his palace, rules over them. Every year he has a bright new set of clothes made; these he wears during a parade, which is seen by all his subjects.

Two rascals decide to present themselves to the Emperor as great tailors and get the award for the best set of clothes. For this reason, they invent the following

illusionary trick: "whoever cannot see the uniform is not fit for his rank, or he is an idiot".

The foolish King is persuaded and gives them time and a place in his palace to sew the clothes. The two villains pass their time eating and drinking gratis in the palace, pretending to be busy sewing the imaginary set of clothes. Many people in the palace come to inspect the clothes, among them the queen, the chief butler, the military officers, the Emperor's nephew, but none dares say the truth because the Emperor threatens to kill them.

Meanwhile, the Emperor's nephew feels very uncomfortable with the decay in the palace. The Emperor is very concerned about his education, but there is no improvement in his rude behaviour, which seems disorderly to the rest of the Palace. The nephew makes fun of all the teachers the Emperor sends him: the teacher of good manners, of dance, of philosophy, even of the Palace doctor, who turns out to be a psychiatrist.

The time passes and the moment comes when the clothes are ready. The Emperor does not dare say he cannot see any costume, nor does anybody from his circle. He walks out on the street naked and all his subjects applaud. Suddenly, the disorderly nephew cries out the truth: "the Emperor is naked".

The people revolt, arrest the Emperor, tie him up and dance all around him in a cheerful tarantella. The Emperor finally surrenders, is untied and joins in their dance.

The performers bow together, and then a deroling process follows in front of the audience, were they all take off an accessory of their costume and leave it in front of the audience, while saying their proper names.

The re-structuring of the plot of this tale contains crucial elements for these clients, such as the paradox of the usefulness of a maladapted individual for his/her environment; which may be crucial for the rousing of public consciousness, or for the possibility of reversing an oppressive order, or for the deceptive role of illusion that may mask true feelings. In a manner similar to ancient "nemesis", which is the justice that is visited on someone who enjoys privileges without deserving them, the authoritarian irrational belief-system surrenders and order is reversed towards truthfulness, clarity and freedom.

B. "The Dinner Party", based on the play by E.Kapetanakis

The re-structuring of the plot of this performance sets the action in a middle-class house in contemporary Athens, where a family and their friends wake up after a party. They sing a song together and leave the house, depicted symbolically as a big frame on the wall, which is a family portrait; it opens and they disappear into it.

Then the original playscript begins to look back at past memory of the family's life. A maid enters and dusts the picture (rearranges and closes it) and the furniture, introducing the actual play, which is the life of the family in this house a hundred years before. The Neroulos' family (in Greek meaning watery)-husband, wife, two daughters, a naughty boy and their maid- are finishing their dinner having forgotten they have invited the Stenos' family (in Greek meaning narrow) -husband, wife and nephew- for a party. These parties were called Vengeras (which is also the original name of the play); they were customary in Athenian society in the beginning of the century, where families would gather in each other's house after dinner and drink, sing and say jokes, enjoy themselves and socialise until early in the morning. The late arrival of the Stenos family gives rise to unpredictable situations. The families are unable to socialise with each other in a proper manner and they invent pretentious puns and clever-like conversations trying to impress one another. Men talk about politics and women about their maids, but they do not seem to agree on anything.

Meanwhile the nephew of Stenos flirts Neroulos' daughters and tries to learn from the son, who fools around all the time, about their fiancés. After the boy is chased away to the kitchen, a street scene brings the girl's lovers for a serenade under the Neroulos' window.

This scene, added by the groupwork in order to include clients who had special singing talents, is an addition to the play's original plot, which "freezes" (remains still) for a while, while the lovers from the street and the girls in the house sing old Athenian songs accompanied by an accordion. When the maid soaks the lovers with a watering can, the action in the house "unfreezes" and continues, until there is a power cut.

The family "freezes" again symbolically and the frame in the wall opens. The modern people enter the house, like entering into a memory, and by the light of

candles, they observe the space, use the old objects and unfreeze and dance with the old figures like in a dream. When they leave the space again, disappearing in the wall's frame, the old plot "unfreezes" and is continued.

A series of misunderstandings lead the characters to an argument, were the two families fight each other, till the Neroulos throw the Stenos out of the house. Nevertheless, when left alone, the Neroulos family continue to fight and hit each other, to the dismay of the young boy, who is left alone with his teddy bear.

The stage is empty and the modern people enter again from the picture on the wall, returning to the first positions they had, when they woke up from the party.

They sing the closure song and the old-age characters enter the scene to join them in their last verses, before the curtain falls. A deroling process follows, were each actor leaves an object of his costume in front of the audience, says his/her name and bows.

In this plot, time was dealt with special theatre techniques, such as "freezing" and "unfreezing", in order to bring memories, dreams and desires out of the clients' family life. Problematic family situations and middle class conservativism were confronted, criticized and mixed with fun and laughter within a genuine emotional interchange. The plot's dramatic episodes gave the opportunity to the more functional group members to demonstrate their dramatic skills, while the chorus parts were used in order to include the less functional group members within collective processes. This structure was fortified by the use of music and songs that brought performers and audience members together.

C. "The Flower of the Seashore", by A.Papadiamandis

This performance plot was constructed by the Leros Hospital patient group, through improvisations on a novel written by A.Papadiamandis, a Greek author whose themes come from Greek traditions and village life, known in Greek literature as the "Secular Monk".

The performance starts with the actors putting on a red or a blue scarf, which denotes their "being in role", in a ritual form.

There are alternating narrators reading the story; staff members and one client-the only one who can read-and in between these narratives, group improvisations of the narrated scenes take place on a musical background.

The plot included the following scenes:

a) Two villagers on the shore wondering about what a faraway light in the sea could be, rowing in a boat to reach it, but not being able to.

b) The promise of a young warrior to his mistress that he would marry her after having triumphed over his enemies across the sea; a promise symbolised by a flower he offers to her.

c) The battles of the warrior and his defeat.

d) The mistress waiting with the flower for his return on Christmas eve and their imaginary meeting in her dream; the flower's transformation into a light in the sea, guiding the sailors ever since.

e) The ending with a traditional celebration with Christmas carols sung by all the villagers.

The deroling process is accomplished, when the scarves were all taken off before the bow to the audience.

In this constructed plot, crucial elements that held a therapeutic effect were the collectivity of ritual and traditional procedures, the continuous fight for one's desires, the transformation of one's defeated intentions into a hopeful sign for the future, the sharing of a mythic imagery among the group members.

D. "Tell Me One Word", Version I and II:

This performance plot, created in its entirety by the Leros Hospital group, starts with the group's stage presentation. All "actors" move on stage in a swarm, with a Greek popular song referring to the unspoken word of love, which struggles to be uttered through the lips, but doesn't dare be pronounced. Then a scene of people strolling by the seaside takes place, on another musical piece.

After this introduction three stories are performed:

a) Sea and Love

A couple has to separate because the man has to work as a sailor to make a fortune and be able to provide for his partner. Her mother who had suffered the same pain when she was young comforts the woman. During the young woman's heartbreaking mourning for love, the mother sings a traditional folk song, which is sung in the islands by the sailors' relatives when they start off for sea voyages, which usually last many months.

The next scene deals with the life of the sailor and his pain for being away from the beloved. He finally decides to return. A big blue cloth, which represents the waves, is transformed into a pathway for the couple's meeting. In the following wedding ceremony, the same cloth unites all the actors as the villagers hold the bride's veil in a circular dance.

b) Slavery and Freedom

The second episode refers to a patient's memory of the Greek civil war, when he had been prosecuted and imprisoned for his political beliefs. In this period he had experienced his first psychotic symptoms of delusions of persecution and was transferred to the psychiatric hospital, were he remained for the rest of his life.

In this way, he acted as a protagonist in the groupwork, the group's projections of the desire to be free converging on him.

The client was the central hero, the prisoner, while the rest of the group enacted in a formalistic way the prison's bars and the guards. He sings partisan freedom songs with a bold and loud voice, challenging the empathy of the other group members who break down under the prisoners' voice. Both iron bars and the guards fall apart to liberate the prisoner to the middle of the stage. Being transformed into the protagonist's chorus both victim and persecutors join to sing a hymn to liberty.

The catharsis of the hero was facilitated by the symbolic representation of his bonds by the other group members. During the performance, the clients' meta-communication is evident in the video documents. For example, when one of the guards felt tired, the protagonist demanded bodily stamina from him as a performer, encouraging him by phrases such as: "hold the bars up" or "when I throw you down, you must fall to the earth". In one of the performances, when the audiences applauded his song of freedom, he shouted, "There is one more" and sang another song of revolution in addition to the one already performed.

c) Homecoming and Celebration

A third song symbolises another major aspect of the deinstitutionalisation process: the patients' linking to their families and their social environment.

The enacted scenes were the father's homecoming at Easter's Day and the lost friend's return to the village coffee shop.

The coffee shop scene was woven around the worry beads given to him by his father, as a blessing from father to son in a rite of passage; an autobiographical event for this patient. When the patient entered the coffee shop someone stole the beads but after the locals explained its story to the thief, the thief returned it to him and the whole group embraced him warmly.

That moment of the story was represented as a rite of passage on stage; the passage of the worry beads from father to son.

The need for feasting and celebrating was predominant during the scene of the family gathering and was expressed as a traditional Greek feast where the patients who could play musical instruments acted as the orchestra for the whole group to sing and dance. In this way some forgotten musical talents came to light: a violinist, a bouzouki player, a virtuoso singer.

In this performance plot, importance was given to the structuring of the clients' own stories into a common story for the group. This happened by joining past memories and experiences into new common rituals, as symbolic rites of passages from the institutionalised life of the clients into a new way of life in which the emotional and social needs of the clients were not neglected but were expressed openly.

Within all of the above plots one can see a solid structure, with a beginning, middle and an end, able to encompass the hero's adventures towards recognition and containment. The themes were all related to unfulfilled personal desires and to the struggle of individuals to communicate their inner truths and to be understood within collective societal processes.

ii) The characters (ethos)

The casting took place after a detailed evaluation of the clinical records of the clients, of their present state, their dramatic abilities during this particular state of their mental health and their initiative.

I regard the casting period as of particular importance when one is working with existing characters in plays, because the characters are going to be a major object of transference for some months, during the performance preparation. As Jenkyns (1996) mentions, "the character is "standing in" for another object relationship, either a part of the self or significant person in the individuals' object relations" (p.48). And so, "what we have is the actor projecting part of himself, by means of a character, into the part of himself which can act that character, so that it can be both contained and acted out, held and expressed"(p.49).

The character in the play, as a part of a whole, was attributed to group members in relation to their real life contribution to the group. New group members, or very fragile or disconnected members were cast into smaller or specific parts in the play, while more mature, able, communicative and steady members were cast in the leading parts. In this way, the character of the person reflected the level of therapeutic process in which the client took part. The whole play was a representation of the group's life and in this way, the play became a mirror for the group.

Within this "Dramatherapy Performance" the clients presenting a character on stage become the tragic heroes of the event, who have a double mission to accomplish. First, they are responsible for enacting the characters' journey on stage. Secondly they are responsible for presenting their own journey as performers of their characters throughout the "Dramatherapy Performance" event. At a third level, their personal journey, denoting their state and improvement within a therapeutic process, casts them as the "tragic heroes" of the performance event.

The casting of the clients for the characters of the play has followed two directions:

a) Either the characters covered the clients' particular schizophrenic symptoms and offered the clients a vehicle for participation in the plot, or

b) The characters aimed to ameliorate the clinical state of the client either by promoting his/her sane functions or by confronting his/her insane functions.

A character is a risk for the clients' ego. It can increase psychopathology if individuals with fluid or rigid ego boundaries tuned themselves into a role without paying adequate attention to distancing themselves from it.

For example, a client with a schizophrenic disorder who played the leading part of the Emperor in the "Emperor's New Set of Clothes" acquired some grandiose ideas after his role playing, which needed to be dealt with cautiously for several sessions after the performance through intense deroling and reality-testing.

Another example is the non-suitability of the role of "Mr. Neroulos", which means in Greek "Mr.Watery", in "The Dinner Party", for a client with schizophrenia, who had the somatic delusion of having "watery" limbs. Even though this part suited the client well from a dramatic point of view, his delusions about his bodily integrity excluded him from being cast in this part of the play, because of a possible counter therapeutic effect.

The final responsibility for the casting is a task the therapist has to undertake.

There are times when there is not any part in the play for some individuals. In such cases, the therapist must invent or devise a part, so that everyone can be included in the performance.

Chorus-scenes are very helpful here, because they give the less functional individuals the opportunity for inclusion. For them taking in an individual character would be a heavy task. The alternation between chorus parts and dramatic episodes reflects the quantitative elements of Aristotle's tragedian mode: prologue, parodus, first episode, first stasimo (chorus part), second episode, second stasimo, third episode, third stasimo and exodus. As Taplin (1978) mentions: "these actor-chorus units together with the exits and entrances form the structural framework of a tragedy". (p.20)

The development of collective scenes, which frame the central action, has been used in these productions.

For example in the "Emperor's New Set of Clothes" the play starts with a scene depicting the poor and unhappy life of the citizens of this Kingdom. Another scene was interposed in the play with the life of notorious people in the Kingdom. These two collective scenes gave the less functional people of the group the opportunity to be included in the play as members of a chorus.

I will now refer to the characters and the rationale of the casting in the five performances.

A) The characters within the "Emperor's New Set of Clothes":

- The Emperor, the Queen, the butler, the nephew, the teacher of philosophy, the teacher of good manners, the teachers of dance, the doctor, the ladies of the Queen, the guards, the messenger.

- The notorious people

- The two villains, the smart and the stupid one, the two gangs

- The village people

B) The characters of "The Dinner Party":

In "The Dinner Party", the whole play, which refers to Athenian society in the beginning of the 20th century, was a memory of "contemporary" people, who had just woken up after a party. The actual play became a play-within-the-play and the characters in the production were double cast as the "contemporary" and the "olden times" ones. In the group of the "contemporary" people, the less functional individuals held the action and the scene was based on music, movement and lyrics, while the more functional group members took in the characters of the main play, as the group of the "olden times" people.

The contemporary people were: the mother, the father, the son, the daughters, the maid and their friends.

The "olden times" people were:

- The Neroulos family: husband, wife, two daughters, maid, son, and niece;

- The Stenos family: husband, wife, and nephew;

- The Serenade: the accordionist, the five lovers.

In this way a play was devised, which fitted the less functional members into their own scenes, were they had "leading" parts without the fear of incompetence. A "cast reversal" between protagonists and secondary parts of the play took place at specific moments during the play.

The characters in this play gave the opportunity to the clients to create and live within an alternative symbolic reality and to compare its journey to their own

journeys in life. Family situations in which characters were entangled were material for examination throughout this therapeutic process.

C) In "The Flower of the Seashore", the clients improvise a myth on stage. The characters sprung out of choreographies, which disguised the muteness and the conversational deficiencies of the clients. The warriors, the princess, the local people of the village, were enacted from the performers "in role", responding to the client and staff members who were the narrators.

D) In the two performances of "Tell Me One Word", the performers enacted parts of themselves belonging to the present or to past memories. Since the material was autobiographical, the aesthetic distance was small, clients and characters almost coincided. The performers used their own names on stage. The characters represented their own turmoil, disrupted relationships and forthcoming events they found desirable. When they were improvising inanimate elements, such as the sea waves or the prison, they supported the journey of the basic hero of the enacted story.

The staff members played a crucial part in the plays. It was clear from the very beginning that the staff members who were going to play were not in the group in order to deal with their personal issues, but their function was double:

1) A supportive one; this was represented in the casting in "key roles" which would help the clients in case something would go wrong. Examples are the role of "friend" of a very fragile client, the role of the "servant" of the queen, the "naughty kid" in the family, who had the possibility through his role to "play" near everyone and aid any of the other actors during the play. The staff members were also responsible for areas of attention within the performance, which is important for such numerous and large productions. In this way they supported the group either by giving immediate solutions to any problems occurring or by informing the group leader about problems he should pay attention to.

2) A role model one, in matters of motivation, expressivity, sharing and promoting communication within the group. For example, when clients and staff represented the guards in the jail, the staff's timing modelled the pace of the guards for the clients to imitate.

I have given an overview here of the characters, the clients and the staff demonstrated within the videotaped material. Next I will refer to the ideas these characters convey, in Aristotle's terms the "Dianoia" of the plays.

iii) The ideology (Dianoia)

Aristotle's notion of "Dianoia" refers to the ideas of the play carried out by the characters, or otherwise, the characters as conveyers of an ideology.

The ideology of the play in these performances is an issue for negotiation.

It is easy to fall into the pitfall of producing a framed event in a way that can merely amuse the audience while it is being enacted, without really questioning or challenging the dynamics of the existing state of the clinical setting.

As Goffman thinks in "Asylums" (1961), this standpoint can only reinforce the logic of an Asylum, offering nothing but an additional institutional ceremony.

As Ionesco suggests of the potential of a theatre production, in his work "Notes and Counter Notes" (1964), the role of a production is controversy, a dynamite for all forms of conventionality.

I will attempt to explain further a paradox arising in these theatre performances. The paradox lies in the concept of a theatre performance in relation to **the aspect of conventionality**.

In theatre, actors distort their everyday-life social conventions in order to re-organise them and re-invent others, which are relevant for a particular stage production, at the end of which they return to conventional social norms as ordinary persons. This is a conscious function. Therefore theatre can be seen as an "unconventional" situation in relation to the social context of everyday life.

Although it would be interesting to examine the distortion of identity for an individual with a schizophrenic disorder, as a character, which breaks the conventional rules of communication, there is an importance difference to mark out.

This function, for an individual with schizophrenia, is not a deliberate, conscious choice; it is rather something unpredictable and uncontrollable that has happened to his or her life, which has been determined by a complex of biological, psychological and social causes.

In this case, the dissolution of social conventionality already exists and can be recognisable for an individual with schizophrenia, especially if negative symptoms are preponderant from the moment he or she enters on stage.

The spectacle seems obviously "unconventional" from the very beginning.

In this case, if such an individual takes in a role portraying a non-schizophrenic person within a social context, for example a daughter of a family eating dinner with her family members, and manages to express all conventional norms, which makes the audience recognise this part as "normal", this individual has achieved a great goal towards social awareness and integration.

In this way the paradox lies in that the theatre play, although an unconventional social situation, can become a form of art through which people with schizophrenia can share their "conventionality" with their audience.

However, this whole spectacle, different from an ordinary theatre performance, is an "unconventional" piece of drama in relation to other theatre performances made up by "normal" people.

In this way its "conventionality" becomes "unconventional" and, in a way, in theatre terminology it can be considered as an avant-guard performance. This hypothesis has two implications.

a) The content of the play may be synthesised by various methods, which aim to show the social norms, and social conventions in which these individuals aim at participating. The more abstract, surreal or theoretically vague is the play, the more it can hide its intentions and take advantage of the clients' deficiencies in order to unfold its plot. In some cases this can be useful, when clients have not attained the level of portraying a social situation in a convincing way. However, such manipulations during the play should be interspersed carefully among the rest of the play.

I shall offer here an example. In the "Emperor's New Set of Clothes", a very disordered borderline group-member, with a number of psychotic outbursts and anti-social behaviour, did not want to be included in the play and could not play sufficiently any role, due to lack of thought organisation as well as of discipline.

The play was devised in such a way, so that the client could play the role of the angry, revolutionary, "mad" nephew of the Emperor, who, despite the Emperor's

attempts to give him a formal education by the tutors in the palace, did not make any improvement.

At the end of the play, the disclosure of the Emperor's nudity in the parade with his "new" clothes, was provoked by his "mad" nephew, instead of a child shouting the truth, as was in the original tale. The client agreed to play the part; he enjoyed it and created an interesting dramatic character. In this way he participated in the group's life, through a non-conventional way.

In this paradigm, the "conventional" ideology about madness was brought on stage through the conventional environment of the palace and the King's parade in the city, and a positive aspect of the lack of inhibitions (when the nephew shouted "the King is naked") was presented in a framed theatrical way. Moreover, the sanity of authority was questioned.

Secondly, the audience response to such an ideology is considerable. The whole play by being an "unconventional" image of psychiatric disorder- in which one can still communicate, role-play and produce a culture within social conventions, subverts the "conventional" image of the ward, the asylum and the acceptable standards for these clients, which expose them as rigid and unchangeable.

I can consider as "cathartic" structures within these plays, the moments the clients performing on stage show themselves to be enjoying conventions. Let us see which are these conventions. Pierre Guiraud (1975) describes four main categories of activity which govern social communication:

1. Protocols, which establish communication.

2. Rituals, which affirm solidarity of religious, national and social obligations.

3. Fashions, which assert membership of a specific group.

4. Games, in which participants enact and experience affectedly aspects of a social reality.

I would consider as a moment of catharsis for the play the achievement of one of the above conventions by an individual with schizophrenia on stage. I will note here some examples of social signs included in the videotaped material:

A) In the "Emperor's New Set of Clothes": the agricultural rituals of the honourable subjects and the notorious rituals of the villains, the system of protocols and fashions that formed the palace atmosphere, the dancing fashion of the nephew

and his dance teacher, the games of sewing of the imaginary uniform and of the card playing of the villains; the ritual of the Emperor's parade, the therapeutic ritual of the tarantella dance as a popular festivity at the end of the play.

B) In "The Dinner Party": the domestic rituals of supper, the protocol of greetings which is followed when one family enters the other's house, the rituals of men singing in the streets under the girls' windows, the game of "berlina" which reveals family "secrets", the fashions of clothes and their use, which assert social status.

C) In "The Flower of the Seashore": protocols of agreement between sailors, of night versus day activities, going to the war and fighting enemies, proposing marriage to the beloved, rituals of sailing on the sea, marriage, fighting, fashions of warriors, games of victory, and games such as the parade of the awakening of one of the protagonists and his elevation towards the sky on the shoulders of the others.

D) In version I and II of "Tell Me One Word": Protocols of family membership (mother-daughter-husband, or father-son), of professional identity (sailor-captain, balloon-merchant), of status (prisoner-guard, thief-victim), rituals of sailing, marriage, revolution, circular dances, red egg breaking during Easter, customs of wearing black for loss and white for marriage, the guards' appearance, the worry-beads, games of cards and backgammon in the coffee shop, of playing with balloons and of dancing playfully in the end.

These moments of social convention, when realised by the individuals on stage, provoke a reversed image of their inability to socialise, and thus a cathartic moment for their social inclusion.

Hence, the audience is provided with a medium of identification with this very reversal, as a recognition of their inner journey towards being socially accepted, or as their own moments of transient insanity whenever attempting to achieve social goals. The discovery of an inner truth is triggered in the spectators' hearts through watching such a performance. It is the recognition and acceptance of the inner "mad person", thus a therapeutic process for the audience also.

iv) The diction (Lexis)

The language, which the clients use on stage, is a part of the construction of the whole performance. It has to be a language able to communicate meanings to both actors and audience, compatible with the characters and the ideology of the play.

The **language of clients with schizophrenia** has its own characteristics, which do not promote communication either among clients or among clients and audience. These can range from simple poverty of speech to a complete "jargon" language with lack of syntax and neologisms (new words made by the client, which have a meaning only him/herself). Being able to speak the language of a character in a play is already a goal. Another goal is to remember the text and recall it on stage, a task difficult enough even for non-psychotic individuals.

An individual with schizophrenia who recalls and articulates on stage a verse of a poem reverses his/her own image, because he/she presents the complexity and the cohesiveness of a language, which may not have been uttered or may not have been noticed in his/her speech by his/her significant others or his therapists for a long time. The utterance of the play's diction provides an additional task for the actor, a task that can be appreciated and can improve self-esteem when accomplished.

Besides, if a clients' muteness is masked by a silent role, i.e. a working farmer, or a slave, a nonverbal language comes to help with the clients' problematic communication, which lacks speech.

Antipsychotic medication, provoking a difficulty in utterance through disarticulation and parkinsonian symptoms, adds to this problem.

I present some example from the performances' therapeutic use of diction.

A) In the "Emperor's New Set of Clothes" the dialogues were juxtaposed with chorus parts, where less functional clients could articulate the play's diction without personal exposure.

Articulation problems were masked by the clients' proposals. The actor playing the Emperor decided to cover up his dystonia by chewing gum, adding a characteristic of imbecility to the Emperor's speech.

B) In “The Dinner Party”, the two ways of speaking contemporary and old-fashioned Greek helped the clients' characterisation on stage and gave them the perspective of change.

Particular problems were confronted through adaptive behaviours. The client acting “Mrs. Stenou” had to drink water frequently, trying not to faint from disgust at the bad manners in their friend's house, thus masking, the dehydration problem of the client due to medication that did not let her speak properly.

C) In “The Flower of the Seashore”, the first performance in the Leros Hospital, the narrative of the play was heard in a playback, so clients with difficulty in any possible vocalisation could improvise on the words through movement.

D) In “Tell Me One Word”, the next performances in the Leros Hospital, the short dialogues showed an significant improvement in the clients' self expression from the first performance. The scenes were all based on simple words the clients exchanged during the sessions that were joined up into sentences and stories. The title of the play was due to this procedure. Because most of the clients' conversational skills were poor, many scenes were completed with traditional folk songs the clients had the ability and desire to sing together.

Within a Dramatherapy Performance the diction of the text, uttered by the characters or by the chorus, becomes the clients' “speech-act”, **a verbal discourse of the symptoms** despite their concrete nature. Through the performance process this symptom can be altered or modified in order to reach its “social presentation” on stage.

v) The music (Melos)

Within Dramatherapy Performance with clients with schizophrenia, the role of music in sustaining dramatic structure becomes crucial, for the musical abilities of the clients are in general, less affected from the disorder than the verbal ones.

The relation between dramatic and music structure is examined by Barry (1970). He considers a number of dramatic phenomena that might be claimed to be analogous to musical repetition: 1) repeated phrases or words, 2) repeated scenes, 3)

the re-entrance of the same character, 4) re-appearance of catch phrases or themes, 5) the repetition of poetry in verse drama.

According to Barry (1970) "Music is closely related to **time** and the two opportunities time offers: **repetition and change**" (p.132). Barry argues that dramatic repetition is a repetition of representations of man, though musical repetitions involve non-representational elements. The pure sounds in drama create their own music, a pattern that is appreciated for its literal and raw material. In addition to this, they can be combined in a complex form of separate drama and music units, as in the form of a musical.

If the above ideas are considered within a Dramatherapy Performance context, music can be used:

a) Independently, to mark out the expression of an ability of an actor such as singing, playing an instrument or dancing,

b) As a background, to link, unify, intensify, repeat, separate or change the play's scenes,

c) As projective material for less functional clients, whose verbal representational abilities are diminished.

In the examined productions, music is mostly used in the lyric part of the plays, in order to enrich the chorus scenes, enacted by the less functional individuals, or to accentuate a specific moment of the action on stage. In some cases, individuals who play an instrument are encouraged to produce music on stage at particular points during action.

A) In the "Emperor's New Set of Clothes" there is a chorus structure where music unifies the participants and sustains the songs that express public opinion. In the beginning, music provides the atmosphere for two opposite sides of the citizen's lives: the miserable day-to-day ordinary life and the notorious nightlife. At the end, they all danced the tarantella together. Historically, this dance bears a therapeutic significance, because it was used as a cathartic form of therapy to counter the manic state provoked by the spider-demon Tarantula in South Italy during the Middle Ages (Papadopoulos, 1989). Here, the tarantella dance unified people in a celebration of truth and justice against the demon of oppression within an irrational empire.

B) In "The Dinner Party" music serves as a provider of the stimulus for social analysis, being selected as characteristic of social and historical aspects of everyday life in the "old ages" and in "contemporary" life. Again, the less functional individuals are contained within the chorus parts.

C) In all three performances of the Leros Hospital group, music has a central part, the productions taking the style of a musical. This reflects previous thoughts about the use of music for non-representational purposes, since most of these individuals lack the ability of verbal representation. For the more functional clients, singing in solo empowers them as agents of the performance's meanings towards the audience.

It is evident from the video material that music is the cornerstone of the performance-making with these client groups.

iv) The design (Opsis)

Within a "Dramatherapy Performance" the element of design is also created collectively by the whole group. The whole group decides about the **scenery**, **props** and the choice of **clothes** for the characters. These objects provide additional chances for projections and **object-relations** to the clients. Their symbolic function facilitates the passage of the clients into the symbolic reality of the play.

Within the examined video material the following can be noted:

A) In the "Emperor's New Set of Clothes" the decrowning of the Emperor as well as the particular costumes of the Emperor's officers promoted a grotesque image of the Empire, while the poor clothes of the subjects projected the opposite image of poverty and sadness. The city itself as a background picture had been drawn by the whole group, on which real feathers were stuck and were drawn into birds that represented freedom.

B) In "The Dinner Party" the design was more sophisticated, directed by the art therapist of the Day Hospital and was worked through in detail to reflect therapeutic and aesthetic processes. The combination of pink and light blue as a major

colour element represented a mixture of opposites, a unification, an adolescent love affair and the novelty of new beginnings for the clients.

C) In the Leros productions the major element was that of recycling. Old objects were used in a new way. They were repainted, altered, and given a symbolic meaning (wooden sticks became the swords, pieces of cloth became the sea). The whole image was simple, and the patients' bodies themselves depicted the idea of pain and the need for freedom. Three large pieces of cloth across the stage, as they were being gently rustled by the wind, represented rivers of change, carrying on them three written words; the three themes of the play: Sea, Love, and Freedom.

I have attempted to analyse this initial performance material using the Aristotelian model of the six poetic elements of the tragic mode: plot, character, ideology, diction, music, design.

As has been shown in the above paradigms, this model seems applicable to different styles of performance-making, varying from work on existing plays or stories, to working directly with the clients' autobiographical material.

No matter the style of the performance, there are some basic features of Dramatherapy practice with clients with schizophrenia indicated in these videotaped performances. In sum, these features are the following:

i) Clients and non-clients can co-exist and create together.

ii) It is sometimes difficult to distinguish clients from non-clients.

iii) Clients can tolerate performance anxiety, especially in front of an audience they care about (usually formed by their invited significant others).

iv) Clients can participate within a dramatic structure constructed by themselves.

v) Clients can organise themselves in order to accomplish the performance (Organisation of thought-attention-interaction-co-operation).

vi) Clients can express emotion.

vii) Clients can show volition within the performance context.

viii) Clients can employ their expressive skills in order to demonstrate a meaning (facial expression- gesture- movement- speech).

ix) The obvious difficulty in achieving all of the above has a dramatic interest, adding a positive value to the performance because:

- It validates the performance as a paratheatrical phenomenon, a "real-life rehearsal", and

- It converts the performance into a contemporary tragedy, where individuals are trying to resolve a conflict between achieving a coherent self-identity and losing their self-boundaries due to their schizophrenic disorder.

From all of the above observations, a questionnaire can be created in order to gather information about the Dramatherapy Performance as a whole. Here I give an example of this second area of the questionnaire.

After observing the performance one time only, answer the following questions:

1) Has the performance been achieved? (Started-continued without any major disruption and ended)

2) Can you distinguish clients from staff?

3) If staff members were present, was the performance a shared event between clients and staff in respect of quantity (time of enactment-number of participants) and quality (level of dramatic involvement and casting)

4) Was there a certain structure, which the performers have managed to accomplish?

5) Has the performance been achieved regardless of the positive or negative reactions from the audience?

6) Has the performance moved you and why?

7) Did the performance as a whole or any particular element in it contradicted with your initial expectations before watching this video?

8) Have the performers been able to interact in groups as well as individually?

9) Has the performance influenced what you thought about schizophrenic disorder?

10) Has the performance demonstrated the clients' resistance (or difficulties) towards performing and their effort in order to overcome them?

11) Have the performers been able to:

a) Structure a story with a beginning, a middle part and an end?

b) Display characters within this story?

c) Convey the ideas of these characters?

d) Utter the character's speech?

e) Express themselves in relation to music and sounds?

f) Express themselves in relation to the design (props, scenery and costumes)?

5. Measurement of Individual Performance by the "Dramatherapy Performance Evaluation"

Next, the individual performance of the subjects will be evaluated during the performance. I will mention ways of rating advantages and disadvantages. This can be done through:

a) Rating all the videotape for each individual. This is time consuming.

b) Intermittent observation. Rating video scenes can take place:

i) In randomised time periods (i.e. of 1min), or in a precept proportionate time slot for each individual (by computer). This method though, might not capture some of the clients on stage for the entrances and departures are pre-structured and not spontaneous as in real life.

ii) In pre-identified moments of the performance for each individual.

These moments can be pre-identified "peak moments" of the performance. In this case, one should face the bias of the person who makes this selection. They can also relate to the clients' use of stage space, though in some productions the use of stage space might be a preset matter of the plays' direction.

iii) In moments related to the play (i.e. one minute of entrance, middle part, and exit of each individual). If a client takes part in more than one scene a mean can be calculated.

I will now try to devise a scale by relating theatre and psychiatric semiotics of individual performance and joining them within the play's six consisting elements.

Within the six constituent Aristotelian elements of performance-as-a-whole one could make observations in relation to the individuals' performance. For this reason theatre semiotics could provide a structure. Jones' adaptation of Kowzan (1968) and Pavis (1985) sign systems consist of the following elements of "Dramatic Body" (1996): a) facial expression, b) gesture, c) movement and d) voice.

Besides, Andreasen' s rating of negative symptoms for schizophrenia (SANS, 1983) includes specific disorders in the aforementioned categories, grouped into the subcategory **affective flattening.** These are:

a) Unchanging facial expression

b) Paucity of expressive gestures

c) Decreased spontaneous movements

d) Lack of vocal inflections

e) Poor eye contact

f) Affective non-responsivity

g) Inappropriate affect

h) Global rating

Though I shall use this scale, other scales of symptoms might be also helpful, such as the Behavioural Observation Scale, by Atakan (1989) based on videotaped interviews, which contains the elements of self-presentation, activity, display of affect, communication skills and co-operation. Can we identify these symptoms in the acting individuals? Are they present and at which point in each of the play's six elements of tragedy? Let us see an example of a rating, according to the indication for these ratings provided by the SANS scale. At each of the above the rating scale can range from 1 to 5. Other authors have also rated affective flattening from videotaped interviews by using a five-grade scale. (Waltrip, 1988).

Example

Client X has an ***unchanged facial expression*** at the following performance items.

Mark your observation as: 1. Not at all, 2. Mildly, 3. Moderately, 4. Marked, 5. Severely

a) During the plot of the scene	1-5
b) During the display of a character/s	1-5
c) During the flow of the character's ideas	1-5
d) During the flow of the play's diction	1-5
e) In relation to music or sound effects.	1-5
f) In relation to his/her use of props and scenery	1-5

In this way a scale with 48 (8x6) items rated from 1-5 is constructed.

Another approach would be to take each of the six elements and specify which area of symptoms could be best related to them. For example, for the creation of the

plot, the symptoms of inattention, poor rapport, lack of concentration, disorganisation and lack of co-operation would be more appropriate. However, the focus in this study will be on the clients' "affective flattening".

Thus, the questionnaire that has been proposed consisted of three areas of attention:

a) A general area of information about the video and the performance-making.

b) An overall observation of the performance-as-a-whole.

c) A specific observation of the individuals' performances.

I name this questionnaire "Dramatherapy Performance Evaluation".

6. THE "DRAMATHERAPY PERFORMANCE EVALUATION" *(A VIDEO ASSESSMENT QUESTIONNAIRE)*

Part 1

Questionnaire date
Questionnaire place
Name of rater
Qualification of rater
Language and nationality of rater
Type of Videotape
Duration
Video Date
Video setting (angle)
Name of documentarist
Qualification of documentarist
Purpose of video documentation
Title of the performance

Duration
Performance place
Number of participants (clients and staff)
Additional therapies undertaken (including medication)
Stage of clients' schizophrenic disorder
Main overall therapeutic aims for client group
Main therapeutic aims of performance

Part 2

After observing the performance, please answer the following questions:

1) Has the performance been achieved?
(Started-continued without any major disruption and ended)
2) Can you distinguish clients from staff?
3) If staff was present was the performance a shared event between clients and staff in respect of quantity (time of enactment-number of participants) and quality (level of dramatic involvement and casting)
4) Was there a certain structure, which the performers have achieved to accomplish?
5) Has the performance been achieved despite the positive or negative reactions from the audience?
6) Has the performance moved you and why?
7) Has the performance as a whole or any particular element in it contradicted with your initial expectations before watching this video?
8) Have the performers been able to interact in groups as well as individually?
9) Has the performance influenced what you thought about schizophrenic disorder?
10) Has the performance demonstrated the clients' resistance (or difficulties) towards performing and their effort in order to overcome them?
11) Have the performers been able to:
a) Structure a story with a beginning, a middle part and an end?

b) Display characters within this story?
c) Convey the ideas of these characters?
d) Utter the character's speech?
e) Express themselves interrelation to music and sounds?
f) Express themselves in relation to the design (props, scenery and costumes)?

Part 3

After observing the video sample for individual X, please rate the following.
(1: none, 2: mildly, 3: moderately, 4: marked, 5: severely)

1.E.G. Client X presents an unchanging facial expression
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5
e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

2. E.G. Client X paucity of expressive gestures
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5
e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

3. E.G. Client X presents decreased spontaneous movements
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5
e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

4. E.G. Client X presents lack of vocal inflections
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5
e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

5. E.G. Client X presents poor eye contact
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5

e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

6. E.G. Client X presents affective non-responsivity
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5
e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

7. E.G. Client X presents inappropriate affect
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5
e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

8. E.G. Client X presents global affective flattening
a) During the plot of the scene 1-5
b) During the display of a character/s 1-5
c) During the flow of the character's ideas 1-5
d) During the flow of the play's diction 1-5
e) In relation to music or sound effects. 1-5
f) In relation to his/her use of props and scenery 1-5

The aforementioned ratings for an individual client can be included within a table that permits an overview of the clients' contribution to the performance's six poetic elements in relation to his/her affective flattening items.

Affective flattening components in relation to Aristotle's poetic elements

Subject: Date:	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"									
Character-"Ethos"									
Ideas- "Dianoia"									
Diction- "Lexis"									
Music- "Melos"									
Design- "Opsis"									
Total score									

SECTION F

METHODOLOGY

CHAPTER 11

METHODOLOGY OF THE DRAMATHERAPY CLINICAL TRIAL IN THE DAY HOSPITAL

CHAPTER 11

METHODOLOGY OF THE DRAMATHERAPY CLINICAL TRIAL IN THE DAY HOSPITAL

1. SUBJECTS

The subjects of this research were:

a) Thirty-one (31) clients with a diagnosis of schizophrenia under secondary prevention, participating voluntarily in the therapeutic programme of the University Day Hospital in Athens, Greece and

b) The clients' "Significant Others", who were invited to form the audience of the performance event of this project and were interviewed after a month about the performance and its impact on them and on the clients. Although approximately thirty persons, clients' relatives and friends, attended the performance event, only thirteen of them consented to be interviewed for this research eventually.

The Day Hospital where this research took place in had an intake of a slowly alternating population of 18 to 25 clients, most with a diagnosis of schizophrenia and, rarely, bipolar disorder or severe anxiety disorders. The clients were young adults, aged between 18-35, both men and women, with a duration of illness of less than fifteen years, without any established organic reason for their mental state or any mental retardation and without any drug or alcohol dependency, who lived in the greater area of Athens and brought themselves to the Day Hospital every day during their treatment.

The clients were of normal intelligence in the average range, as measured by the WAIS scale (mean full-scale I.Q.: 92). Their verbal I.Q. score was average (mean verbal I.Q.: 98) while their performance I.Q. score was in the low average range (mean performance I.Q.: 85). Most of them were high school graduates; while some were University students and all resided with their families in the Athens area.

The clients were on anti-psychotic medication, prescribed by the psychiatrists of the unit and administered by the Day Hospital. For the needs of this research it was arranged that the clients' medication would remain standard for the months of the therapeutic project unless an important reason for an alteration of medication would occur, such as a relapse.

The clients of this particular research project took part in two successive groups of 15 and 16 clients each; the former group undertook Dramatherapy and the latter was the control group. Assignation of the clients to any of the two groups was at random, according to their date of entry in the Day Hospital' intake for the year the research took place. Because all the clients adhered to the admission criteria of the Day Hospital, any further randomisation of the clients between the two groups was considered unnecessary. Three clients had a diagnosis other than schizophrenia and have been excluded from this research; they attended the groups but they were not included in the assessments.

The populations of the two groups were comparable according to the following characteristics: age, sex, intelligence, years of education, the duration of illness, the duration of hospitalisation, their clinical state and their mean daily anti-psychotic dosage.

All the clients participated in the Therapeutic Community of the Day Hospital for about a year. The clients' treatment followed the therapeutic "milieu" approach, which included individual psychiatric care and medication, integrative group therapy, occupational therapy, socio-therapeutic groups and participation in the Community's meetings. The Dramatherapy and the Control group both functioned for a seven-month period; the first four months was the therapeutic phase and the next three months the follow-up period. The follow-up of the Dramatherapy group took place in tandem with the Control group process. Altogether, the clients' participation in the two groups was observed for a period of eleven months.

The reasons for enrolling the subjects in two successive groups, the Dramatherapy and the Control group are as follows:

i) The number of clients with a diagnosis of schizophrenia attending the Day Hospital at the starting date of this project was fifteen, which was quite large for a therapeutic intervention, but rather marginal for statistical measurements. The further division of the 15 clients, in two random groups, running simultaneously, would lead to an unacceptably small sample for any quantitative research design (7 or 8 subjects).

ii) This division could also create problems for the smooth functioning of the therapeutic community because of the following:

a) The basic principle of this community was that all clients attended all the therapeutic activities of the setting. The differentiation of the Dramatherapy and the Control groups to the rest of the therapeutic programme would make for problems in the Day Hospital's daily schedule.

b) The two co-therapists would find it difficult to attend both groups. They would have to work separately or to assign extra staff, which would alter the conditions between the two groups.

c) The therapists of the Day Hospital suggested that the control group should consist simply of another group of clients involved in the usual therapeutic interventions of the Day Hospital. Any other group specifically designed to act as a control to Dramatherapy (such as Art Therapy or Social Skills Training) was regarded as not really comparable as these groups could be without the performance effect, which was considered as the key element under investigation. The therapists' suggestion for a comparison group to the Dramatherapy one, was another group of clients, with no previous exposure to Dramatherapy, which would start after the closure of the Dramatherapy group.

d) The clients' preference and the experience of their previous participation were in favour of the Dramatherapy group.

So, one group with all the clients in the Day Hospital was formed at a time. One group would attend all the therapeutic programme of the Day Hospital including Dramatherapy, while the Control group, which was formed by the next intake of clients, would attend just the therapeutic programme of the Day Hospital during the next time-period.

During the whole period of eleven months needed for the completion of both groups including the follow up, all the basic conditions were scheduled to remain the same: the same number of sessions, the same therapists and the same therapeutic procedures, except for the inclusion of Dramatherapy. For the Control group the rest of the therapeutic programme was expanded in time, to make up for the time that Dramatherapy took within the therapeutic programme.

Thus, a comparison between two groups of clients attending two forms of health care took place:

1. **The Dramatherapy group**: therapeutic programme including Dramatherapy, and

2. **The Control group**: therapeutic programme without Dramatherapy (expanded to cover the Dramatherapy sessions' time).

2. Description of Intervention

The research project included:

1) A study in order to develop a model of assessment of a Dramatherapy performance. For this reason several videotaped Dramatherapy performances of individuals with schizophrenia have been used in order to develop criteria and rating scales deriving from Theatre Theory and Semiotics, Aristotle's Poetics as well as Communication Theory (Pavis, 1982).

2) An eleven-month longitudinal comparative study of patients diagnosed with schizophrenia, participating into two groups. This study followed three stages: a) The Pre-Therapy or Preparation stage, where the initial negotiations with the setting took place, as well as the initial client assessments and assignment to the two groups; b) The Dramatherapy Group stage, which culminated in a "Dramatherapy Performance" presented in front of an invited audience of the clients' "Significant Others", and c) The Post-Therapy stage, where evaluation took place in both groups.

3) The Analysis of the Data. The combination of qualitative and quantitative data led to final conclusions on the change of the clients' clinical state and communication abilities throughout this therapeutic intervention.

This research followed a mixed methodology, combining qualitative and quantitative data. Qualitative research was based on the analysis of the Dramatherapy group process as a case study, which was evaluated by a new tool of evaluation devised for this research purpose, which was named "Dramatherapy Performance Evaluation". Additionally, the analysis of the performance's after-effect on the clients' "Significant Others" through semi-structured interviews was another qualitative research method that this project included. In addition to this, the creation of the performance event was a direct art-based form of research on its own. The analysis of its creative elements was a basic source of information for the researcher's interest but

also a lived experience for the group members' personal process. Systematic observation of the clients' individual creativity throughout the performance event added to the research outcomes. Quantitative data were gathered for the experimental part of the research that had the form of a randomised controlled trial. Objective measurements were complemented by process analysis in order to arrive at the final conclusions. In accordance with a reflective approach, at times the researcher dramatherapist distanced himself, by becoming an observer, in order to feedback the system with new knowledge to be worked through. The researcher's personal process, reflecting this distancing effect, was considered during supervision. From this point of view, the method could be considered as adhering to a "real world research" model (Robson, 1993), inasmuch as it was "translating the presenting problem into something researchable, and moreover "do-able' within the parameters of truth, resources and finance that can be made available" (p.22). In sum, this research project followed different research methods for each one of its areas, through a combination of qualitative, quantitative and art-based research designs. Thus, it attempted to improve the communication of its results with others, such as professionals from the psychotherapeutic, psychiatric and theatrical fields.

3. THE DATA COLLECTION

The data collection took place as follows:

a) The assessment of the clients in both groups took place at the beginning, the end and after a follow-up period. The assessment measured the clients': i) general psychopathology, with the B.P.R.S. scale (Overall, J.E., Gorham, D.R., 1962), level of depression with the Zung scale (Zung, 1965), and negative symptoms with the S.A.N.S. scale (Andreasen, 1982), ii) the clients' relationships with self and others, with the Robson Self –Esteem Questionnaire (Robson, 1989), and the Significant Others Scale ("S.O.S.", Power, 1988), iii) the dramatic involvement of the clients (only for the Dramatherapy group), with the Dramatic Involvement Inventory (Jones, 1996) and the clients' expression of affect within the elements of the performance structure, by the "Dramatherapy Performance Evaluation", a scale developed by the author for this particular project based on Aristotle's Poetics.

b) Data on the Dramatherapy group process as well as on the final performance event was gathered from the videotaped sessions and the final event as well as from the therapists' and key workers' notes after the sessions.

c) The impact of the "Dramatherapy Performance" on its audience was evaluated by: i) videotaped response of the invited audience, ii) semi-structured interviews with the clients' "significant others" one month after the performance attendance, and iii) the clients' perceived support from their significant others, measured by the Significant Others Scale (Power, 1988).

4. Data Analysis

The analysis of the gathered data, involved:

a) A content analysis of the videotaped Dramatherapy process, evaluating the sessions as well as the performance as an independent event,

b) The analysis of qualitative data acquired from interviews, and

c) The statistical analysis of the quantitative data provided by scales and questionnaires.

Statistical Analysis

The statistical approach for analysing this kind of longitudinal data where the average response over time is the chosen target, involves three different approaches:

a) **Post** - an analysis that ignores the pre-treatment scores available and analyses the mean of the subjects' post-treatment responses.

b) **Change** – an analysis that uses the differences between the means of each subject's post- and pre-treatment responses.

c) **Ancova** – an analysis that takes into account the variation between subjects in the baseline measurements, by using the mean of the baseline values for each subject as a covariate in a linear model for the comparison of post-treatment means.

Specifically the statistical tests used in the analysis are:

i) Fisher's exact test- to- test differences in proportions in two independent groups.

ii) The significance of the difference between the means of values in independent groups of patients was tested using the two-sided unpaired t-test.

iii) Comparisons of the means of related populations were carried out using a two-sided paired t-test, in other words for repeated measurements on the same patients.

iv) Linear regression was applied to predict what the outcome would be after adjusting for specific covariates.

v) Pearson's correlation coefficient as a measure of linear association between two covariates.

Apart from the parametric tests described above, non-parametric procedures where also applied:

i) Wilcoxon signed-rank test, a comparison of the difference between the distributions of two independent populations, practically by using their medians.

ii) Spearman's correlation coefficient, a measure that estimates the association between two covariates.

iii) Test for trend, a control for the trend of a variable across ordered groups (e.g. across three distinct times)

In all statistical tests the level of statistical significance was equal to 5%, in other words statistically significant differences existed in cases where $P\text{-value} < 0.05$. Statistical analysis was performed using Statistical Package of Social Sciences (SPSS 10.0).

5. THE PREPARATION PERIOD

During the first three months of preparation the researcher's negotiation with the setting about the project's procedures took place. I will mention here the issues that had to be confronted and the solutions found.

a) The formulation of the aims of the Dramatherapy group

The aims of this Dramatherapy group were set by the Dramatherapist researcher after having acknowledged the overall therapeutic perspective of this clinical setting, which aimed at the secondary prevention of clients with schizophrenia (relapse prevention and social reintegration) and shared with the co-therapist and the rest of the staff in the Day Hospital. The basic aims of the Dramatherapy group were:

i) To help clients express themselves and communicate through drama

ii) To work therapeutically on the clients' issues and create out of their autobiographical material meaningful dramatic constructions

iii) To construct a "Dramatherapy Performance" based on this material, which would allow clients to communicate with their invited audience of "Significant Others" and work in this way towards a reintegration with their environment.

v) To further the clients' recognition of their condition; to understand the deficits of their disorder and to restructure their lives, and

vi) To build on the insights the clients will have gained from this experience.

b) The informed consent

Because of the fear of raising the clients' paranoid thinking which was the preponderant symptom of their schizophrenic disorder, the members of the staff were reluctant to accept any written procedures of the clients' informed consent and they were also apprehensive about the videotaping of the sessions. In this Day Hospital decisions about the clients' consent to therapy were taken openly and orally, in front of a group of therapists, clients and family members. Written forms are generally deeply mistrusted in Greece, because of cultural and political issues, and this had to be taken in consideration. The clients' informed consent to this research project was

finally obtained through an oral interview, which was videotaped with the clients' approval. This modification of the informed consent procedures needed a special approval from the ethical committee of the host institution for this research (University of Hertfordshire), which was finally given.

Within this first interview the issues the clients should be aware of were raised:

i) The changes to the Day Hospital programme because of this research.

ii) Detailed information about the researcher-leader of the Dramatherapy group.

iii) The schedule of this research project (process, performance, closure).

iv) A brief information on the aims and techniques of this group.

v) The co-therapists co-operation.

vi) The educational and supportive role of the trainees within the group.

vii) The performance aims and process. Performance was presented as an option and an opportunity, evolving out of the clients' autobiographical material and towards therapeutic goals only.

viii) The video process (feedback and evaluation/ its limitations of view to the researchers and clients). Concerning the camera I had to be definite about its validity. Because of the size of the group some recording procedure was necessary for the analysis of the sessions' material and clients' statements within it. It was clarified that the videotapes would be used for research purposes only, including the clients' feedback on the groupwork at times.

ix) The boundaries of the group members in relation to time, location, sex and violence.

x) The issue of confidentiality.

c) The group leadership and co-operation

As in all groups that take place within this Day Hospital, two co-therapists facilitated the Dramatherapy group throughout the entire therapeutic period. As Kanas mentions (in Martindale, 2000) a co-therapy approach is useful for groups with schizophrenic members that aim at coping with their psychotic symptoms as well as at improving their relationships. This is because "sessions can be chaotic at times, and it is easier for two therapists rather than one to maintain control and deal with unsafe situations. Two leaders can model non-psychotic interactions and provide feedback in

reality- testing situations" (p.122). The two co-therapists of the Dramatherapy group, male and female formed a "therapeutic couple" and facilitated the sessions simultaneously by supplementing each other. This adhered to the setting's practice, in order to better treat large client-groups with difficult psychopathology better, to provide a vivid model of co-operation for the clients and to form together a therapeutic matrix for the containment of the clients' needs.

The two co-therapists, the researcher and an occupational therapist/ psychotherapist, with a previous experience of Drama groups, knew each other beforehand and had a common positive experience of leading groups together for a number of years in the past.

Additionally, a number of eight trainees (one trained psychologist doing a post-graduate degree, five trainee psychologists and two trainee occupational therapists) attended the group. Trainee therapists had the right and duty to take part in all the running groups depending on their educational prerequisites. For the trainees an educational model was set up, concerning their presence in the group as well as their supervision. These persons were the clients' key workers, each one responsible for the same three clients throughout the whole therapeutic process, and provided additional material from their observations within subgroups during the Dramatherapy sessions, which was afterwards analysed during supervision.

d) The liaison with the rest of the Day Hospital- Supervision

The links of the research group to the rest of the Hospital were crucial for the creation of a well-functioning system to work in.

The Dramatherapy Group took place twice a week, in one and a half-hour sessions with a 15min break within every session. A quarter of an hour preparation meeting with the staff members was held before each session.

An hour of group supervision took place once a week with the psychiatrist in charge of the therapeutic programme of the Hospital, in which the group dynamics and the group process were discussed. Once a month, supervision by the head psychiatrist of the Day Hospital took place, during which the relation of the group to the functioning of the whole Day Hospital was discussed. An hour of supervision with the trainee therapists was held on a weekly basis, in which Dramatherapy issues and matters of collaboration were raised. Weekly meeting of the whole staff took place

where all activities were discussed by all the therapists, including those not involved with the Dramatherapy Group. Special meetings with the psychiatrists responsible for the clients in the Day Hospital took place on an appointment basis, in order to exchange information about the clients' state. Apart from this, the researcher was supervised on his Dramatherapy clinical work by the Dramatherapy Department of the Host Institution of this research project.

6. THE ASSESSMENT PROCEDURES

Assessment procedures took place both in and out of the Dramatherapy Group. I will refer here to the selected research instruments for this project.

A. **The psychiatric state** of the clients was assessed by already existing psychiatric scales.

a) The general psychopathology of the clients was assessed before ("pre" measurement) and after ("post" measurement) the groupwork period by the **Brief Psychiatric Rating Scale (BPRS)** (Overall et al, 1988) that rates (from 1 to 7) the following clinical symptoms:

Somatic concern, anxiety, emotional withdrawal, conceptual disorganization, guilt feelings, tension, mannerisms and posturing, grandiosity, depressive mood, hostility, suspiciousness, hallucinatory behavior, motor retardation, uncooperativeness, unusual thought content, blunted affect, excitement and disorientation.

The staff's psychiatrists who were responsible for each client individually assessed these symptoms.

b) The main area of interest as far as the symptoms of the clients were concerned was their negative symptoms. These were assessed in both groups at three time points: before ("pre" measurement), after the groupwork ("post" measurement) and after a three month follow up period ("after" measurement).

Several testing systems for the assessment of schizophrenic symptoms exist in the literature (Fenton, 1992), such as Andeasen and Olsen's Schedule of Assessment of Negative Symptoms (SANS), Kay and Opler's Positive and Negative Symptom Scale (PANSS), Krawiecka's ratings for chronic psychotic patients and Crow's

modification of them, Lewine's Negative Symptom scale (SADS-C), Pogue-Geile and Harrow's Negative Symptom Scale and Abrams and Taylor's Emotional Blunting Scale. The most widely used are the SANS and the PANSS. In this study the negative symptoms were assessed on the SANS scale: **Schedule of Assessment of Negative Symptoms** (Andreasen, 1982). The SANS scale was preferred to the PANSS scale, measuring both positive and negative symptomatology, because the focus of this research was on the negative symptoms and SANS was more explicit in these terms. Besides, the basic positive symptomatology (delusions etc.) was covered by items of the BPRS scale.

The SANS scale rates (froml to 5) the following subcategories of symptoms: Affective flattening; Alogia; Avolition- Apathy; Anhedonia- Asociality; Inattention, each one consisting of a number of items. All the scale's items are thirty (30) and the maximum score is 150, indicating the highest negative symptom psychopathology.

Two psychiatrists rated this scale for each client. According to the guidelines of the scale's author, the psychiatrists were directed to rate this scale, after collecting information about the clients from as many sources as possible (psychiatrists, psychotherapists, nurses, trainees, clients). Each psychiatrist rated the scale independently and the results were compared in order to achieve an inter-rater validity.

c) The level of depression of the clients was measured on the **Zung Depression Scale** (Zung, 1965) before ("pre") and after the groupwork ("post") in both groups. This is a 20-item self-rating report scale. A normal score is 34 or less; a depressed score is 50 or more (see chapter 16, The Depression results- Zung scores). It was selected amongst a number of other scales because:

-It can easily be completed in terms of length and style of completion and

-It provides a global index of the intensity of the patients' depressive symptoms, including the affective expression of depression (Kaplan & Sadock, 1994). It focuses rather on the affective experience than on the cognitive components of depression, as the Beck scale, or the clinical components, as the Hamilton scale, which makes it more appropriate for this project.

-It has been widely used in the literature (Bowling, 2001).

B. **The relationship to Self and Others** was assessed by the following questionnaires:

a) **The Self-Esteem Questionnaire** (Robson, 1989)

This questionnaire was distributed to the clients of both groups before ("pre") and after the groupwork ("post"), as the latest and more valid questionnaire for measuring self- esteem (Robson et al). This scale measures the following components of self-esteem: "contentment-worth-significance", "autonomous self", "competence-efficacy" and "existential value". It contains thirty (30) items and the maximum score, which indicates the highest self-esteem, is 210.

Its completion was rather difficult for some clients, due to its rating scale from one to seven, which evoked a number of hesitations and needed a lot of concentration due to the large number of questions it contains.

b) **The Significant Others Scale ("S.O.S."-** Power, 1988)

This self-rated scale was distributed to the clients of both groups before ("pre") and after the groupwork ("post"), in order to measure the clients' perceived support from their significant social relationships in and out of the Day Hospital, and thus rate the performance impact on the clients' Significant Others' relatives and friends. The four subscales of this scale (rated from 1 to 7) distinguish the actual (emotional and practical) perceived support from the ideal (emotional and practical) support the clients desire to get from them. Recoded discrepancies (: difference of ideal from actual support) take account of over-provision of support by recoding values where actual support is higher than the ideal to have a zero discrepancy. So, a total recoded score occurs. This scale has been used for a variety of psychiatric disorders, for instance on clients with anorexia and bulimia nervosa (Tiller, 1997) or depressed clients with chronic schizophrenia (Baynes, 2000), as well as in psychiatric rehabilitation units after being modified for use within different cultural environments (Tsang, 2000).

C. The Dramatherapy instruments

a) The dramatic involvement of the clients within the Dramatherapy group was assessed by an already existing Dramatherapy tool, the **Dramatic Involvement**

Inventory, adapted by Jones (1996). Jones' Dramatic Involvement Inventory assesses the clients' ability to focus, the elaboration and the completion of a dramatic activity within the session, the use of imaginary objects, the use of space, the facial expression, the vocal expression and the body movement of the clients, and the social relationships within the activities.

The Dramatic Involvement Inventory was completed by the Dramatherapist of the group as well as by the trainee therapists that participated in the group, each one of whom assessed those three clients for whom they were the key workers. The assessment took place once a week and a form was completed for each client from the first until the last week of the therapeutic process. The clients' performance within the Dramatherapy group was assessed from the therapists' notes as well as from the video recordings of the sessions.

Jones' scale is useful because it broadens the spectrum of assessment beyond role-playing activities and it assesses the dramatic involvement during improvisations, games, the session as a whole and within "as if" behaviours (see "focus").

Conceptually, however, there were some disadvantages for the use of this scale since it included some vague areas in terminology. For example, the term "social relationships", which implies the awareness and response to others within the activities, is ill defined in terms of the meaning of "response" (e.g. is silence a response?) as well as in terms of the social relationships created within the sessions but not during specific Dramatherapy activities. For this research, this kind of developed relationships (e.g. when the clients spoke to each other while watching a subgroup's enactment) were considered as relevant to the overall Dramatherapy impact and they were assessed in the same way as the ones developed within the group's specific activities.

Other areas of vague terminology concerned the items "focus", "elaboration" and "completion", which depend both on the level of attention and concentration of the clients as well as on the type of sessions' structure and facilitation by the therapist. These particular three items assess a sessions' structure with a beginning, a middle point and an end, what I would call a "cathartic" structure (see chapter on Catharsis in Dramatherapy). As it has been argued in previous chapters, especially for clients with schizophrenia whose disintegration is an obstacle for such a process, such a structure can be therapeutic in itself. An arising question is whether the therapeutic task is always towards a defined structure and not towards a disintegration of a

psychopathology. In this case, one could argue for the facilitation of the non-completion of certain activities for clients with obsessions and compulsions. However, for this study of clients with schizophrenia, within social a reintegration process, the achievement of a structure was the cornerstone of the Dramatherapy practice. Thus, the "Dramatic Involvement Inventory" seemed finally a fitting instrument to measure the clients' involvement within a sessions' structure.

Another issue was the variation of the escalation for each item of the scale that differed from two to four grades. For example, "engagement with others' created objects" had a rating scale of 1-4, though "engagement with others' elaboration" had a rating scale of 1-2. Therefore, the escalation of each item of the scale was altered as follows: 1- none/never, 2- insufficient, 3- sufficient, 4- efficient, 5- exaggerated.

The items' ratings measured the following levels of ability: (1) very poor or non-existent ability, (2) insufficient ability (characterized usually by negative schizophrenic symptoms), (3) sufficient ability, (4) especially interesting and talented ability and (5) ability which was over the top, not leading to a meaningful communication (characterized usually by positive schizophrenic symptoms). Thus, though both ratings 2 and 5 marked insufficient behavior, rating 2 pointed out the negative symptoms (e.g. less movement because of withdrawal) while rating 5 pointed out positive symptoms (e.g. more movements because of excessive agitation). This scale marked the level of performance skills but not the level of efficiency, and for the latter reason it produced non-linear measurements. So, in the final statistics the ratings 2 and 5 were condensed and both rated as 2-insufficient, since they both marked insufficiency. The rating 5 was extremely rare in this client group. In this way, a linear rating from 1 to 4 was finally used for this group. The maximum score for an individual's dramatic involvement was 52.

b) **The "Dramatherapy Performance Evaluation"**

This tool, devised especially for this study (see chapter on "Dramatherapy Performance Evaluation") is based on Aristotle's poetic elements of a Tragedy and evaluates:

i) Poetic elements related to quantity: a structure with a beginning, middle and end including individual and chorus parts, and

ii) Poetic elements related to quality: plot, character, ideology, diction, music and design.

The theoretic model for the creation of such an instrument has been described in the introduction and will be exemplified in the qualitative context analysis of this thesis. This evaluation procedure is designed for:

i) An evaluation of the Dramatherapy process in relation to Aristotle's Poetics (as they are used metaphorically to evaluate a different context).

ii) An evaluation of the Dramatherapy Performance as an event - a contemporary tragedy presented in front of an invited audience of significant others, i.e. family members and staff.

iii) An evaluation of the performance of each client within this process, his or her personal contribution as a demonstration of their personal effort to create meaning through Drama, thus counteracting, their negative symptoms and especially their affective flattening. For this reason specially designed forms were devised that linked the clients' affective flattening components to the components of the tragic "Poeisis".

The qualitative analysis of the "Dramatherapy Performance" project, followed by the quantitative results of this research, will be presented next.

SECTION G

QUALITATIVE ANALYSIS

CHAPTER 12

PART I. THE "DRAMATHERAPY PERFORMANCE" PROCESS

CHAPTER 13

PART II. THE "DRAMATHERAPY PERFORMANCE" EVENT

CHAPTER 14

PART III. THE CLIENTS' INDIVIDUAL CONTRIBUTION TO THE "DRAMATHERAPY PERFORMANCE" EVENT

CHAPTER 15

PART IV. THE IMPACT OF THE "DRAMATHERAPY PERFORMANCE" TO THE CLIENTS' "SIGNIFICANT OTHERS"- THE AUDIENCE RESPONSE

CHAPTER 12

QUALITATIVE ANALYSIS - PART I.
THE "DRAMATHERAPY PERFORMANCE" PROCESS

The "Dramatherapy Performance" process analysis is a narrative from a therapeutic perspective, aiming at presenting a new model of describing a therapeutic process. Instead of following the usual order of presenting a Dramatherapy process (aims, description, analysis of dramatic and therapeutic processes, closure, reflection), the intrinsic poetic elements of this "Dramatherapy Performance" project, will guide the reader to a new approach to the therapeutic structure.

The content of this Dramatherapy process leading to a performance event, will be analyzed in relation to the qualitative aspects of creation, as described by Aristotle's Poetics: Plot, Character, Ideas, Diction, Music and Design. Butcher's translation in his study of Aristotle (1920) will be used.

The phases of this Dramatherapy process, consisting of 40 sessions, were the following:

a) **The first phase: the individual expression within the group** (1st-11th session). Acquaintance of group members took place in this initial phase, followed by projections of their personal material- thoughts, emotions, opinions- on different Dramatherapy mediums, such as roles, scenarios, improvisations, collective drawings, symbolic objects and "sculpts" (A "sculpt" is a Dramatherapy term to express immobile body representations of imaginative material, feelings or thoughts).

b) **The second phase: the emotional bonding** (12th- 24th session). The clients' projective material from the first phase was combined into three basic scenes, which constituted the themes of therapeutic work during this phase. The clients' dramatic involvement was based on role-playing techniques, such as role-playing, role reversals, doubling, through which all group members worked towards the achievement of an emotional bonding. Dramatic material was constructed, deconstructed and reconstructed in order to better express the clients' inner needs.

c) **The third phase: the performance event** (25th-31st session). This phase consisted of the opening of the group to external presences, initially the

ward, and finally an invited audience of the clients' "significant others". For this reason group members and therapists decided which pieces of Dramatherapy work were ready to be "safely" presented to friends and relatives and for what reason. Rehearsals of those pieces of work took part during this phase.

d) **The final phase: the closure** (32nd-40th session). The fourth phase dealt with the post-performance effect on the clients, the gained insights from all the previous preparations, the experience of end and loss and the future prospects after the group's closure.

Each of the six Poetic Elements of the "Dramatherapy Performance Evaluation" has been constructed gradually during the aforementioned four phases of therapeutic work. In each of the previous four phases of the Dramatherapy process these six structural elements of dramatic and therapeutic importance, followed a parallel constructive process, as will be described next.

The clients' and the staff's anonymity will be assured by the use of fictional names.

1. The Plot (Mythos)

As Butcher explains in his study on Aristotle (1920, p.334): "Of the six elements into which Aristotle analyses a tragedy, plot holds the first place. Plot in the drama, in its fullest sense, is the artistic equivalence of "action" in Real life. [...] "Action" in Aristotle is not a purely external act, but an inward process, which works outward, the expression of a man's rational personality. [...] It must include outward fortune and misfortune, processes of the mental life".

Considering the above as a metaphor for the creation of a "myth" within the Dramatherapy group's process, one can regard the development of the group's plot within the four stages of this group process:

In the first phase of acquaintance, the group members' personal mythology was assessed. Dramatherapy techniques mediating individual self-expression within the group facilitated a first projection of self to others.

During warm-ups, group discussions on favorite films, roles and actors revealed three basic themes of interest:

a) Themes of loss and hope (discussed in relation to "The dead poet's society", "The English patient", "Titanic", "The death of a salesman")

b) Themes of heroism, grandiosity and attractiveness (discussed in relation to "Hercules", "Robin Hood", "Don Juan", as well as on actors such as E.Schwartzeneger, B.Streisand)

c) Themes of entertainment and enjoyment (discussed in relation to "Mr. Bean", "Cocktail Party", Aristophanes' comedies, Greek TV sitcoms)

Within the groups' "sharing", these themes were related to the clients' "misfortunes" in life, their need to overcompensate for personal deficits and to regain power and control in their own lives.

At the same time nonverbal techniques helped self-expression "in action". Personal projective material was embodied in "sculpts" within the groupwork, and small scenes were built up and were enacted around this material, focused on the person who brought each theme.

Reflecting on the exposed material helped the clients to identify with roles in each of the stories and in the selection of the role each one wanted to perform in the enacted scenes. In this way, projection of personal material onto other's narratives helped the recognition of one's own feelings on the projections of the other clients, who acted alternately an audience during these enactments.

This process of "self- mythology" was developed into a "group mythology", by finding the common ground of the clients' personal stories and combining them into a whole. The clients' stories were fragmented and uncompleted. They often appeared on the groups' "stage" expressing internal fragmented parts of the self with thought and emotional incongruity. Also, withdrawn or self-absorbed parts of the stories often rendered them unreadable and ill-defined.

As Gersie (1990) discusses concerning the beginnings of a therapeutic Storymaking: "No process of creation is ever a simple straight forward and unchallenged triumph of order over chaos. Each time the abstract is transformed into the concrete, possibility into actuality, we stand eye to eye with doubt and self-questioning." Here, an additional problem arose: the concrete thinking of the clients, due to their disorder, could not be transformed sufficiently into abstract and symbolic thinking. The therapeutic work consisted of using the "solid" parts of the stories initially and building bridges between them rather than trying to clarify the more

obscure and vague parts, due to the therapists' desire to avoid deconstruction, which was a constant threat within the group.

In this way, by the end of the first phase of the group process, three themes came repeatedly to the surface and formed the axis of the groups' plot, inviting further therapeutic work: a) The capacity for mutual entertainment with peers, b) Family life problems and c) Illness and sanity.

In the second phase, the plot was constructed through a combination of personal memories relevant to the above-mentioned three basic themes of therapeutic work. Having split into subgroups, the clients shared their own material in the form of short stories, which were shared and combined with each other. In this way three main stories were formed.

The first story took place in a cafeteria. This scene was based on the personal material of a client, whom I will call Minos, who brought into the group his experience at school after the onset of his disorder. He claimed that his schoolmates had often bullied him, due to his learning difficulties and his maladaptive behavior. He had even been forced to strip in the school bus and to become an object of ridicule. His demoralization due to his social incompetence and isolation and the destruction of all his interpersonal relationships with schoolmates and peers evoked an intense anger within himself. He reached the point of collecting matches and firecrackers in order to destroy his school and his schoolmates by setting a big fire. Collecting explosive material has been his main interest ever since. By sharing his experience within the group, Minos provoked an identification of the less functional clients with him, while, at the same time, the more functional clients were alienated from his problem.

Minos' problem was enacted as "the cafeteria scene" with himself and his schoolmates scolding and teasing him. Other group members role-played his schoolmates expressing hostility in a subdued way, showing their resistance to enact the "enemy". By the technique of role-reversal Minos and all the participants of this scene had the option to interchange the two sides of the story and to experience control over difficult situations. Alternative ways to face bullying were enacted, instilling hope for changing ways of relating to others.

This theme came up a number of times and was enacted within the group until the final performance. Many group members passed from the roles of bullying others or being bullied by others. Minos "directed" the scenes towards a happy end every time. He always commented after the enactments: "the fact that I shared this with you

is enough for me". After a number of times, Minos was enacting the scene automatically, but with no more interest. In the final rehearsals he said that he was not interested in playing this role anymore and he was reluctant to expose his problem to non-group members. This scene had for him only a therapeutic and not an aesthetic value. At the next phase of work, his role was modified and shared among all the group members participating in this scene, who used to tease each other in an amusing and friendly way. Thereafter, it became one of the stories of this group.

The second story took place at a beach party. Its theme was that of a love affair, of eroticism and pleasure and of the fear these two could involve. The scene consisted of an imaginary beach in which a group of friends enjoyed each other's company within a flirtatious atmosphere. Objects of the room were used symbolically to represent natural elements. The scene was transformed into a water-land paradise with sand, rocks, deep and shallow waters, water games, jet skis, windsurf and balloons, tourists with suntans and bikinis, but also objects of fear, such as sea-urchins, jellyfish and sharks.

The group members had the opportunity to pay a narcissistic attention to their bodies, becoming on the Dramatherapy stage athletic, attractive, and sometimes even provocative, in roles that compensated for the physical symptoms of their disorder and their somatic side effects due to their medication that obstructed their daily activities. Various incidents occurred during the successive enactments of this scene. Halfway through the therapeutic process, the idealised landscape was reversed by dangers that took the form of accidents, drowning or injuries. The sea brought onto the shore octopuses torn up by sharks. The sun was burning. The group had to find solutions. Less exposure to the sun, avoid swimming beyond buoys, bringing safe guards, collective rescue attempts, represented a sharing of anxiety and fear of the pleasure of playfulness, body contact and erotic feelings. The clients shared their continual and painful wounds of rejection by peers and love-mates because of their mental state. The need for comfort and courage was obvious as was the use of the holding capacity of the therapeutic frame available for soothing the clients' fears.

A number of different metaphors of the opposing feelings of pain and relief were expressed during the group process. Tragic dilemmas of the clients, their effort to function "normally" and to win a response from a "sane" society that scapegoats them were represented in scenes of suffering and reversal. Such paradigms, explored within the group, were the scenes of slavery and freedom in the story of Spartacus in

the Roman Empire, Crucifixion and Resurrection during Easter in religion as well as in each one's personal life, or the boundaries between failure and survival in Genet's "Rope-walker".

Later during this second phase of groupwork, a third story came to surface. This started when a female client role-playing in the "cafeteria scene" started to flirt overtly with a male client who was role-playing the waiter. Through a series of improvisations this flirt became the cornerstone of the whole performance plot as an effort of two people to commit themselves in an emotional relationship against all odds- their mental disorder, their social deficiencies, their everyday tasks, their affective flattening. This typical flirt (boy meets girl-boy looses girl- boy finds girl) was placed metaphorically into an everyday reality. Obstacles to building a relationship, such as working for a living, studies and exams, distance, were worked through within the group.

The clients worked through and gained insight from their own stories as they related them to their own lives. Through this process clients were able to examine safely from an aesthetic distance, the causes of their disorder and its effect on their everyday life circumstances. It was evident that between the 17th and the 21st session there was a common desire for an emotional bonding among group members, that came to light within the group like a chain reaction. This was expressed by the title the group selected for the performance: "Sweet automobile", the whole performance being a vehicle, a transitional object towards the goal of creating emotional bonds.

All the above Storymaking informed the group's tragic process of an adventure with a reversal of fortune ("περιπέτεια"), of recognition of the truth ("αναγνώρισις") and of a solution ("έκβασις"). The initial fortune of the clients before their disorder, conceived as tragic heroes in life, was subverted through ignorance, pain, or the odds of life. Only when the recognition of the truth took place in the clarification of their condition, could the story culminate in a catharsis of events, a meaningful structure that could enable emotions to be linked to these events.

The story of the group passed to its third phase, **the phase of the performance event**, during which the final form of the performance had to be decided. This restructuring of the performance in order to be presented to an invited audience, needed, as in Aristotle's terms, the completion of the group's myth into a precise story with a beginning, a middle and an end, of a certain "length and magnitude" relevant to the clients' capacity of performing. This reconstruction needed

an abstraction of the parts of the story that were not yet worked through therapeutically, to a level that would make the clients feel safe enough to present them to an external audience. Decisions were taken about the sequence of the scenes, the changes from one scene the next, and the particular role of each client in the structured story.

The audience effect began already from the rehearsals in front of the staff and other patients in the ward when the sliding doors of the room opened and the room was transformed automatically into a stage. This event was a crucial point in the story of this group, as regards the reversing of its inner world outwards.

Compared to the rehearsals, the performance event was intense; it had a more vivid rhythm than any of the rehearsals and summed up all the elements of the Drama at their highest coordination.

Further analysis of the performance of each individual during the final performance in front of the audience will take place in the next chapter. The acceptance of the performance by the audience was enthusiastic and moving, the clients having the opportunity to present to their "Significant Others" a part of themselves they had worked on well enough to present on stage and confront the wide world with. The confrontation was successful because of the creation of a new myth for the clients, created within their relatives and friends' minds that very day, as they mentioned later on when they were interviewed. Through "pity and fear" the clients performed the play's meanings to their audience and gained their acceptance- the catharsis for the event.

In the final phase of this project, the group passed from the deconstruction of the performance to the completion of the group's myth. After sharing the impact the performance had on their lives, the clients needed to return to their own personal stories. This separation from the performance was facilitated by special distancing techniques. For example, objects of the room that symbolised feelings were grouped in areas of emotions in the room where the clients traveled through in a guided fantasy exercise. Then they spoke to those areas from a distance as they moved away from them. The distribution of the objects in space gave birth to new concepts that were verbalized in titles: "A Symposium of Joy", "Effort by united hearts", "Tenderness and optimism confront anxiety". So, emotions became words. The performance belonged to the past and all the feelings linked to it became memory.

New vistas were now open to the group members with the memory of a new myth for their lives. The group story moved on to a new order of things. The ending of the group brought up the theme of loss and freedom inspiring new opinions for each of these two concepts, which led the clients to the final moment of being together. I will quote some of them here:

"Loss is an old man dying", "Loss is understanding our own mistakes", "When one understands that loss is a part of life one feels free", "Loss can make me feel free", "Loss is when other people stop my freedom", "Freedom is being able to fly", "Freedom is being able to have sex", "Freedom is a child of love", "Freedom is being able to relate", "Freedom is being able to control oneself", "Freedom is choosing life".

The above closing dedications from the clients to the group indicate an increased symbolic functioning, use of metaphor, ability of self-expression and affective reflection.

I have now presented how the group structured its Plot (Mythos) within the successive phases of the "Dramatherapy Performance" process. The second Poetic element, according to Aristotle, is that of Character creation (Ethos).

2. The Characters (Ethos)

As described in Aristotle's Poetics, Ethos and Dianoia are each one side of character; "They are two distinct factors which unite to constitute the concrete and living person. [...] Ethos is the moral element in character. It reveals a certain state or direction of the will. It is an expression of moral purpose, of the permanent disposition and tendencies, the tone and sentiment of the individual. Dianoia is the thought, the intellectual element, which is implied in all rational conduct, through which alone ethos can find outward expression, and which is separable from ethos only by a process of abstraction. [...] Ethos reveals itself both in speeches and in the actions of the dramatic characters. Wherever moral choice or a determination of the will is manifested there ethos appears" (Aristotle Poet. Vi 5, in Butcher, 1920, pp. 340-343).

I shall present here how Ethos was created within the Dramatherapy group.

In the first phase of the groupwork, the clients were invited to a diagnostic role-playing test (Johnson, 1988). Specially devised sessions facilitated the presentation of the clients' dramatic repertoire in the form of a short monologue, a dialogue or an improvisation in subgroups (see Appendix on the Diagnostic Role-Playing test). Each client chose among five prefixed social roles (grandparent, teacher, bum, politician, lover) and performed an improvisation before the rest of the group, demonstrating his or her "as if" skills.

In this way the group focused in communication through role as an indirect level of communication that fostered relationships. Most of the clients preferred the role of the teacher, expressing power within an environment that played an educational as well as a therapeutic role. Second in preference came the role of the lover through which clients – mostly women-expressed their desire to get married. One client, who had persecutory delusions in the past, played the politician and found an audience to protest against war. Another client felt comfortable with playing the role of her grandmother, though she frequently used to play male roles in previous Dramatherapy sessions. In this initial role-playing of the clients the action was represented clearly but was not organized well enough or integrated within the relevant scenes. Often boundary diffusion between role-playing and reality, or lack of differentiation, specificity and details between roles, made the role-playing seem vaguely structured. The content was poor and repetitive with a few exceptions of an intuitive quality, expressing however, a higher level of diversity than the clients' role repertoire of everyday life. So, this diagnostic test gave information about the clients' identification with roles, as well as about their role-playing ability in the beginning of the groupwork. This first self-disclosure was enhanced with more expanded role-playing later on.

In the second phase of the groupwork, the clients shared two kinds of roles: a) Real life roles, as aspects of themselves in imaginary situations and b) Characters from stories they brought in the group. As an example of the latter, I will refer shortly here to the therapeutic impact of the story of Spartacus.

A client, whom I will name Icarus, as an indication of how he felt in his life, brought the story of Spartacus to the group. During the enactment of this story in the group he played the character of Spartacus in his battle for the rights of the slaves against the Roman Empire. Another client stood up to fight against him in the role of a guard. During the first enactment, paradoxically, the client who enacted the guard

changed his to the role of the slave and he explained that he felt like playing the slave as well. Two other clients entered the enactment to fight against them as guards. In contrast to the real story, Spartacus was defeated. During the re-corrective experience, a technique in which the rest of the group proposes changes so that the story is clarified, the clients argued that Spartacus should win "because he had right on his side". All the clients wanted to play on his side the next time. The exception was one client who wanted to play the Roman Emperor because of the power he had. The whole scene was rehearsed, with the chorus shouting for Spartacus. The slaves won this time, though Spartacus himself- in contrast, yet again to the real story- lost his life. After the second enactment the clients were invited to connect the story with their inner feelings of slavery and inferiority due to their illness. This sessions' closure exemplifies the clients' reflections on this process:

Cyrus: "This scene reminds me of my own feeling of slavery, since I am pressurized by my family to come to this Therapeutic Program everyday".

Achilles: "Same here. I feel like a slave within my own life".

Cyrus: "I feel though, that this group can be a solution".

Alcestis: "I have never played the role of the guard before. In my own life I usually feel like a victim not as a perpetrator".

Terpsi: "I feel sometimes like a victim, but not always".

Minos: "Whatever we say, winners are more worthy than victims".

Terpsi: "Yes, but sometimes one becomes a victim from life's situations".

Achilles: "You feel like a winner and suddenly you become a victim".

Terpsi: "One shouldn't be afraid when one is on good terms with oneself".

Alkinoos: "Not afraid of power"?

Phaedra: "When someone can tolerate suffering he is in a state of superiority".

Leto: "There are degrees of freedom. Someone can feel more or less as a slave or as a free person".

Finally Icarus concluded: "I believe that being here is my salvation from a condition of slavery".

This paradigm is informative about social stigma as experienced by the clients; it reveals their tragic dilemmas that transform them into tragic characters. The clients, as tragic heroes, unfold their own "adventure" through the aesthetic distance of the myth of Spartacus, as it can be transformed to accomplish the clients' inner needs within the Dramatherapy session. The characters' "adventure" during these

enactments was not predetermined, as in theatre work, but it was personified each time by the intentional choices the clients made during their own therapeutic process. It also shows how formation of a character, containing individual choices as well as common thoughts and ideas (Dianoia), can be helped through cognitive clarification and emotional sharing within the group. Like an ancient "nemesis", the kind of justice against someone who enjoys undeserved goods, the group members do away with an undeserved sense of failure and then enjoy the possibility of being empowered over people who use a "sane" identity in order to stigmatise and exclude them.

During the third phase of the group process, the characters had to face and overcome stressful external challenges. Thus, two of them did not keep up with the performance tasks. One decided to leave and he rejoined the group after the performance, while the other participated as an audience member. Some other characters needed to be supported by the stronger ones in order to be able to take the stress of the performance. The final characters on stage were the "clients as actors", acting the part of themselves they wanted to present to their audience with their proper names. Only at a certain moment during the performance, the vignette of the Spartacus story included clients performing fictional characters. This time the story was performed in its proper version in front of the audience, with Spartacus winning the battle and staying alive.

The story of the protagonists, named here Achilles and Alcestis, was representative of the whole group's journey towards an emotional relationship against the odds of their disorder. At the same time the characters represented the journey of these two persons towards recognition and acceptance from their audience as equal human beings. After the transgression ("hamartia"-"αμαρτία") they involuntarily committed and consequently paid for (i.e. their disorder), they found the place that is theirs by right within their social environment.

At the final phase of the groupwork, the characters of the group had gained new knowledge and experience. Achilles and Alcestis had moved as characters into different directions, indicating a high level of cognitive ability. During reflection, Achilles said: "In my own life I don't work nor do I flirt. However I believe that I can do both these two in life, just as I did in the performance. I learnt to relax and to realize things that seemed to me impossible before". For Alcestis the journey differed, as she said: "I felt that what was going on, on stage, did not change Achilles' feelings towards me in real life. I was angry with this. Of course real life is different to what

happens on stage. We are friends with Achilles. But there is something erotic in friendships too. After the performance I felt that perhaps my relationship with Achilles on stage could happen in life too; and I was thinking that I might be in love with him, but after a while I realized that it is just a very true friendship. It's just this companionship I will miss".

Deroling oneself from the task of this group brought both relief and nostalgia. The tragic destiny of the groups' characters led to renewed individual destinies in everyday life.

3. The Ideology (Dianoia)

According to Aristotle, "Dramatic Dianoia is embodied only in speech not in action. [...] Under Dianoia are included the intellectual reflections of a speaker; the proof of his own statements, the disproof of those of his opponents, his general maxims concerning life and conduct, as elicited by the action and forming part of a train of Reasoning". (Butcher, 1920, p.343)

In contrast to tragedies as plays in the theatre, **in the first phase** of the groupwork the Ideology of the Dramatherapy group was not evident. It was gradually made up by the clients' opinions on what was being enacted.

The character each person enacted within improvisations or vignettes was the object of discussion in the group later on. In the same way clients reflected on their thoughts and feelings towards the characters that were played by other clients. In this way the clients became active witnesses to all enactments, which included their own or others' personal disclosures. Thus, these different opinions created an initial matrix for the Ideology of the group.

As the themes of the group formed its plot, the clients' self-expression became richer, forming a set of values, attitudes, fashions and games that defined a group atmosphere. Reflection after the enacted scenes brought up the issues of the group's Ideology. The bullying scene raised the issue of inferiority, victimization and social discrimination; the "Spartacus" scene raised the issue of enslavement and the possibility of rebellion and victory; the "Rope-walker" focused on the dangers of life and on taking precautions; "Crucifixion and Resurrection in Easter" dealt with the issue of revival; the "Beach party" brought access to pleasure and enjoyment through the body; the "Love affair" scene revived the question of desire and showed the

turmoil of an emotional relationship. All the above issues included the clients' opinions, which were dealt with, explored and modified during the group process.

During **the second phase** of the group the above issues of Ideology were expressed in the group in a devised dramatic ritual, called "the doubling process". After each episode of the Drama, the rest of the group members, as in an ancient Greek chorus, approached the performing members and expressed their opinion on what was witnessed. Starting by the phrase "if I were in your position", or "if I were you, I would feel, act or wish...", they added their personal comment on the enactment. At other times they just approached one or more of the performing actors and, touching their bodies they said a word that contained an idea or a feeling. This process, enhancing the "as if" symbolic function of the clients, created a springboard of ideas that could be used in the Dramatherapy performance.

At the third (performance) phase of the group, the supposed Ideology of the spectators was a matter of fantasy and projection by the group members, as they were often anxious if their performance would adhere to the expectations and values of their families and friends. These internalized fears functioned as an "internal censorship" for the group's Ideology. This function provoked a self-criticism and a judgmental attitude to the group and raised the level of anxiety. The group had to meet the social conventions of its environment (Guiraud, 1975), by deciding, which protocols could establish better communication, which rituals could be more comprehensible to the audience, which fashions and games would invite the audience to interplay and participate.

The clients had to decide how many of their ideas they wanted to expose, what to say and how to say it in front of people outside the group. They also wrote a welcome speech for the audience, which was announced by the president of the Therapeutic Community, expressing their own ideas for this event. This was also a part of the project and adhered to the group's Ideology.

The whole event ended with an invitation for a "doubling process" of the audience. Audience members were invited to express their own Ideology approaching the actors who remained in their place on stage and to say how they would feel if they were in their position. This added up to the whole Ideology of the event a confirming and supportive flavour.

The final phase of the groupwork contained the exploration of new ideas and formulated opinions concerning the outcome of this performance and its impact

on the clients' lives. I will quote an example of such a reflection (translated according to its unorthodox syntax) by a client named Jason: "There is something little that does not let one play. Theatre is life; it is not something fake. There is a little force that exists within everybody that helps one to play as well as to live."

This comment is indicative of the characters' Ideology formation at a cognitive level throughout the whole therapeutic process.

4. The Diction (Lexis)

During the first phase of the groupwork, importance was given both to verbal as well as the nonverbal expression of the clients. Body "sculpts" expressing inner feelings and thoughts were named, given titles and turned into words in a verbalisation process, while words were also turned into images through visualisation techniques (guided fantasy, "tableaux vivants").

In this way a first assessment of the clients' potential to express their inner world through words, to capture and express meaning in language, was carried out.

The lack of verbal use was already noted as part of the clients' negative symptoms, especially "alogia", and there was often muteness within the group. However, from a dramatic point of view silence can be considered as a dramatic event within diction. As Heimonas states (1987, p.33) "diction includes many events of silence; the function of speech, the symbolic drama of wit enters within a wide zone of silence, which can be considered as anything but an absence of speech". Silence within this client group could be conceived of as expressing the clients' inner existential void, unable to be symbolized by words and to form meanings. It could also reflect the clients' regression, a return to the self after ineffective attempts of communicating with others.

In some occasions, the use of language was non functional, as it disclosed paranoid ideation (i.e. a client role-playing the politician gave a speech as if he was being persecuted), distorted meanings (i.e. a client merged her own words with the role of a rock singer she enacted, who used drugs in rock festivals, and ended up protesting for the use of drugs instead of her initial goal to protest against them), or neologisms (i.e. a client during deroling gave the name "Mad-Cleon" instead of his own name Cleon).

In the second phase of the groupwork, the "doubling process" produced new meanings and more verbal expression, and worked towards an emotional bonding of the clients. Clients were encouraged to utter with a few words their feelings in different dramatic situations, which formed the Diction of each one of these Dramas. For example, a client decided to represent his fear towards erotic relationships through a Ropewalker scene. He imagined himself hung upside down from the rope and his girlfriend shouting an erotic speech to him from underneath. During this enactment the scene underwent a transformation, with him walking on an imaginary rope in the room and all group-members shouting encouraging words to him. Some of the words he received were "Luck, Love, Contentment, Thought", himself choosing the word "Power" to bring his part to an end. Here we see how therapeutic work informs and alters the diction of one's personal Drama and brings to light new words carrying new meanings.

By the use of various techniques hidden words were expressed, words were found for new situations and uncompleted sentences were completed. For example, storytelling by two persons, one of them communicating with hands only and the other uttering without movements the same story, helped inter-cover the gaps in either form of communication and to promote mutual emotional bonding. The symbolic function of speech was accentuated. Characteristically, the title of the play: "the Sweet automobile", carrying several symbolic meanings for the group, was analyzed and interpreted within the group.

In several cases the use of speech in verse helped promote the effect of diction at a deeper and more universal level of consciousness, which words alone cannot reach. As in Tragedy, "While the time occupied by the dialogue has a relation more or less exact to real time, the choral lyrics suspend the outward action of the play, and carry us still farther away from the world of reality" (Butcher, 1920, p.293).

During the third (performance) phase, the requisite of uttering the diction of the play at a reasonably clear level for the audience to be able to understand, in short, speaking "sanely", directed attention to projection and good articulation, the clarity of the dialogues and a verbal meta-communication (comments on their communication) among clients during the performance. For example, the script contained cues for entering and exiting the scenes of the play, for changing sets or for covering the gaps of other clients. The use of verse during the chorus strengthened the emotional effect of the Diction and transmitted it to the audience.

After the performance and **during the final phase** of the groupwork, the use of language within the group was more fluent, valid and communicative than before, with some relaxed phases of muteness, due to nostalgic moments the clients had lived together and of the deflation following the performance period. Verses or dialogues were often remembered and uttered and new Dictions were discovered until the end of the groupwork. I quote here an example of the closure's diction, as expressed by a client: "Fear is created by whatever takes away from us pleasure and security".

By the time of the group's closure, Diction was enriched by more abstract meanings and an expanded vocabulary concerning affective notions.

5. The Music (Melos)

Music was thought to be, according to the Ancient Greeks the most imitative or representative of the arts. We nowadays conceive of music in a different way, where the effect music produces corresponds only slightly with a reality outside itself. But for Aristotle, music expressed the image and reflection of a moral character: " In rhythms and melodies we have the most realistic imitations of anger and mildness as well as of courage, temperance and all their opposites" (Politics. v. viii. 5. 1340 a 18). Butcher (1920, p.131) interprets this issue in relation to the Greek tradition of the role of music to which Aristotle adheres: "We must bear in mind that the dominant element in Greek music was the rhythm; the spirit and meaning of any given composition was felt to reside especially here; and the doctrine which asserted the unique imitative capacity of music had for Aristotle its theoretic basis in this, that the external movements of rhythmical sound bear a close resemblance to the movements of the soul. Each single note is felt as a unique agitation. The regular succession of musical sounds, governed by the laws of melody and rhythm, are allied to those dramatic actions ("πράξεις") or outward activities which are the expression of a mental state".

In the first phase of the group process, nonverbal communication was developed through special techniques, such as body expression through music. This included the development of movement and the use of space, kinetic skills, and emotional expression by means of musical instruments. The use of simple musical instruments, mostly percussion, did not demand musical instruction. The group moved in the space and attempted body movement to different rhythms. Kinetic skills

that had been forgotten were evoked as well as, body dysfunction related to the mental disorder and to the drug treatment side effects. The most problematic was co-ordination, muscle synergy (i.e. during tiptoeing) and sequential movement. The resistance of group members to relate bodily was reduced through touch exercises that produced laughter and fun. Working in pairs, where one member expressed an emotion through a musical instrument and the other responded with a movement or a dance permitted a kinesthetic emotional exchange. The basic areas of feelings were anxiety, contentment and joy. Members of the group moved towards those areas and produced different music in each one. While the common area created by music fostered a feeling of belonging, the differentiation among these areas gave the option of experiencing a different emotional state from one's initial state. Primitive musical expression helped the less functional members of the group to participate.

During the second phase of the groupwork, music was perhaps the chief element that developed an emotional bonding. In Greek tradition singing together in companies is something apparent in everyday life; it was often present within the group's life too. Many times group enactments contained singing together in parties or representations of pop concerts of favorite singers. During these vignettes an arousal and unification of the collective unconscious was obvious, the group members being moved at a higher degree than in verbal drama. Even the most dysfunctional group members participated in those moments.

The choral parts of the play were formed effortlessly, by people joining in well-known Greek songs or by producing the sound background in order to accentuate particular moments during action. Music produced movement and movement produced dance. According to the Poetics "Dancing imitates character, emotion, action" (Poet. i. 5). As Butcher reminds us: "Dancing is not inferior to tragedy itself in expressive capacity; it is descriptive of every shade of character and emotion. Moreover it harmonizes the soul of the spectator, trains the moral sympathies, and acts as a curative and quieting influence on the passions" (p.137).

Within the choral parts the clients' expressive skills were particularly prevalent, forming intelligible vivid characters of their own tragic struggle against the inexpressiveness their disorder imposed on them. "Facial expression, gestures, attitudes are a dialect which nature herself has taught, and which needs no skilled interpreter to expound... If symbols they may be called, they are not conventional symbols, but living signs, through which the outward frame follows and reflects the

movements of the spirit; they are a visible token of the inner unity of body and soul. [...] The reading of character by gesture and facial expression, as explained by the Aristotelian school, rests on an assured harmony, not in the case of hearing only but of other organs of sense also, between the movements within and those without" (Butcher, 1920, p.134).

In the third phase of the groupwork, sounds and songs were added and cut, in order to produce the best possible musical effect for the spectators. The delivery of the performance sound to the audience was the main intention here, so voice projection techniques and breathing exercises were practiced. Another area of attention was to form the best possible orchestra, for which each member had to decide the role and the instrument they wanted to play. The synthesis of the final soundtrack of the group "Sweet Automobile" by verses of all the group members to a beat rhythm represented the atmosphere of the group and carried the enthusiasm of the clients up to the performance.

After the performance, **in the final phase** of the group process, the clients often recalled and whispered verses of the songs, the performance echoing within the group until its closure. In this way the performance instilled itself into the passage of time and became a vivid memory in the history of the clients' life.

Towards the end the Melos of the group became more melancholic as the group had to face loss. During the last session the group said farewell with music all the group members produced spontaneously with the musical instruments. Melos stamped the last moment of existence of this "Dramatherapy Performance" process.

6. Design (Opsis)

According to Aristotle the design is the least important element of the Tragedy, however much it might contribute to the overall impression. This might be the case for Aristotle who, as a philosopher and a critic, examined tragedy as a form of dramatic art. However Butcher, interpreting Aristotle, reminds us: "Color and form too have a similar capacity though in an inferior degree. The instinctive movements of the limbs, the changes of color produced on the surface of the body, are something more than arbitrary symbols; they imply that the body is of itself responsive to the animating soul, which leaves its trace on the visible organism" (p.135).

Considering design from a Dramatherapy angle, I include not only the set and costumes, but also the real and symbolic use of props and objects, the position and status of the persons in space, their use and transformation of space, the light they transmit or absorb as energetic presences. Thus, design appears indispensable for the dramatic evolution.

During the first phase of the groupwork, a process of "objectification" of the body took place in order to be able to transfer autonomous messages as a living piece of art through intentional control. Mast (1986) in her work on the internal processes and training of performing artists explains how this function is fundamental for the formation of performers. This function was cultivated within the Dramatherapy group through "sculpting" feelings, colors, thoughts, ideas or opinions through the body, in other words translating mental processes into bodily expressions. Individual "sculpts" as well as group "sculpts" were produced on different occasions, as well as still pictures of body figures imitating one-dimensional images, named "tableaux vivants".

Within the Dramatherapy process, objects were used in three ways: a) in their real function, serving realistic role-playing, b) in an imaginative function, when clients acted as if they were handling objects, and c) in a symbolic function, when objects were used by clients in order to represent other objects or meanings (i.e. a coat used as a buoy or as signifying protection).

Drawing was used when personal imaginative material had to be rendered in a more imperishable form and it usually took place as projective material in the beginning or at the reflection time of the group. Group drawings were used to combine the clients' images and they were often hung up as sceneries in front of which the clients' stories were enacted.

During the second phase of the groupwork, internal images were visualized and expressed within enactments. Props, clothes and objects were used in a very simple and abstract way, the clients usually performing usually in their everyday attire. These scenes of action were shared, changed and combined during the group process, in order to reach a desirable form, expressing the clients' changing needs.

The "Crucifixion and Resurrection" vignette during the Easter period, an important act of religious worship in Greece, exemplifies this process. This religious theme was internalized as an individual crucifiction and resurrection the clients had experienced through their disorder. "Tableaux Vivants" of each of these two states

were created. In one of the "Crucifixion" vignettes, depression was represented as a trunk of a tree carried by six clients, while the "Resurrection" vignette evolved from this image with the addition of a client praying on her knees. In some cases though this evolution was not feasible and clients resisted change in their image, since their own "resurrection" was still an uncaptured image.

Another example of sharing images was the "doubling process", in which the "freezing" action during an enactment (staying still with an expressive gesture) produced moments of immobility, during which the rest of the clients interacted with these images.

The third (performance) phase in relation to the rest of the phases of the Dramatherapy process can be seen as the Opsis of the whole process towards the external world. Although all rehearsals kept the tone of self-exposure low, it is a fact that everyone performed the most refined and polished parts of him/herself, in order to win approval by their "Significant Others". The final rehearsals dealt mainly with this element. The whole group looked after the props and the clothes everyone should wear; created the scenery; learnt to perform under stage lights; gave ideas for the making of a special cake which was served in the first act that held the name of the play. This effort facilitated the clients' cohesion during the performance night.

During the final phase of the group process, the "deroling" of space and objects took place, followed by the deconstruction of the stage, which made the room of the group look like it was before the performance. The objects that had been used as props in the performance were placed at special points in the room, as reminders of their previous use and they were often fetched by the clients and used as a memory of the event. New meanings were attributed to those objects according to the settling of the performance within the inner world of the individuals.

The group closed with a large collective drawing by all group members showing on one half what remained after all this project for the clients and on the other half what new images would be welcome in their lives. At the closure of the group, all group members stepped on it, like on a big carpet that showed the way out at special points.

In one of the last sessions the group members were asked to make individual drawings of the impressions that had remained about the performance and to write next to them their main feelings or thoughts. I present them here (including the group

members who did not perform, but who participated as audience members and some of the staff members who performed).

"OPSIS" OF THE DRAMATHERAPY GROUP MEMBERS AFTER THE PERFORMANCE:

A GALLERY

(Number of image, Name and Title)

Images of clients involved dramatically in the Performance:

1.Achilles-"Pride".

2.Hector- "Towards creativity".

3.Castor- "Joy, Hope".

4.Icarus- "Joy, Calmness, Creativity".

5.Terpsi- "Interaction".

6.Pylades- "Relaxation, Optimism".

7.Leto- "Rehearsals and co-operation for the performance, Partnership".

9.Cyrus- "Agony before- Relief after".

10.Clio- "The effort to achieve something in my dreams, not in my clouds and thunders".

11.Phaedra- "Partnership, Co-operation, Harmony, Warmth, Support, Collective Effort, Optimism, Creativity, Love".

12.Minos- "Joy, Hope and Warmth".

14.Jason- "Fight, Tiredness".

15.Alcestis- "The remnants of the day in feelings".

Images of clients that participated as audience:

8.Hero- "Partnership, Friendship, Relaxation".

13.Pentheas- "Civilization and nature- Brightness".

16.Patroclus- "Darkness".

18.Ismene- "Joy and moving feelings".

Images of Trainees:

17.Hermia- "Joy, Enthusiasm, Partnership".

19.Thisbe- "Anxiety before, Tension during, Satisfaction after".

20.Circe- "Collectivity, Friendship, Love".

Image of Co-therapist:

21.Rhea- "Spontaneity and Vividness, Memories of student life".

"OPSIS" OF THE DRAMATHERAPY GROUP MEMBERS AFTER THE PERFORMANCE

A GALLERY

Image1- Achilles: "Pride"

Image 2- Hector: "A tendency for creating"

Image 3- Castor: "Joy - Hope"

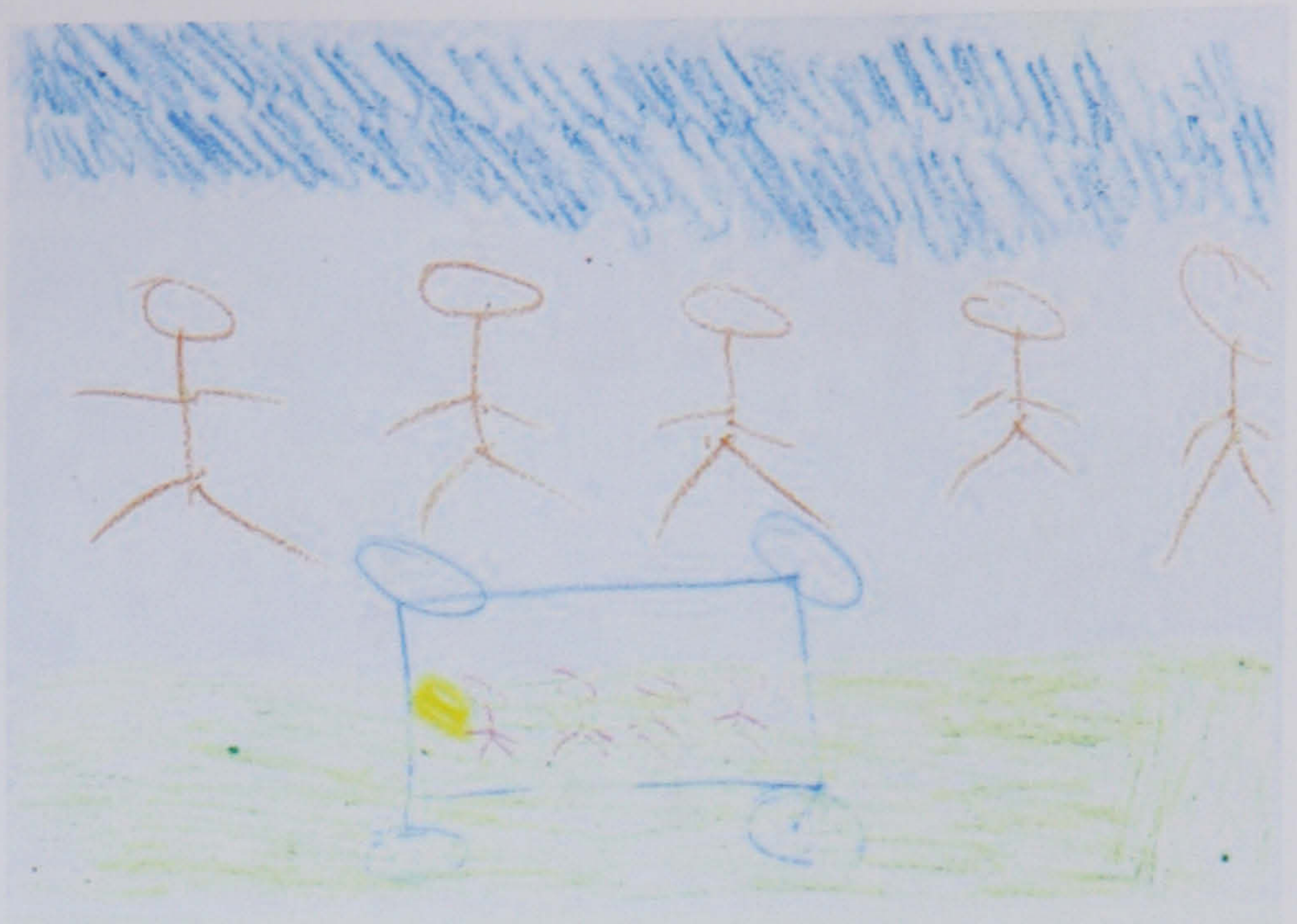


Image 4- Icarus: "Joy, calmness and creativity"

Image 5- Terpsi: "Interaction"

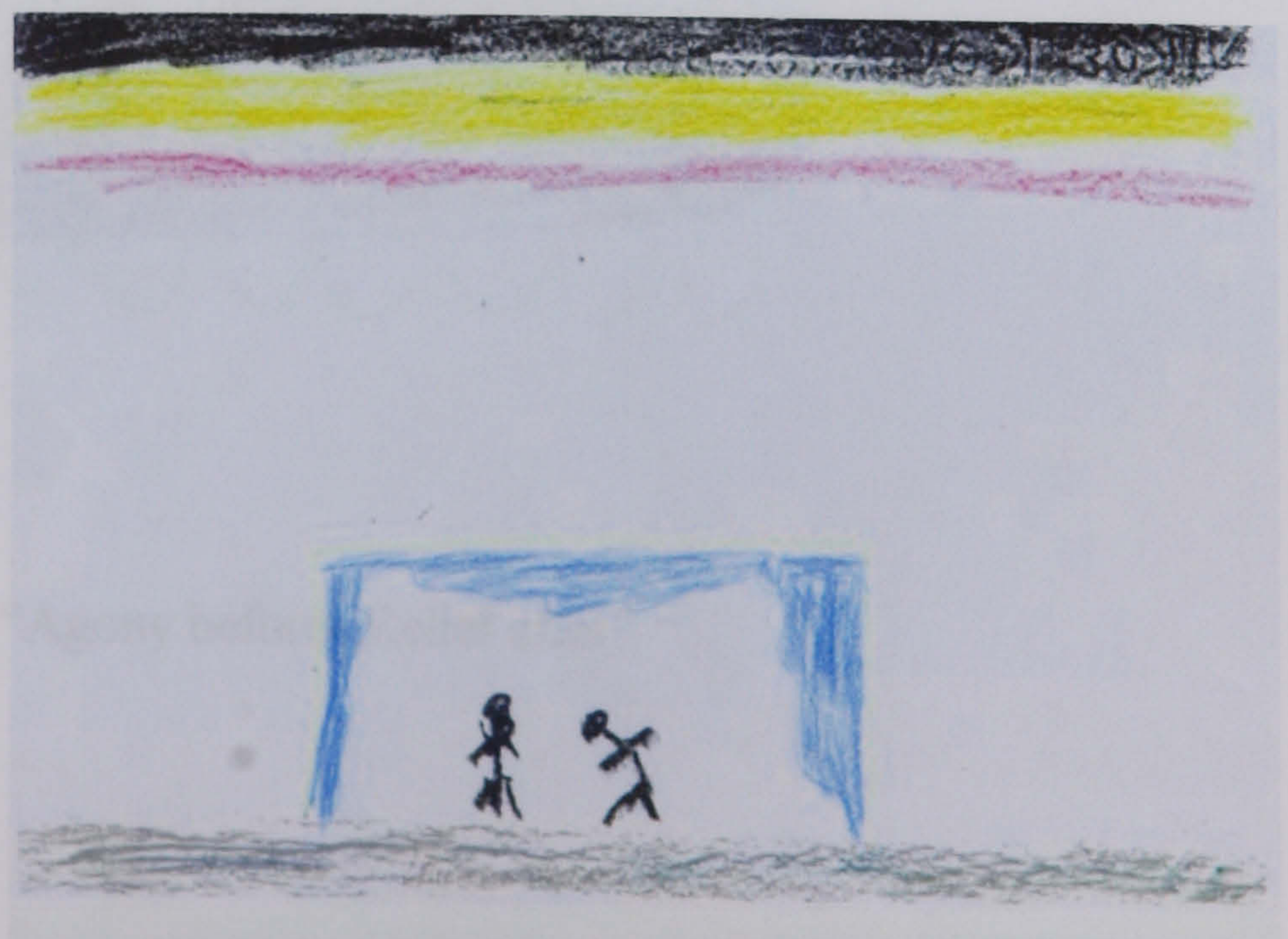


Image 6- Pylades: "Relaxation-Optimism"

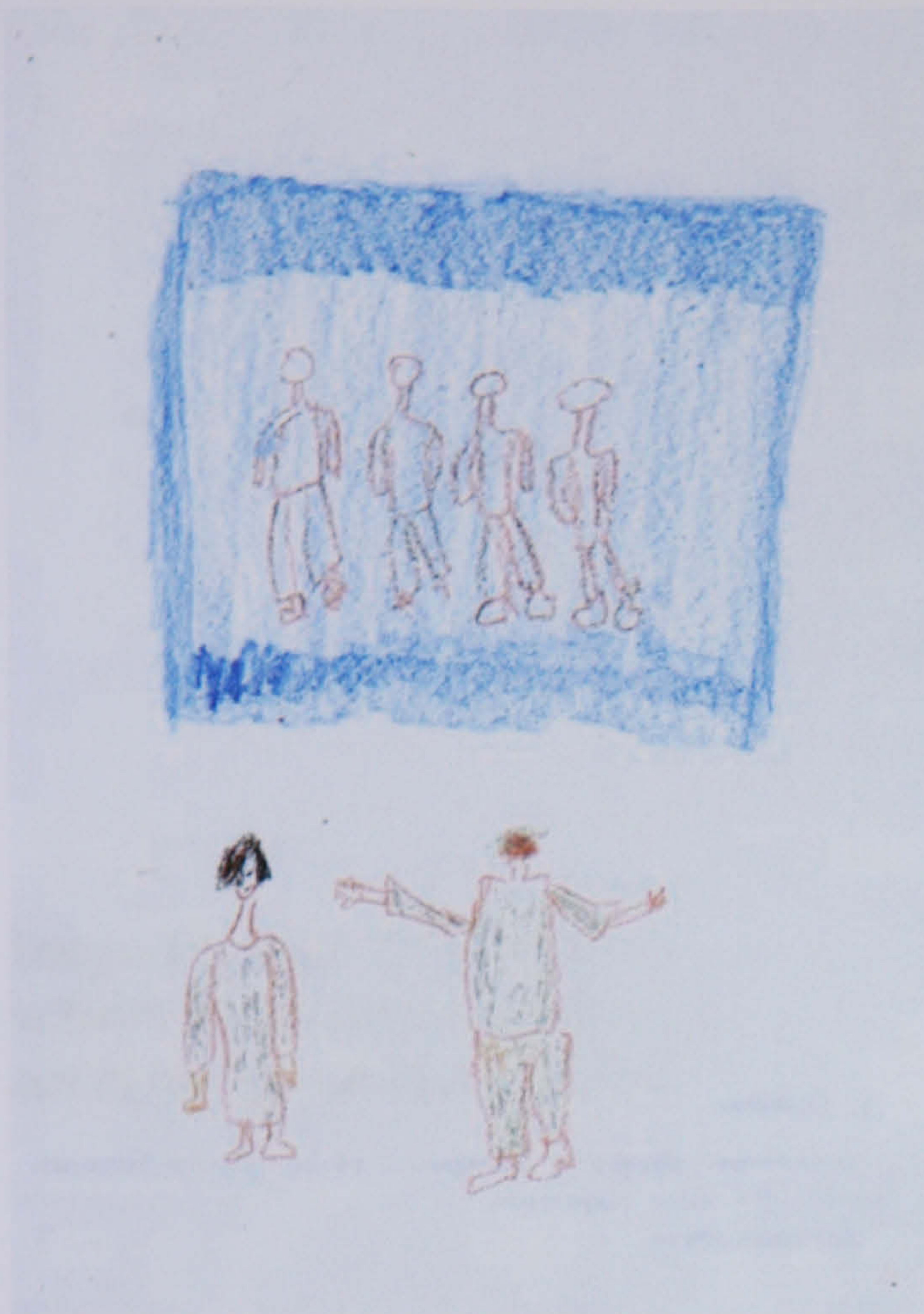


Image 7- Leto: “Rehearsals and cooperation for the performance: Partnership”

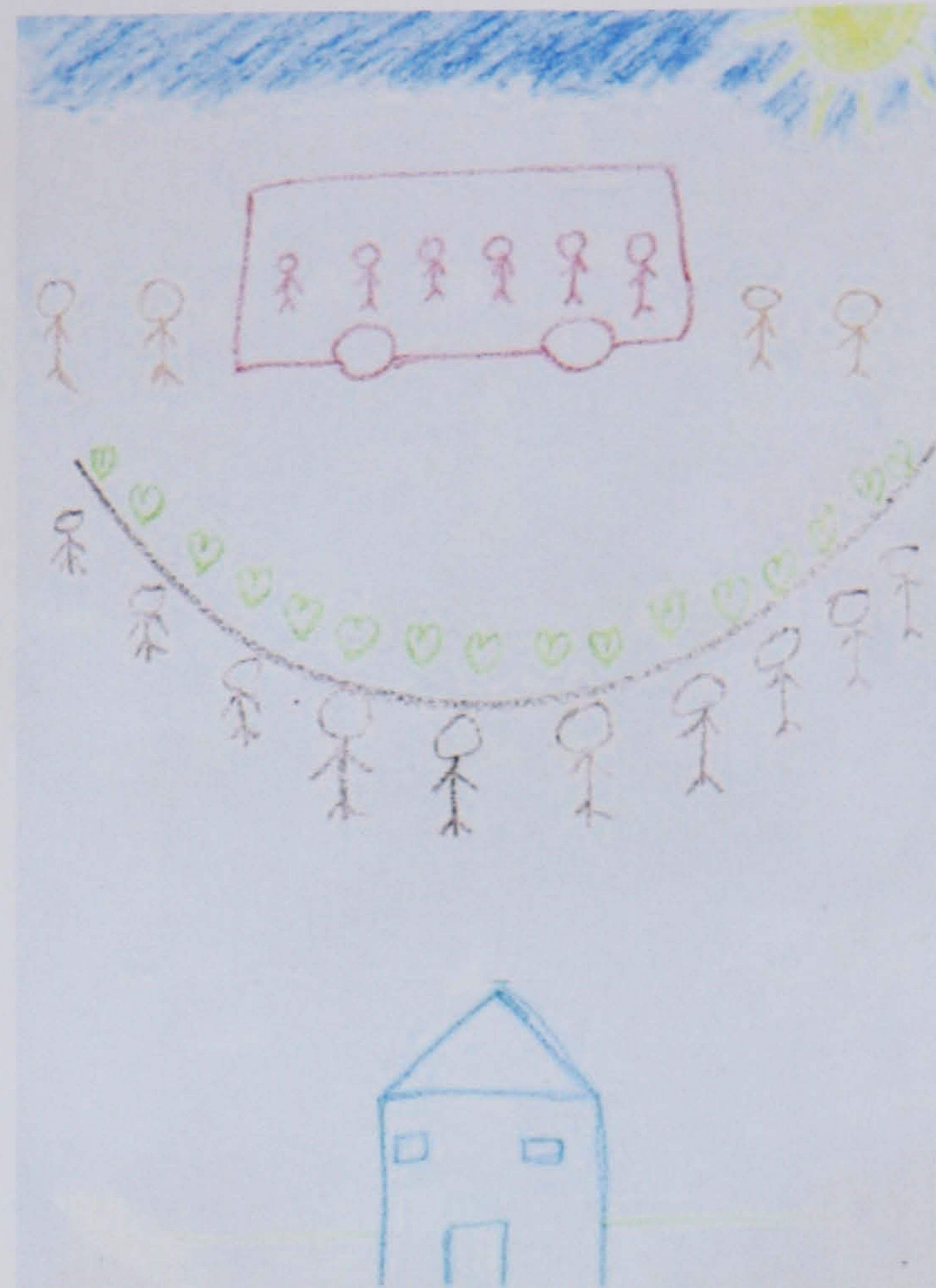


Image 8- Hero: “Partnership-Friendship-Relaxation”

Image 9- Cyrus: “Agony before- Relief after”

Image 10- Clio: "The effort to achieve something in my dreams, not in my clouds and thunders"

Image 11- Phaedra: " Partnership, Cooperation, harmony, Warmth, Support, Collective Effort, Optimism, Creativity, Love"

Image 12- Minos: "Joy, Hope and Warmth"

Image13- Pentheas: “Civilization and nature- Brightness”

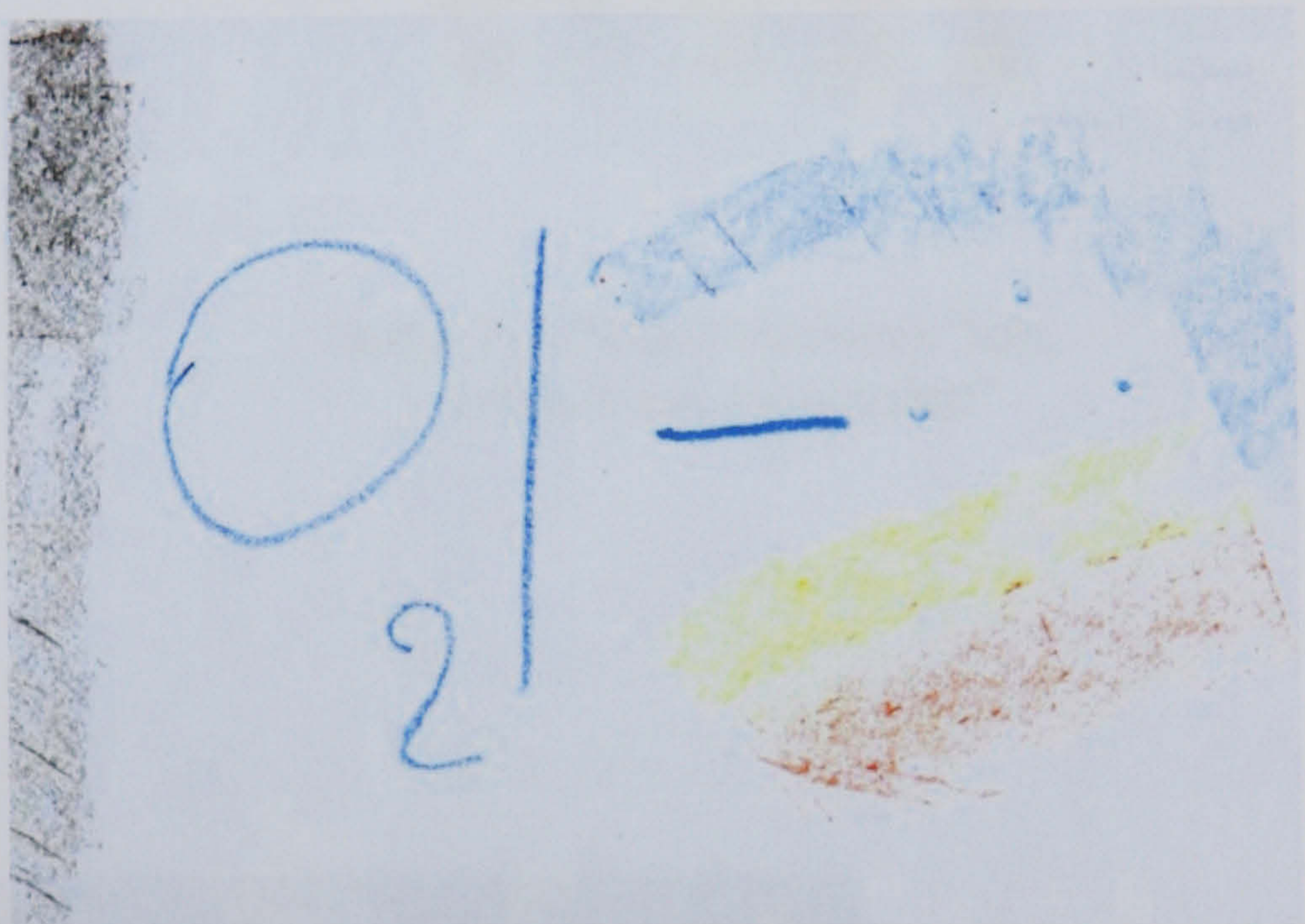


Image 14- Jason: “Fight, Tiredness”

Image 15- Alcestis: “The remnants of day in feelings”

Image16- Patroclus: “Darkness”

Image 17- Hermia (trainee):“Joy, Enthusiasm, Partnership”

Image 18- Ismene: “Joy and moving feelings”

Image 19- Thisbe (trainee):
"Anxiety before- Tension during-
Satisfaction after"

Image 20- Circe (trainee):
"Collectivity, Friendship, Love"

Image 21- Rhea (co-therapist):
"Spontaneity and Vividness-
Memories of student life"

Comments on the clients' images

- In most of the images there is a differentiation between the stage and the rest of the space, thus, delineating the frame of this performance.

- The elements of nature- sky- sea-ground- mountains-sun-moon-stars-thunderstorm- darkness- daytime- rural life are preponderant, demonstrating the importance of time and space orientation.

- There is a core in almost all images, around which all the rest of the elements are constructed; this is often the stage in the form of a vehicle, or an ordinary stage, or a house in the countryside.

- Human figures are very simply represented, in a rather regressed way. The placement of the figures in the image's space and the relations between figures seems to be the main concern rather than the details on each individual figure. In most cases the human figures bear a close relation to each other but not a joined or a superimposed one.

- The audience is present in some of the images (4) as a crucial element of the whole picture.

- The two co-coordinators are present in only two of the images in a strongly directive way.

- Some of the images are abstract, containing symbols of love (hearts), protection (umbrella), guidance (shepherds), life (sun), happiness (flowers), nazi signs in hearts (given the names of "war in the heart"), O2 (oxygen), music keys (music).

- Most of the written words describe interrelating feelings, as they express an atmosphere of endearment. Words expressing contradictory feelings are present in only one of the images.

- All the images contain a variety of vivid contrasting colors, except one that is a totally green image. The main color representing the stage is blue, as was the stage in the performance. Green and black is often used as a background. Human figures are mostly multicolored, sometimes reddish and only twice black.

In sum, these images can be semantic as images of the performance's Opsis. They are indicative of interactive emotional relationships, societal forms of being, participation in nature and home life, partnership and communion, creative moments of structure that outrun and alleviate, in quality and quantity, the sparse contradicting images of deconstruction, darkness, fear, tiredness, loneliness and anxiety.

SUMMARY

In the above interpretative narrative Aristotle's Poetics were used as a model of analyzing the intrinsic processes of a "Dramatherapy Performance" project.

Concerning the four phases of this Dramatherapy procedure, which was based on the clients' autobiographical material, all six poetic elements (Plot, Characters, Ideology, Diction, Music and Design), analyzed separately, marked out a parallel development.

Within this parallel analysis, a number of therapeutic interventions took place, concerning more or less each of the six poetic elements of the performance project.

While constructing gradually the performance Plot, the clients' stories emerged, were linked to each other and were completed, until they became the Plot of the Dramatherapy group itself.

Character formation expanded the clients' repertoire and gave the opportunity of relating to each other through role, at an "as if" symbolic level. The final characters of the performance, being the "clients in role" within a clinical setting, rendered them the tragic heroes of their everyday life.

The characters' Ideology, as it was developed, coincided gradually with the ideology of the Dramatherapy group, giving the opportunity of a cognitive construing. At the same time it enhanced the clients' process of character formation with insight and rationale.

The Diction of the project, developed in dialogues and lyrics, clarified diffused meanings and dressed the clients' verbalization with sentiment.

Music, created either from sounds and primitive instruments or from existing musical pieces or songs familiar to the group, fostered a common affective springboard for the group members' verbal and nonverbal communication.

Design set the marks of boundaries- sparse and diffuse in the beginning- and led to a whole stage of signifiers for the performance event, as well for the clients' lives thereafter.

Through this qualitative analysis, one can see that within a "Dramatherapy Performance" process, the structural theatre processes, described here as the "Poetic Elements", can be therapeutic interventions in their own rights, permitting the clients

to work through their personal material and to experience alternative ways of existing. This process illuminated the clients' ability and difficulties to relate emotionally to each other, to create affective bonds and to be able to separate from each other without experiencing chaos, after having worked together. According to Bowlby's terms in relation to emotional bonding (1979), the whole therapeutic process that provided the clients with the opportunity to create and maintain emotional bonds as well as to break them in order to find again their individuality, was facilitated by and could be observed within the gradual construction of the performance's poetic elements. This therapeutic process exemplifies Landy's argument that "performance is a direct method of research" within the Dramatherapy field (1994).

CHAPTER 13

QUALITATIVE ANALYSIS
PART II
THE "DRAMATHERAPY PERFORMANCE" EVENT

Until now the "Dramatherapy Performance" process has been analysed according to a model of analysis ultimately deriving from Aristotle's Poetics. Here, the Performance event itself will be analysed using the same model.

The video documentation of the performance material permits a content analysis of this therapeutic event, according to Dramatherapy principles and perspectives. This performance event analysis will be presented here from the angle of the Dramatherapist, researcher and leader of the Dramatherapy group, who has witnessed the Dramatherapy process as well as the performance event. To have witnessed the whole procedure and to know the clients can interfere with this critical overview. However, the aim here is not to provide an objective overview, but to offer a model of analysis of a "Dramatherapy Performance" on which different subjective observations can be based, according to the particular angle of the observer.

This material is a text of analysis that also allows objective observations of different phenomena, behaviours, or symptoms-such as the demonstration of the clients' schizophrenic symptoms- during the "Dramatherapy Performance" event. The individual demonstration of the clients' symptoms within the performance text will be the subject of the next chapter.

This model can be used from different angles, by Dramatherapists, Psychotherapists, or even Theatre Theorists who deal with and are accustomed to the diagnostic criteria, the bio-psychosocial state and the level of dramatic involvement of clients with schizophrenia.

1. A CRITICAL ANALYSIS OF THE PERFORMANCE VIDEO DOCUMENTATION

This analysis will adhere to the items of the "Dramatherapy Performance Evaluation" (see chapter). Part 1 and Part 2 will be covered within this chapter. Part 3 (individual evaluation of clients) will be the subject of the next chapter.

PART 1: BASIC INFORMATION ON THE DOCUMENTED MATERIAL

The video documentation of this event is in a 50 minute VHS videotape, shot in 1998 in a Day Hospital in Athens, Greece, by an amateur documentarist/ member of staff the Day Hospital, for the purpose of this Performance analysis as well as a memoir of the event. The camera had been placed behind the audience, facing the stage. It contains an autobiographical "Dramatherapy Performance", called "Sweet Automobile", 40min long, that took place in a Day Hospital space that had been transformed into a stage. A total number of 22 people perform on stage, 15 of which are clients with schizophrenia and 7 are staff members. Approximately 100 persons form the audience. The therapeutic aims of this Dramatherapy group as well as of this event have been mentioned within the chapter of Methodology of this research project.

DRAMATHERAPY PERFORMANCE EVALUATION - PART 2: GENERAL OBSERVATION

Watching the video, one can make the following observations.

i) Accomplishment

In the beginning of this event, the psychiatrist in charge of the Day Hospital, the client representative of the Therapeutic Community and the two co-leaders of the Dramatherapy group started the event off with an introductory welcome to the audience, inviting them to contribute to this event.

The performance was successful: it started, continued and ended without any disruptions except for one or two delays during the changing of sets, which were handled well by the performers on stage.

ii) Audience reactions

The audience reactions, such as applause and laughter, increased the energy on stage. The interaction between audience and performers at the end of the play through the "doubling" technique was hesitant and only ten people expressed themselves. However all the statements were encouraging and were quite moving.

iii) Staff

The role of the staff was supportive, helping the interaction of not less than any two clients at any one time; in none of the three scenes of the play was the ratio 1 staff member: 2 clients exceeded.

For professionals working within a therapeutic frame, clients could be distinguished from staff, with a few exceptions of a few very functional clients who were taken as staff members. This was due mainly to the staff's supporting roles within the performance and to the negative symptoms of the clients, as was apparent in their nonverbal communication.

For people not working within a therapeutic frame, such as the audience members, the distinguishing line was more vague, but still there. Again, appearance, behaviour and roles within the performance distinguished clients from staff. A factor that encouraged this distinction was the preconceived notions of the audience since the performance took place within a clinical setting. However, semi- structured interviews with family members showed that a number of audience members could not distinguish clients from staff and this gave credit to the performance for its therapeutic impact (see qualitative research part IV).

iv) Structure

The clients managed to present to the audience their own myth on the stage with a full awareness of time and space limits. The structure of this presentation followed a sequence of episodes (dialogue) and chorus parts (lyrics). The flow of themes, stage events and enactments, indicated a high level of collaboration and group cohesion. For example, there was a remarkable readiness to change the sets for the next scenes and a mutual reminding between clients about their positions on the stage, about the use of props and about entrances and exits during the enacted parts.

v) Participation

Most of the clients were able to interact in the large group, in subgroups and individually. All 15 clients were able to take part in the group-as-a-whole and to form the chorus of the play. This chorus was changing as some members of it went into the enactments and back again to the chorus afterwards. There were a few members (2) that were able to participate only in the chorus while two other members participated in the performance event by arranging matters in the audience (programs, seats etc.). Four (4) members were able to participate in subgroups, by enacting individual auxiliary parts in some of the scenes that did not contain a lot of uttered speech (one or two lines). The rest of the clients (9) played one or two individual parts in the three scenes of the play. Two (2) of them held the leading parts.

vi) Atmosphere

The moving effect of the performance lay in the capacity of these clients to create something together and to form relationships. The main theme "boy meets girl-boy loses girl-boy finds girl" and the "sweet automobile" as a vehicle of friendship and support seemed familiar to the audience members and permitted identification with the actors, as is shown from verbal and nonverbal comments during the performance. The amateur acting of the group members expressed a simple, adolescent perspective of relating, which encompasses hope and romance and provided the performance with an atmosphere of freshness and empowerment.

The chorus songs as well as the chorus comments in the "doubling process" conveyed affect among the participants. This witnessing of the clients' emotive disposition towards one another, was the most moving aspect of the whole event, if we bear in mind that emotional exchange had been a dismissed, poor or inappropriate part of the clients' lives for a long time.

vii) Expectations

In contrast to the audience's expectations (see also part IV of qualitative analysis) was the clients' capacity to be in a play despite their disorder, to stand up and perform on stage and to be able to express themselves dramatically and convey meaning. This task, stressful even for non- disordered individuals, requires an ability to overcome the stress-provoking circumstances of a performance and to expose personal material through drama in front of an audience of family members and friends. This does not mean that all performers were talented but that the activity as a whole had an appreciable artistic merit.

viii) The relation to the schizophrenic condition

The performance did not cure the clients' schizophrenic disorder nor did it show that there was a moment in the clients' lives that is free of all symptoms of the disorder. But it nevertheless showed that despite their schizophrenic symptoms, these people could function in stressful situations if they can get the right level of support, that they can create meaningful events collectively and relate affectionately to each other.

Their difficulties in relation to this task were obvious, through motor, vocal, expressive problems in the clients' communication skills. The effort demanded against the forces of inertia could be seen in their getting easily tired, dehydrating and needing water under the stage lights, losing concentration, forgetting tasks, reacting slower than expected or with a smaller affective range and variety. However the inner

vital force grew stronger and succeeded in the realisation of an integrative life-art show; a show that respected and incorporated social norms in a vital way for this client group, a show that was lively and not grotesque.

ix) The Tragedian metaphor

In order to consider the Poetic elements of this performance in terms of a contemporary Tragedy it is important to define where to focus our observation. There are two distinct –though interrelated- phenomena to be dealt with onto which the Aristotelian criteria can be applied:

a) The play itself: "The Sweet Automobile".

b) The performance event of the play: "The Sweet Automobile".

It is indeed difficult to apply the model to the play itself since it is possible that it can be considered not as a contemporary tragic drama at all, but as a comedy, a farce, or a review. In these cases the Aristotelian criteria seem inadequate. As I have mentioned earlier in this thesis (chapter on catharsis) one must bear in mind that the part of the "Poetics" referring to comedy has been lost and the only feature which is mentioned in the remaining part is that of the "ludicrous". There have been several attempts to invent a relevant semiotic system for comedy by contemporary critics (Sutton, 1994). Another way to overcome this difficulty would be to apply different criteria for "tragic" or "comic" moments of the play. Yet the presented event may bear a tragic character if we apply the criteria to the performance event and not to the play itself.

Despite the style of the presented play, the performance event is considered as a contemporary tragedy, since it reflects the struggle of individuals with schizophrenia to socialise with their environment.

Through this ***metaphor*** the Poetic's criteria can be used for Dramatherapy purposes. Because this effort is realised through a Dramatherapy process and because the play is either autobiographical, as in this case, or is revised according to the group's needs, ***these two levels of observation, the performance event and the play itself coincide in our conscience in such a way that the performance text becomes the text of the play itself.*** This process in autobiographical performances is facilitated by the presentation of the individuals with their own names.

For the aforementioned reason, the poetic notions of Aristotle will be applied to the text of the play holding the view that this text, which meets the needs of people with schizophrenia, becomes the text of a life performance.

DRAMATHERAPY PERFORMANCE EVALUATION - PART 2: ANALYSIS OF THE PERFORMANCE'S POETIC ELEMENTS

I will interpret next the performance's six Poetic Elements: structure of the Plot, Character display, conveyance of Ideas, uttering of Diction, use of Music and use of Design.

1. The Plot (Mythos)

Let us consider some issues relating Aristotelian definitions of the proper constituents of Tragic plot to the particular "Dramatherapy Performance" being analysed. The suggestion that this play of youthful romance (see the full play in Appendix) can be considered **"an imitation of a noble and complete act"** can only be made at a metaphoric level. For these "actors" suffering from schizophrenia, creating emotional relationships was a tormented adventure.

The play, following Aristotle's terms, had **a "beginning, a middle and an end"**, the structure of a tragedy, with an introductory chorus part ("parodus"), three dialogic scenes ("episodes") interchanging with three chorus parts ("stasima") and an exit chorus part ("exodus").

The plot was simple and it ran in three episodes. In the first episode, a group of friends meet in the café next door to cheer each other up after their failure in their University entrance exams. Alcestis, a girl in the company, falls in love with Achilles, the waiter, a student who works there to earn his expenses. As they all taste and enjoy the coffee shop's special pastry, called "the sweet automobile", which is able to transport them to imaginary lands of desire, they talk about plans for future. Alcestis flirts with the waiter and they give an appointment at the local beach the same night, before they separate.

In the second episode, Achilles meets up with his friends to study History at his home the same afternoon. As they are studying, they bring up the Roman story of Spartacus, a story of slavery and freedom, which becomes a vivid fantasy, enacted before their eyes. Impressed as they are, they decide to give up studying and do what they really need: to go to a beach party.

In the third episode, Achilles' company meets up with Alcestis' company who are already on the beach partying and singing songs with a guitar. They all join

in and dedicate songs to each other. The couple is together and happy as they all fall asleep until dawn. Waking up the next morning as from a dream, they all need a way to go back home. The "sweet automobile", an imaginary car this time, becomes again the vehicle of their desire and leads them safely back.

At the beginning of the play, between the episodes, and at the closure, chorus parts introduce each new episode of the play and express the company's feelings in songs. Also within the three episodes of the play, the action "freezes" (i.e. remained still) at certain moments and the chorus members express their views on what is being enacted.

This "noble and complete" action, in Aristotle's definition, must be **"an imitation of fearful and pitiable incidents and these actions are intensified when they occur unexpectedly, yet because of one another"**. Aristotle's "pity" is aroused by someone who, undeservedly, falls into misfortune and "fear" is evoked by our recognizing that it is someone like ourselves that enters this misfortune. The misfortunes in "Sweet Automobile" happened unexpectedly, due to sudden humiliations and failures in everyday life, leading to isolation, sadness and unfulfilled dreams that only fantasy trips can replace. The following chorus song portrays this:

Every time a path is opened in this life
do not wait for midnight to arrive.
Have your eyes wide open night and day,
because there is always a net in front of you.
If ever you get trapped within it,
no one can ever let you out.
You are alone at the end of the thread
and if you are lucky you can try again.
This net has heavy names that are written in pages,
which are stamped seven times.
Some call it slyness of the underworld,
but others call it the love of the first spring.

The concepts of **reversal** ("to the opposite state of affairs") and of **recognition** are key elements in the Aristotelian plot of the tragedy. No one among the clients had chosen his or her fate. If this was precipitated by a series of events and

factors it had happened unconsciously. Achilles meets Alcestis and they fall in love. However the demands of reality keep them apart. It is only when they recognize that this love is their vital need that they decide to change their ways and to make an effort to meet up again. This moment of reversal is precipitated by a moment of recognition, becoming obvious before their eyes through the historical example of Spartacus, in which the slaves revolt against the empire. In Aristotle's terms this can be considered as "a change from ignorance to knowledge, bringing about either a state of friendship or one of hostility on the part of those who have been marked out for good fortune or bad" (Grubbe, 1958).

Suffering through **"an infliction of wounds"**, is a main issue in an Aristotelian plot. Unhappiness due to unmet needs, inadequacies and non-realistic expectations, failures to achieve goals and emotional rejections led to suffering for the heroes of the story. The chorus echoes this:

You've told me so many times that you did not love me.
I'm sorry not to have understood that you really meant it.
Therefore I say goodbye and I leave without saying anything more.
My head held high- my soul down at my feet.

And later on:

I'm writing to you again out of a need
At five o'clock in the morning
Nothing has been left in this world but you.
What do I do with their praises and the theatrical words?
Within the screen of my mind dead broken idols.
Love me- as much as you can, do love me.

The notion of **catharsis**, **"the exhaustion and relieving of the emotions of pity and fear"**, is a widely contested notion. As I have suggested (see chapter on catharsis), catharsis lies in the structure of the "Dramatherapy Performance" itself. It is created through mutual concern and respect between clients and therapists (between psychotic and non-psychotic members). Pity and fear are relieved through friendship,

fun and support; isolation and loneliness are relieved through togetherness and love in this play. During the second episode, Achilles appears on stage as the chorus sings:

Tonight we are going to study history at Achilles' home.
I don't see any chance of being serious or to consider things sincerely.
Tonight we should go somewhere else-
maybe to a club or to the beach for a drink.
Our spirits are high. Let's go for a walk on the beach.
Tonight we won't sleep, let's travel south.
Let's all together enjoy drinking beer in a small bar,
with our arms round each other.

The play ended with the company singing:

We loved you Sweet Automobile;
when we were eating you, you became immobile.
Within our company we dreamed of you taking us to the earth's colors.
Within our company we dreamed of you driving us when we came together.

In sum, the plot of this play has the structure of a contemporary tragedy and it can stand as a metaphor for the Aristotelian tragedian model, in which one can encounter the key elements of Tragedy: a noble and complete action with a beginning, a middle and an end, pitiable and fearful incidents occurring unexpectedly, reversal and recognition, suffering and catharsis.

2. The Characters (Ethos)

According to Aristotle a character in a Tragedy is "a person of great reputation and good fortune, who succumbs through miscalculation and who recovers from misfortune."

Let us see what meaning this might acquire in a "Dramatherapy Performance". The characters in this performance were the clients and staff members "in role". They presented themselves on stage using their own names. Their reactions

throughout the scenes of the play were their own improvised reactions at an "as if" level. After a number of improvisations on these same scenes, the clients' performance had been shaped into solid characters whatever else might have been troubling them on performance day. For example, Alcestis mood fluctuations would show up throughout her performance but the main character she had created out of elements of herself would remain the same and would follow the same "adventure" throughout the play (i.e. Alcestis meets a man, falls in love, loses him, meets him again on the beach, joins with him, meets her friends, falls asleep on the beach, wakes up, returns home with her lover and her friends).

On a second level, the action of the play mirrors the effort Alcestis makes to create and sustain an intimate relationship and to communicate with friends and peers despite her problems. Therefore Alcestis created "Alcestis" in role, a stage presence inspired and constructed from situations she had experienced in her own life.

Achilles had never worked as a waiter in his own life. However, the creation of "Achilles" as a waiter gave him the opportunity to explore different aspects of himself than the ones he lived in his everyday life as, for example, to work for his living. While playing the waiter at the coffee shop, he maintained the qualities of an idiosyncratic but prudent person he carried as personal characteristics, but he also inserted within his performance of "a working waiter", a mild tiredness he had as a client, because of his negative symptoms and the side effects of his medication. Following a trial and error process he finally consolidated the dramatic creation of a slow but prudent idiosyncratic student that worked as a waiter to earn his living and who had the opportunity to meet a girl he liked while he was working; a persona of himself ("Achilles-waiter").

At certain instances during the play the clients moved into more distant role-playing, portraying characters such as the Emperor, Spartacus, the slave, the guard. This play- within-the play technique facilitated the flow of the play, in which the clients experienced the aesthetic distance between self and role, a distance that provided a safety curtain for deeper identifications. Playing parts as the slave and the emperor, the oppressed and the hero, parts of the clients' self identified with the victim or the perpetrator. These parts permitted the clients of the group to expose to the audience their stigmatised identity because of their diagnosis.

The characters were stage-directed as an over-distant role-playing for two reasons. The first reason was purely therapeutic. These characters had a powerful and

self-absorbing quality and, therefore, clients could become over-involved, acquire grandiose ideas and lose their sense of proportion (concept of "metron"-"μέτρον"). The second reason was mainly aesthetic. This scene needed well-developed role-playing skills to avoid becoming pathetic, particularly where clients with schizophrenia present grandiose characters. Any such development would be counterproductive and betray the clients' efforts. Therefore, it was directed in the play as a fantasy vignette and it was "foregrounded" from the rest of the play through the technique of slow motion. This distortion of time permitted the characters to present themselves as emblems, and not as realistic figures and thus to distance themselves emotionally from the action.

Thus, there are three kinds of characters displayed by the clients on the stage of a Dramatherapy performance:

a) The character "client in a specific situation", i.e. Alcestis meets her friends in the coffee shop;

b) The character "client in a specific role", i.e. Achilles working as a waiter;

c) The character "in role", i.e. The Roman Emperor or Spartacus.

Despite the level of emotional expression of these clients through their characters and the aesthetic distance between characters and clients, these characters were forms of being, created by this specific client group. The underlying interconnection of all these characters was the clients' common effort to bring to life and present a smaller or larger fragment of their existence.

C. The Ideology (Dianoia)

As analyzed by Grubbe (1958), "Ideology" is "the ability to express whatever is assumed or is suitable to a situation". While the Aristotelian "Character" appears only when the sequence of an action is decided, when the elements implied in an action are clear or an opinion is expressed we are in front of an ideology, not of a character. Since there is no "choice", the chorus expresses the ideology and not the character.

In " Sweet Automobile" the performers' ideas were expressed in episodes that imitated social conditions, as well as in the chorus parts of the performance.

Already from the Prologue, the group welcomed the audience with a chorus song selected to transfer the ground ideology of the play:

Within the songs I'm searching for my land.
In eyes of strangers I'm searching for the eyes I want.
I've seen a lot but I haven't seen anything.
Within unknown cities I sleep and I wake up.

I fill up my glass and I drink three times.
I fill up my glass and I drink your health.

Welcome to our journey tonight.
Let the good winds take your dreams.
Thank you for your love again
And for having the lights of your hearts switched on.

It is a strange, strange journey when you want to be lost in your dreams.
It is a strange, strange game if you want to explain your heart.

This entrance song, aiming at conveying the performers' ideas to their invited audience, encompasses the following major themes: the exploration of the landscape of the soul, the journey to the unknown part of the self, within which one may feel lost as in a dream, the strangeness of the experience of loss and the guidance of the heart by feelings of love and goodness, the sharing of songs and spirits towards health and enjoyment.

In the episodes of the play the performers participate in social situations and express their points of view, which adhere to their lifestyle, difficulties and expectations.

In the first episode, professional and leisure activities are discussed among performers. The difficulties of achieving their goals in their studies and their future plans for holidays are typical examples of discussions in their age group and social class.

In the second scene the oppression of the social values inhibit them from following their own desires. History, the subject they are studying, unifies them in a

concrete cultural environment. The paradigm of Spartacus is inserted here as an archetypical hero evoked from their collective unconscious to empower them to follow the pathway of their desires.

The point of view of "following your heart", as seen in the third scene, is considered a social virtue within the performers' group culture.

Tonight we are going to study History at Achilles' home.
I don't see any chance of being serious or to consider things sincerely.
Tonight we should go somewhere else, may be to a club, or to the beach for a drink.
Our spirits are high.
Let's go for a walk on the beach.
Tonight we won't sleep, let's travel south.
Let's all together enjoy drinking beer in a small bar - our arms round each other.

The third episode, unifying the whole group, can be conceived as a paradigm of the Ideology of the play and only some characters' clarifications or juxtapositions indicate the characters' choices. For example, Alcestis denied that Achilles and herself were just friends and insisted that they were also lovers.

The chorus parts, apart from the songs, contain the personal ideas of the chorus members- the performers that did not take part in the episodes. In the first "stasimo" (chorus part) the chorus put their hands on the actors' shoulders and expressed their opinions on the group's dreams about holidays. Starting by the phrase: *"If I were in your place, I would feel or I would go to... "*, they all expressed their own wishes for imaginary places for fun and relaxation.

In the second "stasimo" (i.e. chorus part) the action froze and the chorus expressed their opinion on freedom and slavery, connecting the story of Spartacus with their own slavery through their mental disorders, drugs and hospitalization. Opinions like: *"There are degrees of freedom"*, *"One can be more or less a slave or a free person"*, *"Freedom is the most important value"*, were expressed.

In the third "stasimo", while the night moved on and the group fell asleep on the beach, the chorus stood up and made a wish for the sleeping people, as for their

own selves. Some of these wishes were: *"I hope you are always calm and happy"*, *"Victory"*, *"I hope you find your health"*, *"I hope you find all the love you deserve"*.

Finally the audience members of the Dramatherapy performance attributed their own ideology to the event by "doubling" for the performers as an "external" chorus, with comments of empathy and encouragement.

In sum, the "Dramatherapy Performance" Ideology was expressed through the performers' statements and opinions during the episodes and the "stasima" (chorus parts). As in the Ideology (Dianoia) of a Tragedy, these statements do not suggest a change in the plot's direction, but underline social and cultural values and constitute the transitional area of social interchange between performers and audience throughout the performance event.

4. The Diction (Lexis)

Within Aristotle's Poetics, the use of words for a poetic expression of thoughts is considered in the same way for verse and prose (Grubbe, 1958). The Performance "Sweet Automobile" has verse and prose – "episodes" and "stasima" (chorus parts). Both were uttered during the performance bearing the clients' linguistic distortions due to their schizophrenic disorder.

In order to develop this argument on the performance's diction, Arieti's substantial comments on schizophrenic poetry will be additionally used here. According to Arieti: "Schizophrenic poetry discloses a struggle between psychodynamic content that searches for expression in artistic articulation and the specific linguistic media that are available to the patient" (Arieti, 1974, p.370).

The diction of this play included three kinds of phenomena:

a) Conventional Diction

This is the diction of the text as it had been constructed by the clients through improvisation and standardised in a conventional form that could communicate meaning to non-disordered individuals. Through dialogues or songs, created or revised by the group, the performers enacted real or imaginary everyday situations. Examples:

Dialogue:

Student A: *"Now I really need to have something sweet to overcome the failure in that test we wrote".*

Student B: *"Have a "sweet automobile, it's a chocolate cake- this shop's specialty".*

Student C: *"If this sweet, which looks like an automobile, could take you any where, where would you like to go?"*

Student A: *" I am dreaming of going on holidays and relaxing on a swing, surrounded by beautiful girls, in Hawaii".*

Song:

I was searching for trouble and I finally found it.

I fell in love with a baby called Rita...

Rita, Sweet Rita there's nothing you are afraid of.

Rita, Sweet Rita there's nothing to remember in your sleep tonight.

In both the above examples we can see a structured speech that refers to both real and imaginary situations and different levels of consciousness from excitement to sleep. Figures of speech like similes ("looks like"...) or metaphors ("fell in love with a baby") are included within a conventional framework of grammar and syntax.

b) Distorted unconventional diction

The uttered text of the play was constructed and agreed upon during the rehearsals, but was subject to deformation by some of the schizophrenic symptoms that could possibly appear during the Dramatherapy performance, as in any activity the clients may take part in.

Of all symptoms (Andreasen, 1987), the ones that might affect the diction of the play the most are the following:

-Among the positive symptoms: hallucinations, delusions, positive formal thought disorder (derailment, tangentiality, incoherence, illogicality, circumstanciality, pressure of speech, distractible speech, clanging).

-Among the negative symptoms: alogia (poverty of speech, poverty of the content of speech, blocking and increased response latency) and social inattentiveness.

These symptoms could be construed within the context of the performance as "poetic devices", such as "changes in rhyme, rhythm, alliteration, assonance, onomatopoeia, repetition, homonyms and similarities of verbalization" (Arieti, 1974, p.370). They may, also, seem surrealistic or naïve. Examples:

A client named Cleon suffering from auditory hallucinations and positive formal thought disorder (distractible speech, incoherence), who only took part in the chorus of this performance, experienced on stage some of his symptoms. During this time he mumbled some words, replying to the voices and some times he said: *"yes"* among the songs or he put his head down after singing half of the verse. Another client, named Jason, instead of forming the sentence: "There is a force which exists within everybody that allows him or her to play and to live", he said: *"There is a small force which exists within himself to the man, that allows somebody to play and to live"*. Or the client named Hector instead of saying: "you help us discover ourselves", said: *"you discover us"*. Such syntactical errors representing primal formal thought disorders, reform- or distort- the meaning of the phrase and alter the play's diction.

Another disintegration of the play's diction resulted from the negative symptoms of the clients. When, for example, a client named Castor, entered as a waiter who had to replace his colleague at work, the poverty of speech and of content of speech reduced the pre-arranged dialogue to a few exchanged word that did not give enough information about the plot. Also, his increased response latency and inattentiveness during serving produced big gaps in the play's diction that left questions around the meaning of the scene and the intentions of the characters.

These changes of conventional diction to the non-conventional diction of the play were spontaneous, unforeseen and unintentional, marking out the difficulties facing performers in articulating the diction of the play. Although the play's plot might be distorted with unexpected new meanings, as in the above example of the phrase "you discover us", the distortion of the play's diction can be also conceived as a failure of an individual to contribute within a therapeutic process.

c) Intentionally unconventional diction

Poetic material produced through primary process mechanisms and integrated through secondary process mechanisms achieves a tertiary process product, as Arieti explains in his theory of creativity (1967). Furthermore, Arieti (1974)

suggests that, most of the time this process cannot be followed by schizophrenic clients, for whom the abstract cannot be substituted by the concrete and "the metaphor is not a metaphor" (p.370). The patient, by creating neologisms, "needs to focus on the verbalization at the exclusion of the connotation which comes from an intrapsychic mechanism....". Rhyme and assonance take priority to meaning and consensual validation. "Semantic evasion is accompanied by accentuated phonetic formalism" (p.371). However, Arieti acknowledges (1967) that some recovering schizophrenics retain a greater accessibility to the primary process than normal persons, while being also in a position to use the secondary process.

A "Dramatherapy Performance" may be used to show how the secondary process can be cultivated and can integrate primary process mechanisms in a meaningful poetic form. Sometimes the poetic form in this performance acquired a surrealistic content that was validated as a meaningful metaphor by a non-schizophrenic audience. Let us see the following example:

"Parodus" (Entrance of the chorus)

Sweet automobile/water in the tank/whoever eats it, drinks after/and shouldn't be blamed. /The successful one has a mobile/ an immobile/ /and a sweet automobile/having as a carburetor/a cherry and an éclair.

It was beautiful but immobile/a cake like an automobile/In the dish it hops/Take your spoon/ It sticks in your teeth/ a big mouthful /It was effective, it was grand, /it was a hit, a delicious mouthful.

Sweet automobile/I'll take care of you/My sweet immobile/I'll tolerate you.
Madly beautiful/Madly dietetic/But what is it? /The Sweet Automobile!!!

(Note: the word "immobile" in Greek means "not moving" as well as "property", so it is used paradoxically in this context.)

"Exodus" (Exit)

We loved you Sweet Automobile
And when we were eating you, you became immobile.
Within our company we dreamed of you taking us to the earth's colors.
Within our company we dreamed of you driving us when we came together.

The concept "Sweet Automobile" in the above passage has a number of significations. It can mean a sweet in the shape of an automobile (car), or an automobile that has sweet (lovable) qualities; it can stand as a metaphor for a vehicle that makes comfortable, safe and desirable journeys in real life or in fantasy; it may symbolize the desire of the group to escape from hospitalisation and drug treatment to ideal territories, freedom and health; it may connote the desire of the group itself to move into company and harmonious relationships.

The inclusion of such forms of diction- poetic creations based on symbolic deconstructions due to a mental disorder- that appear contradictory to an Aristotelian logic are, paradoxically, subjects of the Aristotelian poetic theory since in many tragedies scenes of madness or divine possession occur (i.e. in the invocation of Cassandra to the God Apollo, in Aeschylus' "Oresteia"). Arieti (1974, p. 376-377) mentions that: "this kind of diction contains a symbolic transformation of the schizophrenic content of thought, through which common symbols are altered in a unique way into "paleosymbols". In this way the individual de-symbolises and de-socialises himself. In spite of this isolating process, this "paleologic" way of thinking "permits an enlargement of the human experience" and "can open new paths of feeling and understanding" (p.379).

In sum, conventional, distorted unconventional and intentionally unconventional diction were present within the "Dramatherapy Performance" forming a unique event that, on one hand shows the attempt of clients with schizophrenia to share common language symbols with their audience and, on the other hand, may enlarge the diction of human communication with new symbolic material.

5. Music ("Melos")

Aristotle's sparse reference to music in his "Poetics" should be considered along with his ideas in "Politics" where ethics and usefulness of music are discussed further and more widely. Aristotle, in Politics, discusses the educational value of music as having three functions a) contributes to the recreation (revitalising-«αναψυχή») of adults, b) trains character and c) contributes to free time in life. Grubbe (1958) comments that this threefold role of music, psychoeducative, educational and cultural, makes an interesting distinction between psychoeducative activities, such as play and free time to which music may apply, but this is not further analysed by Aristotle.

The cathartic role of music refers to the psychoeducative function of music. Aristotle refers to the effect of music on the audience in two ways: a) as sympathy (identification with the hero) and b) as ecstasy (enthusiasm/ excitation). Through the latter, catharsis of pity and fear may happen.

According to Kouretas (1963), music for Aristotle "imitates psychic motions" and his therapeutic approach for the application of music is "isopathetic", inasmuch as the physically familiar types of music might produce the optimum emotional effect on the psyche. This contradicts the Pythagorean "allopathetic" approach in which certain types of harmonies may produce the same therapeutic results to the ones addressed.

Aristotle's view (in the Politics) goes further in distinguishing normal from pathological response to music, levels of emotional response in relation to the depth of psychopathology and the response of educated as opposed to uneducated individuals. Aristotle argues that the right type of music that imitates the individuals' qualities may be the most effective. In psychopathological states, music must be strong enough to produce ecstasy and catharsis, though other lighter kinds of music must be applied for educative reasons.

These ideas, belonging to the sociocultural context of the Athenian era of the 4th and 5th centuries B.C., can still be meaningful in the context of contemporary "Dramatherapy Performance". The levels of differentiation of psychic response to different kinds of music in relation to character, educational level and severity of psychopathology, introduces a wide frame of musical applications which may have a therapeutic effect.

Within this performance the musical examples brought in by each client expressed his/her own individuality. More regressed clients though preferred anonymous imitation during chorus music. The idea of a cathartic effect through ecstatic music and sounds produced by a primitive Self, can be applied to the central part of a developing myth in order to produce an emotional resolution. This happened in the Spartacus scene, in the center of this play, when all the performers produced a sound effect by musical instruments, which tuned the slaves into liberating themselves from the guards. Music was a main element in this performance and contained most of the drama on stage, to a degree that the whole performance could be considered as a "musical".

The use of music in this Dramatherapy performance can be distinguished into two types, following "passive" and "active" models of Music Therapy (Papadopoulos, 1989) at different times:

a) The music the group produced on stage by the use of simple musical instruments, such as tambourines, maracas, bells, triangles, drums, and "rain" and- in one occasion -a synthesizer. In most occasions this music seemed primitive and introduced the rhythm for an emotional release.

b) The music, songs and background music, the group members used during the performance to project parts of themselves, such as rock and pop songs which fitted in at special parts of the drama, either played with a guitar, or heard from a stereo.

Within the group "orchestra" each group member took his/her role. A guitarist and a pianist played important parts either in solos or in supporting the songs of the group with their instruments. The more regressed clients preferred more primitive instruments such as bells or maracas. Voice was also used either in a spontaneous way, along with the rhythms the group produced with their primitive instruments, or in a more elaborate singing of selected popular songs. Occasional solos within the group chorus accentuated the special vocal abilities of some of the clients.

The style of music that was produced was multicultural: parts of Greek pop songs, English rock music, beat, ambient, and primitive sounds were assimilated by the group in an homogenous mixture of life sounds and harmonies that helped them to express different experiences. Therefore the final musical effect was a patchwork of sounds and rhythms, which crossed through centuries and ethnic boundaries, denoting

the different influences on Modern Greek culture, assimilated within an authentic contemporary therapeutic event.

In sum, music ("Melos") played an essential role for this Dramatherapy performance, sometimes producing a homogenous multicultural springboard for the mutual expression of individual rhythms and poetry at other times maintaining a psychoeducational containing sound frame for severely regressed individuals and, as a whole, providing the adequate sound structure for the emergence and the containment of primitive forces towards a cathartic effect.

6. The Design ("Opsis")

Regarding the Design as an element of tragedy, Aristotle argues that though it can have a psychoeducative value ("ψυχαγωγικόν"), it is of a lower value as compared to other themes of art and has a much more distant relation to the poetic art, since the essence of tragedy can reach to a result, even without performance or performers. Spectacular effects are the responsibility of the producer ("σκευοποιός") of the performance, rather than of the poet. Contemporary critics interpret the producer as the costume designer (Bywater, 1909), the stage mechanic (Butcher, 1895) or as the contemporary notion of the producer (Grubbe, 1958).

Else (1957, p.278) interprets "Opsis" as all "visual manifestations", whatever the spectator's eye can grasp in the performance. In this sense we can consider within the term "design" for a "Dramatherapy Performance" all the above aspects (props, costumes, masks, scenery, light and all other visual manifestations of the performance, as well as the brochure, the poster and the program of the performance), since everything in this case is produced by the "poeisis" of the group, through a similar and equally creative constructive process to the rest of the poetic elements (plot etc.).

As it is documented in the videotape, the "costumes" of the performers in "Sweet Automobile" are the clients' own ordinary everyday clothes. Some of them are more formal, as would be proper for an invitation to a family party or to a dinner (suit, neat dresses). Most of them though, wear t-shirts and blue jeans, as they would appear normally in any Day Hospital activity. Their appearance looks neat, they are combed and their clothes and shoes are clean. It looks as if they have asked someone before coming to this event: "Do I look right?"

Special characters in the play are indicated through symbolic objects. A towel indicates a waiter, a sword indicates a guard, a crown indicates the King, or an identical dressing of white t-shirts indicates same class (i.e. slaves). In this way the performers demonstrate a symbolic use of objects for representing character. This style of distanced role-playing, accentuates the fact that these performers are clients and staff "in role" and the audience has been asked for a critical understanding of the presented situation and not merely for an emotional identification with the characters on stage.

Props are used in three ways. First, in a concrete sense (a chair as an object to sit on), secondly in an imaginary sense (the platform becomes a sand beach and the performers build up imaginary sandcastles) and, thirdly, in a symbolic sense (a crown as a symbol of Kingdom, a blue transparent veil represents the night).

The whole scene is a platform that represents the stage around which the chorus is sitting and is symbolically transformed into a vehicle with four wheels and the front lights of a car. In the background the scenery is a blue curtain on which the chorus hangs different paintings when the scenes change. These paintings, drawn by the clients, show the artistic ability of the clients at this stage of their disorder and affirm the contribution of the whole group to the development of the play.

A three dimensional object is apparent on stage from the first act: the "sweet automobile". This object is supposed to be a cake, served by the waiter in the coffee shop of the first scene of the play. It is the shop's specialty and the clients' favorite choice. As an object it has the form of a real cake, cooked in a special form that has the shape of a fancy car. Whipped cream and cherries lavishly decorate its top. It has a very desirable appearance, when served as a dessert. At a second level, we learn that this paradoxical vehicle may have magic properties: it may lead the company to imaginary places of holidays. At a third level, as a transitional object (Winnicott, 1974) it becomes a symbol of relating, of an emotional bond. At the end of the play we can see the whole company moving on it, as if the initial cake has been transformed into a whole stage that looks like a car on a colorful trip, as they sing altogether:

We loved you Sweet Automobile
and when we were eating you, you became immobile.
Within our company we dreamed of you, taking us to the earth's colours.
Within our company we dreamed of you, driving us when we came together.

We can see here that, through this symbolic enactment, a three-dimensional art object may come to embody an otherwise intolerable affect of the clients': their inability to relate. This recalls what J.Schaverian (1997) calls the "scapegoat transference", a form of unconscious transference of attributes and states, through which fragmented or split off elements in the psyche are disposed on a picture or a three- dimensional art object. " The transformation of the object into a fetish is a way of dealing with desire and it might be understood to be a substitute for relating", claims Schaverian (1997, p.20) However here we can see furthermore the passage from the cake "sweet automobile" as a self- referential, magically invested fetish for the clients in the beginning of the play, to a magical investment valued among group members and involving a form of relatedness, what Schaverian would call a "talisman". As a "talisman", the "sweet automobile" has protective powers, and is valued and kept for this purpose.

This "talisman" is also represented on the poster and the brochure of the performance on which the typed drawing- selected among all the clients' drawings- shows a fancy car on a plate surrounded by a crowd of happy friends.

The lighting of the performance ranges between hot (red/orange) and cold (blue), indicating scene sequence, as well as mood swings. Most of the scenes are lit in warm yellow. The chorus parts, containing the doubling process take place in a red light atmosphere indicating warmth and passion, though the stillness and isolation of the night is in blue. Trembling sparkles of neon are used during the Spartacus vignette indicating memory flashes.

Among other visual manifestations in this performance is the use of objects such as fans, bottles of water and glasses in order to confront the dehydration problem caused by the stage heat and perspiration. Also, a meta-communication among clients is apparent, in order to achieve the best possible outcome. It is manifested through the performers' "proxemics" (changes of seats and places among performers in order to facilitate the performance continuation), the change of props between scenes that passed quickly from hand to hand so as not to waste time, the clients' reminding their lines to each other when they were forgotten.

In sum, the element of Design helped the visual expression of the therapeutic goals of this "Dramatherapy Performance". Design provided an adequate use of costume, props, scenery, lighting and other visual manifestations, to dress the therapeutic effect, but it also manifested its quality as an important therapeutic

component, by engaging the clients' use of these tools at an increased functional level.

SUMMARY

In the above narrative, the qualitative elements of the "Dramatherapy Performance" have been regarded from the perspective of a critique of the performance event. Therapeutic aspects and aesthetic values underpinning any of the six poetic elements were included and interpreted within this analysis. These six interconnecting, though parallel observations can inform us of a multi-layered structure of this therapeutic event that encompasses verbal as well as nonverbal processes, contained within the episodes and the chorus parts of this theatrical performance. In this way the "Dramatherapy Performance Evaluation" allowed us to conceive of the theatrical components of the performance event (the poetic elements) as therapeutic aspects of the clients' presentation of their product to their audience.

We have seen until now how the six elements of the Aristotle model of Poiesis may be of value to a "Dramatherapy Performance" analysis of the therapeutic process (Part I), as well as for the therapeutic event (Part II). In Part III, we shall see the particular effect of the six poetic elements of this performance on each of the 15 individuals of the Dramatherapy group in respect to their negative symptoms.

Among the different subcategories of these symptoms (affective flattening, alogia, avolition-apathy, anhedonia-asociality and inattentiveness) the area of affective flattening was selected. The reasons for this were: a) it showed a direct significant improvement among the SANS subcategories (as did that of inattentiveness) that lasted even after the follow up period (see quantitative results) and b) the Dramatherapy practice had an important impact on the clients' affect as was obvious from the qualitative analysis.

A form was completed for each individual in order to collect data on affective flattening as regards the performance's Plot, Characters, Ideology, Diction, Music and Design. Each of the negative symptoms were assessed on a 0-5 scale, as in the SANS scale of the total negative symptoms of each client. A total score of 240 marks the maximum of the affective flattening apparent in the "Dramatherapy Performance", while 0 marks the least possible symptoms presented. The results of this assessment will be presented in the next chapter.

CHAPTER 14

QUALITATIVE ANALYSIS
PART III
THE CLIENTS' INDIVIDUAL CONTRIBUTION TO THE "DRAMATHERAPY PERFORMANCE" EVENT

This part of the thesis includes an analysis of each individual's presentation of affective flattening in relation to the different Poetic elements as previously described. It contains a quantification of qualitative data.

For each of the clients' ratings the video material of the documentation of the final performance event was used. The affective flattening components are derived from the SANS items. In this case, an additional rating of the clients' affective flattening took place at an intermediate period between the pre and post measurement of the SANS scale. Low scores of affective flattening (range from 0-5) indicate a better affective functioning of the clients.

The clients' individual ratings provide material for further comments on each clients' contribution and overall comments on the contribution of the group as a whole to the Performance's Poetic elements, as will be discussed at the end of this chapter.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Achilles** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot- "Mythos"	3	2	3	3	2	2	2	2	19
Character- "Ethos"	2	2	1	2	1	1	1	1	[illegible]
Ideology- "Dianoia"	3	3	3	3	2	2	2	3	21
Diction- "Lexis"	3	2	3	3	2	2	2	2	19
Music- "Melos"	1	2	2	2	1	1	1	1	[illegible]
Design- "Opsis"	2	2	2	2	1	1	1	2	13
Total score	14	13	14	15	[illegible]	[illegible]	[illegible]	11	94

Comments: Achilles was a protagonist in the performance, keeping the leading role and being on stage during the whole play, although his symptoms were by no means the least intense among the group members. His effort in portraying the main character on stage seemed to be only mildly affected by his blunt affect. His use of objects, props, and space in realistic situations (serving as the waiter, preparing his room for his friends to arrive, studying in his room) or imaginary situations (driving the "sweet automobile") gave him a low score in Character (Ethos) and in Design (Opsis) indicating low psychopathology. Furthermore, Achilles managed to integrate some of his symptoms into the individual aspects of his character in a very persuasive way. His character acquired a down to earth disposition, a bit bored and sad about life, someone who prefers to be on his own. Initially apprehensive about relationships, he was finally supported by his friends to move into a relationship with a partner. Being "a loner" and "a tough guy", not only as a character on stage, but also in that his own behaviour was influenced by affective flattening, he seemed to be less expressive in group participation as far as Plot, Diction and Ideology (Mythos, Lexis, Dianoia) of the performance go, in which a mild appearance of his blunt affect was obvious. His interest in Music, only mildly affected by his symptoms, was obvious during the performance, by his listening to his favourite rock groups in his study-room scene and second, by his contribution to the music created by the whole group. While his expressive skills were moderately affected, the items "affective non-responsivity" and "inappropriate affect" seemed mildly affected by his symptoms, showing his effort to fit in and exchange affect with others during this performance. His effort was appreciated by the audience, as shown by comments during the final doubling process of this performance (an audience member said: "If I were in your place Achilles, I would be proud tonight").

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Alcestis** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	1	0	1	0	1	1	1	1	6
Character-"Ethos"	0	0	0	0	0	0	1	0	1
Ideology- "Dianoia"	2	0	1	1	2	1	1	1	9
Diction- "Lexis"	0	0	0	1	1	1	1	1	5
Music- "Melos"	1	0	0	0	1	0	1	0	3
Design- "Opsis"	1	0	0	0	1	1	1	1	5
Total score	5		2	2	6	4	6	4	29

Comments: Alcestis took the female leading part in the performance by playing songs with her guitar and by role-playing the girl in love in the central theme of the story on stage, having, thus, a special contribution to the Plot (Myth) of the performance, which was given credit by the audience comments at the end of the play during the doubling process. Her highlight was her Character (Ethos) creation of a very spontaneous, extravert, charming and humorous part of herself as the "girl in love" in the company of friends. Her rapport with her boyfriend did not only show a lack of blunt affect, but was intelligently inserted into a lovable character. Her verbal expressions in Diction (Lexis) were fluent, cultivated, and affectionate, employing interesting metaphors and ironic comments. Her use of Design (Opsis), either realistic or imaginary (e.g. mimicking the action of putting on make up), was very elaborate and her contribution to the performance Music (Melos) was crucial for the success of the whole event. Not only did she play with her guitar songs for the group members' dedications to one another, but she also composed a musical part for the group's song "sweet automobile", showing a thorough knowledge of her instrument. Mildly affected by her symptoms was her performance regarding the Ideology (Dianoia) of the play, in which her facial expressions, her eye contact and responsivity were slightly withdrawn and avoidant. She was much better in her spontaneous character work than when she had to convey the play's common ideas.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Castor** Date 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	4	3	3	4	4	4	4	4	30
Character-"Ethos"	4	3	3	4	3	3	3	3	26
Ideology- "Dianoia"	4	3	4	4	3	3	3	3	27
Diction- "Lexis"	4	3	3	4	3	3	3	3	26
Music- "Melos"	4	3	4	4	4	3	3	4	29
Design- "Opsis"	4	3	3	4	4	3	3	4	28
Total score	24	18	20	24	21	19	19	21	166

Comments: Castor had noticeable negative symptoms in every dramatic element of his performance. Within the Plot (Mythos) of the play he seemed to have difficulties in concentration (highest score). He was carried along by the support of the others in the group rather than by his own initiative. He did not leave himself on the margins though, but he contributed through a simple character presence in the first episode of the play (a waiter). He found it easier to represent an individual Character (Ethos) than to identify with the group's Plot. Among his expressive skills both his facial expression and his vocal inflections were the most affected by his blunt affect. His scant verbal contribution to the performance (Lexis), his discomfort with the musical parts (Melos) and his use of space and props (Opsis) were all on the same poor level. Though he seemed quite tired by the end of the performance, his contribution within it was consistent if quiet.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Cimon** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	3	3	3	3	3	2	3	3	23
Character-"Ethos"	2	2	3	3	2	2	2	2	[illegible]
Ideology- "Dianoia"	3	3	3	3	3	2	3	3	23
Diction- "Lexis"	3	3	3	3	3	2	3	3	23
Music- "Melos"	2	3	3	3	3	2	3	3	22
Design- "Opsis"	3	3	3	3	3	2	3	3	23
Total score	16	17	18	18	17	12	17	17	132

Comments: All the dramatic elements of Cimon's performance were moderately affected by his blunt affect. Sometimes he was keener on individual Character portraying (Ethos), at times using his humour, as when he enacted the student in the company, while he seemed more remote and indifferent to the group's Ideology (Dianoia). He was most responsive when others were interested in him and addressed him on stage ("affective non-responsivity" scored the lowest), but with an apprehension about taking the situation in his hands and to express his self appropriately. His body movements and his vocal inflections were affected by his symptoms, showing a lack of verbal and nonverbal flexibility on stage. His "costume" on stage (formal suit) was of his own choice, showing the importance he attributed to the social aspect of this performance.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Cleon** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	5	4	4	3	5	3	4	4	32
Character-"Ethos"	5	5	5	5	5	5	5	5	40
Ideology- "Dianoia"	4	3	3	2	4	3	3	3	25
Diction- "Lexis"	4	4	4	2	4	4	4	4	30
Music- "Melos"	2	3	2	2	3	2	2	2	[illegible]
Design- "Opsis"	5	5	4	4	5	4	4	4	35
Total score	25	24	22		26	21	22	22	180

Comments: Throughout the whole performance Cleon had his head down, very poor eye contact and kept himself within a certain space on stage. He had recently relapsed and his contribution to the performance was in doubt, only his own insistence up to the end ensured his participation. However, during the chorus parts, he sang loudly- with some vocal inflections and variety- and he expressed his opinions, contributing thus, to the Music (Melos) and the Ideology (Dianoia) of the performance more than in any of the other Poetic elements. Melos and Dianoia scored, thus, lower. In contrast, in Plot (Mythos) he showed a notable discontinuity, in Character (Ethos), he was unable to create an individual presence on stage, (although he had been holding the part of the waiter during rehearsals) and in Diction (Lexis) his verbalization was largely affected by his general withdrawal. Cleon's participation in this performance seemed to be a struggle of his own choice. He claimed his personal victory in the battle against his psychopathology (he also had positive symptoms, such as auditory hallucinations) and his relief in the end, as he was happy to declare: "everything went all right, like a clock".

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Clio** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective - responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	4	1	0	2	0	2	3	2	14
Character-"Ethos"	4	2	0	2	0	1	3	2	14
Ideology- "Dianoia"	3	1	0	1	0	2	3	1	11
Diction- "Lexis"	3	1	0	2	0	3	3	2	14
Music- "Melos"	2	1	0	0	0	1	1	1	[illegible]
Design- "Opsis"	2	1	0	1	0	1	3	1	
Total score	18	7	[illegible]	8	[illegible]	10	16	9	68

Comments: Clio contributed to the groups' performance with her spontaneous and happy singing and an involved and affectionate presence. These allowed her to intermingle adequately with the other chorus members expressing the performance's Ideology (Dianoia). In this way she conveyed a positive, open and communicative attitude, despite her comments that indicated a poor content of thought and her inappropriate affect. Her Character creation (Ethos), apparent only in one occasion (the scene on the beach), her use of Diction (Lexis), restricted to a simple greeting dialogue and her contribution to the performance Plot (Mythos) were notably influenced by a perpetual euphoric smile ("unchanging facial expression") and an over-involved, moderately inappropriate positive predisposition that could sometimes give the impression of naivety. On the other hand, her ability to create a warm atmosphere through singing (Melos) and her attractive external appearance, such as her attention to her clothes and make up, her frequent eye contact (Opsis) accredited her with "sane" qualities of social behaviour and masked the affective flattening that was due to her disorder.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Cyrus** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	2	3	2	3	1	1	1	2	15
Character-"Ethos"	2	2	3	3	1	1	1	2	15
Ideology-"Dianoia"	2	2	3	4	1	0	1	2	15
Diction-"Lexis"	3	3	3	4	1	1	1	2	18
Music-"Melos"	2	3	3	4	1	1	1	2	17
Design-"Opsis"	2	2	2	2	1	0	0	1	[illegible]
Total score	13	15	16	20	[illegible]	[illegible]	5	11	90

Comments: Cyrus participated strongly to the performance, though his expressive skills did not help him to convey his affective responsivity, his "appropriate" affect and his commitment to the group. His affective flattening scores were higher in the first three items (facial expression, expressive gestures, spontaneous movements and vocal inflections), his vocal inflections being the weakest point in his overall expressive skills. The lack of vocal inflections affected all elements of his performance, notably his highest score in Music (Melos), which was his weakest element. Nevertheless, he was especially keen in using space, props and the whole set of the performance, carefully and intelligently, marking in this way a very competent score in the Design (Opsis) of the performance. This was demonstrated handsomely during the roles he enacted as a student in the coffee bar of the first episode and as a canteen keeper selling beers in the third episode scene of the play.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Hector** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	4	5	4	5	4	3	4	4	33
Character-"Ethos"	3	3	3	5	3	4	4	4	29
Ideology- "Dianoia"	4	4	4	4	4	3	3	4	30
Diction- "Lexis"	5	4	5	5	4	4	4	5	35
Music- "Melos"	4	4	4	4	3	4	4	4	31
Design- "Opsis"	4	3	3	5	3	3	3	3	-
Total score	24	23	23	28	21	21	22	24	185

Comments: Hector's affective flattening was marked throughout the whole of the performance and his scores are characterized from moderate to severe (score ranging from 3 to 5). His greater difficulty was in verbal communication (Lexis score is the highest), but also in his concentration and attention in the Plot (Mythos) of the play. His difficulty in concentrating did not hinder him in executing his assigned tasks during the performance (in character or in chorus), but he did seem absent from the rest of the plot's sequence. For the greater part of the performance his withdrawn position in a corner of the stage indicated a severe "decrease of spontaneous movements". However his contribution to the chorus parts was perceptive, indicating a moderate affective mobility (Dianoia items "affective non-responsivity" and "inappropriate affect" are scored as "moderate"). Surprisingly enough given his affective flattening, he was able to create a Character on stage and to perform it (Ethos), because of his "big" physical features. Being very tall and overweight made him suitable for a roman guard in the Spartacus scene. In this scene he demonstrated the ability to use props sufficiently (Opsis). Notwithstanding his "vocal inflections" were severely limited in all elements of the performance. His big and innocent present though, together with sparkles of affective responsivity, had the rest of the group members attribute to him the role of the "gentle giant".

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Icarus** Date: 14/5/99	**Unchanging** Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	**Total score**
Plot-"Mythos"	1	0	1	0	0	1	1	1	5
Character-"Ethos"	0	0	0	0	0	0	0	0	0
Ideology- "Dianoia"	0	0	1	0	0	1	0	0	2
Diction- "Lexis"	0	0	0	0	0	0	0	0	0
Music- "Melos"	0	0	0	0	0	0	0	0	0
Design- "Opsis"	0	0	0	0	0	0	0	0	0
Total score	1	0	2	0	0	2	1	1	[illegible]

Comments: The most elaborate, consistent, creative and genuine performance was that of Icarus. To all the dramatic elements of the play Icarus contributed strongly, showing no implication of affective flattening in his stage presence. He followed the Plot (Mythos) of the performance well enough; he created Character (Ethos) with above average talent while improvising marvellously as the humorous student in the coffee shop and playing Spartacus firmly in the small history vignette; he conveyed his Ideology (Dianoia) by expressing his ideas as a group member; he was verbally expressive enough to use Diction (Lexis) as a well-educated individual in different occasions on stage; he created Music (Melos) by sounds and songs, selecting the right instruments for the best effect and he used Design (Opsis) in a fast, intelligent way, being accurately in step with the lighting changes. His negative symptoms were not apparent on stage. However, during the whole flow of the plot of the play (Mythos) there was a level of anxiety in his performance, and a slight decrease in his spontaneous, not directed movements.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Jason** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	3	3	2	3	2	3	3	3	22
Character-"Ethos"	3	3	2	2	3	4	3	3	23
Ideology- "Dianoia"	3	3	2	3	3	3	2	3	22
Diction- "Lexis"	3	3	3	2	3	4	3	3	24
Music- "Melos"	3	3	2	3	1	2	2	2	18
Design- "Opsis"	3	3	2	3	2	2	2	2	19
Total score	18	18	13	16	14	18	15	16	128

Comments: Jason's presence in the performance was adequate, his scores being similar in most respects, although he was rather reserved. Although he did not play a character on stage, his contribution in enacting Character (Ethos) was based on his special role of addressing a welcome to the audience in the beginning of the event. He introduced the play as president of the therapeutic community of the Day Hospital, this being part of the performance. Beyond that his contribution was rather small, with a more vivid participation in the play's Music (the Melos score is the lowest), songs and dance. Among his expressive skills the least affected by his blunt affect were his "spontaneous movements", which were manifested in the more danceable parts of the performance, such as the initial dance in the "Sweet Automobile".

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Leto** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	5	4	4	4	3	2	2	3	27
Character-"Ethos"	5	4	4	5	4	3	4	4	33
Ideology- "Dianoia"	5	3	3	3	3	2	2	3	24
Diction- "Lexis"	5	4	4	4	4	2	3	4	30
Music- "Melos"	5	4	4	3	3	2	2	3	26
Design- "Opsis"	5	4	4	4	4	3	3	4	31
Total score	30	23	23	23	21	[illegible]		21	171

Comments: Leto's blunt affect influenced all the poetic elements of this performance noticeably. Her contribution was mainly through her participation in the Ideology (Dianoia) of the play. Her comments were thoughtful, sincere and important for the group. Her attempts to create Character (Ethos) were unsuccessful (Character score is the highest) and she only held an almost mute part (high score in Diction) on stage, playing a girl in the company as she sang with the rest of the chorus. Her contribution to the Music (Melos) of the play was better than the rest of her performance, since she made a genuine effort to be tuned in harmonically with the rest of the members, even if not in a particularly animated manner. Her contribution to Design (Opsis) was restricted, with a limited use of space and props, as she was often hiding behind others on stage. Among her expressive components the most severely affected was her "facial expression" which was almost unchanging throughout the whole play. Much less influenced (moderately) were her "appropriate affect" and "affective responses", which indicated her positive intentions towards the groupwork and established her as a sympathetic presence within the group.

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Minos** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot-"Mythos"	1	0	0	0	0	1	3	1	6
Character-"Ethos"	1	0	0	0	0	1	2	1	[illegible]
Ideology- "Dianoia"	1	1	0	0	0	1	3	1	7
Diction- "Lexis"	1	0	0	0	0	0	3	1	5
Music- "Melos"	2	0	0	0	0	1	1	1	5
Design- "Opsis"	1	0	0	0	0	1	2	1	5
Total score	7	1	0	0	0	5	14	6	33

Comments: Minos was very expressive in all six elements of the "Dramatherapy Performance" showing "none" to "moderate" symptoms of affective flattening. The only item that affected his otherwise lively and efficient performance was "inappropriate affect" which manifested itself in his over-warm, over-involved performance, coming close to showing off, but still acceptable during his Ethos representations of characters (the student at the coffee-shop, the roman King). His enthusiasm was child-like, naïve for his age, and at times excessive, leading him to a lack of boundaries, such as clapping when the audience clapped while he was performing on stage. This was more apparent during the expression of common thoughts as a chorus member (his highest score is in Dianoia). Among his expressive skills only his facial expression was mildly affected, especially during singing. In general, he was a vivid presence in the performance, his "global affective flattening" (scoring 1- "uncertain") having a slight, or uncertain presence in all the poetic elements of this performance.

<u>**Affective flattening** components in relation to Aristotle's **Poetic elements**</u>

Subject: **Phaedra** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	**Inappropriate** Affect	Global Affective flattening	Total score
Plot-"Mythos"	1	2	3	4	3	3	2	3	21
Character-"Ethos"	5	5	5	5	5	5	5	5	40
Ideology- "Dianoia"	1	2	3	3	2	2	2	2	17
Diction- "Lexis"	1	3	4	4	4	3	2	3	24
Music- "Melos"	0	1	2	2	2	1	1	1	
Design- "Opsis"	0	1	2	4	1	0	0	1	
Total score	[illegible]	14	19	22	17	14	12	15	121

<u>Comments:</u> Phaedra's contribution in this performance was mainly through her artistic abilities, as expressed in the performance's Design (Opsis) and her musical inclinations (Melos), in which she demonstrates a low score of affective flattening. Her drawing was selected for the poster of the performance and most of the drawings that decorated the scenery belonged to her. She also held a leading role in the use of musical instruments and gave instructions to the player of the synthesizer although she did not play it herself, as it had been initially arranged. Her low score in enacting Character (Ethos) represents her inability to present a character on stage. She did not take part in any of the three episodes as an individual character. Her stage presentation was restricted to a participation in the chorus, through which she expressed her opinion of the enacting group members. Thus, her Ideology (Dianoia) score is lower. Her contribution in the play's Diction was low (high Lexis score); she was a silent and apprehensive member of the group. Her expressive qualities were demonstrated through an adequate facial expressive ability (lowest score in item "unchanging facial expression"), though her affective flattening was mostly apparent in her "decreased spontaneous movements" and her "lack of vocal inflections".

Affective flattening components in relation to Aristotle's Poetic elements

Subject: **Pylades** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot- "Mythos"	2	1	1	1	3	0	1	1	10
Character- "Ethos"	3	3	1	2	4	2	1	2	18
Ideology- "Dianoia"	2	2	1	1	3	1	0	2	12
Diction- "Lexis"	3	3	3	2	2	2	2	2	19
Music- "Melos"	2	2	0	1	2	0	0	1	[illegible]
Design- "Opsis"	2	0	0	0	2	0	0	1	[illegible]
Total score	14	11	6	7	16	5	4	11	74

Comments: Pylades' performance in the play was characterized by a shy and introverted expression of Character (Ethos) and Diction (Lexis) and with studious and supportive contribution to the play's Plot (Mythos) and Ideology (Dianoia). When portraying individual characters, such as the student in the coffee bar or an enslaved companion of Spartacus, his "expressive gestures" and "facial expression" were restricted or avoided and his "eye contact" was notably poor, as his high score in Ethos shows. His use of speech was also restricted in all his activities and he tended to put his head down when he uttered his lines. His highest score was in Diction. A general "moderate" affect of his negative symptoms was obvious in his individual role-playing. He was very consistent and, in a way, much more extravert when "hidden" within the anonymity of the chorus, in which he expressed ideas with affective responsivity and appropriateness (Ideology). He experienced the Music (Melos) of the play vivaciously, singing and, especially, producing the chorus music and he used Design (Opsis) in a careful and productive way. He was keener and less anxious when relating with inanimate objects than with people and this difference is marked out through a gap in his scores between Ethos-Lexis and Melos-Opsis. Among the affective flattening items, his facial expression (hidden by looking down) and his eye contact were moderately affected, though his affective appropriateness and responsivity during the performance seemed almost unaffected.

<u>Affective flattening components in relation to Aristotle's Poetic elements</u>

Subject: **Terpsi** Date: 14/5/99	Unchanging Facial expression	Paucity of Expressive Gestures	Decreased Spontaneous Movements	Lack of Vocal Inflections	Poor Eye Contact	Affective Non-responsivity	Inappropriate Affect	Global Affective flattening	Total score
Plot- "Mythos"	2	2	2	2	0	0	0	1	9
Character- "Ethos"	2	2	2	2	0	0	2	1	11
Ideology- "Dianoia"	2	2	2	0	0	0	0	1	7
Diction- "Lexis"	1	1	2	1	0	0	2	1	8
Music- "Melos"	0	0	2	0	0	0	0	0	2
Design- "Opsis"	1	1	2	0	0	0	0	1	5
Total score	8	8	12	5			4	5	42

<u>Comments</u>: Terpsi showed a high degree of dramatic involvement with notable affective responsivity and eye contact within the performance. Her overall contribution was high, with only mild negative symptoms being apparent on a few occasions. These were due mainly to a mild decrease of body expression (gestures and movements) and facial expression, apparent during her individual character portrayals on stage. Therefore her Character (Ethos) score is the highest among the other dramatic elements, only mildly marked by an affective flattening. Her contribution in the Music (Melos) of the play was her strongest point, since she had an interesting vocal expression and a striking creativity through singing and participating in chorus. So, her Ideology (Dianoia) score is less affected by her blunt affect than her Character (Ethos) score. She also had a notable contribution through an efficient and creative use of space, props, imaginary objects and activities, such as imaginary sand-play in the beach scene and imaginary phone dialogues during the second episode. Her whole artistic presence, evaluated with a low score of affective flattening in Design (Opsis) was an asset and support within all the performance enactments.

QUANTIFICATION OF QUALITATIVE DATA- TOTAL GROUP PERFORMANCE

After analysing the scale for each individual independently, it is interesting to see how these results can be quantified and what they may suggest. The following quantitative analysis examines the correlations between the six Aristotelian poetic elements of the scale in pairs. Non-parametric statistics have been used, such as the Spearman's correlation test and the Wilcoxon Signed Rank Test (tables A and B), since the number of subjects is low (15) and the range between values is wide (0-40).

Table A. Correlation between the Aristotle's elements of the scale (Spearman's correlation coefficient and p-value).

	Mythos	Ethos	Dianoia	Lexis	Opsis	Melos
Mythos		r=0.864 p<0.001	r=0.981 p<0.001	r=0.967 p<0.001	r=0.951 p<0.001	r=0.943 p<0.001
Ethos			r=0.811 p<0.001	r=0.927 p<0.001	r=0.773 p<0.001	r=0.759 p=0.001
Dianoia				r=0.951 p<0.001	r=0.942 p<0.001	r=0.968 p<0.001
Lexis					r=0.892 p<0.001	r=0.906 p<0.001
Opsis						r=0.917 p<0.001
Melos						

Table B. Differences among distributions between the Aristotle's elements of the scale (Wilcoxon Signed Rank Test).

	Median	Range	P-value
Mythos - Ethos	19 18	5-33 1-40	0.909
Mythos- Dianoia	19 17	5-33 2-30	0.079
Mythos- Lexis	19 19	5-33 0-35	0.689
Mythos- Opsis	19 10	5-33 0-35	**0.008**
Mythos- Melos	19 11	5-33 0-31	**0.002**
Ethos- Dianoia	18 17	1-40 2-30	0.589
Ethos- Lexis	18 19	1-40 0-35	0.564
Ethos- Opsis	18 10	1-40 0-35	0.072
Ethos- Melos	18 11	1-40 0-31	0.123
Dianoia- Lexis	17 19	2-30 0-35	0.082
Dianoia- Opsis	17 10	2-30 0-35	0.077
Dianoia- Melos	17 11	2-30 0-31	**0.013**
Lexis- Opsis	19 10	0-35 0-35	**0.044**
Lexis- Melos	19 11	0-35 0-31	**0.003**
Opsis- Melos	10 11	0-35 0-31	0.441

Discussion on the quantification of the qualitative data

Table A shows that there is statistical significance for all the pairs of correlation between the elements of the scale ($p<0.001$ or $p=0.001$). The correlation is positive (weakest: Ethos- Melos $r=0.759$, strongest Dianoia –Mythos $r= 0.98$) and strong for all the pairs of the scale. This result suggests there is a link between all the elements of the play, which may be attributed to the same creative process, to the same therapeutic values, to the cohesion between the elements of the same play and to the holistic, non-fragmented phenomenon of this "Dramatherapy Performance".

Table B shows that there are some independencies among distributions (among medians) between the elements of the scale. In particular, there are significant differences between Mythos-Opsis, Mythos-Melos, Dianoia-Melos, Lexis-Opsis, Lexis-Melos, while the rest of the pairs do not have a significant difference: Mythos- Ethos, Mythos-Dianoia, Mythos-Lexis, Ethos-Dianoia, Ethos-Lexis, Ethos-Opsis, Ethos-Melos, Dianoia-Lexis, Dianoia- Opsis and Opsis-Melos.

The above results may lead to two suggestions:

1) The affective flattening of the clients is expressed and is influencing in the same way some of the performance elements (where there is no significant difference) and in different ways other performance elements (where there is a significant difference).

2) Some performance elements affect in the same way the demonstration of the clients' affective flattening on stage during the performance (no significant difference), while other affect them in different ways (significant difference).

From these results we can see that the construction of the Plot of the play (Mythos) influences in the same way the affective expression of the clients as the Character creation (Ethos), the common Ideas (Dianoia) expressed through role or in chorus and the Diction (Lexis) of the play. This suggests a similar constructive force and feedback of the Plot of the play to individual Character creation, expression of common Ideology and affective verbalisation within Diction. Also, the individual Character creation on stage (Ethos) goes together with the expression of Ideology (Dianoia), of Diction (Lexis), of the Design (Opsis)-use of the space, set, costumes and props- and of Music (Melos).

On one hand, this means that individual role-playing can be facilitated by all other means, but it also gives to the other means a similar significant destination, either towards the improvement or towards the limitation of affective expression. There is also a similar influence on the expression of Ideology (Dianoia) in the play and the use of Diction (Lexis), since most of the ideas were expressed in words- dialogues or songs. Interestingly enough, the nonverbal influence of Music (Melos) of the production was also significant concerning the affective flattening of the clients.

On the other hand, the Music of the performance (Melos) influenced the affective flattening of the clients significantly more (lower score), than the Plot construction (Mythos), the expression of Ideology (Dianoia) and the Diction of the play (Lexis), since in most of the performance. Music was crucially present in songs, in supporting the episodes or in facilitating action.

The Design of the performance (Opsis) had, also, an independent influence in the demonstration of affective flattening, in contrast to Plot construction (Mythos) and the use of Diction (Lexis). Clients showed less affective flattening in using space, set, costumes and props during the performance. In addition, there was an independent influence of the Diction of the play (Lexis) and of Music (Melos): the clients' affective flattening was manifested less during music and sounds than during verbal processes.

The following figure (A) shows each client's contribution to the Poetic elements of this Dramatherapy Performance. One can notice the correlation of the six different elements despite the wide range of the total scores of the clients' overall contribution to the performance.

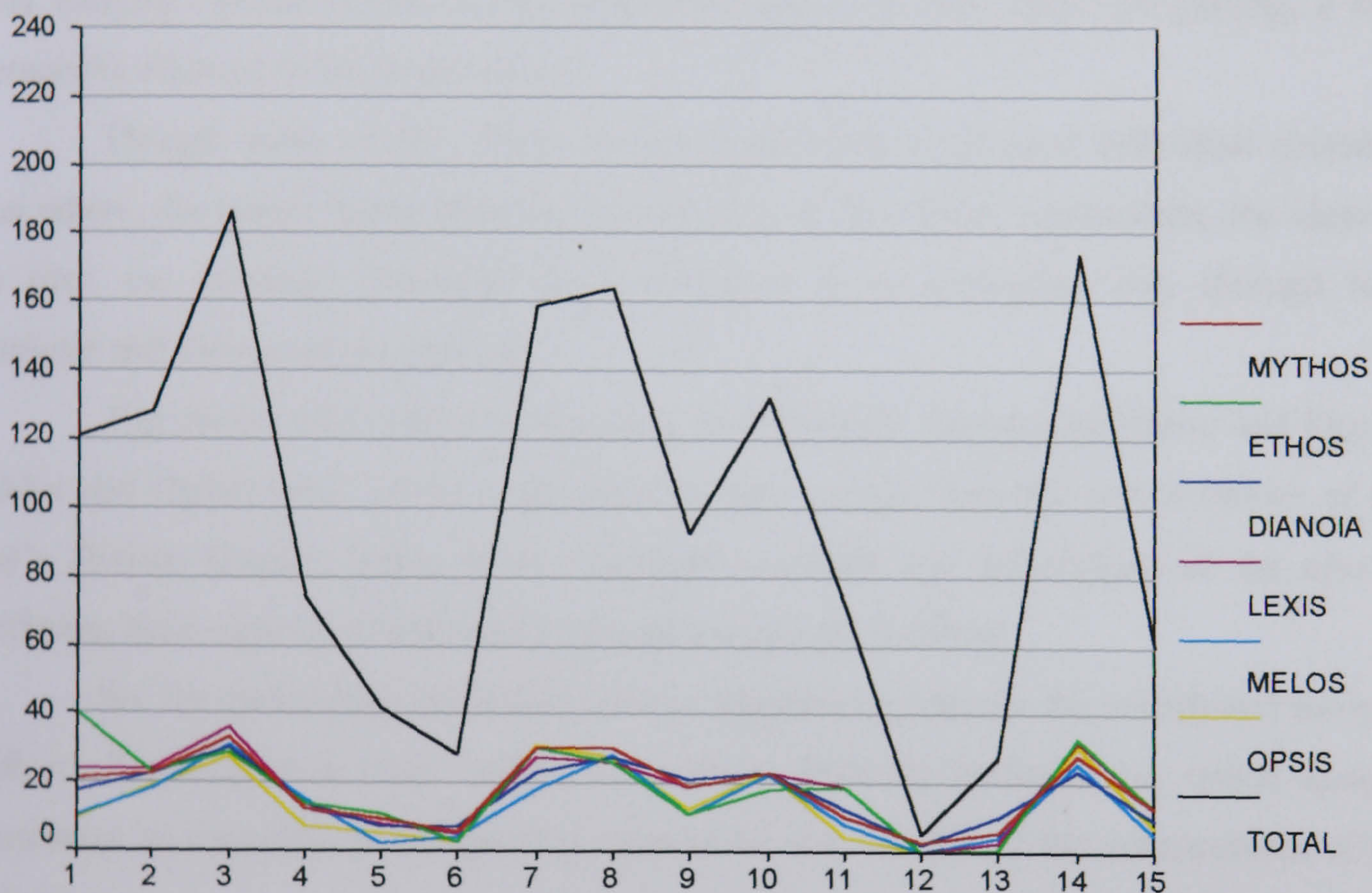


Figure A - Individual contribution of each client (N=15) to the six poetic elements as well as to the overall poetic construction of the "Dramatherapy Performance" within the Dramatherapy group

SUMMARY

In sum, the six performance elements of Aristotle can be viewed in a "Dramatherapy Performance" as having a strong correlation, since they were all developed through parallel creative processes towards the performance's unity.

Also, the Plot, Ideology and Diction (Mythos, Dianoia and Lexis) seem to have an interconnection, directed more by verbal processes than Design and Music (Opsis and Melos) that were directed mainly by nonverbal processes. Ethos, including verbal as well as nonverbal processes seems to adhere to all of the above.

Although the Plot of the play is the cornerstone of the rest of the elements, the most unifying element seems to be character creation as individual role-playing, a core therapeutic element of this phenomenon.

Though some of the clients seemed more able to present individual character than others, the others being better in participating in the chorus enactments, the ideas of the play, i.e. Ideology (Dianoia), were conveyed in an analogous way through both character and chorus representations.

For clients with affective flattening, performance elements of Music and Design (Melos and Opsis) have an interconnection as they escape from the verbal barrier of the play's Diction (Lexis), being more compatible to hide the deficiencies of the clients, promoting their capacity to interrelate through a dramatic medium.

So, for performing individuals whose negative symptoms are manifested through affective flattening it is more helpful to create a dramatic performance, which assigns importance to nonverbal processes that seem to be very crucial for the enhancement of the verbal ones.

In conclusion, a new tool for analysing a Dramatherapy performance for individuals with schizophrenia, which related a scale of their affecting blunting with the Aristotelian elements of tragedy was developed. The concept of Tragedy was used metaphorically linking the disordered individual trying to express affect dramatically within his/her surrounding social norms to the effort of the tragic hero. This concept and understanding of the role of Dramatherapy for such clients, permits:

a) An analysis of the theatre performance as a whole in terms of its core elements: plot (Mythos), character (Ethos), ideas (Dianoia), diction (Lexis), design (Opsis) and music (Melos), in relation to psychotherapeutic or dramatherapeutic issues and concepts.

b) An evaluation of the performance as a whole by comparing its own separate dramatic elements as performed by the total number of the participating clients, in an analysis that can point to parallel, contradicting or supportive processes that may suggest different ways of Dramatherapy work with different client groups.

c) An evaluation of the individual performance of each participating individual, which may give useful information on the particular effect of each component on his/her affective flattening. In this way, the strengths and weaknesses of each individual may be better detected in relation to their particular effect on different performance elements. Also, one may detect in which of the six dramatic elements the client had performed adequately or not and, thus to designate special Dramatherapy aims and strategies for the individual needs of each client.

CHAPTER 15

QUALITATIVE ANALYSIS
PART IV
THE IMPACT OF THE "DRAMATHERAPY PERFORMANCE" TO THE CLIENTS' "SIGNIFICANT OTHERS"- THE AUDIENCE RESPONSE

One main feature of the creation of a public performance in Dramatherapy, as well as in Theatre, is the impact on its receptors, namely the audience members. According to Bennett's (1997) research on theatre audiences, theatre directed at exploited or underprivileged groups, seeks to produce an internal horizon of expectations, which will attract audiences through challenging their own already formed expectations/assumptions about a particular play.

In contemporary rehabilitation strategies the social stigma is a main area of attention for the production of such performances, which involve the invitation of Significant Others of the performing clients. The area of the social stigma includes factors of social discrimination, restriction, isolation, prejudices, support and perceptions about psychiatric disordered individuals. In a British survey on social stigma people with mental disorders were perceived as "difficult to talk to" and "feeling differently from others" (Crisp, 2000). It is a challenge to see how a performance that is created through a Dramatherapy process may influence the social stigma.

The objective of this part of the research project was to explore how the "Dramatherapy Performance" could change the attitudes of the clients' Significant Others. In particular, it examined the Significant Others' opinions about the clients during and after the performance event, as well as the perceived support of the clients from their Significant Others. Since one of the aims of this Performance was to enhance the clients' communication with their "Significant Others", the relatives and friends invited to this performance were on the clients' suggestions.

The ways of gathering information on the impact of the Performance on the invited audience were the following:

a) The response of the significant others during the performance through "doubling". "Doubling" is a psychodramatic technique (Moreno, 1985) widely used in

Dramatherapy, and it consists of the use of an auxiliary (alter ego) playing the part of the inner self of the protagonist. Blatner (1997) calls it "active empathy" and describes its three main functions in stimulating interaction, providing support and giving effective suggestions or interpretations (1997, p.28). "Doubling" has been used in both individual and group psychotherapy (Hudgins & Kiesler 1987) and it has been particularly helpful in countering resistance in family therapy (Leveton, 1991).

"Doubling" the enacting performer was a technique which was used throughout the whole Dramatherapy group process for diagnostic as well as for therapeutic reasons. Its use enhanced response to what was being enacted, promoted relationships through identification, facilitated the expression of feelings and thoughts, at the same time creating distance from the enacted issue. In this way it fostered the fragile ego boundaries of the disordered clients. In rare cases, "doubling" provoked ego boundary confusions to the clients, which were then resolved within the group process. Within the performance the "doubling" technique was included:

i) In order to enhance the identification of the audience to the performers,

ii) As a means of countering family resistance against the coming out of one disordered family member and

iii) For artistic reasons since it produced a strong effect as the power of the chorus in the play.

"Doubling" was directed to take place once in each of the three scenes of the play. The "doubling" technique was demonstrated to the audience during the performance, when the performers participating in the chorus doubled the enacting protagonists of each scene. At the beginning of the performance the audience were informed that they would be invited to express their own opinion voluntarily, in the same way, with physical contact towards the performers (i.e. touching shoulders) at the end of the play. During the closure of the performance event the doubling process included the audience members, who were invited to express their opinions as if they were in the positions of the clients on stage. Thus, being part of the theatrical event, this therapeutic technique became an observable measure of the overall effect of the performance on its audience. Therefore, it can be conceived of- using McNiff's term (1998)- as one of the "art-based" methods of this project.

b) Private interviews of the Significant Others one month after the performance. A structured interview was created with open-ended questions in order

to research attitudes about the clients' performance. The interview consisted of the following questions:

1) What was your general impression of the performance?

2) How did you see your relative/friend within this performance?

3) How was your relative/friend at home during the rehearsals?

4) What is your opinion about the roles he/she enacted?

5) How do you consider the performance of your relative or friend in relation to your expectations?

6) Have you observed any positive or negative change in your relative or friend due to the performance event thereafter?

7) How did you feel in relation to the other audience members?

8) How did you feel in relation to the staff?

c) A third source of information on the audience response to the Dramatherapy Performance was the comparison between the Dramatherapy and the Control group in terms of the change of the clients' perceived support from the Significant Others after the performance event. This part of the study was realized through the "Significant Others' Scale" ("S.O.S."), created by Power (1988), which evaluated the clients' different functional resources of social support that may be provided by a number of significant role relationships within an individuals' social network. Because the provided data were quantitative, these results will be included within the next chapter of the thesis (Quantitative Analysis).

OUTCOMES

A. ART-BASED: THE "DOUBLING PROCESS" WITHIN THE PERFORMANCE EVENT

The audience had a positive attitude throughout the performance. Uneasy at the beginning, it soon became encouraging to the performers and clapped frequently. The relatives and friends of the clients seemed deeply moved. At the end the performers on stage stayed immobile like a group "sculpt" (i.e. an immobile group expression created by the group members' bodies) as the audience was invited to approach the stage and to "double" the performers. Most of the audience members

were very hesitant to stand up and they felt too moved to speak in public. Despite their resistances, about ten people finally reached out to the stage and expressed themselves "as if" they were in the clients' position. I include here the "doubling" phrases the audience members addressed to the performers:

"If I were in your position Jason, I would invite all the company to a party"; "If I were in your position Achilles, I would be proud tonight"; "If I were in your place Phaedra, I would be happy to have drawn the poster of our performance"; "If I was in your place Alcestis, I would be proud to play the guitar so well"; "If I was in your place Castor, I would fell the safety and the love of everyone here"; "If I was in your place Phaedra, I would like to keep this beautiful smile you have now" "If I was in your place Leto, I would begin to dance again as you used to dance before".

All the aforementioned phrases conveyed messages of encouragement, fulfillment and empathy. During the doubling process, a number of therapists that were invited to watch the performance and remembered the clients from other hospital units, such as the admissions or the closed psychiatric units, mentioned the difference between the present image of the clients and the one they had had of these clients in the previous units where they had become acquainted with them.

B. Semi-Structured Interviews

Out of the clients' Significant Others who were audience members of this performance, 13 responded positively to the request for an interview. Most of the Significant Others were members of the family of the clients. All were parents except for one grandmother. Only one client had invited just his friends.

The responses' intake was as follows (summary in Table I):

1) What was your general impression of the performance?

Almost all of the given answers referred to a **positive impression** (12 out of 13). There was a range of characterizations, such as "very good", "successful", "warm", "humane", "original" and "intellectual". The most impressive feature initially mentioned was the *spontaneity* of the group members. One described it as 'a

vital force' within the clients, which was not obvious in their everyday life. Other features that first impressed the audience were the clients' ability to tolerate **exposure in front of an audience** and their improved **conversational skills**. A few interviewees brought up the issue of **the therapeutic value** of the performance from the very beginning of the interview. One saw it 'not as a performance, but as an important therapeutic method', another as 'a moving human contact' and someone else as 'a collective experience'. The only (1) negative impression was from a members' grandmother who mentioned that the performance, even in its most cheerful parts, had a depressive atmosphere.

2) How did you see your relative/friend within this performance?

Almost all answers evaluated the clients' **participation** skills, while there was a differentiation concerning the image of the clients within this event. Half (7) of the answers referred to the **permanence** of the image they already had of the clients: 'He participated, but again it seemed little to me'; 'Until now he acts in the same way in his life too. He was himself'. The other half (6) reported a **differentiation** of this image: 'He did not use to interact with other people in such a way before- he used to stay at home, not speaking'; 'I was afraid he would not remember his lines, but it wasn't so- he was good'; 'He was thoughtful, estimating his reactions to other people- something that he does not often do in his everyday life'.

3) How was your relative/friend at home during the rehearsals?

Twelve out of the thirteen (12/ 13) answers confirmed that this performance was a very important event in the lives of the clients at home during the rehearsals. The performance had been the most common issue during **family conversations**. The clients often referred to the performance making, the theme and the story of the play and their own parts within the play. Some became very **punctual** in relation to their time schedule and their daily activities, including compliance to medication. The basic **feelings** the clients brought home were:

a) A general **enthusiasm** for this project or a particular enthusiasm for a certain aspect of the project in which the client was particularly involved (e.g. one's

drawing voted to be the poster for the performance, or being a protagonist in a scene).

b) An **anxiety** about the process as well as about the result, especially during the last days before the performance (e.g. in relation to remembering the lines).

c) An exception to the above comments was one (1) answer concerning a client who did not inform the family about this event at all in order to surprise them in the end!

4) What is your opinion about the roles he/she enacted?

The general impression was that the important issue was the **total participation** of the clients within the performance and not the particular roles they enacted. Five of the thirteen (5/13) interviewees considered the clients' roles as **reinforcing** their overall functioning and participation within the performance. Six of the thirteen (6/13) answers suggested that the roles of the clients were **suitable** for the clients or **predictable**: 'he played the sleepy person very naturally, as he is in his life'; 'the role of the guard suited him most because he is tall'; 'as in his own life, he is never a protagonist'. In two (2) of the answers the particular roles that the clients played revealed a **distinguishing** quality to their Significant Others: 'I could never believe he could sit and talk with friends in a coffee shop'; 'She was surprisingly tender and attractive, contrary to what she' s like in real life'. Furthermore, the Significant Others praised those clients that held the **leading parts** in the performance.

5) How did you consider the performance of your relative or friend in relation to your expectations?

There was a homogenous response (13 answers) to this question that the performance **exceeded** the Significant Others' expectations. The given answers stressed the general enthusiasm, the elated mood and the moving atmosphere. What was constantly mentioned was the **amount of work** underpinning all the aspects of the performance. Some referred to the importance of the play being a group autobiography constructed by the clients, for it could better express the clients than a

written play: 'I did not see the play as a piece of theatre, but as a total event which included therapy, psychiatry, relationships, life'.

6) Have you observed any positive or negative changes in your relative /friend due to this performance event thereafter?

All thirteen (13) responses referred to **positive** changes and none of them to a negative effect. These positive changes concerned the following areas:

i) **Acceptance** by others was mentioned as the most important positive effect in terms of gratification by others and self-gratification, and increase in of self-esteem and courage. The role of clapping, as a mark of congratulation, was accentuated. One parent shared his feelings about his own experiences from acting in performances devised for the needs of his trade union. He underlined the role of acceptance by others that such performances offer.

ii) The clients' **socialisation** and the building of new relationships, not only within but also out of the Therapeutic Community. The Significant Others observed an increase in the clients' number of acquaintances and outings with friends, an enrichment of their conversations with more interesting themes, and an interest for setting goals and planning their future. One client had been inspired to search for a job in walk-on parts in films.

iii) The clients' improvement in **affective responsivity**, including feelings of enthusiasm, joy, satisfaction and expression of suppressed erotic feelings. A mother also suffering from schizophrenia whose daughter was a group member said: "What I think is most important is that my daughter is in good company where she does not feel sad".

iv) The decrease in the fear of **body contact** ("he is less shy and frightened when people touch him") and the improvement in **cognitive functions**- such as in memory and concentration- were also mentioned.

7) How did you feel in relation to the other audience members?

The Significant Others referred to the ***sharing*** of this experience with other family members and friends who gave them ***courage and hope***, especially from those parents that seemed more hopeful than them. They also mentioned the feeling that

they are not alone in coping with their problem and spoke of the chance they had to meet other families and to organize further contact in order to ***avoid social isolation***. They felt gratified for the fight they had given for their children. "I felt Mother of all these children", "People come together when in pain", were some of the given answers.

8) How did you feel in relation to the staff?

The responses referred to:

a) Feelings of **gratitude**, **satisfaction** and **contentment**.

b) The **respectful** and **warm** behaviour of the staff towards the clients and their treating them as equals, being a model for the Significant Others. 'It is good that sane people talk in this way to these children of a lesser God '.

c) The **participation of staff members** in the performance.

Some of the Significant Others said they could not distinguish clients from staff, while others remarked on the supportive role of the staff "in role" during the performance. The latter were impressed by the staff's special attention and rewarding response to the clients' positive contribution to the performance.

Table I: Qualitative results- Part IV
Interviews with the clients' Significant Others

1. General impression: Emphasis on the therapeutic value of the performance: Participation and Spontaneity **2. Clients' image during the performance:** Ambiguous differentiation of the clients' image on stage **3. Clients' image at home during the group process:** Focus on the preparation of the performance- Improvement in conversational skills- Emotional variety- Increased self-care and consistency **4. Clients' Roles:** Mostly predictable or ego-reinforcing Revelatory when leading **5. Expectations:** Beyond the Significant Others' expectations **6. Clients' changes after the performance:** Acceptance by self and others- Self-esteem- Socialisation- Relationships-Affective responsivity- Body contact- Improvement in memory and concentration **7. Relationships with other clients' Significant Others:** Sharing- Social coming out- Scheduling of future meetings **8. Relationship with the staff members:** Models of respectful presence, equality and warmth

SUMMARY

An overall positive impact on the change of the Significant Others' attitudes towards the clients was evident due to this project. The positive effect of the performance was confirmed by both the audience response during the performance and by the responses of the Significant Others to semi-structured interviews one month after the event.

The performance purposely included a "doubling process", in which the audience members put themselves in the position of ("doubled") the performing clients. This process was a de-stigmatising act in itself for it "underdistanced" the "sane" from the "insane" members and permitted them to take part on an equal basis within the performance event. Furthermore, it gave the chance to the audience members to express warmth, support and empathy to the disordered clients. It was interesting though how most of the Significant Others were impressed mostly by the overall performance and not so much by the contribution of their own family member or friend. In contrast most of the staff members that attended the performance took in a much more lively image of the clients than the one they were accustomed to. This difference indicates a feature of a social stigma much more deeply ingrained in family members than in therapists in the therapeutic community. The image of the clients was not radically changed due to their performance, but some attitudes concerning their stigmatization were indeed altered.

According to the results from the interviews, the most impressive factor of this performance was the clients' spontaneity, colourfully described as a "vital force" effectively changing the overall image of the clients. The Significant Others believed that the clients' participation within the performance was the most important therapeutic outcome. However, the particular image of their own relative or friend was differentiated only for half of the Significant Others, showing that their concepts about schizophrenia cannot be changed without difficulty. This can be done more easily if the client's individual performance is authentic, distinguishing or unexpected.

Both relatives and friends agreed that the clients' lives at home had changed during the therapeutic process in matters of interests and motivation. The basic feelings that the clients expressed at home were enthusiasm as well as anxiety as

to whether they would be successful. As for the clients' role-playing, there was a general agreement that it was less important than their involvement within the whole process. Most of their roles were perceived as predictable, with the exception of the leading ones in the play's plot. The Significant Others' expectations concerning the clients' role-playing had generally been higher than what they witnessed, most of them expecting a more distinguishing presence from their own relative or friend. However, the performance as a whole exceeded the Significant Others' expectations, as they highly praised the moving atmosphere and the mutual collaboration between clients and therapists for the creation of a total therapeutic event.

Considering the observable changes to the clients after this project, the Significant Others agreed that they observed only positive changes. They mentioned the issues of acceptance by others, of socialization in and out of therapeutic community and of improvement in affective responsivity. Other issues mentioned were less fear of body communication, and cognitive improvements such as in memory and in concentration. Meeting the relatives/friends of the other clients during the performance was an occasion for a social coming out of the Significant Others; it instilled hope and courage and provided a springboard for further relationships in the future. At the same time the staff acted for the Significant Others as a model of a warm, undiscriminating and respectful presence towards the clients, having demonstrated a supportive but non-directive presence on stage.

Moreover, this part of the project confirmed that art-based direct observation, qualitative research strategies and quantitative statistical results (as the quantitative results of the Significant Others Scale, which are included in the next chapter) may be combined in order to broaden information about different aspects of the impact of a therapeutic practice in Dramatherapy.

SECTION H

QUANTITATIVE ANALYSIS

CHAPTER 16

STATISTICAL RESULTS AND DISCUSSION

CHAPTER 16

STATISTICAL RESULTS AND DISCUSSION

The quantitative results of this research project will be presented here.

The initial hypothesis to be tested was whether Dramatherapy improves different areas of symptoms and aspects of communication of individuals with schizophrenia and in particular of young adults with a recent onset of the disorder attending a therapeutic programme in Day Hospital care as secondary psychiatric prevention.

The Dramatherapy group was compared with a group of Controls, matched for similar characteristics, who undertook a "milieu" therapeutic programme (therapeutic interventions aiming at the clients' adaptation within their environmental conditions) without Dramatherapy, for the same time period.

Dramatherapy practice within this project followed a theatre performance model that I named "Dramatherapy Performance", which led to a performance of a group autobiography, presented to an invited audience of the clients' "Significant Others".

In order to assess communication in this particular research project, the following areas of attention were selected:

a) The clinical state of the clients, expressed in signs and symptoms, and in particular their overall clinical state and negative symptoms, which mostly affect their communication skills, and their level of depression;
b) The clients' relationship to themselves as expressed by their self-esteem throughout this creative process;
c) Their relationships with their significant others, as affected by the perceived support from their "Significant Others";
d) Their dramatic involvement in the creative achievement of a performance as a per se medium of communication;
e) Specifically, the changes in the clients' affective flattening within the poetic elements of the final performance, which was discussed in the chapter of the Qualitative Analysis (Part III, p.268).

The quantitative analysis included:

1. The evaluation of the benefits of the therapeutic intervention by comparison of pre-intervention and post-intervention scores on selected tests.

2. The evaluation of the longer-term benefit of the therapeutic intervention specifically for the clients' negative symptoms, at 3 months after completion of the intervention.

Analytically, the quantitative procedures included:

a) A comparison of data for each group (Dramatherapy and Control) at particular time periods during this research: the initial measurements (pre), the final measurements (post) and the follow up measurements (after).
b) A comparison of the data at the same time periods between the two groups.
c) The comparison of the changes between the two groups.
d) The final changes in each of the two groups, in relation to the initial measurement and time (regression analysis).
e) The evolution of the clients' Dramatic Involvement within the Dramatherapy group.
f) The correlation of changes between the selected areas of psychopathology in each of the two groups (see the quantification of qualitative data, chapter 14, p.267-268).

The statistical methods used for these procedures, were:

A) The T-test for the pre-post, post-after and pre-after comparisons for each group; the pre, post and after comparisons between the two groups; as well as for the comparison of changes between the two groups.
B) The linear regression method ("Ancova") and the test for trend, when the initial measurements or the time factor were taken into account in respect to the final outcomes.

An initial comparison between the two groups' characteristics took place, as follows.

I. COMPARABILITY BETWEEN THE DRAMATHERAPY GROUP AND THE CONTROL GROUP

Initially the comparability of the Dramatherapy (N=15) and the Control (N=16) groups is checked in terms of the following characteristics at the beginning of the group work (time period 1-"pre"measurement):

1. Sex
2. Age
3. Duration of disorder in years
4. Duration of hospitalisation in the Day Hospital, in months
5. Mean typical antipsychotic dose conveyed to mg of Haloperidol
6. Mean atypical antipsychotic dose conveyed to mg of Haloperidol

The two groups were also compared initially in relation to the following measurements, each one of which stands as the "pre" measurement in the following overall measurements of the particular scales.

1. The BPRS scale (general psychopathology)
2. The Zung Depression scale
3. The SANS scale (negative symptomatology)
4. The Robson Self-Esteem scale
5. The SOS – Significant Others Scale

Table 1. Comparison of the subjects' sex differentiation between the Dramatherapy and Control group in the beginning of the groupwork

	Dramatherapy group		**Control group**		**P-value**
	N	%	N	%	
Male	11	73.3	14	87.5	
Female	4	26.7	2	12.5	0.394
Total	15		16		

Table 2. Comparison of the subjects' characteristics of age, duration of disorder, duration of hospitalisation and medication between the Dramatherapy and the Control group in the beginning of the groupwork

Characteristics	**Dramatherapy group**					**Control group**					**P-value**
	N	Mean	Stand. Dev.	Median	Range	N	Mean	Stand. Dev.	Median	Range	
Age	15	26.1	7.4	23.0	20-42	16	27.3	7.5	24.5	18-42	0.680
Duration of Disorder (years)	15	7.2	5.4	6.0	1-17	16	6.8	5.7	5.5	1-20	0.825
Duration of Hospitalization (months)	14	2.9	3.9	2.0	0-13	16	2.1	4.0	0.0	0-15	0.271
Average dose of NL (mg)	15	21.5	10.6	23.0	3.3-40	16	29.3	24.9	22.0	3.3-90	0.722
Average Dose of Atypical NL (mg)	15	14.9	6.8	15.0	3.4-25	16	11.7	10.0	11.0	0.0-33.4	0.219

The above results show that the Dramatherapy and the Control group are comparable, since there are not any significant differences between the two groups as for the selected characteristics ($p<0.05$).

II. THE GENERAL PSYCHOPATHOLOGY RESULTS- THE BPRS SCALE

The BPRS scale measured the clients' general psychopathology in both the Dramatherapy and the Control group, at the beginning and at the end of the groupwork.

Table 3. PRE and POST Comparison of **BPRS** scale *between* the Dramatherapy and the Control group

BPRS	**Dramatherapy group**			**Control group**			**P-value**
	N	Mean	Standard deviation	N	Mean	Standard deviation	
Pre	15	40.0	9.7	16	43.8	7.3	0.231
Post	15	33.3	11.7	16	39.1	7.1	0.104

Table 4. PRE-POST comparison of **BPRS** scale *within* the Dramatherapy group and *within* the Control group

BPRS	**Dramatherapy group**				**Control group**			
	N	Mean	Stand. Dev.	P-value	N	Mean	Stand. Dev.	P-value
pre	15	40.0	9.7		16	43.8	7.3	
post	15	33.3	11.7	**0.001**	16	39.1	7.1	**0.009**

Table 5. Comparison of the PRE-POST change of the **BPRS** *between* the Dramatherapy and the Control Group

BPRS	**Dramatherapy Group**			**Control Group**			**P-value**
	N	Mean	Standard Deviation	N	Mean	Standard Deviation	
Change	15	6.7	5.9	16	4.6	6.2	0.354

Table 6. *Change* of the **BPRS** scale in relation to its baseline score - Linear regression model (dependent variable: BPRS post)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	0.484	5.960	0.936
BPRS pre	0.883	0.123	<0.001
Dramatherapy / Control group	-2.480	2.231	0.276

COMPARISON OF THE BPRS CHANGE

BPRS

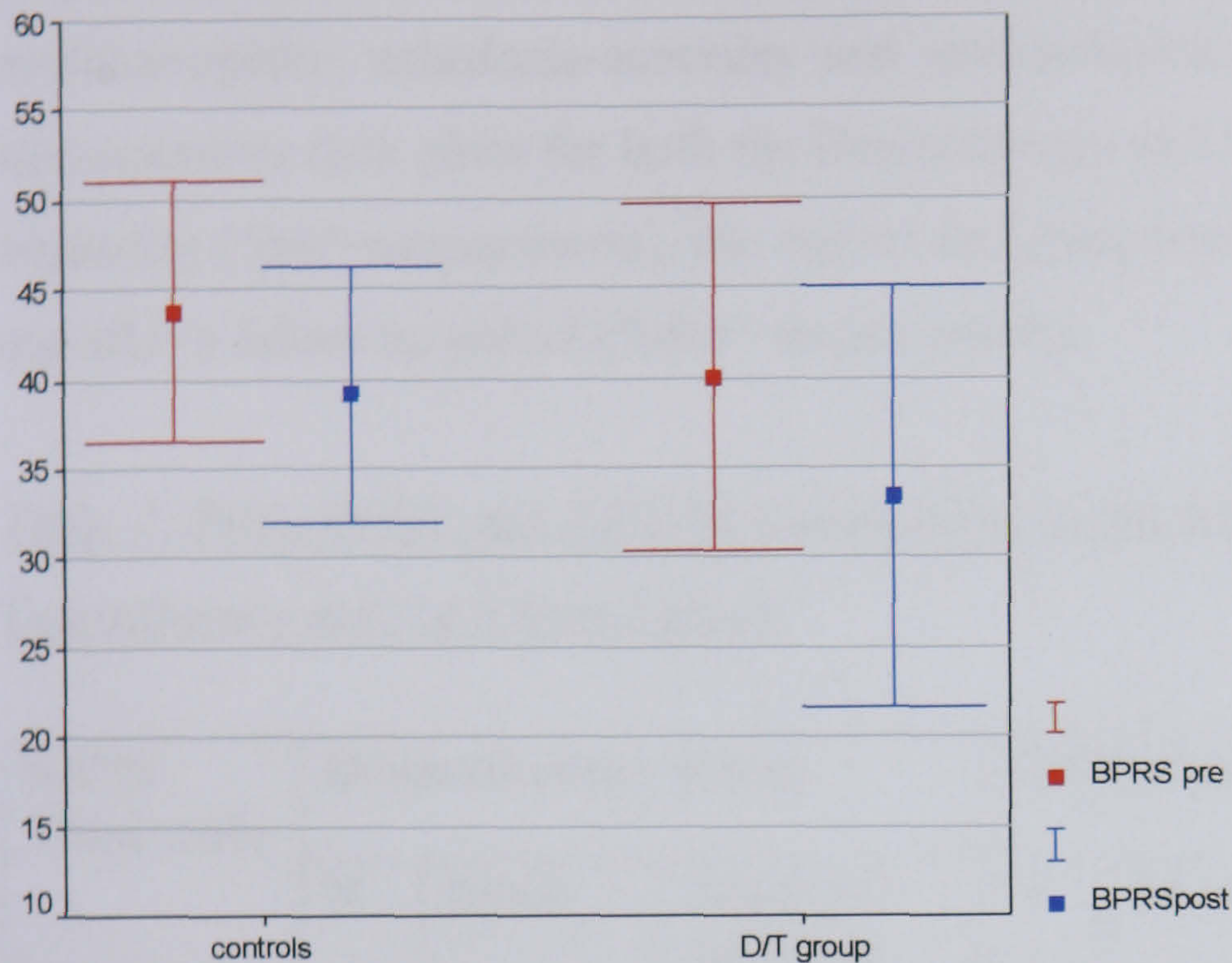


Figure 1. Comparison of the BPRScale's change before and after the groupwork ("pre" and "post" measurements) within the Dramatherapy and within the Control group as well as between the two groups

According to the above, the following results occur:

a) There was no significant difference between the Dramatherapy and the Control group in the Pre measurement (p=0.231, table 3).

b) There was no significant difference between the Dramatherapy and the Control group in the Post measurement (p=0.104, table 7).

c) At the Pre-Post comparison within each group, there was a significant improvement, within both the Dramatherapy (p=0.001, table 12) and the control group (p=0.009, table 12).

d) Comparing the BPRS changes (pre minus post) between the two groups, there was a mean difference of 2 points between the two groups, which is not statistically significant (p=0.354, table 18).

e) Adjusting for the BPRS (pre) baseline score, there was no significant difference between the Dramatherapy and the Control group in terms of the BPRS scale at the "post" measurement (p=0.276, table 24).

III. THE NEGATIVE SYMPTOMS RESULTS- THE SANS SCALE

The negative symptoms of the clients were measured by the SANS scale, which includes a total score, five subscale scores (for affective flattening, alogia, avolition-apathy, anhedonia-asociality and inattentiveness) and thirty items. The measurements took place for both the Dramatherapy and the Control group at the beginning ("pre" measurement), the end of the groupwork ("post" measurement) and after a follow up period ("after" measurement).

Table 7. PRE, POST and AFTER Comparison of the SANS* scale *between* the Dramatherapy and the Control group

SANS Total score	**Dramatherapy group**			**Control group**			**P-value**
	N	Mean	Standard deviation	N	Mean	Standard deviation	
PRE	15	73.0	26.5	16	71.5	17.2	0.858
POST	15	45.0	25.7	16	62.0	18.4	**0.041**
AFTER	15	47.8	25.4	16	57.5	21.8	0.262

*The three missing values of the control group at the after (follow up) measurement are replaced by the corresponding post measurement values.

Table 8. PRE-POST, POST-AFTER and PRE-AFTER comparison of the SANS scale *within* the Dramatherapy group and *within* the Control group

SANS Total score	**Dramatherapy group**				**Control group**			
	N	Mean	Stand. Dev.	P-value	N	Mean	Stand. Dev.	P-value
Pre Post	15 15	73.0 45.0	26.5 25.7	**<0.001**	16 16	71.5 62.0	17.2 18.4	**<0.001**
Post After	15 15	45.0 47.8	25.7 25.4	0.336	16 16	62.0 57.5	18.4 21.7	**0.019**
Pre After	15 15	73.0 47.8	26.5 25.4	**<0.001**	16 16	71.5 57.5	17.2 21.7	**<0.001**

Table 9. Comparison of the PRE-POST, POST-AFTER and PRE-AFTER *change* of the SANS* score *between* the Dramatherapy and the Control group

SANS change	**Dramatherapy group**			**Control group**			**P-value**
	N	Mean	Stand. Dev.	N	Mean	Stand. Dev.	
Pre-Post	15	28.0	15.3	16	9.5	7.8	**<0.001**
Post-After	15	-2.8	11.6	16	4.5	6.9	**0.040**
Pre-After	15	25.2	16.4	16	14.0	9.6	**0.027**

*The three missing values of the control group at the after (follow up measurement are replaced by the corresponding post measurement values.

Table 10. Change of the SANS scale in relation to its baseline score- Linear regression model

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Dependent variable: SANS post			
Constant	0.974	7.641	0.899
SANS pre	0.854	0.099	<0.001
Dramatherapy / Control group	-18.256	4.237	**<0.001**
Dependent variable: SANS after			
Constant	-5.802	8.620	0.506
SANS pre	0.885	4.779	<0.001
Dramatherapy / Control group	-10.970	0.111	**0.029**
Dependent variable: SANS after			
Constant	-2.869	5.544	0.609
SANS post	0.973	0.081	<0.001
Dramatherapy / Control group	6.875	3.722	**0.075**

Table 11.*Change* of the **SANS** scale in relation to the **time** factor- Linear regression model

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Dramatherapy group			
Constant	80.422	10.501	<0.001
Time	-12.583	4.861	**0.013**
Control group			
Constant	81.891	6.981	<0.001
Time	-10.145	3.337	**0.004**

The following table contains all the comparisons made between the two groups and within each group separately, following the sequence of the research process. Only p values <0.05 (statistically significant) are noted. For further detailed tables see the Appendix.

(Definitions for the tables' signs are given after the three tables 12 a, b and c).

Table 12-a. Significant changes in the SANS scale throughout the research project

SANS CHANGE	**Groupwork period (4 months)**				**Follow up period (3 months)**			**Total period (7 months)**	
Items	Pre comparison between groups	Pre-post change within Drama-therapy group	Pre-post change within Control group	Post comparison between groups	Post-After change within Drama-therapy group	Post-After change within Control group	After comparison between groups	Pre-After change within Drama-therapy group	Pre-After change within Control group
1- Unchanging facial expression	–	↓	–	*	–	↓	–	↓	↓
2- Decreased spontaneous movements	–	↓	–	*	–	↓	–	↓	↓
3- Paucity of expressive gestures	–	↓	–	(*)	–	–	–	↓	–
4- Poor eye contact	–	↓	↓	–	–	–	–	↓	–
5- Affective non-responsivity	–	↓	↓	*	↑	–	–	–	–
6- Inappropriate affect	–	↓	–	–	–	–	–	↓	–
7- Lack of vocal inflections	–	↓	↓	–	–	–	–	↓	↓
8- Complaints of affective void or lack of affection	–	↓	↓	–	–	–	–	↓	↓
9- Total affective flattening	–	↓	–	*	–	↓	–	↓	–

Table 12-b. Significant changes in the SANS scale throughout the research project

SANS CHANGE	Groupwork period (4 months)				Follow up period (3 months)			Total period (7 months)	
Items	Pre comparison between groups	Pre-post change within Drama-therapy group	Pre-post change within Control group	Post comparison between groups	Post-After change within Drama-therapy group	Post-After change within Control group	After comparison between groups	Pre-After change within Drama-therapy group	Pre-After change within Control group
10- Poverty of speech	–	(↓)	↓	–	–	–	–	(↓)	–
11- Poverty of content of speech	–	↓	↓	–	–	–	–	↓	–
12- Blocking	–	–	–	–	–	–	–	↓	–
13- Increased response latency	–	↓	↓	–	–	–	–	↓	–
14- Complaints of alogia	–	↓	–	*	–	–	–	–	–
15- Total alogia	–	↓	–	–	–	–	–	↓	–
16- Grooming and hygiene	–	↓	↓	*	↑	–	–	–	–
17- Impersistence at work or school	–	↓	–	–	↓	↓	–	↓	–
18- Physical anergia	–	↓	↓	–	–	–	–	↓	–
19- Complaints of avolition – apathy	–	(↓)	↓	–	–	↓	–	↓	–
20- Total avolition – apathy	–	↓	↓	–	–	(↓)	–	↓	–

Table 12-c. Significant changes in the SANS scale throughout the research project

SANS CHANGE	Groupwork period (4 months)				Follow up period (3 months)			Total period (7 months)	
Items	Pre comparison between groups	Pre-post change within Drama-therapy group	Pre-post change within Control group	Post comparison between groups	Post-After change within Drama-therapy group	Post-After change within Control group	After comparison between groups	Pre-After change within Drama-therapy group	Pre-After change within Control group
21- Recreational interests, activities	–	↓	↓	*	–	–	–	↓	↓
22- Sexual interests, activity	–	–	↑	–	–	–	–	–	–
23- Intimacy, closeness	–	↓	↓	*	–	–	–	↓	↓
24- Relationship with friends, peers	–	↓	–	–	–	–	–	↓	–
25- Complaints of anhedonia – asociality	–	↓	–	*	–	–	–	↓	–
26- Total anhedonia – asociality	–	↓	–	*	–	–	–	↓	↓
27- Social inattentiveness	–	↓	–	–	–	–	–	↓	–
28- Inattentiveness during testing	–	(↓)	–	–	–	–	–	–	–
29- Complaints of inattentiveness	–	↓	–	*	–	↓	–	↓	↓
30- Total inattentiveness	–	↓	–	*	–	–	–	↓	–
TOTAL SANS	–	↓	↓	*	–	↓	–	↓	↓

Sign Definitions
In red: total score
In blue: subcategory score
( ): marginal change
*: statistical significant difference between the two groups
↓: statistical significant decrease within a group
↑: statistical significant increase within a group
↓: statistical significant decrease specifically within this group (either Dramatherapy or Control)
↑: statistical significant increase specifically within this group (either Dramatherapy or Control)

The above results show the following:

PRE, POST AND AFTER COMPARISONS BETWEEN THE DRAMATHERAPY GROUP AND THE CONTROL GROUP

-Concerning the total score of the SANS scale:

a) There was a non-significant difference in the "pre" measurement of the scale between the two groups (p=0.858, table 7)

b) There was a significant difference in the "post" measurement of the scale between the two groups (p=0.041, table 7)

c) There was a non-significant difference in the "after" measurement of the scale between the two groups (p=0.262, table 7)

-Concerning the five subscales of the negative symptoms (table 12a, 12b & 12c and tables I, II, III, and VII in the Appendix):

a) There was a non-significant difference between the two groups at the "pre" measurement.

b) There was a significant difference between the two groups at the "post" measurement for the items 9, 26 and 30 that represent the total scores of the SANS subscales: **total affective flattening** (p=0.020), **total anhedonia- asociality** (p=0.003) and **total inattentiveness** (p=0.029). Item 15, representing the subscale of **total alogia** (p=0.401) and item 20, representing the subscale of **total avolition-apathy** (p=0.182) showed no significant difference between the two groups at the post measurement.

c) There was no significant difference between the two groups for any of the SANS subscales at the "after" measurement.

- Concerning the 25 of the 30 items (apart from the previous five that represent the total scores of the five subscales) of the SANS scale there was a statistically significant difference between the two groups only for the following 9 items at the post measurement: **Unchanging facial expression** (p=0.025), **decreased spontaneous movements** (p=0.002), **affective non-responsivity** (p=0.009), **complaints of alogia** (p=0.015), **grooming and hygiene** (p=0.039), **recreational interests and activities** (p=0.001), **intimacy and closeness** (p=0.032), **complaints of anhedonia and asociality** (p=0.001) and **complaints**

of inattentiveness (p=0.005). There is also a marginal difference in item **paucity of expressive gestures** (p=0.058).

There was no significant change between the two groups in any of the items in the "after" measurement.

PRE-POST, POST-AFTER AND PRE-AFTER COMPARISONS WITHIN THE DRAMATHERAPY GROUP AND WITHIN THE CONTROL GROUP SEPARATELY

PRE-POST COMPARISONS

a) Comparing the total "pre" and "post" SANS scores within each of the two groups, there was a mean decrease of 28 points in the SANS scale in the Dramatherapy group (p<0.001, table 8), while there was a decrease of 9.5 points in the SANS scale in the control group (p<0.001, table 8).
b) There was a significant decrease in all the subscales of the SANS at the "pre-post" measurement within the Dramatherapy group (table 12a,12 b& 12c and Appendix): **total affective flattening, total alogia, total avolition-apathy, total anhedonia-asociality and total inattentiveness** (p<0.001), while there was a significant decrease only at the subscale **avolition-apathy** (p=0.014) within the control group.
c) There was a significant change in 20- and 3 marginal changes- of the 30 items for the Dramatherapy group, but only in 13 of the 30 items for the Control group (table 12a,b,c and Appendix).

The following items were decreased in both groups (p<0.005): **Poor eye contact, affective non-responsivity, lack of vocal inflections, complaints of affective void or lack of affection, poverty of speech** (marginal change in the Dramatherapy group), **poverty of content of speech, increased response latency, grooming and hygiene, physical anergia, complains of avolition-apathy** (marginal change in the Dramatherapy group), **recreational interests and activities, intimacy and closeness.**

There was however, a specific decrease for the following items only within the Dramatherapy group: **Unchanging facial expression, decreased spontaneous movements, paucity of expressive gestures, inappropriate**

affect, complaints of alogia, impersistence at work or school, relationships with friends and peers, complaints of anhedonia and asociality, social inattentiveness, inattentiveness during testing (marginal) and **complaints of inattentiveness.**

No group was influenced on the items of blocking and there was an increase in **sexual interests** only in the control group.

POST-AFTER COMPARISONS

These results indicate the effect of the follow up period to the Dramatherapy and to the Control group separately. In other words, how the result was maintained after the end of the groupwork within the two groups.

a) Comparing the total SANS score at the "post" and "after" measurement within each of the two groups, there is a significant decrease of 5.6 points only in the group of controls (p=0.018), while in the Dramatherapy group there was a small, non-significant (p=0.336, table 8) increase of 2.8 points of the total SANS score at the end of the follow up period.

The three missing values from the control group (N=13 instead of 16) might have affected the results since the number of clients was limited. For this reason, the "intention to treat analysis" has been used that includes all subjects who dropped out. This analysis carries forward the last known score of the "missing cases". Here an assumption was made that these three missing group members had kept the same SANS score they had at the "post" measurement, until the end of the follow up period. Even with this recoding, the results did not change notably. At the post-after score the comparison of the SANS scale showed significant difference anew (when N=13, p=0.018, table V, when N=16, p=0.019, table VIII in Appendix).

b) Among the subscales (table 12a,b,c and table V in Appendix) there was no significant difference in the Dramatherapy group. However, within the control group, there was a significant decrease in the subscale of **total affective flattening** (p=0.004) and –marginally- at the scale of **total avolition-apathy** (p=0.054).

c) Among the SANS items (table 12a,b,c and table V in Appendix), there was a significant increase in the subjects' negative symptoms of **affective non-**

responsivity (p=0.031) and **grooming and hygiene** (p=0.004) within the Dramatherapy group. On the contrary, the following negative symptoms continued to decrease significantly within the control group: **unchanging facial expression** (p=0.009), **decreased spontaneous movements** (p=0.035), **complaints of avolition-apathy** (p=0.040) and **complaints of inattentiveness** (p=0.031). Within both groups there was a significant decrease in the item **impersistence at work or school** ($p<0.05$), which shows the effect of the follow up period to all subjects in relation to their occupational involvement.

PRE-AFTER COMPARISONS

The "pre-after" comparison refers to the overall achievement of the therapeutic programme to the Dramatherapy and to the Control groups separately during the therapeutic intervention and the follow up period. Thus it shows, whether there was a difference from the beginning of the groupwork that remained after the follow up period within each group.

a) For both the Dramatherapy and the Control group there was a significant difference of the total negative symptoms score before the groupwork and after a three-month follow up period ($p<0.001$, table 8). The "pre-after" comparison within the Dramatherapy group showed a significant decrease (of 25 points) of the SANS score ($p<0.001$, table 8). The pre-after comparison, calculated either with or without the missing values (N=13 or with N=16) within the Control group showed a significant decrease (of 14 points) in the total SANS scale ($p<0.001$ table 8 and tables VI and VIII in Appendix).

b) Considering the SANS subscales there is a significant decrease ($p<0.05$, table 12a,b,c and table VI in Appendix) within the Dramatherapy and within the Control group for the total period of seven months, in the following subscales: **total alogia**, **total avolition-apathy** and **total anhedonia-asociality**. On the contrary, there was a significant decrease for the subscales of **total affective flattening** and of **total inattentiveness**, only within the Dramatherapy group and not within the Control group.

c) Considering the change in the items of the SANS scale (table 12 a,b,c and Appendix), there is significant decrease in the following 12 items in both the Dramatherapy and the Control group, *over the seven month period*: **unchanging**

facial expression, decreased spontaneous movements, lack of vocal inflections, complaints of affective void or lack of affection, poverty of content of speech, increased response latency, impersistence at work or school, physical anergia, complaints of avolition-apathy, recreational interests and activities, intimacy and closeness (marginal for the control group) and **complaints of inattentiveness.**

In sum, the negative symptoms of the clients with schizophrenia that maintained a significant decrease specifically through the Dramatherapy intervention *over a seven month period*, as measured by the SANS scale were:

1. The total subcategory of **"affective flattening"** and, in particular, the items **"paucity of expressive gestures"**, **"poor eye contact"** and **"inappropriate affect"**,
2. From the subcategory of alogia, the item **"poverty of speech"** (marginally significant),
3. From the subcategory of anhedonia and asociality, the items **"relationship with friends and peers"** and **"complaints of anhedonia and asociality"** and
4. The total subcategory of **"inattentiveness"** and, in particular, the item **"social inattentiveness"**.

COMPARISON OF THE SANS TOTAL CHANGE

SANS
change

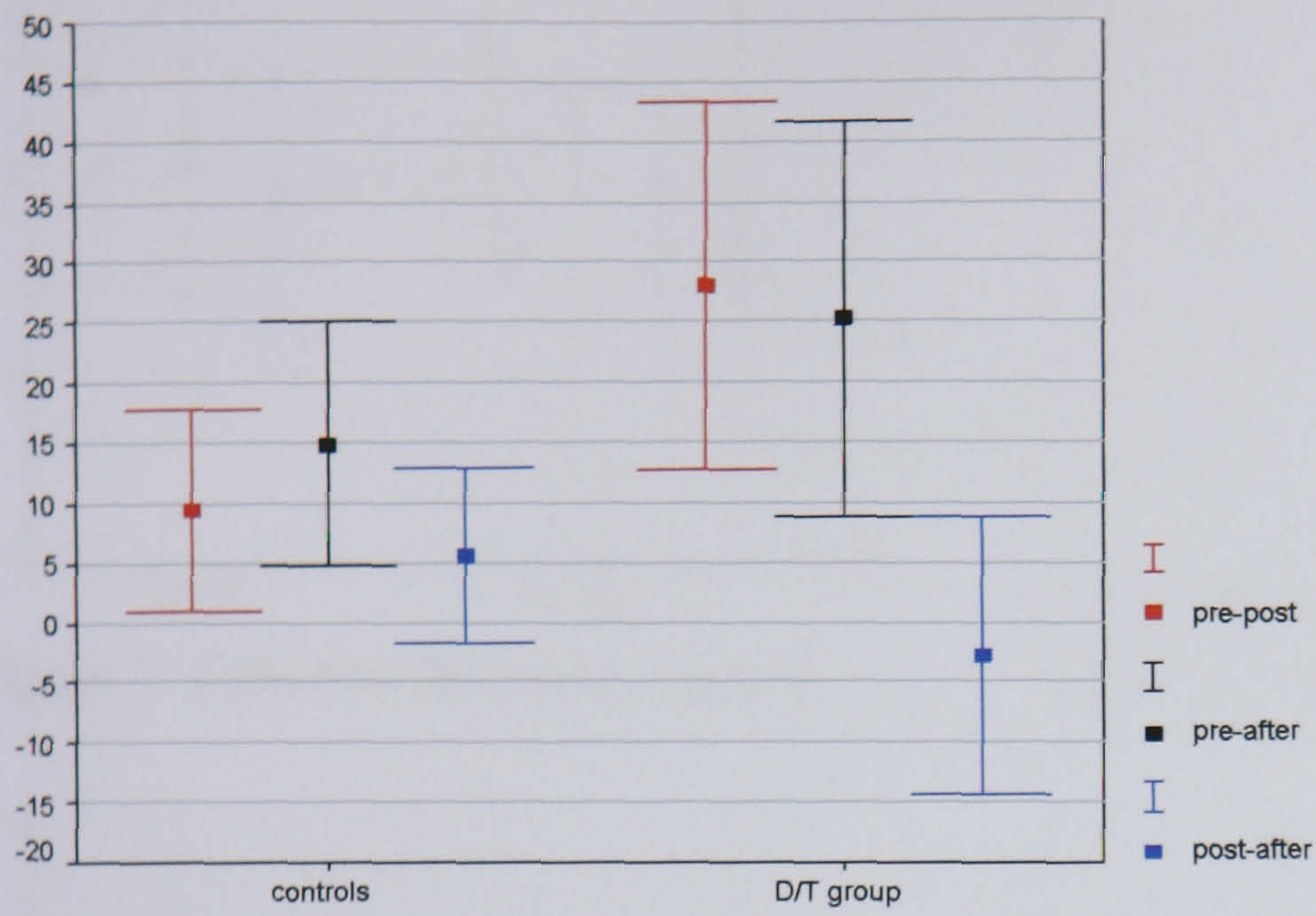


Figure 2- Changes of the SANS scale total score in the Dramatherapy group and in the Control group. Positive changes indicate decrease of the SANS scale's negative symptoms ratings, while negative changes indicate an increase of the SANS scale's negative symptoms ratings.

COMPARISON OF THE SANS SUBSCALES CHANGE

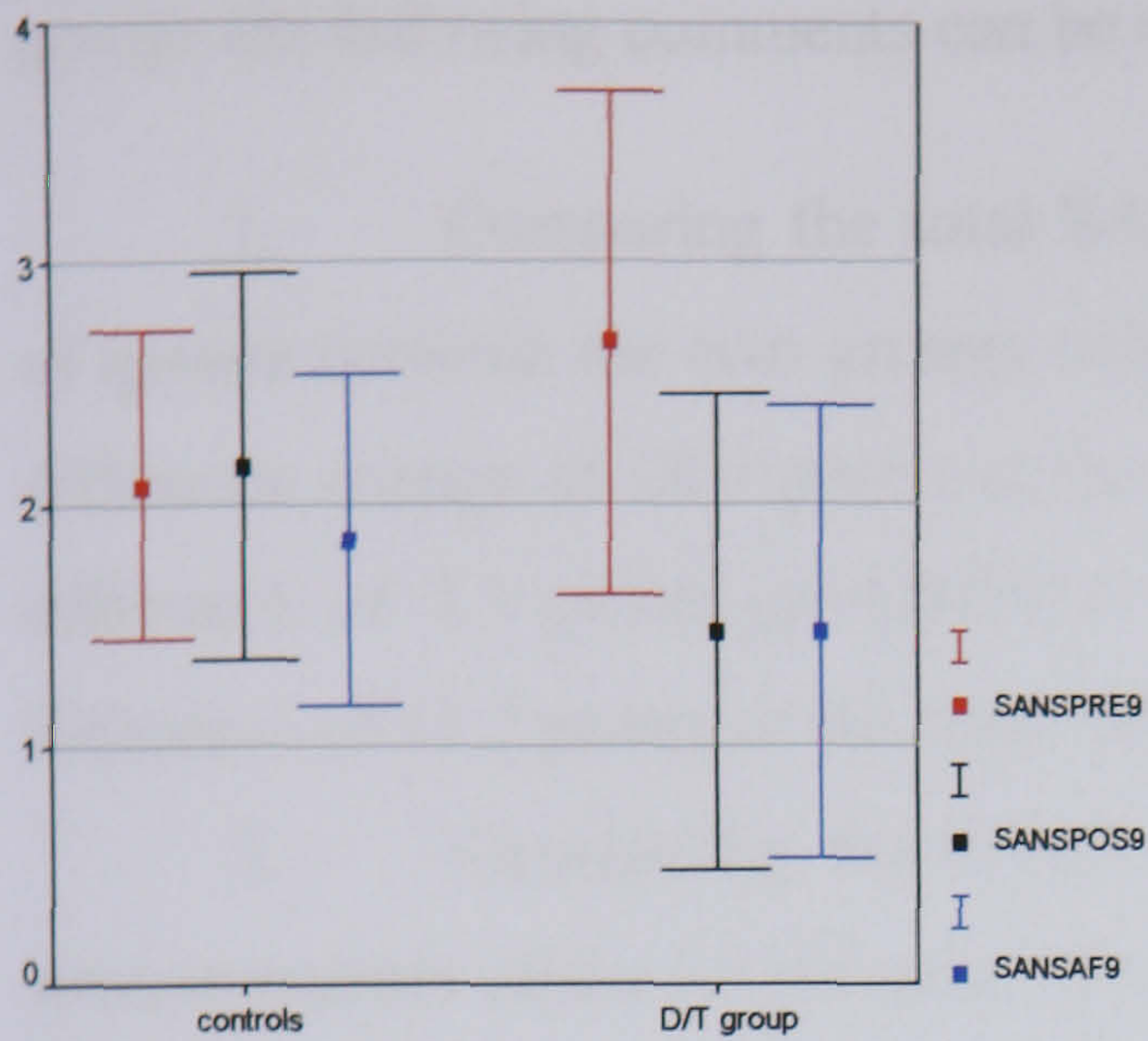


Figure 3. Affective flattening (item 9)

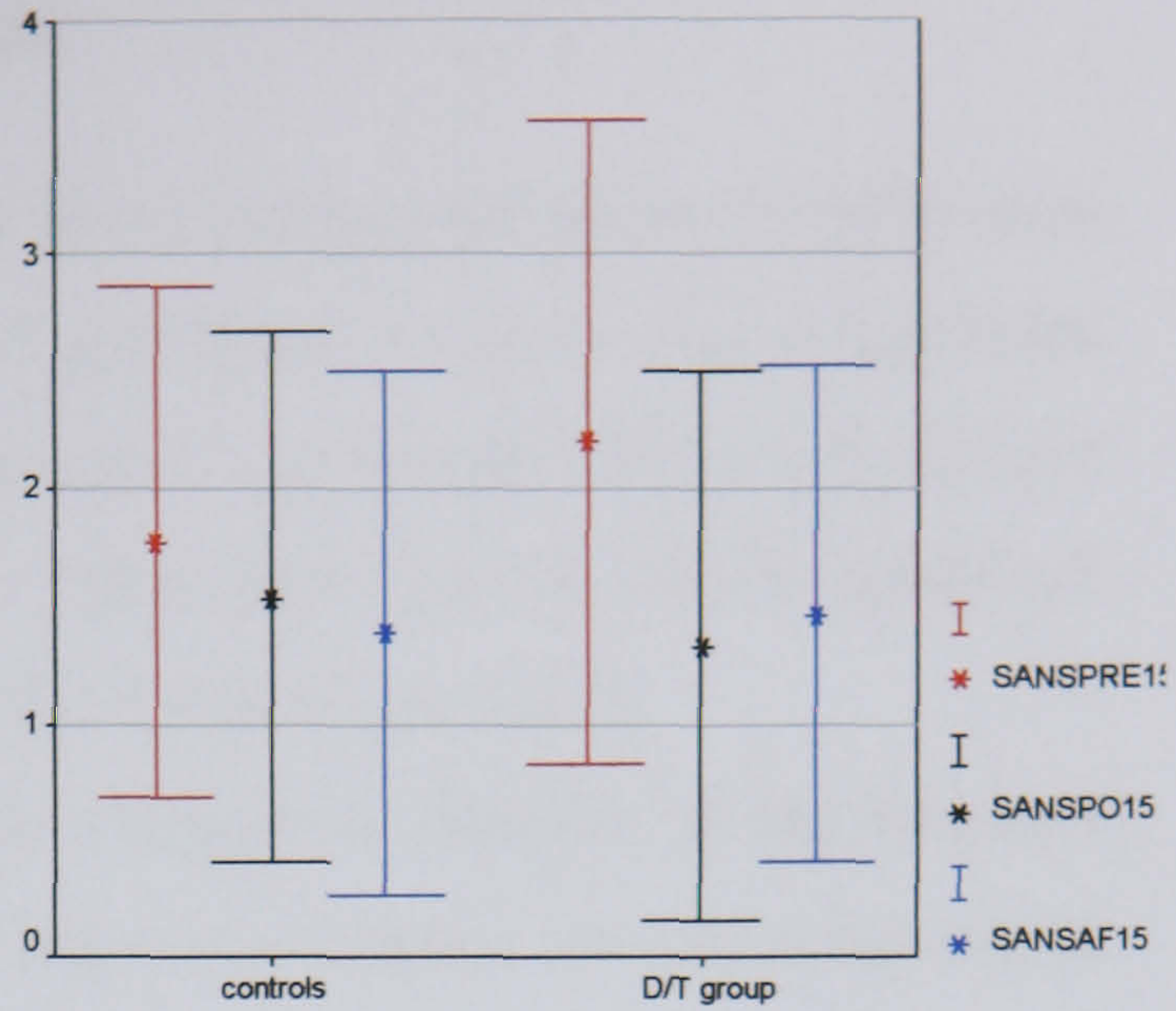


Figure 4. Alogia (item 15)

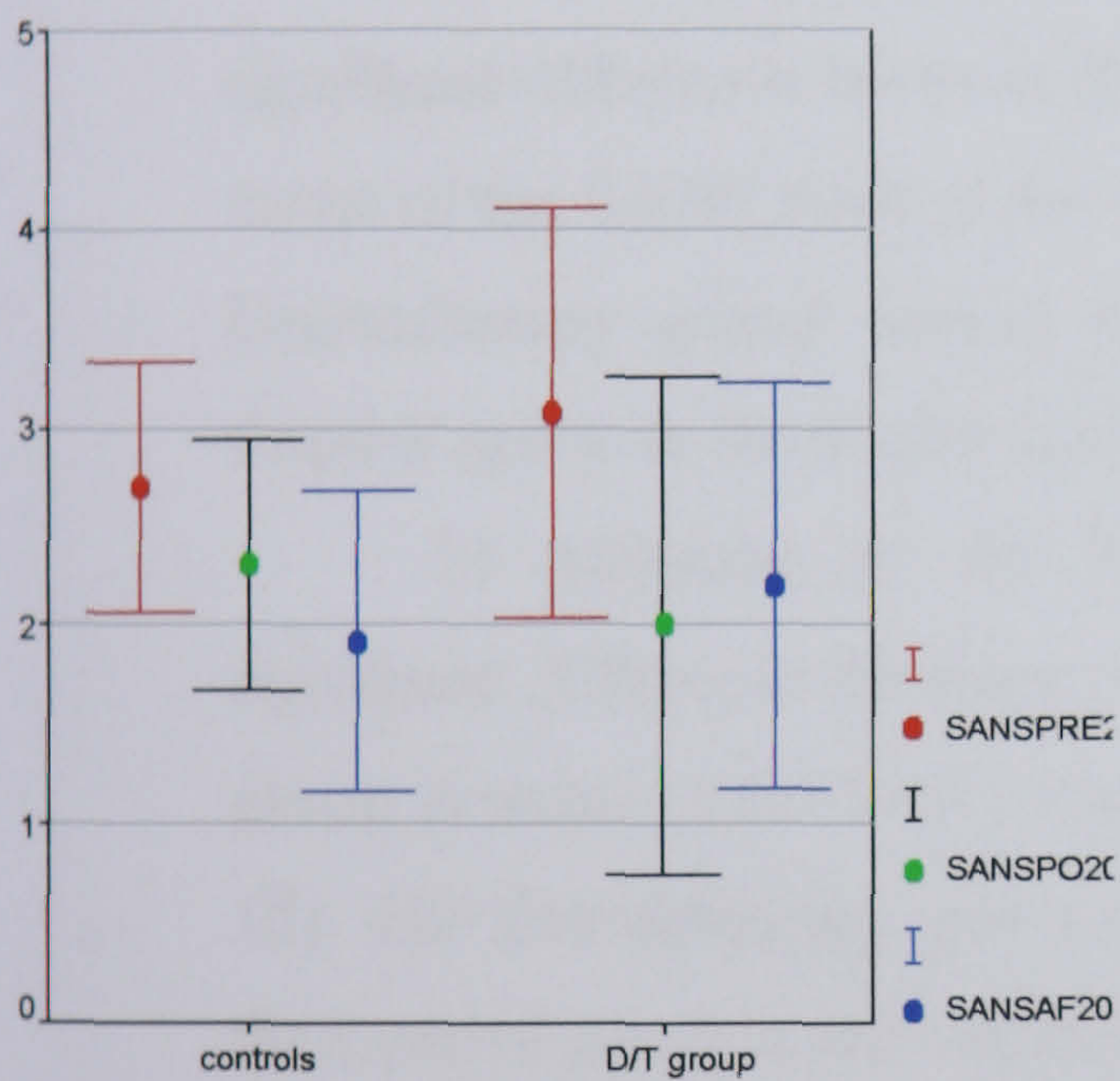


Figure 5. Avolition-Apathy (item 20)

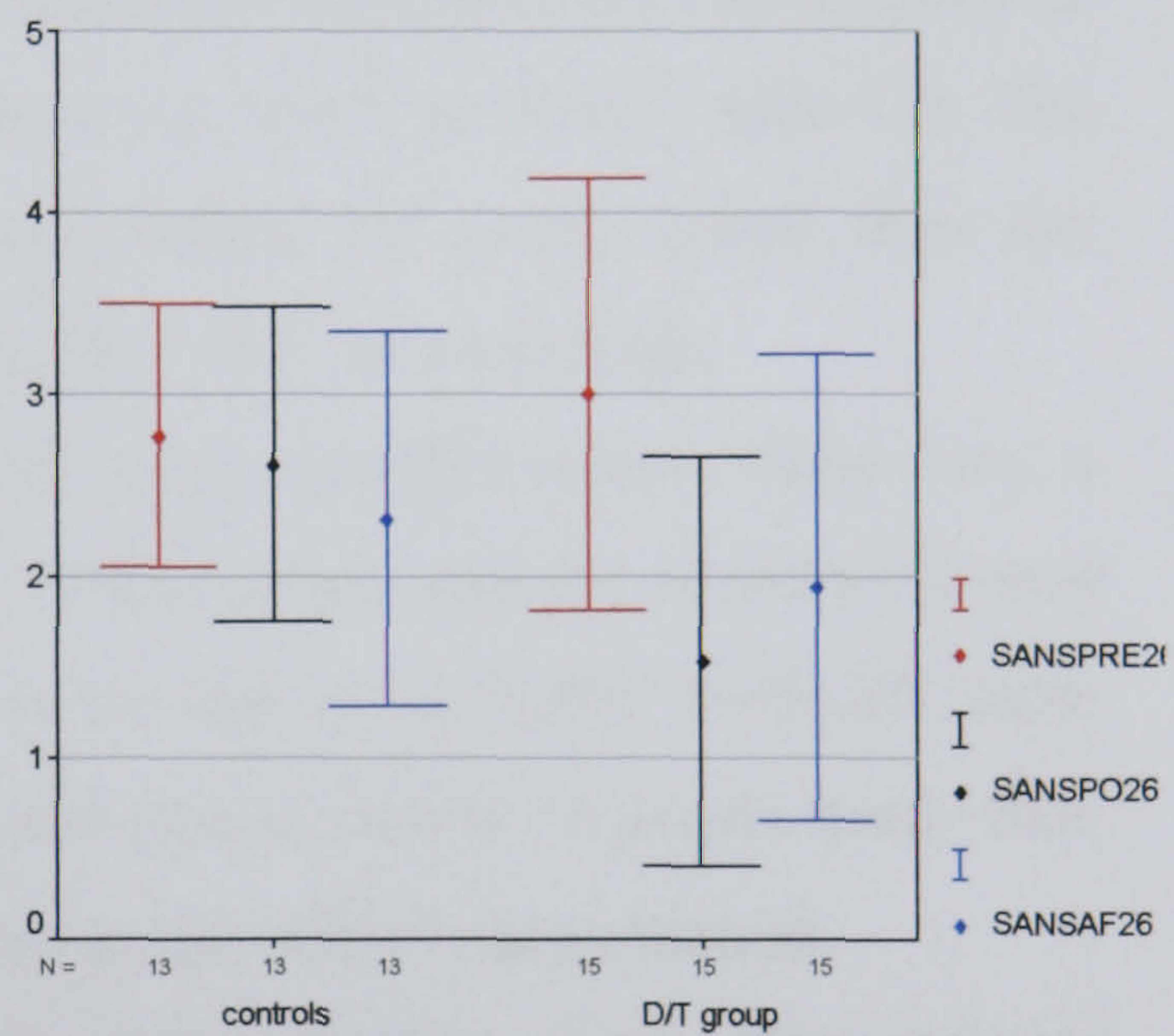


Figure 6. Anhedonia-Asociality (item 26)

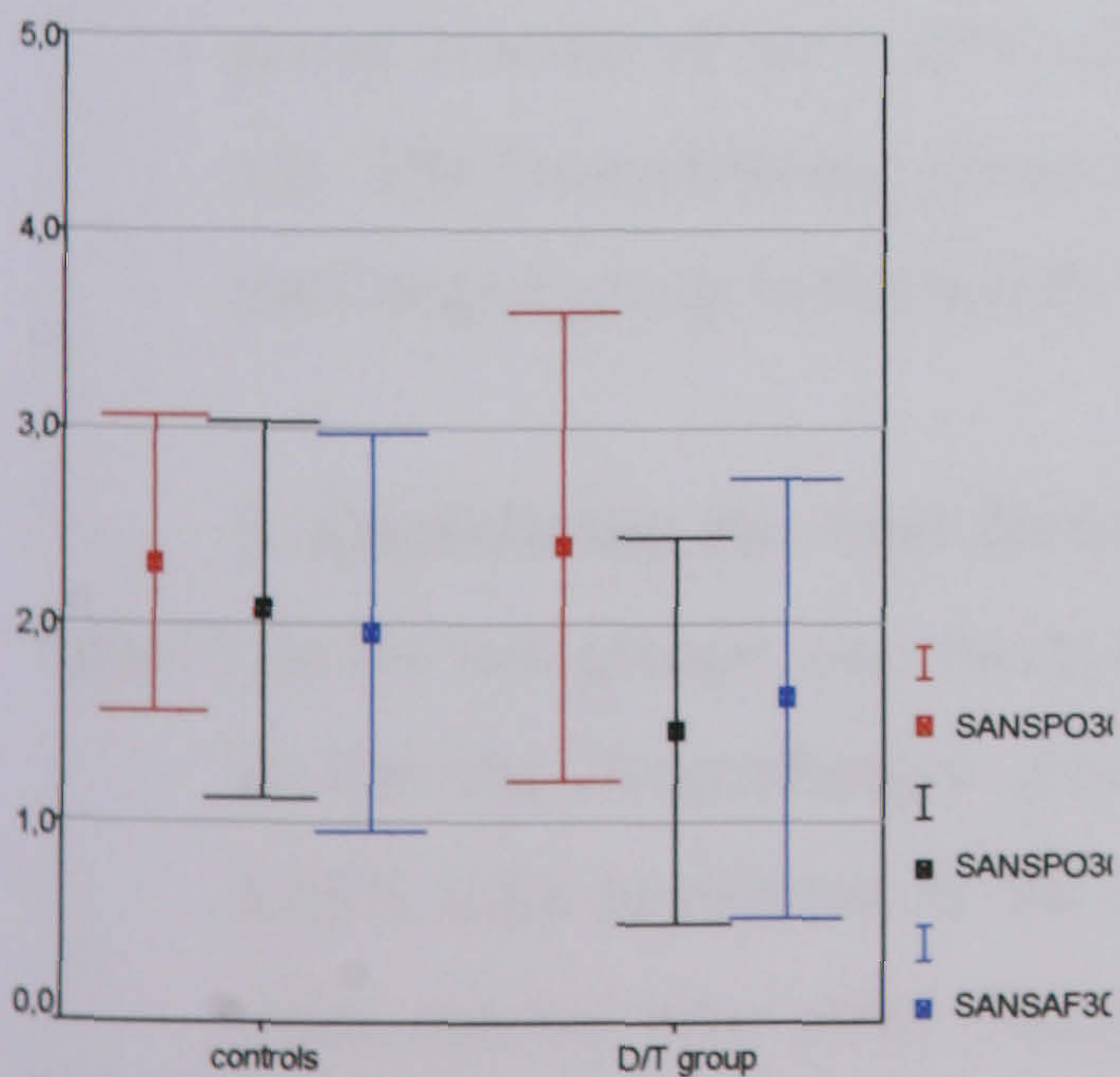


Figure 7. Inattention (item 30)

Figures 3-7. Comparison of the SANS subscales before, after the groupwork and after the follow up period ("pre", "post" and "after" measurement) within the Dramatherapy and within the Control group as well as between the two groups.

According to the comparison of the SANS changes between the two groups the following comments can be made:

1. Comparing the total SANS score changes **in terms of difference of means** between the two groups (table 9 and figure 2), there was a significant difference change of 18.5 points at the "pre-post" period ($p<0.001$), a significant difference of 7.3 points ($p=0.040$) at the "post-after" period, and a significant difference of 11.2 points at the total "pre-after" period ($p=0.027$).

2. Considering the SANS scale changes **in relation to the baseline measurements** of the SANS scale (linear regression results) the following results come up:

a) Adjusting for the SANS (pre) baseline score, there was a significant difference between the Dramatherapy and the Control group in terms of the SANS scale at the time point "post" ($p<0.001$, table 10). The Dramatherapy group scored approximately 18 points lower than the Control group in the SANS scale at the "post" measurement.

b) Adjusting for the SANS (pre) baseline score, there was a significant difference between the Dramatherapy and the recoded Control group in terms of the SANS scale at the time point "after" ($p=0.029$, table 10). The Dramatherapy group scored approximately 11 points lower than the Control group in the SANS scale at the "after" measurement.

c) Adjusting for the SANS (post) baseline score, there was no significant difference between the Dramatherapy and the recoded Control group in terms of the SANS scale at the time point "after" ($p=0.075$, table 10). The Dramatherapy group scored approximately 7 points higher than the Control group in the SANS scale at the "after" measurement.

3. **Considering the time factor** at three time periods ("pre", "post" and "after") for the two groups, the results showed that:

a) For the Dramatherapy group there was a significant change in the SANS scale in relation to the three time points ($p=0.013$, table 11). For every scoring time point change ("pre" to "post", "post" to "after") the scoring of the scale dropped an average of 13 points.

b) For the Control group there was a significant change in the SANS scale in relation to time (p=0.004, table 11). For every scoring time point change ("pre" to "post", "post" to "after") the scoring of the scale dropped an average of 10 points.

IV. THE DEPRESSION RESULTS- THE ZUNG SCALE

The clients' level of depression was measured by the Zung scale in both groups, at the beginning and at the end of the groupwork. The Zung scale, a self-rated questionnaire measuring the experience of depression, scored the following levels of: none, minimal-mild, moderate-marked and severe-extreme. The Zung scale measured the experience of depression rather than the cognitive effects (as the Beck scale does), or the clients' clinical state (as the Hamilton scale does).

Table 13. PRE and POST comparison of the **Zung** scale *between* the Dramatherapy and the Control group

ZUNG	**Dramatherapy group**			**Control group**			**P-value**
	N	Mean	Standard deviation	N	Mean	Standard deviation	
Pre	15	51.8	8.4	14	37.6	5.7	**<0.001**
Post	14	49.2	5.8	13	41.1	7.2	**0.003**

Table 14. PRE – POST comparison of the **Zung** scale *within* the Dramatherapy group and *within* the Control group

ZUNG	**Dramatherapy group**				**Control group**			
	N	Mean	Standard deviation	P-value	N	Mean	Standard deviation	P-value
Pre	14	51.9	8.7		12	37.7	6.1	
Post	14	49.2	5.8	0.304	12	40.0	6.7	0.407

Table 15. Comparison of the PRE-POST *change* of the **ZUNG** scale *between* the Dramatherapy and the Control Group

ZUNG	**Dramatherapy Group**			**Control Group**			**P-value**
	N	Mean	Standard Deviation	N	Mean	Standard Deviation	
Change	14	2.7	9.5	12	-2.3	9.4	0.187

Table 16. **Zung** results for the linear regression model (dependent variable: Zung post).

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	38.189	6.465	<0.001
Zung pre	4.809	0.165	0.773
Dramatherapy/ Control group	8.528	3.380	**0.019**

COMPARISON OF THE ZUNG SCALE CHANGE

ZUNG scale

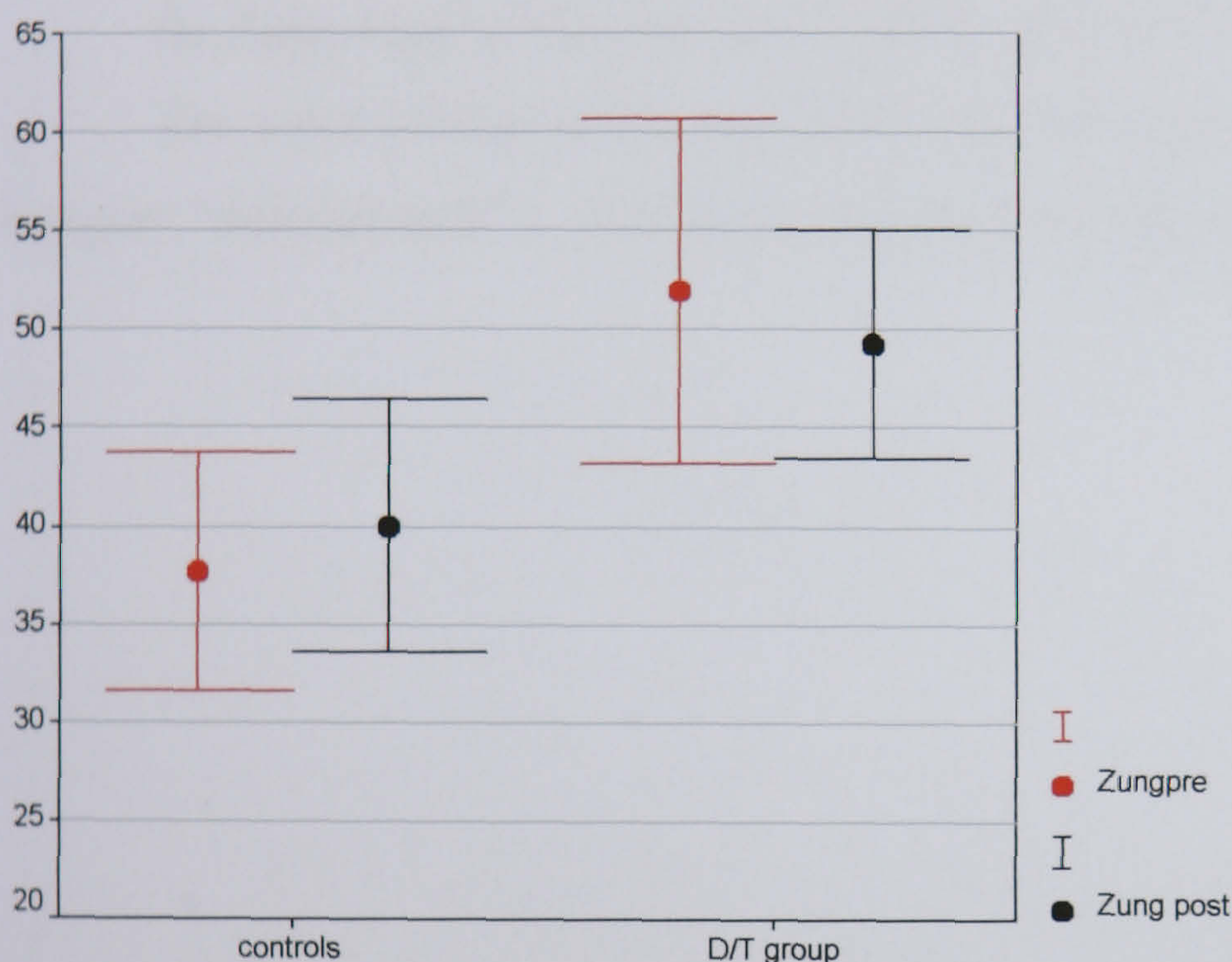


Figure 8. Comparison of the Zung depression scale's change before and after the groupwork ("pre" and "post" measurements) within the Dramatherapy and within the Control group as well as between the two groups.

The above outcomes show that:

a) According to the Zung scale of depression, the Dramatherapy and the Control group differed at a statistically significant level ($p<0.001$, table 13), at the "pre" measurement, the Dramatherapy group scoring higher than the Control group. The Dramatherapy group had a mean score of 51.9 (just above 50), which implies minimal depression.

b) This difference between the two groups remained after the groupwork when the two groups were compared at the "post" measurement ($p=0.003$, table 13). The Dramatherapy group showed a decrease of 2.6 points in their depression score, while the Control group showed an increase of 3.5 points in relation to their pre measurement (table 13). The

Dramatherapy group had a difference of 8.1 points higher than the Control group in the Zung scale at the "post" measurement.

c) In the "pre-post" comparison within each of the two groups, the Zung scale did not differ at a significant level for any of two groups. (Dramatherapy group: p=0.304, Control group: p=0.407, table 14).

d) There was no difference between the total change of the Zung score between the two groups (p=0.187, table 15)

e) Adjusting for the Zung (pre) baseline score, there was a significant difference between the Dramatherapy and the Control group in terms of the Zung scale at the time point "post" (p=0.019, table 16).

The score of depression remained under the score of 50 points (under the category "minimal-mild"), which does not imply any diagnosis of depression.

V. THE SELF-ESTEEM RESULTS- THE ROBSON SCALE

The self-esteem of the clients was measured through the Robson self-esteem questionnaire for both groups at the beginning and at the end of the groupwork.

Apart from the total score, the five subscales of the scale were compared between the two groups: "attraction-approval", "contentment-worth significance", "autonomous self", "competence-efficacy" and "existential value".

Table 17. PRE Comparison between the Dramatherapy and the Control group- **Robson Self-Esteem** scale (total and subscale scores)

Robson scale of Self-Esteem	Dramatherapy group			Control group			P-value
	N	Mean	St.dev.	N	Mean	St.dev.	
Attraction-approval	14	20.5	5.0	15	15.1	6.8	**0.025**
Contentment-worth-significance	14	19.5	6.0	15	14.5	8.7	0.089
Autonomous self	14	21.1	6.7	15	15.6	9.6	0.095
Competence-efficacy	14	25.0	4.4	15	20.2	8.8	0.080
Existential value	14	23.1	5.3	15	19.7	8.8	0.223
Total	14	116.1	19.19	15	90.9	26.1	**0.007**

Table 18. POST Comparison of the **Robson Self-Esteem** scale between the Dramatherapy and the Control group

Robson scale of Self-Esteem	Dramatherapy group			Control group			P-value
	N	Mean	St.dev.	N	Mean	St.dev.	
Attraction-approval	14	20.8	5.9	12	19.1	6.1	0.479
Contentment-worth-significance	14	20.9	3.9	12	13.3	10.0	**0.014**
Autonomous self	14	22.0	3.8	12	20.7	9.0	0.618
Competence-efficacy	14	28.0	4.4	12	20.7	7.5	**0.005**
Existential value	14	23.8	4.1	12	18.5	8.9	0.057
Total	14	122.1	17.2	12	98.8	24.9	**0.010**

Table 19. PRE-POST comparison of **Robson Self-Esteem** scale within the Dramatherapy group and within the Control group

Robson scale of Self-Esteem	Dramatherapy group				Control group			
	N	Mean	St.dev.	P-value	N	Mean	St.dev.	P-value
Attraction pre	13	20.8	5.0	0.917	12	15.0	7.4	**0.012**
Attraction post	13	20.9	6.2		12	19.1	6.1	
Contentment pre	13	19.5	6.3	0.372	12	13.7	8.7	0.852
Contentment post	13	20.8	4.0		12	13.3	10.0	
Autonomous pre	13	21.8	6.2	0.758	12	17.1	9.7	**0.031**
Autonomous post	13	22.2	3.8		12	20.7	9.0	
Efficacy pre	13	24.5	4.1	**0.001**	12	20.3	9.5	0.826
Efficacy post	13	28.3	4.4		12	20.7	7.5	
Existential value pre	13	23.2	5.5	0.512	12	18.7	8.5	0.929
Existential value post	13	24.1	4.1		12	18.5	8.9	
Total pre	13	116.5	19.9	**0.017**	12	91.8	26.8	**0.048**
Total post	13	123.0	17.6		12	98.8	25.0	

Table 20. Comparison of the PRE-POST *change* of the **Robson Self-Esteem** Scale between the Dramatherapy group and the Control Group

Robson scale of Self-Esteem	Dramatherapy Group			Control Group			P-value
	N	Mean	St.dev.	N	Mean	St.dev.	
Attraction- approval	13	**-0.1**	2.6	12	**-4.1**	4.7	**0.014**
Contentment- worth-significance	13	-1.3	5.1	12	0.4	7.6	0.508
Autonomous self	13	-0.4	4.4	12	-3.6	5.0	0.103
Competence-efficacy	13	**-3.8**	3.2	12	**-0.3**	5.1	**0.049**
Existential value	13	-0.9	4.9	12	0.2	6.4	0.635
Total	13	-6.5	8.5	12	-7.0	10.9	0.907

Table 21. Change of the **Robson Self-Esteem** Subscale of "**Competence-Efficacy**" in relation to its baseline score- Linear regression model (dependent variable: Robson Self-Esteem post – competence efficacy)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	6.652	2.395	0.011
Robson Self-Esteem **pre** Competence-Efficacy	0.689	0.106	< 0.001
Dramatherapy / control group	4.796	1.525	**0.005**

The above tables show the following results:

a) The total score of the questionnaire marks a significant difference between the two groups at the pre measurement (p=0.007, table 17). The self-esteem of the clients in the Dramatherapy group was higher (as indicated by a higher score) than the ones in the Control group, although their depression score was lower (see discussion). This initial scale score can be attributed mainly to the subscale of "attraction-approval" (p=0.025, table 17), the only one out of the five subscales of the self-esteem scale that had a significant difference between the two groups at the "pre" measurement.

b) Among the rest of the self-esteem subscales - "contentment–worth-significance", "autonomous self", "competence-efficacy" and "existential value"- there was no significant difference between the two groups at the "pre" measurement (table 17).

c) At the "post" measurement between the two groups (table 18), there was a significant difference in favor of the Dramatherapy group for the total self-esteem score of the scale (p=0.010), as well as for the subscales of "contentment-worth-significance" (p=0.014), "competence-efficacy" (p=0.005) and "existential value" (marginal p=0.057).

d) At the "pre-post" comparison within each group separately, there has been a significant pre-post change (table19) in their total self- esteem score for both the groups (Dramatherapy group: p=0.017, Control group: p=0.048). Within the Dramatherapy group, the subscale of "competence-efficacy" differed significantly after the groupwork (p=0.001), whereas in

the control group the subscales of "attraction-approval" (p=0.012) and "autonomous self" (p=0.031) differed significantly.

e) However, comparing the change (difference of means) in the self-esteem between the two groups (table 20), the total score does not differ significantly between the two groups (p=0.907) and there was a significant improvement only in the subscales of "attraction-approval" (p=0.014) for the Control group and of "competence-efficacy" (p=0.049) for the Dramatherapy group (table 20, figures 9-14).

f) Adjusting for the "pre" measurements, the self-esteem scale showed a non-significant difference in the total self-esteem score (p=0.377, Self-Esteem results- table I in Appendix) despite the baseline "pre" difference between the two groups. Additionally, this analysis confirmed, a significant difference between the two groups in the **"competence-efficacy"** subscale (p=0.005, table 21).

COMPARISON OF THE SELF-ESTEEM TOTAL SCALE AND SUBSCALES CHANGE

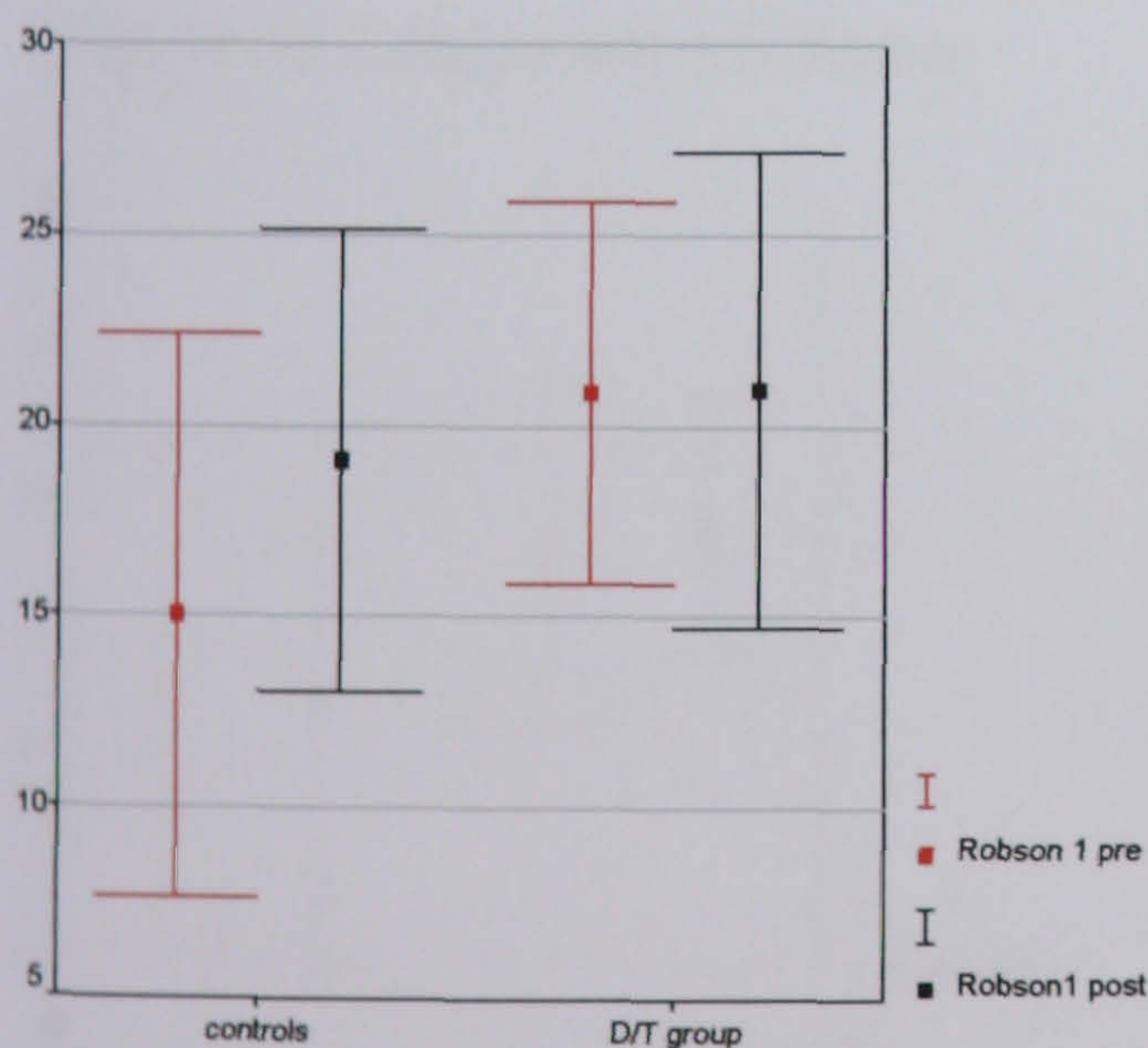


Figure 9. Total Score

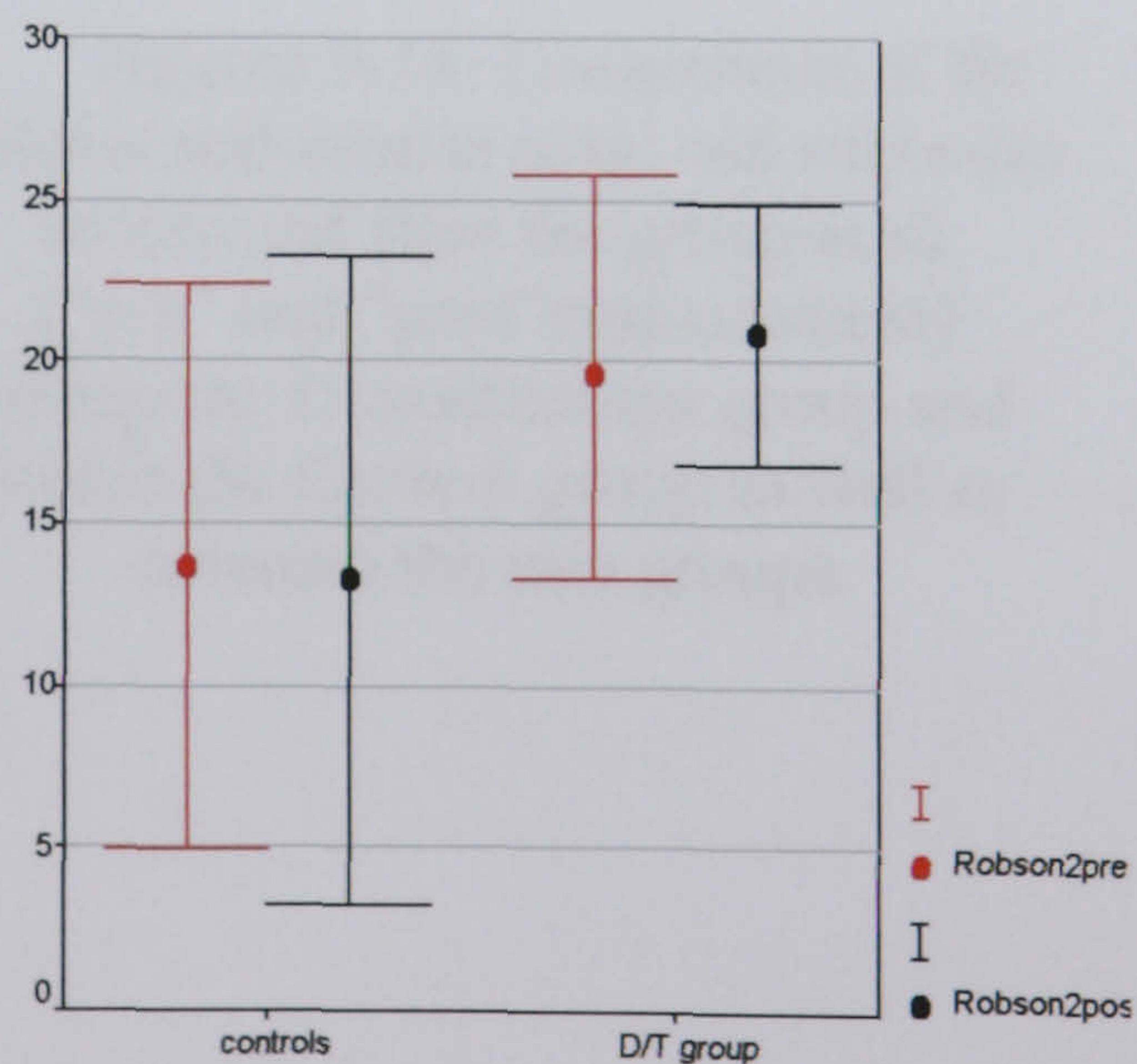


Figure 10. Attraction-Approval

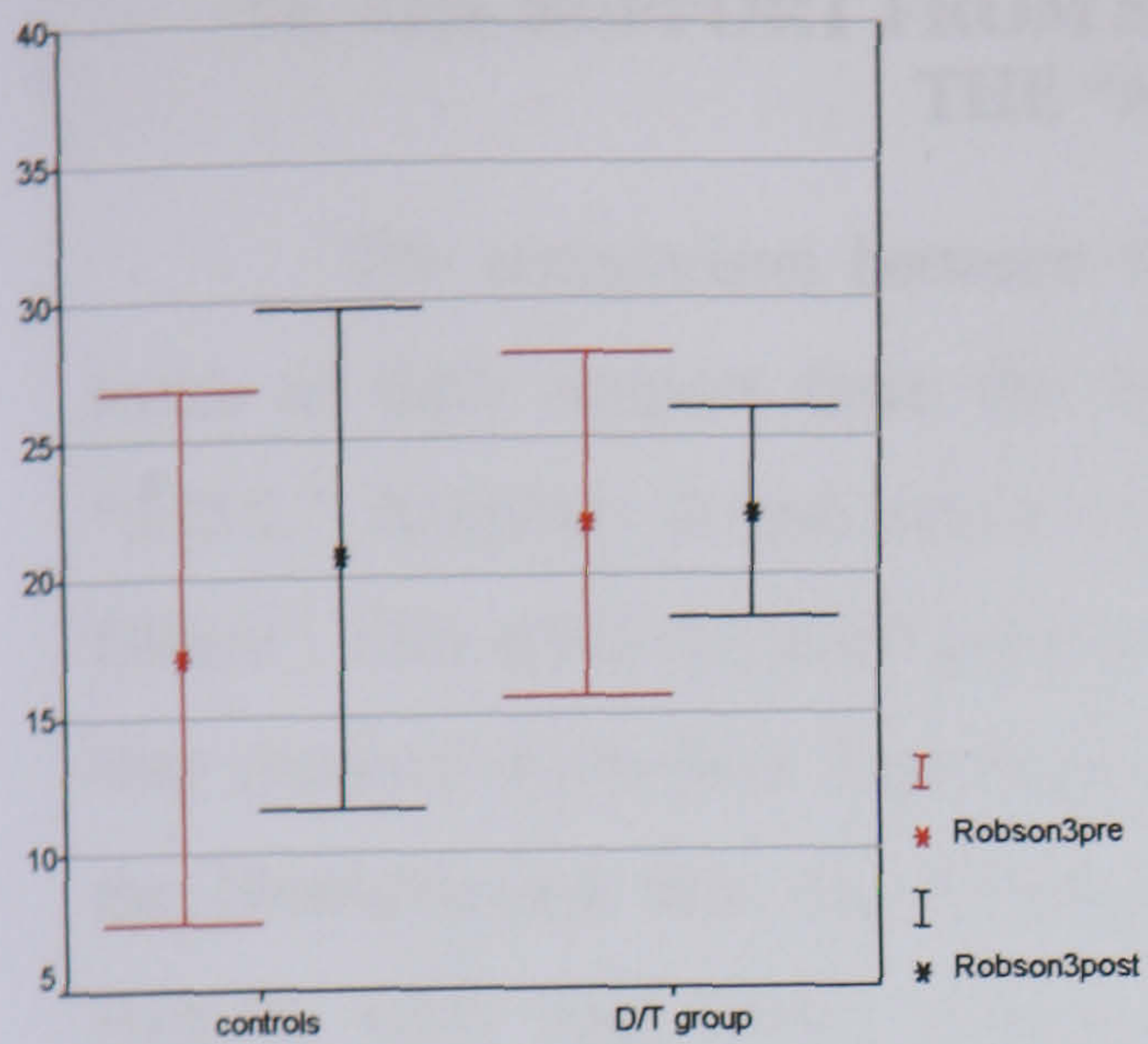


Fig.11. Contentment-Worth-Significance

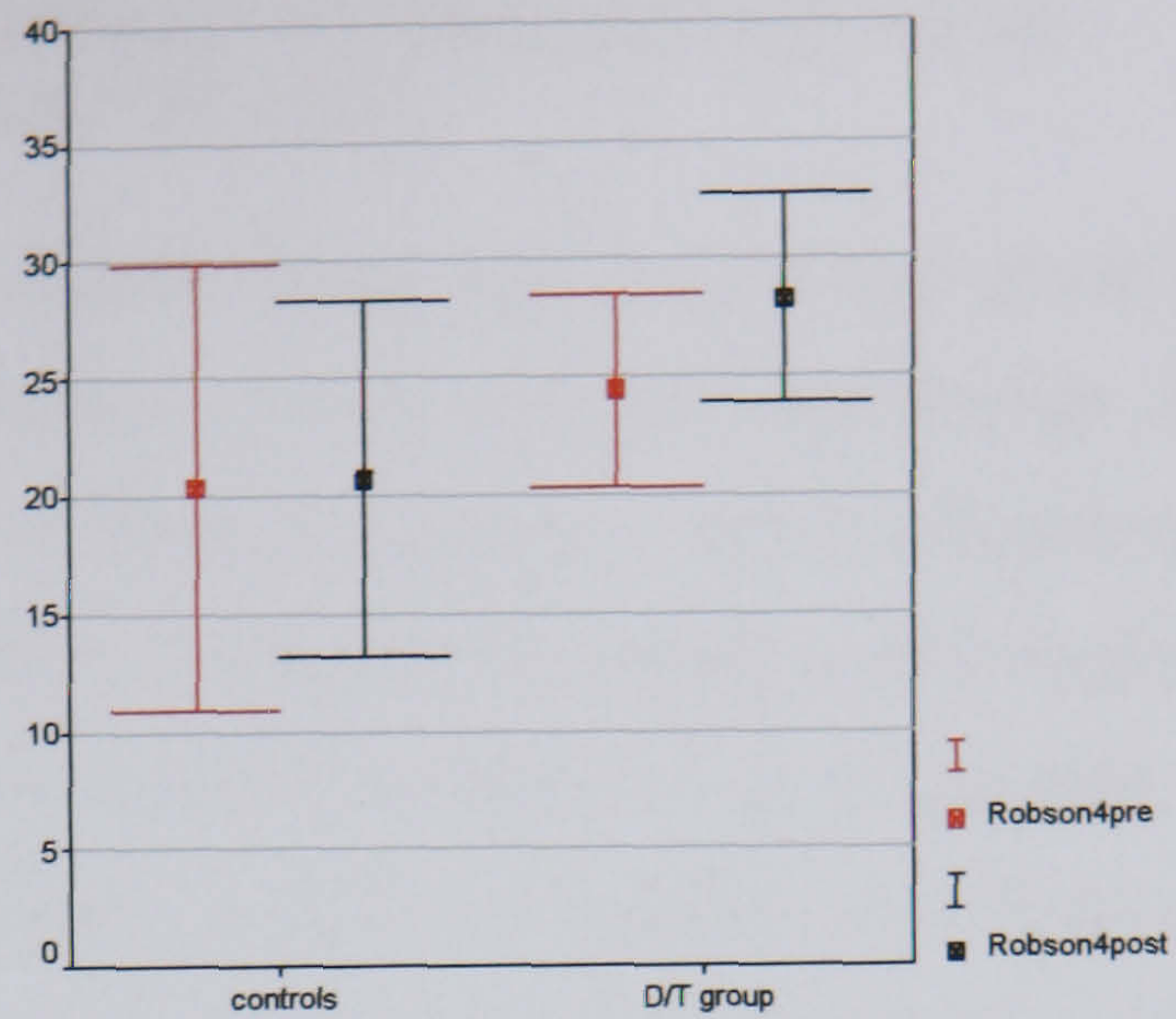


Figure 12. Autonomous self

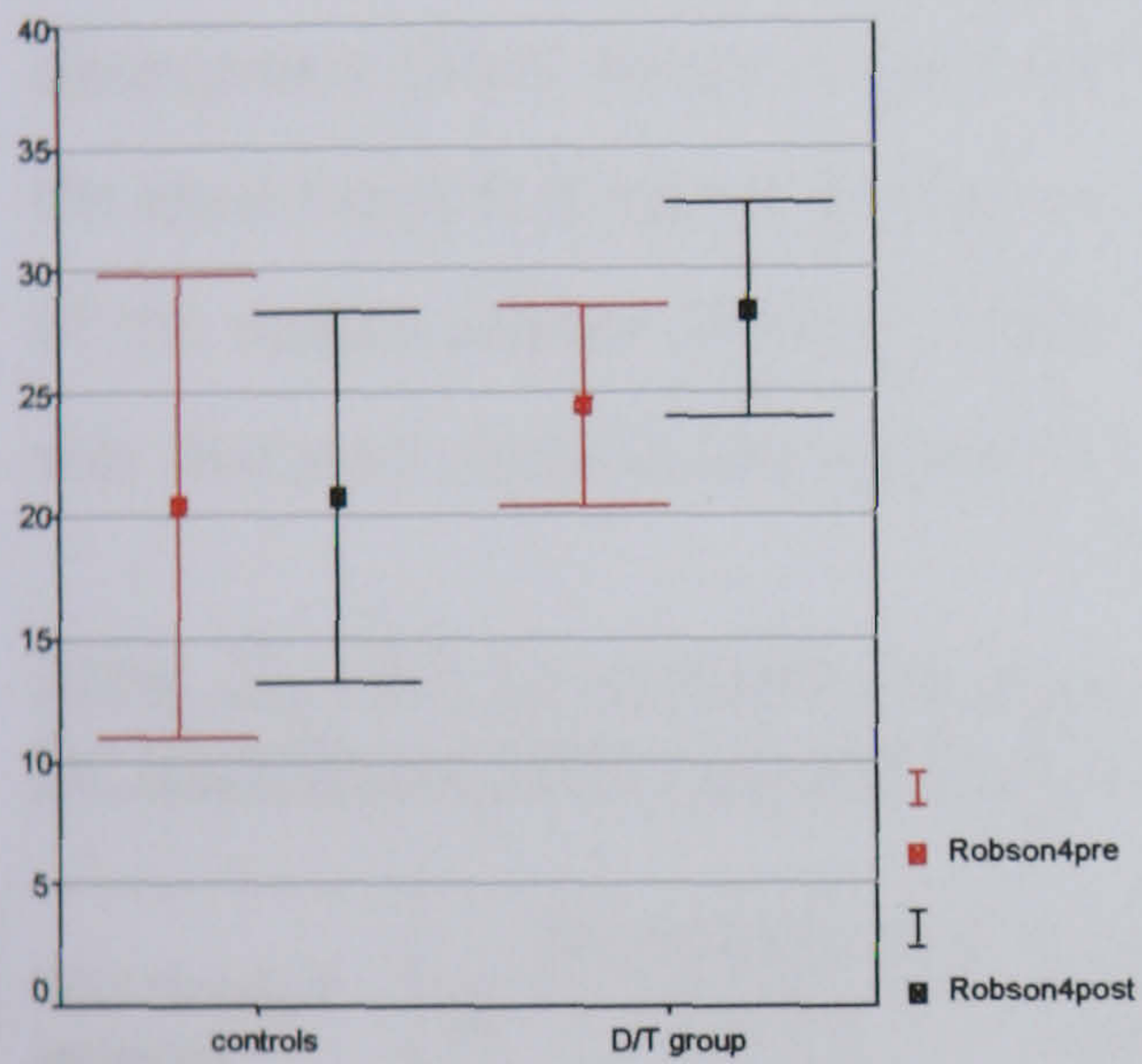


Figure 13 Competence-Efficacy

Figures 9-14. Comparison of the Robson self-esteem scale and subscales before and after the groupwork ("pre" and "post"measurement) within the Dramatherapy group and within the Control group as well as between the two groups.

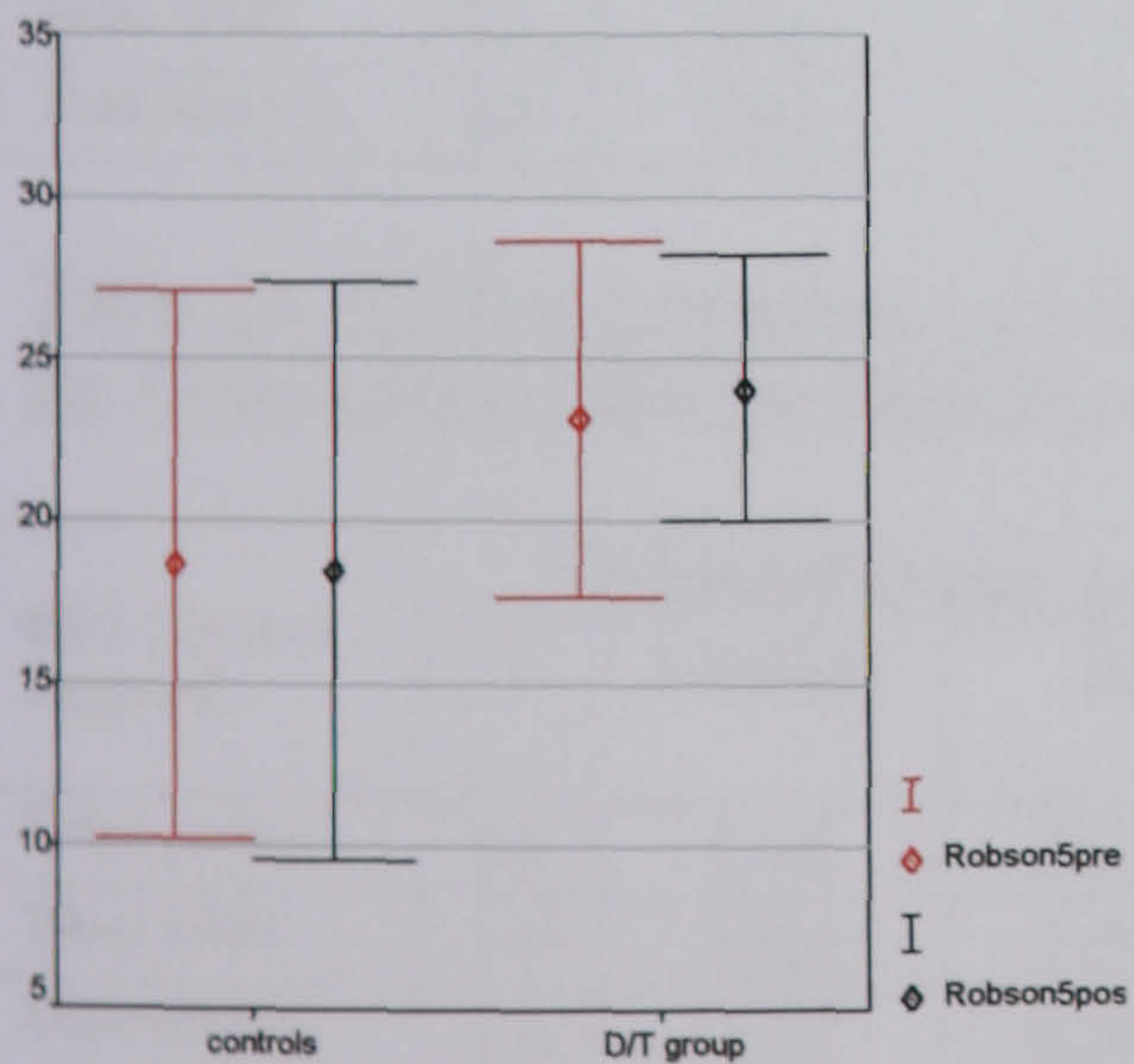


Figure 14. Existential value

VI. THE SUPPORT FROM SIGNIFICANT OTHERS RESULTS- THE "S.O.S." SCALE

The comparison between the Dramatherapy and the Control group in terms of their support from the Significant Others was realised through the "S.O.S.". Members in and out of the Day Hospital could be rated as "Significant Others". This self-rated scale measured the clients' own perception of the support they received from their Significant Others, before and after the groupwork of the Dramatherapy and the Control group. Low scores indicate low level of support, while high scores indicate a high level. The subscales of this scale distinguish the actual support (emotional and practical) they perceive from their Significant Others from the ideal (emotional and practical) one, including their discrepancy (ideal minus actual support). The lower the discrepancy is, the more the ideal support is closer to the actual one. According to the statistical guidelines of the scale's author (Power, 1988), the subscales have their score recoded in a way that zero replaces the negative results.

Table 22. PRE Comparison between the Dramatherapy and the Control group of the **Significant Others Scale (S.O.S.)**

SOS (level of support)	**Dramatherapy Group**			**Control Group**			**P-value**
	N	Median	Range	N	Median	Range	
Total actual	15	4.90	2.95-7.00	14	5.16	2.90-7.00	0.793
Total ideal	14	5.60	3.85-7.00	13	6.03	5.03-7.00	0.205
Discrepancy	14	0.66	0.00-1.50	13	1.50	0.00-2.32	**0.034**

Table 23. POST Comparison of the **Significant Others Scale (S.O.S.)** between the Dramatherapy and the Control group

SOS (level of support)	**Dramatherapy group**			**Control group**			**P-value**
	N	Median	Range	N	Median	Range	
Total actual	14	5.16	3.25-6.65	13	5.50	3.75-7.00	0.190
Total ideal	14	5.66	2.60-7.00	13	6.78	5.45-7.00	**0.004**
Discrepancy	14	0.77	0.00-2.55	13	1.30	0.00-2.80	0.356

Table 24. PRE-POST comparison of the **Significant Others Scale** *within* the Dramatherapy group and the *within* the Control group

S.O.S. subscales		N	Median	Range	P-value	N	Median	Range	P-value
Actual Emotional	Pre	14	5.15	2.65-7.00		13	5.00	3.15-7.00	
	Post	14	5.00	3.60-6.80	0.826	13	5.80	3.90-7.00	0.154
Actual Practical	Pre	14	4.97	2.60-7.00		13	5.15	2.00-7.00	
	Post	14	4.75	2.00-6.50	0.610	13	5.15	3.40-7.00	0.410
Total Actual	Pre	14	5.15	2.95-7.00		13	5.18	2.90-7.00	
	Post	14	5.16	3.25-6.65	0.975	13	5.50	3.75-7.00	0.071
Ideal Emotional	Pre	13	5.80	4.00-7.00		12	5.00	4.85-7.00	
	Post	13	6.25	3.40-7.00	0.289	12	6.90	5.75-7.00	0.093
Ideal Practical	Pre	13	5.65	3.15-7.00		12	5.97	4.65-7.00	
	Post	13	5.80	1.25-7.00	0.929	12	6.67	4.70-7.00	0.139
Total Ideal	Pre	13	5.75	3.85-7.00		12	6.00	5.03-7.00	
	Post	13	5.75	2.60-7.00	0.754	12	6.78	5.45-7.00	0.074
Discrepancy emotional	Pre	13	0.50	0.00-2.10		12	1.50	0.00-2.60	
	Post	13	0.60	0.00-2.95	0.162	12	1.17	0.00-2.80	0.760
Discrepancy practical	Pre	13	0.50	0.00-1.50		12	1.25	0.00-2.70	
	Post	13	0.75	0.00-2.15	0.878	12	1.50	0.00-3.37	0.374
Total Discrepancy	Pre	13	0.65	0.00-1.50		12	1.35	0.00-2.30	
	Post	13	0.87	0.00-2.55	0.039	12	1.17	0.00-2.80	0.333

COMPARISON OF THE S.O.S. DISCREPANCY

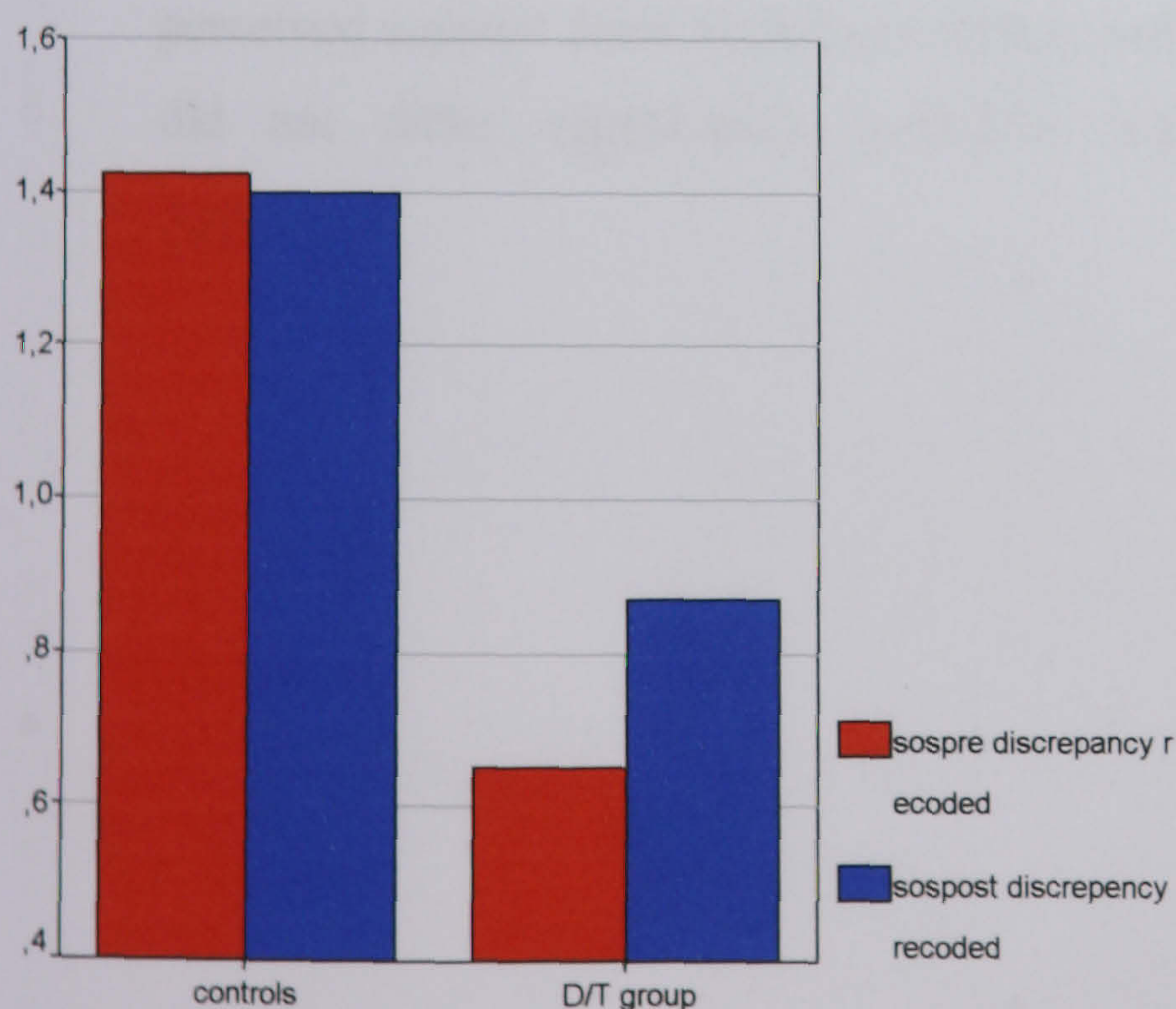


Figure 15. Comparison of the S.O.S. scale's discrepancy (difference between ideal and actual perceived support from Significant Others) before and after the groupwork ("pre" and "post" measurements) within the Dramatherapy group and within the Control group as well as between the two groups.

The above results show the following:

a) At the "pre" measurement the two groups had a significant difference in their discrepancy score of the S.O.S. ($p=0.034$, table 22), showing that the clients within the Dramatherapy group perceive that the actual support from their Significant Others was closer to their ideal support than the clients within the Control group. The two groups did not differ significantly neither in actual nor in ideal (emotional or practical) support of the S.O.S. scale.

b) At the "post" measurement the two groups had no significant difference in their discrepancy score of the S.O.S. ($p>0.05$, table 23), but only in the subscales of "ideal" (emotional and practical) support, which was higher in the Control group ($p<0.05$, table 23).

c) There was a difference at the "pre-post" comparisons for the S.O.S. discrepancy scores (table 24), the discrepancy between the ideal and the actual perceived support from the clients' Significant Others, increased significantly only within the Dramatherapy group ($p=0.039$) but not within the Control group ($p=0.333$).

d) The changes (difference in means) between the two groups in the perceived support from Significant Others before and after the groupwork did not differ significantly ($p=0.355$, S.O.S. results- table III in Appendix).

VIII. THE DRAMATIC INVOLVEMENT RESULTS- THE DRAMATIC INVOLVEMENT INVENTORY

The Dramatic Involvement of the clients within the Dramatherapy Group was measured through the Dramatic Involvement Inventory every week of the groupwork from the first (week 1), towards the performance week (week 15) and up to the last week of the groupwork (week 19). The raters scored the total dramatic involvement as well as the items of the inventory, for each individual client. The maximum score, indicating the highest dramatic involvement is 52. The means were estimated for the overall dramatic involvement of the clients within the Dramatherapy group.

Table 25. Individual **Dramatic Involvement** - Total score within the Dramatherapy group- Weeks: 1st (beginning), 15th (performance) and 19th (closure).

Group member	1st week	15th week	19th week
1	29	42	42
2	31	45	42
3	(23)	35	39
4	16	34	35
5	27	44	39
6	25	35	-
7	38	52	47
8	37	49	49
9	18	27	-
10	(26)	30	37
11	(21)	30	36
12	27	36	34
13	42	52	-
14	28	45	41
15	25	40	42

Table 26. Overall **Dramatic Involvement** of the Dramatherapy group members (1st, 15th and 19th week)

Week	N	Mean	St. dev.
1st	12	28.58	7.67
15th	15	39.73	8.06
19th	12	40.25	4.58

Table 27. *Change* of the overall **Dramatic Involvement** of the Dramatherapy group members (beginning to performance, performance to closure)

Week	N	Mean	Standard deviation	P-Value
$15^{th} - 1^{st}$	15	13.17	3.2	**<0.001**
$19^{th} - 1^{st}$	12	12.56	3.68	**<0.001**
$15^{th} - 19^{th}$	12	4.10	1.18	0.945

DRAMATIC INVOLVEMENT WITHIN THE DRAMATHERAPY GROUP

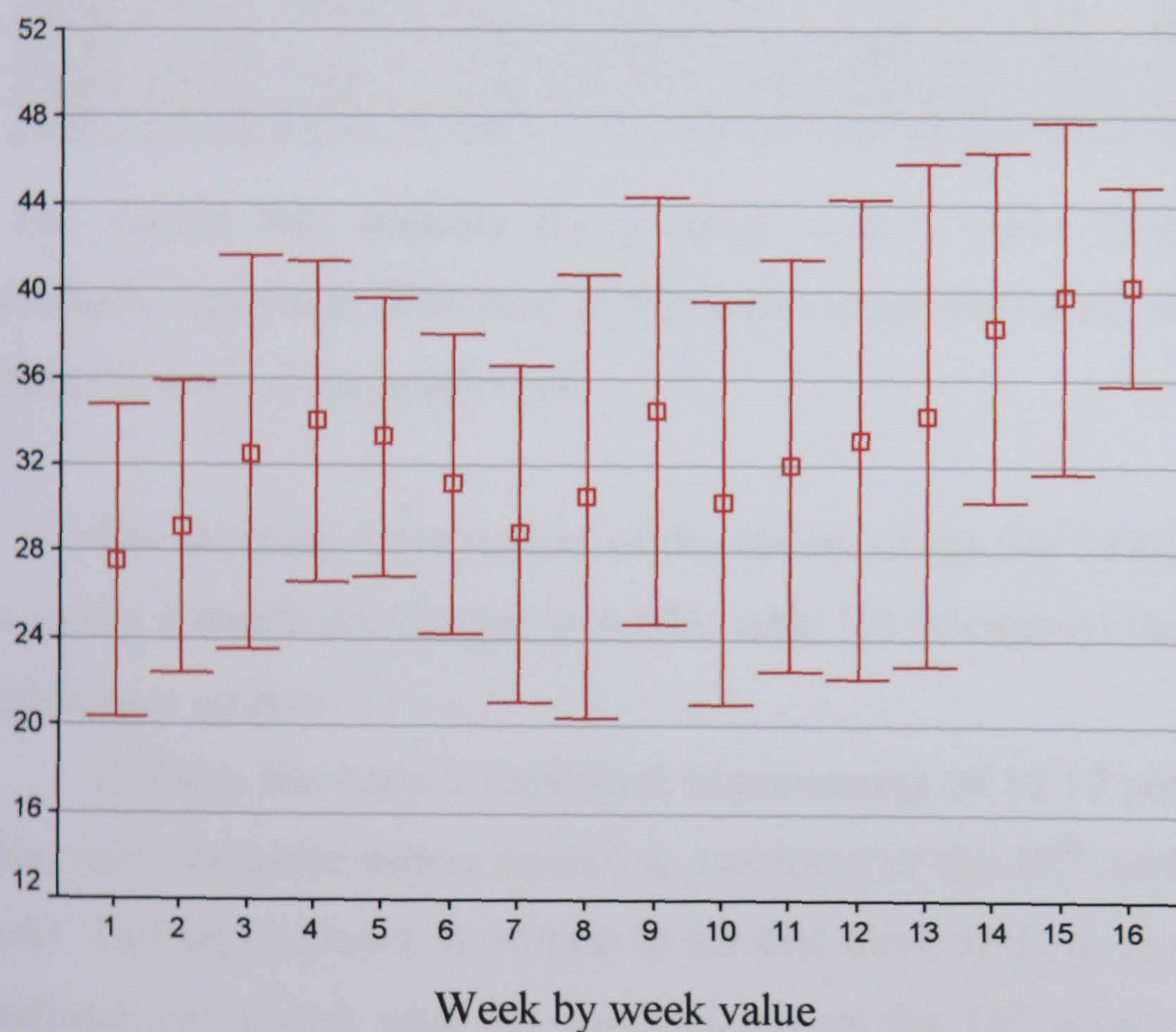


Figure 16. The clients' Dramatic Involvement (mean) within the Dramatherapy group in relation to the weeks of groupwork (week 15: performance week, week 16–week 19: same score during the whole closure phase)

Table 28. Weekly changes in the overall **Dramatic Involvement Inventory** items in relation to the 1st week (p-values)*

Week	Focus in dramatic activity	Focus in "as if" behaviors	Individual elaboration	Elaboration with others	Completion	**Creation of** symbolic object	**Disengagement** of symbolic object	Relation with the symbolic **object** of others	**Use** of space	Facial Expression	Body Movement	**Vocal** expression	Social relationships
2	0.08	0.017	0.67	0.17	0.17	0.59	0.34	0.34	0.59	1.00	0.17	0.34	0.34
3	0.007	0.002	0.026	0.001	0.67	1.00	1.00	0.054	0.34	0.67	0.44	0.10	0.017
4	0.054	0.67	0.026	0.002	0.67	0.17	0.34	0.017	0.44	0.054	0.19	0.082	0.10
5	0.054	<0.001	<0.001	0.005	0.19	0.19	0.007	0.08	0.67	0.10	0.34	0.025	0.017
6	0.054	0.027	0.18	0.026	0.34	0.67	0.67	0.08	1.00	0.007	0.67	0.34	0.012
7	0.34	0.10	0.22	0.053	0.17	1.00	0.08	0.08	1.00	0.08	0.68	0.68	0.053
8	0.10	0.026	0.026	0.002	0.17	0.19	0.34	0.17	0.17	0.002	0.008	0.008	0.012
9	0.052	0.025	0.04	0.004	0.44	0.28	0.038	0.34	0.19	0.004	0.44	0.011	<0.001
10	0.013	0.004	0.035	0.035	0.59	0.17	0.17	0.68	0.59	0.004	0.20	1.00	0.022
11	0.28	0.024	0.005	0.005	0.73	0.28	0.44	0.73	0.59	0.024	0.31	0.59	0.005
12	0.038	0.002	0.025	0.026	0.68	0.34	0.19	0.28	0.19	0.006	0.68	0.10	0.14
13	0.012	0.002	0.053	0.002	0.72	0.17	0.67	0.10	0.039	0.012	0.054	0.054	0.005
14	<0.001	<0.001	<0.001	<0.001	0.007	0.005	0.012	<0.001	0.012	<0.001	0.005	<0.001	<0.001
15	<0.001	<0.001	0.005	<0.001	0.002	<0.001	<0.001	<0.001	<0.001	<0.001	0.002	<0.001	<0.001
19	0.001	<0.001	0.002	<0.001	0.10	<0.001	0.013	0.002	0.008	<0.001	0.004	0.001	<0.001

* The shaded cells indicate the p-values with a value <0.05, indicating a statistically significant difference of the scale's item that week, in relation to the initial (1st) week of the groupwork.

The Dramatic Involvement of the clients within the Dramatherapy group has shown a significant change ($p<0.001$, table 27) throughout the Dramatherapy Performance project.

a) There has been a significant improvement of 13.17 points in the total score, until the performance period, as measured at the 15th week (performance week). This improvement in relation to the first week of the groupwork remained significant one month after the performance, at the 19th week (closure of the group). There was no significant alteration of this improvement between the 15th and 19th week.

b) In relation to the 1st week of the groupwork all weekly measurements (table 28 and D.I.I.-table I in Appendix) in the Dramatic Involvement Inventory were significantly higher, except of the 2nd week and the 7th week. This reflects an initial change of the dramatic involvement of the clients after the 3rd week of work and a slowdown at the 7th week when the cohesion of the group work was challenged at this phase (see discussion and the qualitative analysis of this period).

c) The dramatic involvement showed a significant improvement in almost all its items starting from the performance period until the end of the group process, lasting six weeks of groupwork. Considering the items of the Dramatic Involvement Inventory, significant changes showed up progressively during the weeks of groupwork. In this presentation I follow the sequence of observed changes as they occurred successively within the groupwork (table 28):

i) The "focus in symbolic 'as if' activities" improved from the 2nd week ($p=0.017$).

ii) The "general focus" in the groupwork ($p=0.007$), the "individual elaboration"($p=0.026$), "elaboration with others" ($p=0.001$) and "social relationships" (0.017) improved from the 3rd week.

iii) "Relationship with the symbolic object of others" ($p=0.054$) improved from the 3rd week for two weeks, but then decreased until the 14th week, when which it showed a standard improvement onwards ($p<0.001$).

iv) "Disengagement from symbolic object" showed an increase during the 5th week ($p=0.007$) and the 9th week ($p=0.038$), but improved permanently from the 14th week ($p=0.012$).

v) "Facial expression" showed a temporary increase during the 4th week (0.054), but improved permanently from the 8th week onwards ($p=0.002$).

vi) "Vocal expression" showed an improvement during the 5th ($p=0.025$), 8th ($p=0.008$) and 9th ($p=0.011$) week, but improved permanently from the 13th week ($p=0.054$).

vii) "Body movement" showed a first improvement during the 8th week ($p=0.008$) and increased permanently from the 13th week.

viii) "Use of space"($p=0.039$) improved from the 13th week.

ix) Finally, "creation of symbolic object"($p=0.005$) and "completion" ($p=0.007$) improved significantly at the 14th week, but "completion" lasted only during the two weeks of the performance period.

DISCUSSION OF QUANTITATIVE RESULTS

The quantitative results of this research show that the "Dramatherapy Performance" project had a significant outcome for the examined areas of the clients' schizophrenic symptoms and their relationship with self and others.

While there was no significant difference in the general psychopathology of the clients, as measured by the BPRS, there was a specific change concerning the negative symptoms of the clients, as measured by the SANS scale and, particularly in some subcategories and items measured by this scale. One reason for this could be that the B.P.R.S. is too general to detect specific changes in some of the clients' symptoms affected by a brief psychotherapeutic intervention such as this "Dramatherapy Performance" project. This rating scale covers the general psychopathology including both positive as well as negative symptoms of schizophrenia.

A brief Dramatherapy intervention in a Day Hospital treating clients with schizophrenia might not change significantly their overall clinical state. While this seems to be resistant enough, Dramatherapy may nevertheless affect in significant ways the clients' negative symptoms. Therefore, Dramatherapy practice can be organized for a client group with schizophrenia targeting on specific areas of psychopathology.

The regression analysis also showed that the greater the initial SANS score then the greater the negative symptoms change. This indicates that the clients who benefited most according to a negative symptom reduction were the ones whose negative symptoms scored higher. This can be explained by the particular philosophy and aims of this Dramatherapy process, which aimed at including the clients, despite the severity of their difficulties and at focusing more on the marginalised clients than the ones that showed an easier adaptation into the group process. Special techniques of "inclusion", such as the low-functioning clients participating in the "chorus" or the technique of "doubling" the protagonists within the vignettes of therapeutic work, facilitated this purpose. Additionally, the low- functioning clients benefited more by having as a model the performance provided by the highly functional clients.

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Concerning the clients' negative symptoms, the total SANS score reduction (change) differed significantly between the Dramatherapy and the Control group, at the "pre-post" measurement of change (difference between the beginning and the end of the groupwork), as well as at the "pre-after" measurement of change (difference between the beginning of the groupwork and the end of the follow up period). This indicates a specific effect of Dramatherapy in relation to the other "milieu" therapies offered within the Day Hospitals' therapeutic programme.

Let us follow how this change occurred throughout the whole research period. I shall refer to:

a) The initial "pre" measurement between the two groups,
b) The "pre-post" change within each of the two groups separately during the four-month groupwork,
c) The "post" measurement after the groupwork,
d) The "post –after" change within each of the two groups separately during the three month follow up period,
e) The "after" measurement between the two groups after the follow up period and
f) The total "pre-after" change within each of the two groups for the total, seven-month period of observation.

At the beginning of this study, the comparison between the two groups ("pre" measurement) did not show any significant differences either in the total SANS score, or in any of the SANS subscales or items. The two groups were comparable as far as their negative symptoms were concerned.

The Dramatherapy groupwork manifested a significant decrease in the clients' negative symptoms assessed by the "pre-post" measurement within the Dramatherapy group, which indicated a positive impact (decrease) on the total score, on all the subscales and on almost all the items of the SANS. The only items that were not affected were "blocking" (item 12), which was extremely sparse in this client group and "sexual interests and activity" (item 22), which was not a specific target of this therapeutic work. For the clients' sexual relationships outside the group though, one has rather to address the problem of

the medication's side effects. Additionally, there was a preset boundary that sexual relationships should be avoided among group members during the groupwork in order to focus on and enhance the clients' emotional bonding.

During this four-month period the Control group, having attended the whole therapeutic programme of the Day Hospital apart from Dramatherapy, also manifested a significant decrease of their negative symptoms, as indicated by the total SANS score "pre-post" measurement within the Control group. However, the only subscale of the SANS that was significantly decreased in the Control group was "avolition-apathy" (item 20). This score indicates that the clients' avolition and apathy were decreased within a Day Hospital programme for individuals with schizophrenia regardless of their participation in a Dramatherapy group. On the contrary, the clients' total "affective flattening" (item 9), "alogia" (item 15), "anhedonia-asociality" (item 26) and "inattentiveness" (item 30) were specifically decreased by the clients' participation in the Dramatherapy group.

Dramatherapy practice can be specifically linked to the items of these subscales that were particularly decreased within the Dramatherapy group and not within the Control group, as follows.

The clients' dramatic involvement with expressive activities, such as body work, movement exercises, individual and group "sculpts", mimicry of feelings through facial expressions, affective responses to the others' work and reshaping expressions after the group's reflection, can be directly linked to the decrease of some of the items of the "affective flattening", such as "unchanging facial expression" (item 1), "decreased spontaneous movements" (item 2), "paucity of expressive gestures" (item 3) and "inappropriate affect" (item 6). These were decreased significantly only within the Dramatherapy group.

Another group of symptoms that showed a specific change were those in the group of "inattentiveness". Social and specific inattentiveness were both decreased only within the Dramatherapy group. This was possibly so because a major aspect of the Dramatherapy practice concerned the focusing of attention on the groupwork as well as on specific "as if" activities within it. The Dramatic Involvement Inventory (Jones, 1996) contains "focusing" as the first element of observation. The decrease of "impersistence at work or school" (item 17) is linked to this ability to focus, which included for these ratings the clients'

impersistence within the Dramatherapy group since this was their main daily activity during this period.

Besides, during the Dramatherapy groupwork one notices a significant decrease of the clients' complaints about their symptoms, e.g. about their "alogia" (item 14), "anhedonia-asociality" (item 25) and "inattentiveness" (item 29). This informs us on the clients' own awareness of their improvement.

In addition to the previous items, the "relationship with friends and peers" (item 24) was specifically decreased in the Dramatherapy group only and not within the controls. This goes to show a direct effect of the Dramatherapy work on the ability of the clients to create emotional bonds.

During the same period, the Control group showed no specific decrease in any of the SANS items that was not also improved within the Dramatherapy group, except of "sexual interests-activity" (item 22). Apart from this though, there was a significant decrease in twelve (12) more items within this group, mostly concerning the symptoms of "avolition-apathy" (item 20) and "alogia" (item 15). Only half of the items in the "affective flattening" subcategory were decreased within the Control group, although all of them were decreased within the Dramatherapy group too. This shows again a specificity of the Dramatherapy methods towards the affective flattening of clients with schizophrenia.

At the "post" comparison between the two groups after the four-month groupwork, the clients of the Dramatherapy group had reduced their negative symptoms significantly more than those in the Control group. Though in both groups the reduction was significant in relation to their initial measurement, the clients of the Dramatherapy group had attained more quickly a significant decrease of their negative symptom compared to the Control group. This change was especially obvious for the subcategories of total "affective flattening" (item 9), "anhedonia-asociality" (item 26) and "inattentiveness" (item 30).

During the follow up period ("post-after" comparison within each group) the clients within the Dramatherapy group did not show any further decrease of their overall negative symptoms. At the "post-after" measurement the Dramatherapy group showed a small, non significant elevation of the total SANS score, indicating that the accomplished decrease during the groupwork was intact three months afterwards.

Only three items showed a significant differentiation for the Dramatherapy group during the follow up period. "Impersistence at work or school" (item 17) was further decreased, indicating a continuation of the clients' newly gained responsibility. "Affective non-responsivity" (item 5) and "grooming and hygiene" (item 16) showed an increase, indicating that the ending of the performance project decreased the clients' interest in self-care and affective relationships.

On the other hand, the Control group showed a significant, but more gradual decrease of the negative symptoms during the follow up period, almost catching up on the Dramatherapy effect. This decrease was mainly due to the significant decrease of the "total affective flattening" (item 9) of the clients in the Control group and, in particular, of "unchanging facial expression" (item 1), "decreased spontaneous movements" (item 2), "impersistence at work or school" (item17), "complaints of avolition-apathy" (item 19), "complaints of inattentiveness" (item 29) and, marginally, of the "total avolition-apathy" sub-score (item 20).

Because the Control group showed a continuous decrease of negative symptoms, over the follow up period, the "after" measurement (after the follow up period) between the two groups did not show any significant change. Nevertheless, if we take into account the initial level of the clients' negative symptoms in the two groups and the factor of time, a significant difference shows up after the groupwork as well as after the follow up between the two groups.

If one takes into account the total period of seven months of this research project ("pre-after" comparison within each group), one may see that in both groups there was a significant decrease in the overall negative symptoms of the clients, while among the subscales, the "total affective flattening" (item 9) and the "total inattentiveness" (item 30) decreased only within the Dramatherapy group and not within the group of controls. Also the subscale "total anhedonia-asociality" (item 26) decreased significantly in both groups, but there was a significant difference in favour of the Dramatherapy group at the "after" measurement.

For the whole of this period, as for the particular SANS items, a significant decrease was evident for just the Dramatherapy group in the following items: "paucity of expressive gestures" (item 3), "poor eye contact"

(item 4), "inappropriate affect" (item 6), marginally "poverty of speech" (item 10), "relationships with friends and peers" (item 24), "complaints of anhedonia – asociality" (item 25) and "social inattentiveness" (item 27). The above outcomes indicate the influence of the Dramatherapy process in the areas of expressive skills, affective relationships and social interaction.

These outcomes indicate that a Day Hospital setting, providing a number of therapeutic activities, can, favourably, affect the clients' negative symptoms after a long enough period (in this instance, in seven months). The Dramatherapy effect though, appears more quickly (in four months) and, even without any further Dramatherapy work is maintained during the seven-month period.

During the follow up period none of the two groups undertook Dramatherapy. Had the Dramatherapy work continued, either as an ongoing therapeutic intervention or in recollection follow up sessions, it would be interesting to see whether the reduction of negative symptoms would have continued and to what extent.

In sum, the Dramatherapy group showed a statistically significant stronger impact on the clients' negative symptoms' reduction than the Control group, and especially in the subcategories of "affective flattening", "anhedonia-asociality" and "inattentiveness".

Regarding the Depression level throughout this therapeutic intervention, there were no signs of clinical depression, as measured by the Zung scale. There was a significant difference in the depression score between the two groups at the initial ("pre") measurement, the Dramatherapy group scoring higher. However, the mean score of the Zung scale for the Dramatherapy group was just above the level of 50 points that indicates minimal depression. This difference from the Control group had a numerical but not a clinical importance.

A number of researchers in Dramatherapy (as Emunah, 1994) raise the issue of "post- performance depression", observed after the performance period in relevant projects. In this project it was evident that there was a remarkable affective elation during the performance week and for a week afterwards. However, this general enthusiasm was deliberately not rated through questionnaires, during the performance period, for the sake of maintaining the "de-pathologising" atmosphere initiated by the performance within the setting.

After two weeks approximately, an emotional deflation slowly began to take place, which came together with the release of tension and anxiety. Mild signs of disappointment were obvious, due more to existential insight than to a clinical depressive state. The "post" measurements took place in this very period and they showed no elation of the Dramatherapy clients' emotional state, such as was witnessed during the performance period. These measurements demonstrated the clients' mood swing and sense of void. The end of the creative effort and the separation phase from the creative product were probably responsible for this. These were treated through psychotherapeutic interventions, and not as a clinical disorder necessitating additional psychiatric treatment. The non-significant increase of the Control's depressive score at the "pre-post" comparison is well within expectations and may be just as well attributed to a permanence of post-psychotic depressive traits, to medication side effects and/or to insights attained over this period.

The self-esteem results, as measured by the Robson scale, contest the hypothesis of a total improvement in self-esteem through a Dramatherapy Performance. Clients on one hand experienced a positive view of their selves, but on the other they realised their inadequacies towards their invited audience.

An interesting contradictory issue was that, relevant to the Zung score that was initially higher in the Dramatherapy than in the Control group, indicating a higher level of depression, the clients' self-esteem score was higher too, due to the item "attraction-approval" that was the only significantly different item between the two groups initially. One possible explanation might be that within the Dramatherapy group the future perspective of a performance project, announced to them before the questionnaire self-rating, affected the clients' initial feeling of attraction and approval by others within the setting.

However, the "attraction-approval" item of the Dramatherapy clients' self-esteem did not improve significantly, as it did in the group of Controls. Perhaps the challenge to their self-image through their performance was a grounding experience. The self-rating of the questionnaire during the post-performance period, when the after-effects of the performance process tend to impose themselves on the exhilaration of the performance period, might have been a contributing factor to these results.

The self-esteem item of "autonomous self' did not show a significant improvement since this whole Dramatherapy project was oriented towards group activities and common sharing.

On the other hand, the items "contentment-worth-significance" and "existential value" improved considerably, indicating a positive perspective on attitudes to life and pointing to the values the clients had acquired throughout the Dramatherapy project.

The most notable result comes from the improvement of the self-esteem item "competence-efficacy", which can be related to the realisation of the Dramatherapy project with a therapeutic as well as an aesthetic overall result. This was produced efficiently by the clients within the time limits, despite the inertia and the long-term difficulties of their disorder.

The reward for the clients as well as the single most important factor for the reinforcement of their self-esteem was that the therapeutic project was not only pursued from its beginning to its end, but also that it included a final presentation. The feasibility of this having been demonstrated, should encourage the running of "Dramatherapy performance" projects for clients with schizophrenia within Dramatherapy practice in Day Hospital settings.

The outcomes of the Significant Others' analysis for each client group confirm the hypothesis that the perceived support the clients get from their Significant Others can be altered through their mutual participation in a "Dramatherapy Performance" project. Such a change did not occur through the other therapeutic interventions ("milieu" therapies) the Control group was submitted to within the Day Hospital.

Initially ("pre" measurement) the two groups differed significantly in respect to the perceived support from their Significant Others. The Dramatherapy group seemed to be more reconciled to the support they perceived than the Control group was.

At the end of the groupwork ("post" measurement) the two groups did not differ significantly in the discrepancies between their ideal and actual level of support. While there was no difference between the two groups in respect to their actual perceived support from their Significant Others, they differed significantly in respect to their ideal level of support. Within the group of controls the expectations were considerably higher than within the Dramatherapy group.

However, because the level of actual support the controls received increased as well, the discrepancy between ideal and actual decreased, showing that the controls were on better terms with the support they perceived after the groupwork.

In contrast, the support the clients of the Dramatherapy group perceived from their Significant Others did not meet their expectations after the groupwork. The "pre-post" comparison within each of the two groups showed a significant increase in the discrepancy between ideal and actual support in the Dramatherapy group after the groupwork, but a non-significant change of the same score in the Control group.

This significant difference within the Dramatherapy group was due on one hand to an increase of the ideal level of emotional as well as of practical support and on the other hand to a decrease in the actual level of emotional as well as of practical support the clients perceived from their Significant Others. Whilst these score differences were not significant when compared one by one before and after the study ("pre-post" measurement), their discrepancy was proved to be.

This outcome might lead to a number of suggestions. The clients' ideal support from their Significant Others after the groupwork, which contrasts the general enthusiasm their audience expressed during the performance, might exist due to the post-performance period of mild depression the clients experience after the end of their effort.

During the performance period their ideal level of support had increased, due to the intense acceptance and support they received from their significant relationships. After a few weeks, when the "post" measurement of the "S.O.S." scale took place, their "bump into reality" made them acquire a considerable insight about their relationships. The clients' expectations, explored henceforth within the closure phase of the groupwork, indicated that the clients had higher standards for the everyday support they perceived from their significant relationships. This might reflect the clients' satisfaction with the level of care their significant others lavished on them during the performance period, their motivation for more interactive relationships, or even the relatives' over-protection towards the clients with excessively positive comments that were proved to be false soon enough.

Besides, the qualitative data gathered after the performance from interviews with the Significant Others of the Dramatherapy group, showed a switch of opinions of the clients' relatives and friends towards a more positive and rewarding view of the clients' efforts (see Qualitative research results- Part IV). The type of support the clients need in order to function more efficiently seems to be crucial for their interaction with their significant others. In accordance with other studies on the relatives' "expressed emotion" within the family (Brown, 1986), this study too suggests that warmth and approval are helpful, while over-involvement and judgmental attitudes are discouraging.

The above results indicate that the clients' perception of the support from their Significant Others can be changed through a "Dramatherapy Performance", with the clients being less accepting of the attitudes and opinions that stigmatise them and having higher expectations from their actual relationships.

Within the Dramatherapy Group, the Dramatic Involvement Inventory outcomes may provide useful information about the clients' improvement in specific areas of dramatic involvement. The evidence shows that clients with schizophrenia had a slow improvement in their expressive skills and their symbolic creation in contrast to their overall participation qualities; notably their focus in "as if" behaviours and their socialisation within group activities.

In respect to particular items in the Dramatic Involvement Inventory, (the number in brackets indicates the sequence of change of each item as referred to in the results) from an early stage (by the end of the first month of the group process) the clients achieved a good enough "focus" (i) on the groupwork and on the particular ways of enactment such as role-playing, "sculpts" or group improvisations.

"Social relationships" (ii) within the group's activities were therefore highly enhanced from the first month of groupwork and lived up the frayed image of the clients' social interaction.

Both their individual and their group "elaboration" (ii) of personal material seem to have developed within this time. However, this "elaboration" lacked "completion" (ix) and was often abandoned half way. It was only until the performance period that "completion" (ix) of themes took place and fragmented parts were joined together.

"Creation of a symbolic object" (ix) on a fully individual basis was again a feature that improved rather later and up to the performance period. Before that, the clients had already managed to maintain "relationships with the symbolic objects of others" and to "disengage from symbolic objects" (iii & iv). The same occurred with the "use of space" (viii) in symbolic ways, such as warm-ups, rituals, role-playing, and group enactments.

Among the expressive factors, the "facial expression" (v) of the clients showed the earliest improvement (from the first month already), while "vocal expression" (vi) and "body movement" (vii) began to improve by the end of the second month of groupwork, when the chorus parts were more fully formulated, and then reached their peak during performance. It seems then that the performance effect united all the clients' efforts towards the entire dramatic event.

During the post-performance period all the dramatic involvement items seem to have maintained their values, except for the item of "completion" (ix) of personal material ($p>0.05$, table), which indicates a relative decline of the clients' consistency of dramatic involvement after the performance period. However the clients' overall dramatic involvement did not significantly worsen up to the end of the groupwork.

These results show the importance of the performance event for the involvement of the clients within a dramatic process. The fact of showing the therapeutic work outside the group engaged the clients' concentration as well as their symbolic and expressive abilities. It reminds us of a phrase of Jean Genet: "In the light of the stage one feels the need to reassemble" (1958).

Summing up all the previous results, one may conclude that there is a specific positive effect of a "Dramatherapy Performance" on clients' with schizophrenia. Negative symptoms, aspects of self-esteem and perceived support from their Significant Others are significantly improved, due to their dramatic involvement within the Dramatherapy group and their final performance presentation. This positive effect may manifest its benefits if a Dramatherapy project is included under the umbrella of a Day Hospital's therapeutic programme for adult individuals with schizophrenia.

CONCLUSION

This research project has examined the impact of Dramatherapy on different levels of communication of young adult clients with schizophrenia undergoing Day Hospital treatment. In particular, it examined the role of performance within Dramatherapy theory and practice, it created a method of evaluation of this Dramatherapy practice and applied this method to a Day Hospital population of clients with schizophrenia in order to examine its outcomes.

In order to achieve this goal, a theatre model of Dramatherapy practice, named "**Dramatherapy Performance**" was applied. The term "Dramatherapy Performance", was defined after an exploration of Performance theory and the examination of the various meanings of the term "performance" in relation to its cultural, social, aesthetic and therapeutic contexts. In addition to this, the use of theatrical "performance-making" and of other Dramatherapy approaches for clients with schizophrenia were taken into consideration.

The specific contribution of this thesis to Dramatherapy Theory is the attention to the use and the functional role of the notion of "performance" within Dramatherapy. The term "Dramatherapy Performance" was defined as:

"A performance event which is created by and contained within a therapeutic process and which is based on the group members' personal material that is evoked, worked through, reconstructed, combined and projected into a dramatic form in order to be presented to an invited audience".

Thus, it differs from other Dramatherapy practices that do not involve the actualisation of a performance, from Theatre performance per se and from para-theatrical activities, such as "happenings", that are not created with a therapeutic intention. It focuses on the clients' personal material that has already been worked through therapeutically and is ready to be exposed to the public by the clients as "actors" to their invited audience. It creates the possibility of using dramatic presentation through the projection of the clients' material into the form of either a "happening" or a devised play.

A specific tool for the evaluation of this model of Dramatherapy practice was developed. The evaluation tool was based on theatre semiotics, more specifically on **Aristotle's *Poetics***. Aristotle's *Poetics* was used as a metaphor within the contemporary context of Dramatherapy for individuals with schizophrenia. The use of

this metaphor was based theoretically on the notion of **"tragic conflict"**, which can be seen as the drama that individuals with schizophrenia experience within the context of their societal norms, and their struggle towards their rehabilitation and reintegration into society, from which they have been cast out because of their stigmatizing disorder.

The concept of *catharsis* was specifically re-examined within the framework of Dramatherapy practice. Catharsis was seen from historical, semantic and interpretational perspectives and its implications for contemporary Psychotherapy and Dramatherapy were re-evaluated. The notion of catharsis was viewed as a provider of structure and containment and not merely as a means towards the emotional relief of the participants in the performance.

A model of Dramatherapy was proposed which culminated in a public performance. The total process had a **"cathartic"** structure, which was evaluated using the six Aristotelian poetic elements of Tragedy: Plot, Characters, Ideology, Diction, Music and Design.

A system of evaluation was devised specifically for clients with schizophrenia in order to correlate changes in the clients' negative symptoms and, in particular, their "affective flattening" in relation to the poetic elements of a "Dramatherapy Performance" construction. This evaluation system, named **"Dramatherapy Performance Evaluation"**, was designed to be applied to the whole Dramatherapy process, including the performance event, as well as to the individual contribution of each client within the performance creation.

As a pilot study, this tool was first applied to five Dramatherapy performances devised in a similar way within psychiatric settings, in order to modify its final application to this research project. Then, the developed "Dramatherapy Performance Evaluation" was used to investigate aspects of psychopathology in relation to the "Dramatherapy Performance", resulting in a body of quantitative and qualitative data, which was analysed.

The evaluation tool focused on a subcategory of negative symptoms: **"affective flattening"**. It examined how the clients' affective flattening was influenced by their "Dramatherapy Performance", as viewed from the Aristotelian perspective of the plays' six poetic elements. The metaphor of a Tragedy was used in the context of a "Dramatherapy Performance", in which clients with schizophrenia

attempted to express dramatically their inner surviving tragic **"hero"** within the constraints of their psychopathology and societal demands.

This framework permitted a **qualitative evaluation** of the following research areas:

a) The Dramatherapy process and performance event in relation to the creative process of its core elements: Plot, Character, Ideology, Diction, Music and Design,

b) The individual contribution of each client to the aforementioned poetic elements of the "Dramatherapy Performance" and the effect of their affective flattening on each one of them, and

c) The total contribution of this client group to each of the Performance's elements. This analysis resulted in information that indicated which performance areas can be useful therapeutically and which are more problematic for individuals with schizophrenia.

A quantification of the qualitative data indicated which changes in the performance elements had a statistically significant positive correlation ($r>0.5$, $p<0.01$) and which were influenced independently of each other within the therapeutic process (their distributions differed significantly, $p<0.01$):

i) The clients managed to create a united and coherent performance, all the particular poetic elements of which- Plot, Character, Ideology, Diction, Music and Design- showed a statistically significant positive correlation ($0.759< r <0.981$, $p<0.001$).

ii) The **Plot,** the **Ideology** and the **Diction** of the Performance were created more through verbal processes. These elements showed a significant interconnection, influencing in the same way the clients' affective flattening, which was demonstrated in a similar way in these performance elements.

iii) **Music** and **Design** had an interconnection, as they were created mainly through nonverbal processes. The clients' affective flattening was less apparent in these two performance elements than in the other elements that were mostly based on verbal processes.

iv) **Character**, which included verbal as well as nonverbal processes, was positively correlated to all of the above elements, indicating that the common unifying element was character creation, manifested as individual role-playing.

v) The **Ideology** was conveyed in a similar way through both character and chorus representations, although the more functional clients (whose flat affect scored lower) were keener to present individual characters than the others, and the more dysfunctional ones were better at participating in the performance chorus.

In general, clients whose negative symptoms were manifested through affective flattening were helped more when the Dramatherapy Performance project focused on the nonverbal processes as being important for enhancing the verbal ones.

Moreover, a **quantitative evaluation** was also been undertaken, analysing the impact of this Dramatherapy project on the clients' schizophrenic symptoms and their relationships with self and others.

A clinical trial took place comparing the Dramatherapy group to a Control group- the former containing 15 and the latter 16 clients with schizophrenia- during a four-month therapeutic period and a three-month follow up. This part of the research investigated the impact of the "Dramatherapy Performance" on the clients' general psychopathology, their level of depression, self-esteem, negative symptoms, their dramatic involvement within the Dramatherapy group and their perceived support from their "significant others".

a) There was no significant difference between the Dramatherapy group and the Control group in terms of the change in the clients' **general psychopathology**, as measured by the B.P.R.S. scale ($p=0.354$) and their **depression** level, as measured by the Zung scale ($p=0.187$).

b) The clients' change in their overall **self-esteem**, as measured by Robson's self-esteem scale, did not show any significant difference between the two groups ($p=0.907$). However, among the self-esteem components the only significant difference between the two groups was in the change of the clients' feeling of "**competence and efficacy**" ($p=0.049$). Adjusted for the initial values of this subscale before the groupwork (linear regression analysis) this difference between the two groups was confirmed ($p=0.005$). The presentation of a final theatrical product by the clients in the Dramatherapy group was possibly related to this result.

c) The most important result was the difference in the decrease of the clients' **negative symptoms**, as measured by the SANS scale. This change differed significantly between the Dramatherapy group and the Control group

after the four-month period of groupwork ($p<0.001$) and can be attributed to the therapeutic process of the Dramatherapy group. For the Dramatherapy group, there was a significant decrease in the total negative symptoms' score ($p<0.001$), as well as in all the negative symptoms subcategories after the four-month period of groupwork. After a seven-month period, (which included the four-month groupwork period and a three-month follow up) the total SANS score change differed significantly between the two groups in relation to the initial scores ($p=0.027$), while among the SANS subscales, the changes in **affective flattening, anhedonia-asociality** and **inattentiveness** still remained significant within the Dramatherapy group ($p<0.05$). Adjusted for the initial values of the SANS scale (regression analysis) the difference of the SANS change between the two groups was confirmed for both the period of the groupwork ($p<0.001$) and the follow up period ($p<0.029$).

As far as the Dramatherapy group was concerned, the above results imply that the reduction of the clients' negative symptoms and especially their "affective flattening", "anhedonia- asociality" and "inattentiveness" as well as their improved sense of "competence and efficacy" occurred through a gradual involvement in the dramatic activities of the Dramatherapy process.

d) The clients in the Dramatherapy group showed a significant improvement in their overall **dramatic involvement**, as assessed by Jones' Dramatic Involvement Inventory, after 15 weeks of groupwork ($p<0.001$) in relation to the first week of the groupwork. This improvement remained significant ($p<0.001$) until the end of the groupwork (19th week). Concerning the particular components of dramatic involvement, there was a significant increase ($p<0.05$) in the clients' **general focus** in the groupwork as well as in **"as if" symbolic activities** after the first month of groupwork. This developed concurrently with the achievement of group cohesion and an acceptance of each other, the group leaders and the method of work.

After the first month, the clients' individual and group **elaboration of themes**, as well as **social relationships** within the group activities, were greatly improved by involvement in each other's personal material and by joining group techniques.

As regards the **expressive skills** of the clients, facial expression - including eye contact- showed an improvement from the first month of work,

while body movement and vocal expression showed an improvement towards the end of the second month when an emotional bonding within the group process had been achieved which permitted an unobstructed demonstration of expression.

Creating **the episodes** and **the chorus** out of the clients' autobiographical material helped the clients to give a dramatic form to their personal experience. The chorus parts that included singing and movement particularly helped the more fragile clients to express themselves under the protection of a group activity.

The clients' ability to function at **a symbolic level** showed a significant increase within the group by the end of the third month. This was demonstrated by an improvement in the symbolic use of space as well as the creation of symbolic objects. At this point the structuring of the final plot of the group's story and the rehearsals of the story's parts offered the clients an object relationship with their created play and their parts within it. But only by the time of the performance period did the symbolic capacity of the clients reach a maximum and the completion of their relationship with the performance as a symbolic object become evident.

All the improvements in the rest of the clients' dramatic involvement, apart from the element of **"completion"**, were maintained until the closure of the group one month after the performance. The only element that showed a decrease after the performance event was the element of "completion" of a dramatic activity, which had reached its peak during the two weeks of the performance period. This indicated the importance of the performance event as a culminating factor in this therapeutic process.

The "Dramatherapy Performance" contained the common struggle of these individuals as well as the individual struggle of each one of them, so as to achieve a cathartic moment of recognition of their human condition. Constructing a performance can also be seen as a means of setting in motion a symbolic vehicle, which can move them away from the deconstruction due to their disorder. This vehicle can also convey meaning towards their Significant who formed their audience and participated in a mutually interactive dramatic event.

e) In the clients' perceived **support from their Significant Others**, as measured by Power's "Significant Others' Scale" ("S.O.S."), there was no significant change between the two groups after the groupwork. However the discrepancy between the ideal and the actual support the clients perceived from their significant others changed significantly only within the Dramatherapy group (p=0.039), while this was not the case with the Control group (p=0.333). This was possibly because the clients in the Dramatherapy group after having created strong supportive relationships with each other were no longer satisfied by the actual level of support they perceived from their significant others and wished to enhance their relationships with them. They perceived their relationships with their Significant Others from a more idealistic perspective (i.e. with higher expectations).

In addition to the clients' and therapists' views, the spectators' views were also taken into consideration. The clients' Significant Others, invited as audience members for the final performance event, were interviewed one month after the performance. Qualitative data from semi-structured **interviews with the clients' Significant Others** confirmed the positive impact of the performance event. The clients' participation in the performance was considered the most important issue within the whole process. As a significant factor in this performance event, the clients' spontaneity stands out; a "vital force" not at all obvious in their previous everyday life.

The Significant Others' **expectations** of the clients' role- playing were not completely fulfilled by the final performance event, since most of them had expected a more accomplished performance from their disordered relative or friend. In contrast, the performance as a whole exceeded the significant others' expectations because they valued the **moving atmosphere** and the **mutual collaboration** of clients and staff. The significant others observed the following clients' changes, due to this project: spontaneity, acceptance from others, increased **ability to socialise** in and out of the therapeutic community, improvement in **emotional response**, confrontation of the fear of **body contact**, improvements in **cognitive functions** such as memory and concentration, and increase of their **interests** and **motivation** at home during the period of rehearsals.

Meeting the other relatives and friends of the clients during the performance **instilled courage**, provided an occasion of a **social coming out** for the significant

others and a springboard for better relationships in the future. The staff's supportive but non-directive presence during the performance acted as a model towards this goal.

Regarding the performance event, the clients managed to perform on stage their own myth in front of an invited audience, through the presentation of a group autobiographical play. The structure of this myth was completed with an awareness of time and space, following a pre-structured sequence of the scenes with a flow of *episodes* and *chorus parts* that indicated a high level of collaboration and group cohesion.

Most of the clients were able to interact in the large group as well as in subgroups and individually. All 15 clients were able to take part in the group as a whole and to form the chorus of the play, while 9 clients were able to enact one or more individual roles and 4 clients held supporting roles in the episodes of the play.

The moving effect of the performance rested on the ability of these clients to create collectively and to form relationships. The main theme of ***creating a relationship*** encompassed hope and romance and provided the performance with an atmosphere of optimism and support. Together with the emotional material, conveyed by the chorus songs, it facilitated identification of the audience members with the performers. This witnessing of the clients' emotional disposition during the performance was the most moving factor of the whole event, for emotional exchange, poor or inappropriate for a long time, had been a forgotten area in the clients' lives.

What ran contrary to expectations was the clients' capability to stand up and perform on stage and to be able to express themselves dramatically and ***convey meaning*** despite their disorder. Within the stress-provoking situation of a stage presentation, in front of an audience of family members and friends, the clients demonstrated openly some of their previously worked-through personal material within the therapeutic sessions. Despite the fact that not all performers were charismatic, the activity as a whole had appreciable artistic merit, and was an authentic moment in the clients' lives. For all participants this stage performance was a rehearsal for life.

The performance did not "cure" the clients' schizophrenic disorder nor did it represent a moment "free of symptoms" in the clients' lives. On the contrary, their difficulties with regard to the realisation of the performance were definitely observable, through the motor, vocal or expressive inadequacies of the clients' communication skills. The effort demanded against the inertia of their

psychopathology could be observed in their getting easily tired, dehydrating, losing concentration, forgetting some tasks, reacting more slowly than expected or with a smaller affective range and variety of responses. However, the clients showed that despite their schizophrenic symptoms, they are able to function in stressful situations if they can get the right level of support and they can create meaningful events and relate to each other with affection. Their inner vital force grew stronger and enabled them to present an integrated event that respected and incorporated social norms in a way that was vital for this client group; an event which was proved to be enlivening and not grotesque.

From the point of view of **research methodology**, this project shows how quantitative and qualitative research can inform one another. This was demonstrated in the following ways:

a) By relating the quantitative results of the Dramatic Involvement Inventory to phases of therapeutic work and the particular techniques that enhanced Dramatic Involvement within a Dramatherapy group,

b) By creating a specific method of evaluation, based on Aristotle's *Poetics,* which allows a qualitative analysis of a Dramatherapy process and product (performance) as well as quantifying the individual contribution of each participant within it, in relation to their symptoms,

c) By a quantification of qualitative material after observation of the clients' individual performances and the assumptions these data provide for Dramatherapy practice,

d) By evaluating the performance effect on the clients' "significant others" through a combination of quantified data from questionnaires and qualitative data from direct observation of the audience response and from interviews.

Furthermore, this project shows how research can be carried out within the conditions of an ongoing therapeutic programme, as in a Day Hospital, without disturbing its overall therapeutic functioning. This was made possible by designing a research strategy based on questions that arose from observations and pilot studies within this particular setting, rather than formulating questions beforehand and trying to investigate them within a clinical setting. This strategy furthers the existing dialectics between clinical practice and research within a Day Hospital by formulating research hypotheses, which can be investigated using the available clinical evidence.

The results highlight features of interest that can become areas of further research. It can also permit practitioners and researchers in the same clinical setting to exchange views, collaborate and re-evaluate their work. Moreover, the participation of the clients in the project gives them a sense of their own unique contribution to scientific research and empowers them as active members within the research process. Even if the research design is not of their own making, the process of its construction is chiefly determined by the clients' issues and developed through the clients' material on which the research questions focus in order to find answers. In this sense, this research design, which combines quantitative methods of clinical trials with qualitative and art-based research methods, can be considered within the broader frame of "real world research".

Hopefully, this project opens up **future pathways for Dramatherapy research.** First, the role of performance within Dramatherapy practice may be re-assessed and new ways of evaluating of Dramatherapy practice, deriving from Theatre Semiotics, may be developed. In this thesis, the creation of a "Dramatherapy Performance" involving clients with schizophrenia was based theoretically on the concept of a tragedian conflict as a metaphor for the schizophrenic condition and, therefore, Aristotle's *Poetics* was applied as a tool of evaluation. The inner conflict of a referred subject or client group of another clinical diagnosis may have different bio-psycho-social dimensions that may adhere better to other semantics of the disordered "hero's" performance, and so another performance model may be called for.

The present evaluation tool, called here the "Dramatherapy Performance Evaluation", was applied to measure, out of the various clusters of negative symptoms of the schizophrenic psychopathology, the subcategory of "affective flattening". It may also be used to measure the other subcategories as well, such as "anhedonia-asociality" or "inattentiveness", on which Dramatherapy has a significant impact.

This instrument, based on the six poetic elements of Aristotle, may be used further to measure the efficacy of specific creative elements within Dramatherapy practice for clients with schizophrenia, such as working on myth and characterisation, cognitive work on ideology, work on poetic diction and verbalisation, nonverbal involvement through music, and symbolic use of space, objects and design. Thus, it may help formulate different areas of practice in relation to different client groups' needs, strengths and weaknesses.

Further research on similar and comparable client groups with schizophrenia may compare its results to this study and lead to a meta-analysis of this therapeutic practice. The standardisation of the "Dramatherapy Performance Evaluation" as a valid and reliable instrument is also a possibility for the future.

"Dramatherapy Performance" involving clients with schizophrenia is an area of Dramatherapy practice that encompasses notions of Psychiatry, Psychotherapy, Social Drama and Theatre Performance and provides by its definition a mutative metaphor for the clients' symptoms, relationships, social image and creativity. Research in all these areas may provide evidence for the therapeutic field and broaden our horizons so that the schizophrenic condition may be approached with understanding as well as with a respect for the individuals suffering from it and their often "heroic" struggles to overcome their "tragic" fate.

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APPENDIX

“SWEET AUTOMOBILE”
The Play

Dramatherapy Performance
Athens, 14/5/99
Duration 55min.

This is the performance text, the final videotaped product of the Dramatherapy group as presented to the audience of their invited Significant Others.

Prologue (“Prologos”)

Welcome- Chorus: The whole group

Within the songs I'm searching for my land
In eyes of strangers I'm searching for the eyes I want
I've seen a lot but I haven’t seen anything
I fall asleep and wake up in unknown cities
I fill up my glass and I drink three times
I fill up my glass and I drink your health
Welcome to our journey tonight
Let the good winds take your dreams
Thank you for your love again
and for having the lights of your hearts switched on.
It is a strange, strange journey when you want to be lost in your dreams.
It is a strange, strange game if you want to explain your heart.

Introduction

The psychiatrist in charge of the Day Hospital, one of the clients, Jason, who is the president of the Therapeutic Community of the Hospital, and the directors (co-therapists) of the performance, introduces the audience to the performance by letting them know that:

- They are not going to follow an ordinary theatre performance, but a therapeutic project.
- The performance is based on improvisations on themes that were worked through within the Dramatherapy group.
- The plot is autobiographical and the “actors” are the group members playing with their real names- there are almost no fictional characters.
- There is a past and a future in this work; the group has been working on those themes and will go on working on them after the performance.
- The group devised all the presented work: plot, characters, scenery, songs, music.
- The level of each member's participation depends on the time he/she has been a member of this group and on the desire of each one to express oneself through drama.
- The most important for them is participation: thus the action will “freeze” at various moments and members who act as the "chorus", will express their opinions about the enacted drama
- In the same way, the audience will be invited to express their own opinions at the end of the performance, as a way of interacting with the presented drama.

Parodos- "Sweet Automobile"
(Song written and sung by the whole group)

Sweet automobile
Water in the tank
Whoever eats it, drinks after
And shouldn't be blamed.

The successful one has
A mobile
An immobile
And a sweet automobile
Having as a carburetor
A cherry and an éclair.

It was beautiful but immobile
A cake like an automobile
In the dish it hops
Take your spoon
It sticks in your teeth.
A big mouthful.

It was effective, it was grand,
it was a hit, a delicious mouthful.

Sweet automobile
I'll take care of you
My sweet immobile
I'll tolerate you.

Madly beautiful
Madly dietetic
But what is it?
The Sweet Automobile!

(Note: The word "immobile" in Greek means "property" as well as "not moving".)

1st Episode-The Company in the Cafeteria

During a break in preparation courses for the University entrance exams a company of students meets and talks about their results in a test, most of them having failed it.

They decide to have a break at a café next door. The waiter takes the order and proposes to them to try the coffee shop's special pastry: a sweet cake in the form of an automobile. He brings them the cake and they all eat it and find it delicious. They all then make imaginary trips with this vehicle. Tropical islands, beautiful girls, exotic pleasures come to light in their discussion.

A friend of theirs, Alcestis enters the stage and joins in their discussions.

The waiter appears again to take her order and she falls in love at first sight. She flirts with him and invites him to sit with them. He agrees but waits for his fellow waiter to relieve him. After the second waiter arrives, Achilles goes to join the company. The rest of the group having understood Alcestis' wish to be alone with Achilles invent a reason to leave them alone.

The action "freezes", the chorus members stand up and they express their opinions by putting a hand on the actors' shoulders and saying: "if I were at your place I would feel or I would do the following...."

Action "unfreezes" with Achilles and Alcestis flirting. Alcestis invites him to a beach party the same night. He cannot promise but he says he might join them with his company, after their afternoon study at his home. They say their farewells.

1st Stasimo -Chorus

(Songs written and sung by the group)

We loved you Sweet Automobile;
when we were eating you, you became immobile
Within our company we dreamed of you
Taking us to the earth's colors.
Within our company we dreamed of you
driving us when we came together.

The setting changes to Achilles' home. Achilles appears on stage as the chorus sings:

Tonight we are going to study History at Achilles' home.
I don't see any chance of being serious or to consider things sincerely.
Tonight we should go somewhere else, may be to a club, or to the beach for a drink.
Our spirits are high.
Let's go for a walk on the beach.
Tonight we won't sleep, let's travel south.
Let's enjoy all together drinking beer in a small bar - our arms round each other.

2nd Episode-Group study

Achilles is bored studying history on his own for his exams and decides to call his friends so they can study together. They phone each other to organize. They decide to study all together. They arrive at Achilles' home and discuss their History topic. The chapter concerning the rebellion of Spartacus in Rome is their current theme. The story of Spartacus is enacted before their eyes as a fantasy, enacted by group members that are not already in this scene. They discuss afterwards the impact of this story on their responsibilities and their choices in life.

The action "freezes" for the second time and the "chorus" expresses their opinion on freedom and slavery, connecting the Spartacus Story with their slavery through their mental disorders, drugs and hospitalization.

Opinions like: "There are degrees of freedom", "One can be more or less a slave or a free person", "Freedom is the most important value", etc. are expressed.

Action starts again and the company decides to stop studying and to go to have a party on the beach where Achilles was invited by Alcestis.

2nd Stasimo

Alcestis plays a soft melody on her guitar as the setting is being transformed into a beach. At the same moments sounds of the sea are heard as Alcestis and her girlfriends make for the seaside.

3rd Episode-The beach party

A beach party is going on. Alcestis and her girlfriends are sitting on the beach and they are discussing her morning meeting with Achilles and the anticipation of his arrival together with his friends. The beach party begins as they all arrive and join up. Alcestis plays three songs on her guitar (well-known songs from the Greek repertoire, selected by the group members during rehearsals), titles suggested by the group. The first is "Rita- Ritaki" (Rita-Sweet Rita), which is proposed by Terpsi because "it is a very lively song".

Translation of the first song "Rita-Ritaki":

I was searching for trouble and I finally found it.
I fell in love with a baby called Rita.
Rita was eighteen and I was forty-five.
Rita you are at the beginning and I am approaching the end.
Rita, Sweet Rita there's nothing you are afraid of.
Rita, Sweet Rita there's nothing to remember in your sleep tonight.
You've told me so many times that you did not love me.
I'm sorry not to have understood that you really meant it.
Therefore I say goodbye and I leave without saying anything more.
My head held high- my soul down at my feet.
Rita- Ritaki....

The second song is "The Net", an old Greek song, suggested by a staff member, because it contains the themes of risk, sadness, and entrapment for the company regarding their difficulties in life.

Translation of the second song "The Net":

Every time a path is opened in this life do not wait for midnight to arrive.
Have your eyes wide open night and day because there is always a net in front of you.
If ever you get trapped in it no one can ever let you out.
You are alone at the end of the thread, and if you are lucky you can try again.
This net has heavy names that are written in pages that are stamped seven times.
Some call it slyness of the underworld, but others call it the love of the first spring.

The group dedicates to Achilles and Alcestis the third song, which is a love song. However, when their friendship is mentioned, Alcestis declares that she has no mere friendship with Achilles but there is a flirt going on.

Translation of the song "Do love me":

I'm writing to you again out of a need
At five o'clock in the morning
Nothing has been left in this world but you.
What do I do with their praises and the theatrical words.
Within the screen of my mind dead broken idols.
Love me- as much as you can, do love me.

While singing this song, the night moves on and the group falls asleep.
At this third "freezing" the chorus stands up and makes a wish for the sleeping people. Some of these wishes are: "I hope you are always calm and happy", "Victory", "I hope you find your health", "I hope you find all the love you deserve" etc.

The group "unfreezes" as the sun rises and the setting is changed. They decide to return home all together. They wish they had a Sweet Car to take them all back. They all take positions on the stage as if they are traveling back together on this imaginary Sweet Car, as Alcestis accompanies them with her guitar.

3rd Stasimo- Exodos

The group sings together the song:

We loved you Sweet Automobile;
And when we were eating you, you became immobile
Within our company we dreamed of you
taking us to the earth's colors.
Within our company we dreamed of you
driving us when we came together.

Before the end they all say their names, as they bow to the audience.

Doubling process

After the applause, the two co-therapists, invite the audience to express their opinions by doubling the group members. The therapists give the first example. Then members of the audience follow.

"If I were in your position Jason, I would invite all the company to a party", "If I were in your position Achilles, I would be proud tonight", "If I were in your place Phaedra, I would be happy to have drawn the poster of our performance", "If I was in your place Alcestis, I would be proud to play the guitar so well", "If I was in your place Castor, I would fell the safety and the love of everyone here", "If I was in your place Cleo, I would like to keep this beautiful smile you have now", "If I was in your place Leto, I would begin to dance again as you used to dance before".

The End

THE MODIFICATION OF D. R. JOHNSON' S ROLE-PLAYING TEST

The Role-playing ability of the clients was assessed by a modification of the D.R.P.T. (Johnson). Johnson's DRPT assesses role-playing and has been particularly designed and used for individuals with schizophrenia.

Part 1 consists of individual acting of five social roles differing in four dimensions: nurture, control, sexuality and competence, (grandparent, tramp, politician, teacher, lover) with the use of eleven props. Each scene lasts about one minute. The whole part one takes five minutes per individual.

Part 2 consists of individual acting of three scenes, with three imaginary characters each, one of which is enacted by the subject while the other two are suggested. The characters are freely created; interaction and organization are better detected here. The subject describes the scene and the characters after each enacted scene. It measures: overall structure (organization, action representation, integration of action, interaction, content, differentiation) /setting (specificity, detail)/characters (number, form, articulation, identity).

My personal point of view about this test is that it is specific but quite complicated. It suggests a form of an audition that can be threatening for a fragile individual who does not know the examiner. Therefore I suggested some modifications on this procedure for my work.

In order for the test to adhere better to the culture of a Day Hospital that promotes collective rather than individual activities, the test took place during the group process rather than in a room where a therapist interviews a client. Although the DRPT is a test, it looks like a kind of an audition, which would seem far too alien if it takes place at an individual level and not within the context of a group.

Therefore, special sessions were designed in order to include the test's procedures. Basically the steps took place as follows:

a) First all the group members created five areas, called "neighborhoods", within the room, one for each of the test's five roles (grandmother/grandfather, bum, politician, teacher, and lover).

b) Then the group members went to the "neighborhood" they preferred and they formed subgroups one for each "neighborhood".

c) With the use of props, the subgroups created improvisations, which were rehearsed simultaneously in the room, with all of each subgroup's members playing the same role (i.e. the politicians).

d) Then the subgroups "deroled" and went on to the next "neighborhood" in order to enact altogether the next role through a new improvisation (i.e. the teachers). In this way all the subgroup's members passed from all five roles.

e) Then each member of the group went to the area that he/she chose and formed a new subgroup with the other members who had chosen the same subgroup.

f) Using any of the eleven props Johnson describes, the clients presented an improvisation in front of the whole group.

g) Next, each client stood up in front of the group and he/she enacted individually the roles using the previous props, as in a one man or a one-woman show.

h) The addition of examples of music, different for every role of DRPT, part 1, allows the evaluation of response to music or sound. The response to musical elements can be assessed by certain musical paradigms, given by the facilitator of the session for the DRPT part 1. During the stage of group improvisation of the roles, the facilitator can introduce five musical paradigms, one for each role (i.e. grandparent etc.) and give the instruction to the group to react to them in role. Thus, the clients' response to music could also be assessed. Additionally a special session can be designed to assess response to sound and scenery, in case these elements cannot be detected all in one session.

In this way there were four major benefits:

1.The clients' role -playing ability could be rated (DRPT, part1)

2. The clients' choice of role could be evaluated and could be further examined.

3. The clients' scene organization and their ability to respond to the roles of others could be rated (DRPT, part 2).

4. There is a successive flow from group activities to individual activities in terms of performance within the group, which seems a less threatening process for fragile clients with schizophrenia.

Although this structure was invented in order to provide quantitative results before and after the Dramatherapy Performance, it was not used in the research, but only for therapeutic reasons, as part of the Dramatherapy process (see qualitative

analysis of the "Dramatherapy Performance" process). This was due to difficulties in rating it in a valid way and to the absences of some clients during the day it had been scheduled. Concerning the "Dramatherapy Performance Evaluation" instrument, which was devised by the author in order to evaluate the final performance, the above assessment procedure for the DRPT has been helpful as an additional tool at the first steps of the performance's construction, as is shown in the qualitative analysis of the process.

THE NOTION OF CATHARSIS IN RELATION TO DRAMATHERAPY THEORY AND PRACTICE

Inasmuch as a "Dramatherapy Performance" is a therapeutic event, it is crucial to see how it can acquire a cathartic quality, in other words, how the notion of catharsis is filtered within the Dramatherapy field and, especially within a "Dramatherapy Performance".

The notion of catharsis, first defined in Aristotle's "Poetics", has been a matter of interest for theorists of Theatre and Psychotherapy and a subject of debate because of the variety of interpretations it has inspired ever since.

Dramatherapy theorists tend to avoid focusing on the "cathartic" effect of Dramatherapy for the sake of a more "contained" therapeutic process. **This side study of the thesis will present the argument that catharsis, actually, encompasses the meaning of structure and containment and that under this consideration it can be useful and meaningful for "Dramatherapy Performance".**

I will refer to the historical development of the notion in terms of sociocultural environment, semantics and interpretations; to the use of the notion in contemporary Psychotherapy; and to the possibilities of its incorporation within different Dramatherapy practices.

I will attempt to bridge the gap between two words and between two worlds. The one is "Dramatherapy", whose concrete identity as a profession has been established fairly recently, during the 20th century, and the other is "catharsis", an ancient word that has survived two and a half millennia and has travelled along history, nations, and cultures.

I suggest that the notion of catharsis within Dramatherapy needs further exploration, because the different meanings and connotations of the word catharsis have led to an apprehension concerning its use. This apprehension can be understood if the complexity of its use in different contexts is looked at in detail.

The notion of catharsis has played an important role in Psychotherapy for the last hundred years. Deriving from Aristotle's "Poetics", where the term was used within

the definition of Tragedy, it has been interpreted in numerous ways throughout the centuries.

From Freud's and Breuer's early studies on hysteria in 1893 (Freud, 1955), where they used the term as an "abreaction" of repressed emotions, or of a "blocked libido" on the psychoanalytic couch, to its inclusion as a core factor in Group Psychotherapy (Yalom, 1985) and to contemporary contexts of mass communication, such as violent sports spectatorship and hooliganism (Guttman, 1986), catharsis has been used as a "placebo" for emotional release or discharge.

As Kellerman (1992) states, the most commonly accepted modern opinion is that catharsis is a medical term signifying an "emotional purge" in a patient. It is possible that this medical interpretation assumes a cleansing of "emotions", a word deriving from the Latin "e-movere", conveying the idea of an outward expression of something inside (p.78). The different connotations of the word "emotion", however, complicate the aspects of intensity, direction, vehicle, medium and purpose of this expression.

The interpretation of catharsis as an "emotional purge" raises an obstacle to its use by Dramatherapy theorists. The potential for danger within a form of therapy which aims to examine human issues "through a symbolic distance" (Jennings, 1987), and thus to provide "a safe container" for them (Jenkyns, 1996), raises a number of important considerations for catharsis.

In this part of the thesis I will present the influence of catharsis on Dramatherapy thinking, if the spectrum of its interpretations is broad enough to encompass the creation of a structure.

Therefore, this part of the thesis will contain:

1) The historical development of the notion of catharsis.

2) The link of the term to contemporary psychotherapeutic approaches.

3) A presentation of the various uses of the concept within contemporary Dramatherapy models.

4) A concluding argument about the use of the term in Dramatherapy.

1. CATHARSIS: THE HISTORICAL CONTEXT

The concept of catharsis stems from Aristotle's (384-322 B.C.) definition of Tragedy, which he gives in his "Poetics":

*"Tragedy is an imitation of an action that is serious, complete, and of a certain magnitude; in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play; in the form of action, not of narrative; through pity and fear effecting the proper '**katharsis**', or purgation, of these emotions."* (Trans. Butcher, 1951, p. 240).

It is important to examine first the derivation of this notion, before we consider it within psychological thinking.

The issues arising from Aristotle's terminology can be considered within three main areas, which I will examine separately:

a) The socio-cultural context, which examines the historical and cultural conditions in which Aristotle wrote his Poetics as well as the meaning of catharsis for his contemporaries.

b) The semantic context, which examines the significance of catharsis and Aristotle's intentions in defining a form of theatre which was already one century old when he started writing his Poetics.

c) The interpretational context, which examines the views of contemporary theorists on what Aristotle was trying to convey.

A. The sociocultural context

In his thorough investigation called "The Greeks and the Irrational" (1951), Dodds relates the evolution of catharsis in Ancient Greece to divination, as well as to the cultural and social developments of Ancient Greek society from the age of Homer to the Archaic period.

I shall use this point of view to highlight the three following points, which I believe that catharsis has "inherited" from its cultural background as a way of signifying two opposites:

i) The conflict between two cultures.

ii) The conflict between Apollonian light and order and Dionysian shadowy ecstasy.

iii) The conflict between collective practices and individualism.

Dodds (1951) considers that in the ancient Greek tradition there is a transition from a shame-culture to a guilt-culture. Going back to the age of Homer, he posits a shame-culture where "*the gods have spun the thread for pitiful humanity, that the life of Man should be sorrow, while they are exempt from care*" (Homer in Iliad 24, p.29).

This gradually took the form of a guilt-culture in attic secular law, where the old notion of arbitrary Divine Powers developed into the idea of cosmic justice and provided the sanction for a new civic morality, in which "*the weight of religious feeling and religious law was thrown against the emergence of a true view of the individual as a person*" (p.34).

Within this context Dodds correlates the universal fear of pollution (miasma) to the universal craving for ritual purification (catharsis):

"*The difference between Homer and Archaic Age is relative, not absolute; for it is a mistake to deny that a certain minimum of catharsis is practised in both epics. But from the simple Homeric purifications, performed by laymen, it is a long step to the professional 'Kathartai' of the Archaic Age with their elaborate and messy rituals*" (p.36) .... "*It appears from Plato that in the fourth century fingers were still pointed at the man shadowed by hereditary guilt, and he would still pay a 'Kathartes' to be given ritual relief from it*" (p.34).

If that is so, one of the major conflicts within the ancient Greek psyche is the battle between the opposing forces of Dionysus and Apollo. Apollo promises security, Dionysus offers freedom. The tradition of catharsis for the resolution of such conflicts seems to have been carried on to some extent by private Dionysian associations.

By the fifth century the "Corybantes", a group of sacred healers, had developed a special ritual for treating madness, by the use of appropriate sacrifices. Sharing many elements with the old Dionysian healing, the Corybantic rituals brought about catharsis by means of "orgiastic" dance and music, in which the participants fell into a state of collective trance. Mentally disordered people entered into an ecstatic state of hysterical cries with an increasing heart rhythm that finally led them to a collapsus (p.77). Thus, the old magic-religious catharsis was eventually detached from its religious context to be applied to the field of lay psychiatry and to supplement the purely physical treatment,

which official medicine of that age, as practiced by the Hippocratic doctors, had used (p.80).

It is fairly probable that the term "catharsis" was taken over by Aristotle from the Hippocratic doctors in Ancient Greece, in whose writings it is used to mean the physical discharge of deleterious elements ("kakochymia"). Having studied medicine with his father, the court physician Nicomachos, he might have used the term catharsis from a medical perspective (Kouretas, 1963).

However, if this was the mainstream notion of catharsis in Ancient Greece, Dodds, in "Greek Shamans and Puritanism" (p.135), refers to an additional concept, influenced by a shamanistic culture. The opening of the Black Sea to the Greek trade in the seventh century, introduced the Greeks for the first time to a culture based on shamanism.

Shamanism covered individualistic needs, which were not satisfied by the collective ecstasies of Dionysus. Dodds suggests that this spiritual ancestry, linked perhaps to the esoteric theology of Orpheus, was represented by the philosophies of Pythagoras and Empedocles.

The concepts of the body as the soul's prison and that of reincarnation met in this spiritual context, and gave to the subject of catharsis the meaning of liberation of the "occult self" from the body through successful incarnations.

Since it is the magical and not the rational self that has to be cleansed, these cathartic techniques were not rational but magical. They might consist solely of ritual, like the orphic books that Plato denounced for their demoralising effect. They might use the incantatory power of music, as in the catharsis attributed to the Pythagoreans, or they might involve practicing a certain way of life. For, in both the old Orphean and in the Pythagorean view of life, the practice of "askesis" was a central feature: vegetarianism, sexual abstinence, the rule of silence for novices and discipline as an "antidote" to the ancient Dionysian rituals of "Sparagmos" and "Homophagia" (= Tear to bits and eat raw).

Plato said that maladies usually consisted of "*phobias or anxiety-feelings arising from some morbid mental condition*" (p.78). We do not have evidence or descriptions of these rituals, but Plato informs us that the diagnosis was based on the patient's response to music. Once the patients knew which god was responsible for their illness they could supplicate with the relevant sacrifices.

It is therefore important to bear in mind that, besides the mainstream cathartic experience in Ancient Greece, there was also a cryptic one, which, even if Aristotle was not promoting it, was potent enough to act as a shadowy background to his ideal of "completion" in his philosophy on Art creation.

B. The semantic context

While examining what Aristotle meant by introducing the term "catharsis" to his Poetics, one should not ignore the following issues:

First, Aristotle was a philosopher and not a playwright. While understanding how Drama was created, he did not create Drama himself. This implies that there is a distance between Aristotle's ideas about the tragic effect and what was actually being witnessed within the theatrical context in Ancient Greece. What was actually happening is lost.

Secondly, only one book of his "Poetics", that referring to Tragedy, still survives. The second book, referring to other forms of theatre in ancient Greece (Comedy and Satiric Drama) has not. Only a few references are mentioned in his first book on the pleasure of the "Ludicrus" and the shared "universality" between tragedy and comedy (Butcher, 1951, p.374)

It is thus necessary to gather information about catharsis in Comedy and Satiric Drama from other sources.

I shall deal first with catharsis, as mentioned in the definition of Tragedy, and with the main dilemma the definition raises, which refers to its direction: *whether catharsis refers to the spectator of a tragic drama or to the catharsis of the play itself.*

Before I go any further in dealing with notions that have held the attention of the finest minds of literature and philosophy for centuries, I have to declare that I am not attempting to provide an answer, nor to give a detailed account of all the opinions expressed. I will focus on some particular thoughts which may be useful for the area of Dramatherapy and which may link Drama theory to practice.

One of the most important theorists who forwarded the idea that catharsis refers to the structure of Tragedy is Else (1967). In his distinguished work on Aristotle's Poetics, Else states that it has been taken for granted that the catharsis-clause, whatever it may mean, has to do with the emotional reaction of the spectator. So deep-seated is this prejudice that a challenge to it is not very likely to receive a full hearing (p.227)

Nevertheless, Else's (p.409) view of the dramatic structure as a means of catharsis makes his argument more specific:

"The emotional implications of tragedy ought to be so thoroughly integral to the plot that one who merely 'hears the events as they happen' - as would be the case, says Aristotle, would shudder and feel pity."

From this viewpoint, if we consider the Tragedy "Oedipus Rex", catharsis could refer to the story of Oedipus as it was fixed in outline by tradition, or to the plot of Oedipus Rex, or to "the story as told in Oedipus Rex", as one would get it from reading the play itself. Although all of these ideas have found supporters, Else attempts a solution based on the roots of the written text:

"The plot of Oedipus, its outline or bare structure, before the play is written out, is what Aristotle has in mind. The stage of composition of the plot is prior to that of writing out the play, and therefore a fortiori to that of staging it".

Furthermore Else's proposal of the plot as a vehicle for catharsis can offer the guidelines for the performance itself, if we regard it as a text.

As Georgousopoulos (1996) states: *"The ancient theatre is a theatre of myth, a code that interprets a closed system of thought, which refers to a unity of forms. Every action is purposeful and typical, within this space; it is a reflection in an aesthetic form of the common perspective about the world.... I can see catharsis, as a specific theatrical function incorporated within a system of functions, finally as the performance itself"* (p.57).

Else argues that the spectator or reader does not perform the purification. The purification, that is, "the proof of the purity of the hero's motive in performing an otherwise 'unclean' act", is presented to him. His conscience accepts this and certifies the act for the spectators' emotions, issuing a licence that says: "You may pity this man, for he is like us, a good man rather than a bad one, and he is 'katharos', free of pollution" (p.438).

This point of view can be made explicit if we bear in mind the dramatic elements of the structure, which Aristotle mentions in his Poetics, as examined by Barry (1970, p. 157-173):

a) The concept of imitation of nature, but of a nature, which "makes", in other words that imitates what *may* happen, rather than what has happened.

b) The concept of a complete action, of appropriate size, with a beginning, middle and an end, with parts and a whole, which can encompass a change from good fortune to bad;

c) A basic pattern of events, a story with a plot, a pattern of change from good fortune to bad or patterns of reversal or recognition;

d) The rules of probability or necessity.

The question arising is how can catharsis happen in ***Comedy*** or in ***Satiric Drama*** and whether there is any evidence that catharsis is also related to the structure of the plot when the play is not a Tragedy.

Else responds to this clearly by stating that comic "error" (if we could use such a term) is as much part of Aristotle's thinking as the "tragic error"; it is in fact its counterpart.

Sutton (1994), in her research "The catharsis of comedy", refers to a tenth century document, known as the "Tractatus Coislinianus" (Cooper, 1926), which aims to summarize the contents of Aristotle's (or of some epigone) missing Book II, which probably referred to comedy (p.13). This defines comedy by a metaphor of the Aristotelian definition of Tragedy, as follows:

"Comedy is a representation of an action that is laughable and lacking in magnitude, complete [in embellished speech], with each of its parts [used] separately in the [various] elements [of the play; represented] by people acting and [not] by narration; accomplishing by means of pleasure and laughter the ***catharsis*** *of such emotions. It has laughter as its mother."*

Sutton (1994) frames a theory of the "Ridicule Process" (p.43) according to which comic catharsis occurs and which has the following stages;

a) Establishing a comic imitation or "surrogate" for the source of the spectator's bad feelings, called "the target". The surrogate has the functions of representing and eliciting laughter, but it can only work within appropriate limits, in a "safely sanitized emotional atmosphere". Otherwise the negative feelings evoked by the surrogate, might be too strong for them to be purged effectively and comedy would backfire on the spectator.

b) The spectator can appreciate the verisimilitude of the surrogate.

c) The surrogate acquires the capacity to evoke in the spectator the same negative feelings evoked by its target.

d) At the same time the surrogate invites the spectator to adopt an attitude of superiority towards it and

e) To transfer these feelings to the surrogate, changing his attitude towards him.

Once again, Sutton links Comic catharsis to the element of structure: "We might imagine the effect on the spectator would be all the more cathartic because the derision process goes to work at the most emotionally crucial point of the play, and because the spectator's emotional process of catharsis becomes entangled with the emotional reactions attendant upon plot resolution...Aristotle lived during the heyday of the New Comedy, when plot construction was deemed all-important.... when the playwright Menander is supposed to have said that he finished writing a comedy and all he had left to do was write the words" (p.96).

What today is considered Comedy, in Ancient Greece was called Satiric Drama. Only two of them, "Ichneutes" (by Sophocles) and "Cyclops" (by Euripides) have survived (Georgopapadacos, 1968). Catharsis has not been mentioned with respect to this dramatic form. Yet, within another historical context, Birney (1973) attempts an extension of catharsis, so as to define a "satiric catharsis" in the context of Shakespearean satiric drama which I shall include hereby, for it relates directly to the concept of structure:

"The satirist's destructive powers have long been acknowledged; the theory of satiric catharsis illuminates his sanative powers. The authorial satirist can work toward curing the actual work by preventing catharsis in his play, or he can affect a mimetic cure by causing catharsis" (p.10).

Birney argues that, through the invention of a "scapegoat mechanism" (p.18), like Falstaff in "Henry the IV", the satirist "changes a clown-like character's minor carping into a major dramatic force" (p.141).

Structurally, he creates a "stasis of plot", "preventing a traditional dramatic resolution and also...making a social criticism explicit, [which can] cause a disturbance in the audience as a body. It is strong medicine" (p.18).

C. The interpretational context

Aristotelian catharsis has received many interpretations from literary analysts and theorists ever since. The two basic opinions are that catharsis refers to the structure of the dramatic elements of a Tragedy or that catharsis refers to the psycho-

physiological response that is evoked in the spectator's souls (Chronopoulos, 2000). The basic interpretations are grouped as follows.

i) The medical (or psycho-physiological) view

According to Kouretas (1963), the psycho-physiological view depends on the release of a natural inner impulse of human beings to search for thrilling and even painful emotions, an idea which Plato also considers in his writings. This release of tension brings "a functional pleasure", in the same way that any physical function, such as breathing, can bring pleasure, if it is expressed freely.

In the late 19th century (in Chronopoulos, 2000), Bernays and Weil (p.29) used the Hippocratic paradigm about the equilibrium of fluids in the body through a homeopathic process to support a mainly medical view of catharsis. A strong emotion, equal to the one that needs to be alleviated, is effective when imposed from an external source. Tragic catharsis does not modify or suppress feelings but stirs them up. Thus, the excitation of emotions provokes the evacuation of these emotions leading to the feeling of pleasure. Catharsis is an emotional cleansing. As a variation of the medical approach, Muller and Lloyd (p.47) present the "ritual catharsis" of purification ceremonies, included within the orgiastic Dionysian rituals, since those ceremonies had healing intentions in ancient Greece.

ii) The moral view

This view was proposed initially by Iamblichos (283-333 A.C.) in his work "On Sacraments" (Kouretas, 1963). According to Chronopoulos (2000) and Papanoutsos (1976), the moral view of catharsis had a variety of supporters in the western world. It was first propounded by Italian critics of the Aristotelian Poetics in the 16th century, such as Maggi, Minturno, Buonamici, who suggested that through pity and fear the soul is purified from harmful passions, such as rage, avarice and lust. Lessing in Germany, in Hamburgishe Dramaturgie, written in 1769, argued for the idea of purification, which makes humans more ready to respond to the distress of fellow humans, known as "enlightment". For Lessing the human passions, through the arousal of pity and fear in theatre are transformed into virtues. In England, Dryden believed that Tragedy could cure, through pity and fear, eliminating the catastrophic vices of mankind, such as pride

and commiseration. Racine in France argued that pity and fear, by being aroused, are purged from their excess in the human soul.

Concerning the kind of emotions that are purified, opinions are contradictory. Some theorists such as Halliwell (1987) promote the opinion that tragedy is used as a "homeopathic" source of pain, in order to make us emotionally stronger for bigger painful events in real life and, thus to reach an ideal average condition ("μέτρον"). On the contrary, other researchers such as Belfiore (1992) argue for an "allopathic" approach in which Tragedy accomplishes, through pity and fear, the catharsis of opposite, shameless emotions. As the experience of catharsis moves away from the psyche it takes away the shameless emotions. This results to an emotionally "sane" condition in the ancient Greek thought, that of decency and respect.

iii) The intellectual view

This view can be considered as coming from the moral view, if catharsis is considered as a process of intellectual clarification and thus, pedagogic development. Chronopoulos (2000) refers to a number of contributors to this approach. Golden (p.35) argues that catharsis is not applied to feelings, but to cognitions that may provoke physical changes. For the spectators of a Tragedy, what is intellectually obscure becomes clear through catharsis. These cognitive changes occurring through tragic representations may lead, according to Janko (p.36), to the education of better citizens, emotionally in "measure" and supplied with practical wisdom. This idea of clarification is linked to Aristotle's idea of the inner human desire for knowledge, the acquisition of which provokes pleasure. Tragedy thus provides a kind of a moral education. A number of recent variations of this approach are presented. For Nehamas (p.38), clarification happens not on the intellect of the spectators, but within the dramatic actions of the drama itself. For Gassner (p.43) the clarification of the reason and result of what the spectators have witnessed is what completes the purification process and establishes equilibrium.

iv) The aesthetic view

The aesthetic point of view, as has been expressed by Goethe in 1827 (Chronopoulos, 2000, p.19), was built on the idea that the arts maintain autonomy from

the rest of human activity. So, in Tragedy, the aim is the harmonious perfection of the dramatic action rather than the emotional effect in the spectators' soul. This school has been systematically supported by Butcher from 1895, who denoted that catharsis is not meant merely to set free pity and fear. Within the aesthetic experience there is, according to Butcher, besides pleasure, an uplifting and a refinement of the soul. Butcher suggested that in tragedy we experience pity and fear without pain, because the action presented has a universal application: the tragic figures are beings like ourselves but with a greatness transcending our reach, of whom is demanded to face disasters that are more extreme than ours; consequently, the pity and fear we usually experience are brought into comparative insignificance.

Else (1967) in his work "The Argument", presents the aesthetic view that catharsis refers to the fatal or painful action, the tragic "passion". Catharsis lies within the play and is enacted through "mimesis" in the plot of the play and, especially, at the moment of "anagnorisis" (recognition). For Else catharsis is a functional and a transitional component of the tragic structure. It is not the end in a Tragedy, but it is followed by letting off pity and by tragic pleasure.

Other authors combine some of the above approaches. Vernardakis (in Kouretas, 1963), in his prologue for Euripides' Tragedies supports a "moral-religious" variation of this view, in which catharsis only happens within the dramatic fortune of the dramatic characters for which it stands as a kind of justice for the virtuous. Papanoutsos (1976) combines the moral and the aesthetic view, following the thought that catharsis does not take place in the soul of the spectators, but within the feelings themselves, which need discipline rather than expiation. He states that catharsis prepares emotions relative to symmetry within the psychic world. Thus, through catharsis, feelings become fine enough to reach a deeper moral meaning and aesthetic pleasure.

Thus we arrive at an overview regarding catharsis from a sociocultural, a semantic and an interpretational context. Let us see at this point how these ideas can relate to Dramatherapy practice.

The aspect of catharsis, which refers to the emotions of spectators, does not particularly concern Dramatherapy, because of the means by which "audience" is formed within its practice. As Jones states: "The audience in Dramatherapy is interactive; being witnessed by others or the facilitator, witnessing others, or witnessing oneself, are all possible interactions". (1996, p.112).

In most Dramatherapy practice the interest is not in "a complete action" that has to be delivered to an audience, but in the creation of a plot, of a therapeutic structure, of a life-performance text for the members of the group or the individual client.

Instead, the idea of catharsis within a therapeutic process can be seen as initiated by the therapist's plan, as a plot to start with, and structured by the sequence of the guided events of the sessions leading to a closure. It can also encompass moments of practice where laughter is arrived at, for which the structure of the session needs to be seen from the angle of the dramatic medium of Comedy.

The common aspect between Dramatherapy and the tragic mode is the idea of structure; a structure of the plot of the session as a "vehicle" for the projection and containment of the group members' feelings. As I will discuss later, this cathartic plot can be realised according to the various Dramatherapy models.

This hypothesis is not self-evident, but despite its gaps and contradictions, it may be a pathway to understand how Dramatherapy can contain conflict and can possibly reach resolution. Within a Dramatherapy process, such a resolution is subjectively encountered by the clients and is open to future transformations. As Bennet (1988) mentions:

"The tragic dialogue and plot act for the audience like partially correct interpretations...and members of the audience give partially correct interpretations. Any given interpretation must possess and convey a measure of certainty and conviction that 'this is what the play means' but it must still allow or admit that there is an unexplained residuum. 'Explanation without remainder' in literature and in life, is a dream, not a reality" (p. 263).

If the conflicts we experience today are not so far removed from our archetypal, conflicting imagery of shadow and light, chaos and order, collective and individual, old and new, catharsis can be a useful metaphor for a therapeutic goal in contemporary Dramatherapy practice.

I shall now move on to how the notion of catharsis has been received within the contemporary psychotherapeutic field.

2. *MAKING BRIDGES: CATHARSIS AND PSYCHOTHERAPY*

The 20th century experimental trend in Psychotherapy has questioned widely the effectiveness of catharsis.

From the time of the healing attempts by Father Gassner and Mesmer in the eighteenth century to the hypnotic catharsis of Breuer and Freud to Anna O., many "cathartic" psychotherapies have been developed. (Straton, 1990). However, the most notable development of the notion of catharsis, which introduces the theatrical model to Psychotherapy, happened with the establishment of Psychodrama.

Moreno (1985), the father of Psychodrama, had two basic cultural influences in establishing the notion of catharsis in psychodrama. The initial was the Ancient Greek tradition of Drama, in which he read catharsis from an aesthetic perspective, as a process of mental catharsis localised in the spectator, which he named "secondary catharsis".

The second was Hebrew religious ritual within which he read catharsis as a moral process localised in the subject, who in order to become a saviour, had to make an effort, to actualise and save himself. He named this "primary catharsis". This formulation led him to move from the spectator to the actor within a group. Moreno (1985) saw Psychodrama as an extension of life rather than an "imitation of it" (p.15). He stated that: *"Catharsis is not a primary but a secondary phenomenon, a by-product, an effect of poetry upon the reader or spectator."* (p.14)

Psychodramatic theory has developed the idea of catharsis along four lines: the somatic, the mental, the individual and the group. Within the psychodramatic situation the patient is the recipient of the three basic forms of mental catharsis, the one from the author- the creator of the private drama- the other from the actor who lives it out, and the third one from the audience which co-experiences the event. The "healing effect", which applies to all those participants in a Psychodrama who produce the drama, introduces a third type of mental catharsis (Roine, 1997, p.216).

Moreno's emphasis on structure was passed on his followers. Yablonsky (1992) speaks about the psychodramatic processes in terms of nuances of dialogue, body positions, turning points of revelation, insights, the use of techniques, group moods, and the director's goals and therapeutic hypothesis in order to convey the real meaning of a session. Williams (1989), in his psychodramatic techniques with family therapy, describes:

"The process of enacting a family myth allows the myth creator to have a more explicit picture of how their fantasies would be if enacted and also allows the passive members to see the fantasies in which they are wittingly or unwittingly involved. Only seldom is the goal of enactment in family therapy to achieve a catharsis on the part of the protagonist" (p.199).

Ever since the onset of Psychodrama, a number of Psychotherapies developed, claiming to be "cathartic", such as Reich's "Character Analysis", Hornsley's "Narcoanalysis", Perl's "Gestalt Therapy", Janov's "Primal Therapy" and Lowen's "Bioenergetic Analysis" (in Straton 1990). The related terms to describe catharsis, such as "ventilation", "abreaction", "primal scream", or "total climax" were of a broad spectrum. But the principle remains the same; as Kellerman (1992) puts it, "to induce patients to purge themselves mentally of whatever morbid content was stored inside them."(p.77)

However, mainstream Psychiatry and Psychotherapy have held for many years that cathartic psychotherapies involving powerful emotional expression are of a limited value. The conventional wisdom is that they are at best ineffective, at worst dangerous (Straton, 1990).

Empirical research has focused mainly on the frustration-aggression hypothesis, suggesting that aggressive expression reduces the instigation for actual aggression (Dollard & Miller, in Kellerman, 1992) A number of recent researchers show that this is not the case, and that it depends on the personality of the client. Willis (in Holmes & Karp, 1991) has observed that inhibited clients are more benefited by cathartic methods than impulsive ones. Yalom (1985), in his comparative study of curative factors in Group Psychotherapy, states that "it is only a part of the process and it must be complemented by other factors".

Nichols and Zax (1977) in their review of catharsis in religious and magical healing rites, psychoanalysis, clinical hypnotherapy, group therapy, behaviour therapy, the social psychology of aggression and the treatment of war-neuroses, found that catharsis, was never enough to bring about a psychotherapeutic cure on its own. All the previous experimental research points out that without an overall structure and containment psychotherapy cannot guarantee personal change.

Recent models of catharsis are proposed in the important study of Straton "Catharsis re-considered" (1990). He proposed that catharsis works through the following four scientific models:

Recent models of catharsis are proposed in the important study of Straton "Catharsis re-considered" (1990). He proposed that catharsis works through the following four scientific models:

i) The Hydraulic model, which aims at unblocking energy.

ii) The Pavlovian model, which aims at raising the level of arousal in the brain and creating a physiological disturbance, through which new ideas can be instilled.

iii) The Cathexis model, which aims at emotional attachment (bonding) at times of change of arousal.

iv) The Holographic Model which suggests that memories, emotions and life decisions may be recorded in ways that are frequency-specific to the state of the brain at the time of the experience.

Being a supporter of the last model in scientific research, Straton explains that this can be realised by "tuning" the brain to the same "frequency" as when the memory was recorded. This means "reduplicating, the psycho-physiological state of the person at a time the restrictive life decision was made and then facilitating the making of a new, a life-enhancing re-decision" (p.549). Straton compares this "re-decision' to the analytic "insight" and marks out the importance of the post-cathartic phase of treatment.

We have seen by now how catharsis can be seen as a structural process within Psychotherapy and, especially, Psychodrama. The importance of a therapeutic structure, which Moreno introduced, is accepted by all later psychodramatists (Yablonsky, 1992). If we consider the scientific views mentioned above from a Dramatherapy angle, we can assume that they provide a scientific model for how techniques such as mirroring, doubling, and role-reversal might affect traumatic memories and how crucial the overall environment and support is for the outcome of a cathartic session. Perhaps a future scientific explanation of the psychotherapeutic concept of "containment" is yet to come.

3. DRAMATHERAPY AND CATHARSIS

Dramatherapy theorists and practitioners in various ways, according to their ideological background, subjecting it at times to spiritual, religious, socio-political or intrapersonal psychological changes, have used the notion of catharsis.

However, as Jones points out (1996, p.45) "A distortion can occur as a tradition or practice is given a false contemporary interpretation. Hence, it can be problematic to describe the forms of other or earlier cultures- forms often thought as "ritual"- in terms of being a kind of Dramatherapy".

Within this context I find it useful to refer to how the notion of catharsis has been used within different existing Dramatherapy models and whether there is common ground for its use in the present.

A. The ritual model

If the basic therapeutic factor the ritual model has to offer to the Dramatherapy practice is the aesthetic distancing effect, one can see clearly its links to the notion of catharsis, a phenomenon born within primitive rituals and developed into an aesthetic aim when theatre became one of the arts.

In his foundation of a therapeutic method called "the Cathartic Therapy", Scheff (1979) defines aesthetic distancing as *"the process of participation in and observation of repressed emotion, of being able to move back and forth freely between the distress of an overwhelming emotional event and the safety and reassurance of the present moment, whether that moment is occurring in therapy, ritual, or theatre"* (p.226).

Scheff argues that in the area of ritual and drama *"the social form which reawakens collectively held distress, which is unresolved in everyday life, may produce catharsis and criticises modern ritual for being overdistanced"*. As for the area of psychotherapy he states *"catharsis is a necessary condition for therapeutic change"* (p.13).

Johnson, after a long period of research in developmental performance-making with clients with schizophrenia, has lately (1995) used therapeutic ceremonies for the treatment of clients with a post-traumatic stress disorder. In his recent work with

Johnson uses the term "containing" as opposed to "suppressing" emotions, in order to estimate the value of ceremonies as a community's adaptation process to a crisis. Within these rituals, specific times are provided for spontaneous, individual actions or comments by members. In this way, therapeutic rituals allow for greater arousal of the disturbing situation, and therefore for greater emotional catharsis. *"Ceremonies help to re-contextualise the experience of trauma victims, thereby giving meaning to their alienation"* (p.286). Thus Johnson, through the concept of containment tends to link the traditional notion of catharsis as an emotional arousal to the structure of a therapeutic process.

Steve Mitchell (1990) has worked extensively in Dramatherapy through a ritual theatre model. Being familiar with Peter Brook's method of staging, he formed a Dramatherapy model of working on three successive factors; first, a decision-making process involving the clients, second, the poetic use of imagination and third, the dynamic process of character building. Developing later his own model of "the theatre of self-expression" (1998), Mitchell suggests that *"in ritual theatre the focus of work is not aesthetic concerns but primarily the generation of a personal transformation from one state of consciousness to another"* (p.6). He also mentions that *"although not only catharsis is aimed at in a ritual of transformation"*, it is in this "liminal time" that the process of "poiesis" can take place (p.9).

In relevance to the ritual model, Grainger (1990) combines a spiritual approach to catharsis with a well-grounded theory of structure. He considers the *"catharsis of ritual"* as *"an archetype of a redemption of private self-occupation by identification with another's pain, on which dramatic catharsis depends"* (p.125). *"Healing"* says Grainger, *"like Spirit, moves among and between us, helped to do this by the dramatic structure, which allows the sharing of pain in catharsis"* (p.128).

The crucial line of demarcation within a theatrical event is the space between audience and actors; an element of structure, which defines the nature of everything that takes place within its context. Duggan and Grainger (1997) go beyond this physical demarcation of space to meet the intensity of the theatre phenomenon through an initial identification process:

"Space is opportunity, location, the ground for human encounter; as distance, it is the catalyst for relationships between persons.... The flesh we recognise before us on the stage or in the arena is our own flesh, our own reality. Before we get round to imagining ourselves, we recognise ourselves" (p.67).

Grainger (1990) links his humanistic standpoint to Kelly's "Construct Theory" (1955). He considers personal construct systems as *"the mises-en-scene for the drama of human relationship, the cast and setting for a plot that is always changing, always changeable"* (p.36).

From a completely different philosophical and historical angle than the Aristotelian thought, Duggan and Grainger (1997) nevertheless place considerable importance on the play's plot:

"It is the play's plot that creates 'as if' by giving rise to the kind of reaction we call empathetic. As for ourselves, we are caught up in the story 'as if' it were our own because at some level we are reminded of our own stories. This is an exceedingly powerful process of association, one which amounts to a kind of psychological assimilation" (p.68).

The notion of catharsis is used by Grainger (1990) as a vehicle for his teleological assumptions, similar to the identification process within a religious ritual: *"Whether it be from the ancient doctrine of catharsis, which sees theatre as redemption-by-sharing, or the process of personal transformation-by-identification which lies at the heart of religious ritual, drama therapy inherits a concern for the ultimate, and draws its healing power from this fact"* (p.132).

In sum, the structure of a ritual permits the distancing effect to occur, either as a resistance to becoming involved in a ritual, or as identification within this structure leading to catharsis, the permission we give to the action of the ritual to affect our own feelings and to promote change.

B. The Role Model

Based on Scheff's notion of "aesthetic distance", Landy (1994) has developed a Dramatherapy role model, which aims at managing the distance between individuals and the roles they enact in their lives (p.26). Landy refers to catharsis from an innovative angle, relating it to intrinsic parts of the Dramatherapy process. His main points are the following:

i) Catharsis is linked to the notion of recognition and insight.

"Anagnorisis" (recognition) in Aristotle is a change from ignorance to knowledge. Leech in "Tragedy" (1969) claims that what tragedy is ultimately about, is the realisation of the unthinkable. (p.65). Landy states "Catharsis can be seen as the

recognition of a psychological paradox. It implies the ability to recognise contradictions, to see how conflicting aspects of one's psychic life or social life, of one's thinking, speaking, or feeling can exist simultaneously." (p.114).

Although Landy perceives that in Aristotle's theory catharsis referred to the audience, he states that in Dramatherapy "catharsis is germane to both the client, who releases emotion when properly distanced in relation to his role, and to those group members who identify with the experience of the client". (p.131).

Furthermore, he attributes to the notion of catharsis, a meaning of insight. Whether this is in accordance to the ancient use of the word is debatable. However it is innovative from a psychotherapeutic perspective, because catharsis and insight are meant to define distinct therapeutic phenomena (Yalom, 1985).

ii) Catharsis is connected to the therapeutic structure.

For Landy, the moments of catharsis and recognition, when they do occur, are often part of the action on stage. They may occur at any time during a series of sessions or at any time within a session, during the warm up, the main action or the closure. However he states that, generally, following catharsis the therapist moves into the final stage of the Dramatherapy session, which is that of closure (p.131).

iii) Catharsis is linked to creativity and delight.

Landy broadens the term to include what can be called the "comic" catharsis, with which he engages the enjoyable and playful aspects off Dramatherapy. He states "The moment of catharsis is also a creative moment, rather like the discovery of a pun" (p.115). He acknowledges the delight in punning, playing with language and jokes, as a place where two different meanings of the same word create a tension that can be "resolved through laughter or a less overt expression of recognition" (p.115).

iv) Catharsis is found in a variable spectrum of responses.

Catharsis for Landy can be a release of tension through a shrug of the shoulders, a yawn, or a smile. "In Dramatherapy, the moments of catharsis and recognition are no less powerful, but they are not necessarily large tearful moments" (p.131).

Landy points out that catharsis might not be at all necessary in Dramatherapy. This seems, according to my view, the weakest part of his argument. Firstly, because by including into the notion of catharsis any emotional reaction, any therapeutic event can be defined as cathartic. Secondly, this argument contradicts his previous statements on the importance of recognition and insight, as synonyms to the notion of catharsis.

C. Therapeutic Storymaking

Therapeutic storymaking pays most attention to structure, to the containment of the client through the story. The most well known techniques used are Gersie's (1990) storymaking structure (landscape- character- dwelling place- obstacle- helpmate- resolution), Cattanach' s "Shield" (1997) and Lahad's "six piece storymaking" ("6-PSM", 1993). They are all based on the structure a myth can provide.

Gersie (1988) argues that catharsis can help a repressed memory, that needs to be forgotten but which is stored in the body, to return and to become acceptable. This memory has to be brought back to light, then be deconstructed and restructured within the therapeutic process.

She refers to the moral as well as to the emotional implications of catharsis and points out that even one single interpretation of catharsis would present the client with a lack of choice.

Gersie thinks that the healing effect of catharsis does not always appear at the stage when the client is experiencing great explosions of emotions. She acknowledges the phase of doubt as the starting point of a therapeutic change. A phase in which a client reconciles him/herself with his/her inner witness of his/her own experience, in order to achieve internal calm.

Gersie (1990), acknowledging the therapeutic distance states; "Stories are gatekeepers between our inner and outer worlds. The known world is the starting point, the connection with a reality, which we can identify and recognise. In the process of its unfolding, the tale develops a story line which contains and explores the unknown. A story is a guide because it takes us from resting place to adventure, through misfortune to culmination and the end". (p.35).

Cattanach (1997), in her work with sexually abused children, has witnessed that the perpetrator often set up structures similar to a performance, and the child becomes an actor in these sequences. In Play therapy the child is able to reconstruct those scenarios in narrative form so they can be reframed and made less fearful. (p.77). She adds: "Sometimes a gruesome story can help us contain our own fears, perhaps make us laugh or be a cathartic experience as we purge out our own terrors through a story" (p.198). Cattanach (1999) conceives the stories in Play therapy as a "co-construction" between the child and the therapist towards the containment of the child's inner fears and of the need to relate through playing.

Jenkyns uses theatrical texts in therapeutic work (1996), the structure of which "can provide a container for difficult feelings and unexplored parts of the self" (p.48). The text of the play, she believes, is where all the magic happens. "It is that moment of perfect tension between two realities in a moment of absolute sincerity and absorption" (p.19).

Thus, the importance of a cathartic structure for the client's well-being in the model of therapeutic storymaking is obvious.

D. The Embodiment-Projection-Role (EPR) model

Jennings (1987) was the first to introduce the developmental model of "EPR" in Dramatherapy. The structure of this model contains a gradual passage from the clients' embodiment of feelings or ideas to their projection onto a dramatic medium and then to role creation. Jennings has lately incorporated into this model elements of the ritual model and she has developed a model that she names "Ritual Theatre of Healing" (1994), influenced by Artaud's "Theatre of Cruelty".

She suggests that Dramatherapy is "in the realm of 'mimesis' and 'poiesis', making by imagination into actions that are embodied, vocalised, projected into images and dramatised" (p.96) The metaphysical dimension of Artaud's "Theatre of Cruelty" inspired Jennings with a different idea about catharsis.

For Artaud catharsis can be achieved "especially through major disasters". He emphasises the importance of taking people by surprise, within a grotesque frame, where theatre is a violent, open-ended symbol, which leads and doesn't merely imitate life ("The theatre and its double", 1970). Catharsis for Artaud depends on the notions of contact and detachment, danger and safety. However contradictory to Aristotle this model is, the concept of aesthetic distance is always there. Duggan (1997) states "Artaud locates the place and time of theatrical encounter within the theatrical symbol itself, within the play's cruel heart, the living person of the actor" (p.98).

Jennings finds useful such a concept of catharsis for Dramatherapy practice with people who have experienced the cruelty of deprivation of symbolic functions in isolating and confusing environments, such as closed institutions.

E. The therapeutic performance-making model

The therapeutic performance-making process is notably exemplified by the work of Johnson and Emunah in the U.S.A. during the last two decades.

Emunah in her work "Acting for Real" (1994) proposes a paradigm of five sequential stage structures for a therapeutic performance process with clients through dramatic play, scene work, role-play, culminating enactment, dramatic ritual. The core of this process is the culminating enactment, where "in-depth therapeutic work is multi-dimensional; emotional catharsis, insight, and behavioural change are equally valued" (p.76).

Emunah creates autobiographical performances based on self-revelatory material, mostly influenced by Grotowski's "Holy theatre" (1968), in which the actors' exposure of their "innermost core" invites the audience to a similar journey. In such performances, the distance between actors and audience is drastically decreased. "When there is no fiction the emotional catharsis that the theatre has always sanctioned is intensified. In the darkened, communal, sacred theatrical space, the audience can cry together for the pain of the people on stage, for their own pain, for the human condition" (p.293). Emunah's cathartic therapeutic work can be considered as a carefully constructed "act of love".

In a different cultural framework, ancient Greek Tragedies have been used as material for therapeutic performance-making in the Greek Psychiatric Hospital "Dromocaition" in Athens between 1950 and 1960. "Oedipus Rex", "Electra", "Antigone", "Eumenides" were stage-directed with psychotic inpatients as actors, by psychoanalytically oriented psychiatrists who were interested in theatre. Lyketsos (1980), professor of Psychiatry and director of some of those projects considers catharsis in these performances from the point of view of abreaction, "which lowers the level of anxiety and emotional pressure, promoting, thus controlled behaviour and social communication". Lyketsos gave great importance to "the power of the plot, and the language of classical ancient Greek drama alone" (p.247) as a container for the beneficial effect to Greek clients.

F. The "Theatre of the Oppressed" model

Contrary to the aforementioned positions, Boal (1995) considers catharsis as a conservative process. Boal criticises the dispowering effect of the existing models of catharsis (p.69):

a) Medical catharsis, an elimination of physical, psychological or psychosomatic suffering of the individuals,

b) The Morenian, which he regards as a kind of emotional purification, and

c) The Aristotelian, where what is expelled is the hero's tendency to violate the law, whether human or divine, and where the spectators of this transformation purify themselves of the desire for transformation since, in the fiction of the performance, they have already experienced that transformation.

In his "Theatre of the oppressed", Boal considers catharsis to be what he calls as "the catharsis of detrimental blocks". His goal is to create disequilibrium, to undermine the images of dramatic action on stage by the intervener-spectators, whom he calls "spect-actors" and who replace the actors halfway during the action "in their names and not in their place".

This classification though, does not seem to take into account that:

a) Ancient Greek theatre was a tool for "democracy" in the very first stage of its foundation as a system of government (Georgousopoulos, 1996). Whatever one thinks of this government today, one should relate it to its historical, political and religious context.

b) The active participation of the audience in Ancient Greek Theatre through a number of ways, such as performances in the day light, the function of the chorus, the existence of "paravasis", the modes of audience response, the fact that the audience members had taken part in such spectacles as actors during their lifetime etc. (Goldhill, 1986)

c) The multiplicity of interpretations of the notion catharsis ever since, which permits the use of the notion as a metaphor according to the different contexts in which it is applied. Boal's interpretation of catharsis as "a system of coercion" has to re-examine who is the oppressor and who the oppressed. For example, within a contemporary Dramatherapy context often the witnessing members adopt a judgemental attitude towards group members that enact a particular theme.

However, the "Theatre of the oppressed" seems to have paradoxically assimilated one of the basic ideas of Aristotle, the importance of a structure. Boal's deconstruction has a method, it follows a structured process. By reversing the plot of a session or of a performance of a social condition, by destroying the actual flows of events on the scene and by interrupting the action in order to lead to a resolution, the participants are led to a psychological liberation and gain a political insight. This can be cathartic because it inspires revolution in the safe ground of a theatrical enactment.

4. Conclusion on Catharsis

I have discussed the different Dramatherapy models and have explored how they approach the notion of catharsis. I summarise here the importance of:

- The balance of distance in the Cathartic Therapy of Scheff,
- The spiritual construct of the healing symbol in Grainger and Duggan,
- The stages of ritual of Mitchell's theatre model,
- The connection Landy makes between catharsis, recognition and insight as well as his positing of a comic medium of catharsis,
- The links Jennings attempts to a healing symbol of meta-psychology influenced by Antonin Artaud,
- The structured way Gersie, Cattanach, Lahad and Jenkyns work with stories, play and theatrical texts,
- The offer of love through self-revelation and the holding factor of a therapeutic performance for all its participants.
- The subversive anti-structure of Boal's theatre.

Is there finally any common ground for catharsis between them? The following argument is in favour of suggesting that there is.

This part of the thesis shows that the notion of catharsis is crucial for Dramatherapy because it stands for structure, mutual concern and respect between clients and therapists. It includes the point of resolution and provides safety without strangling spontaneity.

There can be no peak if there is no baseline. A Dramatherapist is trained to be ready to provide both to his/her clients when structuring a therapeutic process. This can be related to the importance Aristotle places on the construction of the plot of a drama, with a beginning, a middle part and an end, by acknowledging probability and necessity

in order to provide not only a spectacle, but also a meeting of light with shadow with a democratic function; a place where difference and commonality can intermingle meaningfully.

Catharsis in Dramatherapy offers structure, but structure need not mean constriction of the clients' spontaneity. Catharsis gives an opportunity for the appearance of spontaneity, which can be contained in a way that is neither threatening for the clients nor threatened by the therapist's plan of work. It can provide a way to let the feelings free and help the individual create. The role of the Dramatherapist includes this responsibility. As Tom Stoppard (1967) warns us in "Rosencrantz and Guildenstern are Dead":

"Wheels have been set in motion, and they have their own pace to which we are condemned. Each move is dictated by the previous one-that is the meaning of order. If we start being arbitrary it'll just be a shambles: at least, let us hope so. Because if we happened, just happened to discover, or even suspect, that our spontaneity was part of their order, we'd know that we were lost" (pp.42-43).

Whether it is the role, the myth, or the aesthetic distance, whether it is the mask or the puppet, whether it happens in a serious or in a humorous way, catharsis is possible. And it is the structure within these Dramatherapy elements that might promote change. Catharsis does not appear after these elements have been applied in therapy; it is their own intrinsic properties that are cathartic.

In this chapter I have explored the notion of catharsis as a crucial therapeutic factor in Dramatherapy practice, and especially the kind of practice, which is related to the issue of performance.

I have also highlighted how Dramatherapy can be linked to the ancient origins of theatre, through the notion of catharsis that runs through the ages and cultures, first defined by Aristotle in the case of ancient Greek Tragedy.

I will refer next to a particular population of clients within the therapeutic spectrum, those clients that have the diagnosis of schizophrenia and their particular performance as individuals from a psychological and psychiatric point of view.

ADDITIONAL STATISTICAL RESULTS

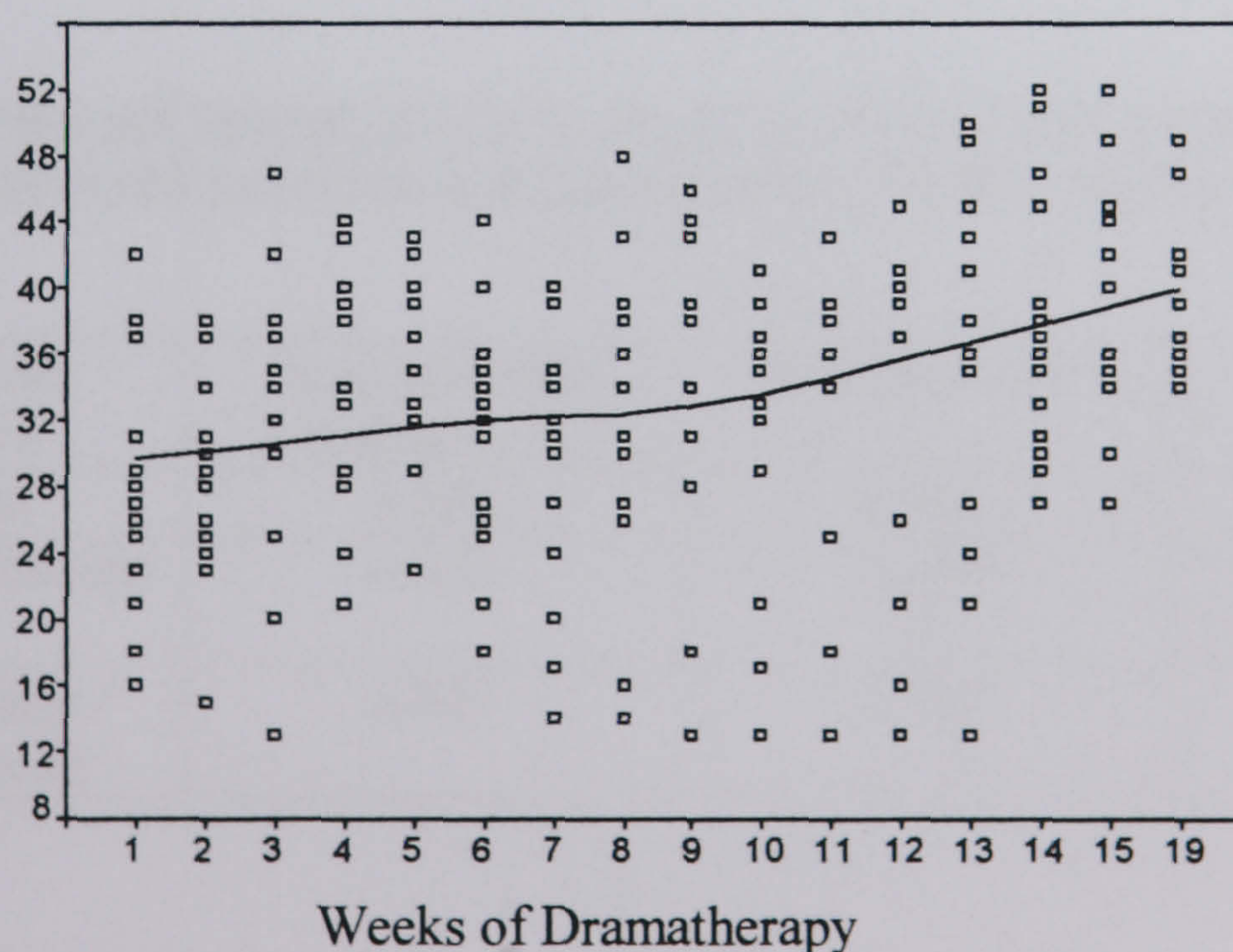
THE DRAMATIC INVOLVEMENT INVENTORY- TEST FOR TREND

Table I. Dramatic Involvement in the Dramatherapy group

Week	Mean	Median	St.Deviation	Range
1	27.53	27.0	7.19	16-42
2	29.07	29.0	6.70	15-38
3	32.53	35.0	8.99	13-47
4	34.00	34.0	7.35	21-44
5	33.28	32.5	6.41	23-43
6	31.13	32.0	6.86	18-44
7	28.85	30.5	7.74	14-40
8	30.57	30.5	10.22	14-48
9	34.53	38.0	9.83	13-46
10	30.27	33.0	9.26	13-41
11	32.00	36.0	9.44	13-43
12	33.16	39.5	11.02	13-45
13	34.30	36.0	11.58	13-50
14	38.33	37.0	8.00	27-52
15	39.73	40.0	8.05	27-52
19	40.25	40.0	4.57	34-49

The test for trend for the dramatic involvement of the clients within the Dramatherapy group showed a significant increase throughout the Dramatherapy process ($p < 0.001$).

Dramatic Involvement
Inventory score



Weeks of Dramatherapy

(week 15: performance, week 19: group closure)

THE ROBSON SELF ESTEEM SCALE- REGRESSION RESULTS

(The results of the subscale 4-competence and efficacy is included in the thesis)

Table I. **Robson self esteem** results for linear regression model (dependent variable: Robson self esteem total post)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	22.608	7.833	0.009
Robson self esteem total pre	0.830	0.080	< 0.001
Dramatherapy/ Control group	3.724	4.130	0.377

Table II. **Robson self esteem** results for linear regression model (dependent variable: Robson self esteem post 1 – attraction, approval)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	7.072	2.092	0.003
Robson self esteem pre 1	0.801	0.121	< 0.001
Dramatherapy / control group	-2.842	1.612	0.092

Table III. **Robson self esteem** results for linear regression model (dependent variable: Robson self esteem post 2 -contentment – worth – significance)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	4.589	2.805	0.116
Robson self esteem pre 2	0.634	0.163	0.001
Dramatherapy / control group	3.875	2.549	0.143

Table IV. **Robson self esteem** results for linear regression model (dependent variable: Robson self esteem post 3 – autonomous self)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	8.932	2.141	< 0.001
Robson self esteem pre 3	0.687	0.105	< 0.001
Dramatherapy / control group	-1.708	1.701	0.326

Table V. **Robson self esteem** results for linear regression model (dependent variable: Robson self esteem post 5 – value of existence)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	6.462	3.223	0.057
Robson self esteem pre 5	0.645	0.153	< 0.001
Dramatherapy / control group	2.683	2.186	0.233

RESULTS OF THE SIGNIFICANT OTHERS SCALE (S.O.S.)

Table I. PRE Comparison between the Dramatherapy and the Control group of the **Significant Others Scale (SOS)** (total and subscale scores).

SOS (level of support)	Dramatherapy group			Control group			
	N	Median	Range	N	Median	Range	P-value
Actual emotional	15	5.00	2.65-7.00	14	4.95	2.25-7.00	0.896
Actual practical	15	4.80	2.60-7.00	14	5.07	2.00-7.00	0.555
Total actual	15	4.90	2.95-7.00	14	5.16	2.90-7.00	0.793
Ideal emotional	14	5.77	4.00-7.00	13	6.40	4.85-7.00	0.133
Ideal practical	14	5.43	3.15-7.00	13	5.65	4.65-7.00	0.435
Total ideal	14	5.60	3.85-7.00	13	6.03	5.03-7.00	0.205
Total emotional discrepancy	15	0.70	0.00-2.10	13	1.50	0.00-3.50	0.081
Total practical discrepancy	14	0.50	0.00-1.50	13	1.10	0.00-2.70	0.164
Total difference recoded	14	0.66	0.00-1.50	13	1.50	0.00-2.32	**0.034**

Table II. POST Comparison of the **Significant Others Scale (SOS)** between the Dramatherapy and the Control group

	Dramatherapy group			Control group			
SOS (level of support)	N	Median	Range	N	Median	Range	P-value
Actual emotional	14	5.00	3.60-6.80	13	5.80	3.90-7.00	**0.052**
Actual practical	14	4.75	2.00-6.50	13	5.15	3.40-7.00	0.466
Total actual	14	5.16	3.25-6.65	13	5.50	3.75-7.00	0.190
Ideal emotional	14	6.20	3.05-7.00	13	6.90	5.75-7.00	**0.002**
Ideal practical	14	5.65	1.25-7.00	13	6.70	4.70-7.00	**0.018**
Total ideal	14	5.66	2.60-7.00	13	6.78	5.45-7.00	**0.004**
Total emotional discrepancy	14	0.60	0.00-2.95	13	1.15	0.00-2.80	0.627
Total practical discrepancy	14	0.60	0.00-2.15	13	1.40	0.00-3.37	0.315
Total difference recoded	14	0.77	0.00-2.55	13	1.30	0.00-2.80	0.356

Table III. Comparison of the PRE-POST change of the **Significant Others Scale (SOS)** between the Dramatherapy and the Control Group

SOS (level of support)	Dramatherapy Group			Control Group			
	N	Median	Range	N	Median	Range	P-value
Actual Emotional	14	-2.50	-3.00-2.35	13	-0.20	-2.75-1.20	0.286
Actual Practical	14	-0.10	-1.65-5.00	13	-0.20	-2.00-0.65	0.827
Total Actual	14	-6.00	-2.00-3.67	13	-0.30	-1.80-0.45	0.308
Ideal Emotional	13	-1.00	-1.75-3.60	12	-0.15	-1.55-0.75	1.000
Ideal Practical	13	0.00	-2.85-5.25	12	-0.55	-2.00-2.30	0.300
Total Ideal	13	-3.00	-1.98-4.40	12	-0.545	-1.75-1.15	0.182
Total emotional discrepancy	14	-0.33	-2.65-1.35	12	0.00	-1.20-1.15	0.247
Total practical discrepancy	13	0.00	-2.00-1.00	12	0.00	-1.62-1.10	0.681
Total diff. recoded	13	-0.19	-2.30-1.13	12	-4.00	-0.65-0.90	0.355

RESULTS OF THE SANS SCALE

Table I. PRE Comparison of the SANS scale between the Dramatherapy and the Control group

	Dramatherapy group			Control group			P-value
SANS	N	Mean	St. dev.	N	Mean	St. Dev.	
1- Unchanging facial expression	15	2.7	1.2	16	2.7	1.1	0.915
2- Decreased spontaneous movements	15	2.3	1.4	16	2.2	0.9	0.735
3- Paucity of expressive gestures	15	2.5	1.2	16	2.1	0.8	0.256
4- Poor eye contact	15	2.3	1.2	16	1.5	1.3	0.080
5- Affective non-responsivity	15	2.0	1.5	16	2.2	1.0	0.677
6- Inappropriate affect	15	2.4	1.6	16	1.7	1.0	0.140
7- Lack of vocal inflections	15	2.4	1.8	16	2.3	0.9	0.766
8- Complaints of affective void or lack of affection	15	2.3	1.4	16	2.7	0.9	0.421
9- Total affective flattening	15	27	1.0	16	2.2	0.7	0.135
10- Poverty of speech	15	19	1.5	16	2.1	0.9	0.717
11- Poverty of content of speech	15	23	1.2	16	2.3	1.4	0.983
12- Blocking	15	0.5	1.1	16	0.7	1.1	0.691
13- Increased response latency	15	18	1.0	16	1.7	1.3	0.846
14- Complaints of alogia	15	22	1.5	16	2.6	1.2	0.423
15- Total alogia	15	2.2	1.4	16	1.9	1.1	0.564
16- Grooming and hygiene	15	1.4	1.3	16	1.6	1.3	0.635
17- Impersistence at work or school	15	4.0	1.0	16	3.4	0.9	0.118
18- Physical anergia	15	3.2	1.3	16	3.1	0.8	0.785
19- Complaints of avolition – apathy	15	2.4	1.3	16	2.8	0.9	0.270
20- Total avolition – apathy	15	3.1	1.0	16	2.9	0.8	0.695
21- Recreational interests, activities	15	3.1	1.1	16	3.3	0.7	0.542
22- Sexual interests, activity	15	3.1	1.4	16	3.1	1.1	0.930
23- Intimacy, closeness	15	2.4	1.5	16	2.3	0.9	0.796
24- Relationship with friends, peers	15	2.8	1.5	16	2.5	1.4	0.574
25- Complaints of anhedonia – asociality	15	2.8	1.1	16	3.0	0.9	0.646
26- Total anhedonia – asociality	15	3.0	1.2	16	2.9	0.8	0.734
27- Social inattentiveness	15	2.6	1.4	16	2.6	1.3	0.986
28- Inattentiveness during testing	15	1.8	1.6	16	1.8	1.4	0.928
29- Complaints of inattentiveness	15	2.6	1.1	16	2.9	0.8	0.420
30- Total inattentiveness	15	2.4	1.2	16	2.6	0.9	0.668
TOTAL SANS	15	73.0	26.5	16	71.5	17.2	0.858

Table II. POST Comparison of the **SANS** scale between the Dramatherapy and the Control group

SANS	Dramatherapy group			Control group			P-value
	N	Mean	St. dev.	N	Mean	St. dev.	
1- Unchanging facial expression	15	1.7	1.0	16	2.5	1.1	0.025
2- Decreased spontaneous movements	15	1.0	0.9	16	2.2	1.1	0.002
3- Paucity of expressive gestures	15	1.3	1.2	16	2.0	0.9	0.058
4- Poor eye contact	15	1.3	1.2	16	1.3	1.0	0.971
5- Affective non-responsivity	15	1.0	1.0	16	1.9	0.9	0.009
6- Inappropriate affect	15	1.6	1.2	16	1.6	0.9	0.925
7- Lack of vocal inflections	15	1.7	1.4	16	2.0	0.9	0.478
8- Complaints of affective void or lack of affection	15	1.6	1.4	16	2.3	1.0	0.135
9- Total affective flattening	15	1.5	1.0	16	2.3	0.8	0.020
10- Poverty of speech	15	1.6	1.4	16	1.8	0.9	0.715
11- Poverty of content of speech	15	1.7	1.2	16	1.9	1.4	0.653
12- Blocking	15	0.3	0.8	16	0.6	0.9	0.340
13- Increased response latency	15	0.7	0.8	16	0.8	0.9	0.643
14- Complaints of alogia	15	1.4	1.3	16	2.4	0.9	0.015
15- Total alogia	15	1.3	1.2	16	1.7	1.1	0.401
16- Grooming and hygiene	15	0.5	0.7	16	1.3	1.1	0.039
17- Impersistence at work or school	15	3.3	1.3	16	3.1	1.1	0.581
18- Physical anergia	15	2.2	1.5	16	2.6	0.8	0.323
19- Complaints of avolition – apathy	15	1.7	1.2	16	2.3	1.1	0.169
20- Total avolition – apathy	15	2.0	1.3	16	2.5	0.7	0.182
21- Recreational interests, activities	15	1.4	1.0	16	2.8	1.0	0.001
22- Sexual interests, activity	15	2.8	1.5	16	2.6	1.3	0.725
23- Intimacy, closeness	15	1.3	1.0	16	2.1	0.9	0.032
24- Relationship with friends, peers	15	1.5	1.2	16	2.1	1.4	0.171
25- Complaints of anhedonia – asociality	15	1.7	0.9	16	2.8	0.8	0.001
26- Total anhedonia – asociality	15	1.5	1.1	16	2.7	0.9	0.003
27- Social inattentiveness	15	1.7	1.2	16	2.4	1.3	0.090
28- Inattentiveness during testing	15	1.1	1.1	16	1.6	1.3	0.339
29- Complaints of inattentiveness	15	1.5	1.0	16	2.5	0.9	0.005
30- Total inattentiveness	15	1.5	1.0	16	2.3	0.9	0.029
TOTAL SANS	15	45.0	25.7	16	62.0	18.4	0.041

Table III. AFTER Comparison of the SANS scale between the Dramatherapy and the Control group

SANS	Dramatherapy group			Control group			P-value
	N	Mean	St. dev.	N	Mean	St. dev.	
1- Unchanging facial expression	15	1.7	0.8	13	1.7	0.9	0.834
2- Decreased spontaneous movements	15	1.2	0.9	13	1.7	0.9	0.127
3- Paucity of expressive gestures	15	1.5	1.0	13	1.8	0.8	0.409
4- Poor eye contact	15	1.2	1.2	13	1.0	1.0	0.632
5- Affective non-responsivity	15	1.6	1.0	13	1.8	1.1	0.492
6- Inappropriate affect	15	1.4	1.3	13	1.6	1.0	0.632
7- Lack of vocal inflections	15	1.7	1.1	13	1.5	0.9	0.663
8- Complaints of affective void or lack of affection	15	1.5	1.1	13	1.8	1.2	0.601
9- Total affective flattening	15	1.5	0.9	13	1.8	0.7	0.239
10- Poverty of speech	15	1.6	1.4	13	1.8	1.1	0.618
11- Poverty of content of speech	15	1.8	1.1	13	1.5	1.2	0.512
12- Blocking	15	0.3	0.8	13	0.3	0.6	0.927
13- Increased response latency	15	0.6	0.9	13	0.8	0.9	0.479
14- Complaints of alogia	15	1.3	1.0	13	2.0	0.8	0.063
15- Total alogia	15	1.5	1.1	13	1.4	1.1	0.844
16- Grooming and hygiene	15	1.0	1.1	13	0.8	0.8	0.604
17- Impersistence at work or school	15	2.8	1.6	13	2.4	1.2	0.452
18- Physical anergia	15	2.6	1.4	13	2.2	1.0	0.428
19- Complaints of avolition –apathy	15	1.5	1.1	13	1.5	0.9	0.854
20- Total avolition – apathy	15	2.2	1.0	13	1.9	0.8	0.427
21- Recreational interests, activities	15	1.9	1.4	13	2.4	1.2	0.305
22- Sexual interests, activity	15	2.7	1.5	13	2.5	1.4	0.623
23- Intimacy, closeness	15	1.5	1.2	13	1.8	1.0	0.591
24- Relationship with friends, peers	15	1.8	1.3	13	2.0	1.2	0.683
25- Complaints of anhedonia – asociality	15	1.6	1.2	13	2.1	1.0	0.256
26- Total anhedonia – asociality	15	1.9	1.3	13	2.3	1.0	0.407
27- Social inattentiveness	15	1.9	1.2	13	2.1	1.2	0.703
28- Inattentiveness during testing	15	1.2	1.2	13	1.2	1.0	0.976
29- Complaints of inattentiveness	15	1.3	1.0	13	1.8	1.0	0.170
30- Total inattentiveness	15	1.6	1.1	13	2.0	1.0	0.423
TOTAL SANS	15	47.8	25.4	13	51.2	18.9	0.696

Table IV: Pre – post comparison of the **SANS** scale within the Dramatherapy and the control group

SANS		Dramatherapy group				Control group			
		N	Mean	St. Dev.	P-value	N	Mean	St. Dev.	P-value
1- Unchanging facial expression	pre	15	2.7	1.2		16	2.7	1.1	
	post	15	1.7	1.0	0.001	16	2.5	1.6	0.289
2- Decreased spontaneous movements	pre	15	2.3	1.4		16	2.2	0.9	
	post	15	1.0	0.9	<0.001	16	2.2	1.1	1.000
3- Paucity of expressive gestures	pre	15	2.5	1.2		16	2.1	0.8	
	post	15	1.3	1.2	<0.001	16	2.0	0.9	0.383
4- Poor eye contact	pre	15	2.3	1.2		16	1.5	1.3	
	post	15	1.3	1.2	0.001	16	1.3	1.0	0.048
5- Affective non-responsivity	pre	15	2.0	1.5		16	2.2	1.0	
	post	15	1.0	1.0	0.001	16	1.9	0.9	0.041
6- Inappropriate affect	pre	15	2.4	1.6		16	1.7	1.0	
	post	15	1.6	1.2	0.003	16	1.6	0.9	0.333
7- Lack of vocal inflections	pre	15	2.4	1.8		16	2.3	0.9	
	post	15	1.7	1.4	0.010	16	2.0	0.9	0.034
8- Complaints of affective void or lack of affection	pre	15	2.3	1.4		16	2.7	0.9	
	post	15	1.6	1.4	0.036	16	2.3	1.0	0.011
9- Total affective flattening	pre	15	2.7	1.0		16	2.2	0.7	
	post	15	1.5	1.0	<0.001	16	2.3	0.8	0.669
10- Poverty of speech	pre	15	1.9	1.5		16	2.1	0.9	
	post	15	1.6	1.4	0.055	16	1.8	0.9	0.044
11- Poverty of content of speech	pre	15	2.3	1.2		16	2.3	1.4	
	post	15	1.7	1.2	0.007	16	1.9	1.3	0.008
12- Blocking	pre	15	0.5	1.1		16	0.7	1.1	
	post	15	0.3	0.8	0.104	16	0.6	0.9	0.333
13- Increased response latency	pre	15	1.8	1.0		16	1.7	1.3	
	post	15	0.7	0.8	<0.001	16	0.8	0.9	0.006
14- Complaints of alogia	pre	15	2.2	1.5		16	2.6	1.2	
	post	15	1.4	1.3	0.019	16	2.4	0.9	0.483
15- Total alogia	pre	15	2.2	1.4		16	1.9	1.1	
	post	15	1.3	1.2	<0.001	16	1.7	1.1	0.164
16- Grooming and hygiene	pre	15	1.4	1.3		16	1.6	1.3	
	post	15	0.5	0.7	0.003	16	1.3	1.1	0.009
17-Impersi-stence at work or school	pre	15	4.0	1.0		16	3.4	0.9	
	post	15	3.3	1.3	0.003	16	3.1	1.1	0.085
18- Physical anergia	pre	15	3.2	1.3		16	3.1	0.8	
	post	15	2.2	1.5	<0.001	16	2.6	0.8	0.008
19- Complaints of avolition – apathy	pre	15	2.4	1.3		16	2.8	0.9	
	post	15	1.7	1.2	0.054	16	2.3	1.1	0.003
20- Total avolition – apathy	pre	15	3.1	1.0		16	2.9	0.8	
	post	15	2.0	1.3	<0.001	16	2.5	0.7	0.014

Table IV: Pre – post comparison of the **SANS** scale within the Dramatherapy and the control group

(continued)

21- Recreational interests, activities	pre	15	3.1	1.1	<0.001	16	.4	0.7	0.002
	post	15	1.4	1.0		16	2.8	1.0	
22- Sexual interests, activity	pre	15	3.1	1.4		16	3.1	1.1	
	post	15	2.8	1.5	0.265	16	2.6	1.3	0.027
23- Intimacy, closeness	pre	15	2.4	1.5		16	2.3	0.9	
	post	15	1.3	1.0	0.005	16	2.1	0.9	0.048
24- Relationship with friends, peers	pre	15	2.8	1.5		16	2.4	1.4	
	post	15	1.5	1.2	0.001	16	2.1	1.4	0.094
25- Complaints of anhedonia – asociality	pre	15	2.8	1.1		16	2.7	0.9	
	post	15	1.7	0.9	0.001	16	2.8	0.8	0.289
26- Total anhedonia – asociality	pre	15	3.0	1.2		16	2.9	0.8	
	post	15	1.5	1.1	<0.001	16	2.7	0.9	0.270
27- Social inattentiveness	pre	15	2.6	1.4		16	2.6	1.3	
	post	15	1.7	1.2	0.004	16	2.4	1.3	0.456
28- Inattentiveness during testing	pre	15	1.8	1.6		16	1.8	1.4	
	post	15	1.1	1.1	0.065	16	1.6	1.3	0.188
29- Complaints of inattentiveness	pre	15	2.6	1.1		16	2.9	0.8	
	post	15	1.5	1.0	0.006	16	2.6	0.9	0.127
30- Total inattentiveness	pre	15	2.4	1.2		16	2.6	0.9	
	post	15	1.5	1.0	0.001	16	2.3	0.9	0.173
Total	pre	15	73.0	26.5		16	71.5	17.2	
	post	15	45.0	25.7	<0.001	16	62.0	18.4	<0.001

Table V: Post – after comparison of the SANS scale within the Dramatherapy and the Control group

SANS		Dramatherapy group				Control group			
		N	Mean	St. Dev.	P-value	N	Mean	St. Dev.	P-value
1- Unchanging facial expression	Post	15	1.7	1.0		13	2.3	1.0	
	after	15	1.7	0.8	1.000	13	1.7	0.9	0.009
2- Decreased spontaneous movements	Post	15	1.0	0.9		13	2.1	1.1	
	after	15	1.2	0.9	0.189	13	1.7	0.9	0.035
3- Paucity of expressive gestures	Post	15	1.3	1.2		13	1.8	0.9	
	after	15	1.5	1.0	0.415	13	1.8	0.8	0.337
4- Poor eye contact	Post	15	1.3	1.2		13	1.0	0.8	
	after	15	1.2	1.2	0.610	13	1.0	1.0	0.837
5- Affective non-responsivity	Post	15	1.0	1.0		13	1.8	1.0	
	after	15	1.6	1.0	0.031	13	1.8	1.1	1.000
6- Inappropriate affect	Post	15	1.6	1.2		13	1.5	0.9	
	after	15	1.4	1.3	0.212	13	1.6	1.0	0.553
7- Lack of vocal inflections	Post	15	1.7	1.4		13	1.7	0.7	
	after	15	1.7	1.1	1.000	13	1.5	0.9	0.190
8- Complaints of affective void or lack of affection	Post	15	1.6	1.4		13	2.1	1.0	
	after	15	1.5	1.1	0.751	13	1.8	1.2	0.398
9- Total affective flattening	Post	15	1.5	1.0		13	2.2	0.8	
	after	15	1.5	0.9	1.000	13	1.8	0.7	0.040
10- Poverty of speech	Post	15	1.6	1.4		13	1.7	0.9	
	after	15	1.6	1.4	0.670	13	1.8	1.1	0.553
11- Poverty of content of speech	Post	15	1.7	1.2		13	1.7	1.3	
	after	15	1.8	1.1	0.055	13	1.5	1.2	0.502
12- Blocking	Post	15	0.3	0.8		13	0.4	0.7	
	after	15	0.3	0.8	0.334	13	0.3	0.6	0.584
13- Increased response latency	Post	15	0.7	0.8		13	0.6	0.7	
	after	15	0.6	0.9	0.751	13	0.8	0.9	0.337
14- Complaints of alogia	Post	15	1.4	1.3		13	2.3	0.8	
	after	15	1.3	1.0	0.774	13	2.0	0.8	0.375
15- Total alogia	Post	15	1.3	1.2		13	1.5	1.1	
	after	15	1.5	1.1	0.334	13	1.4	1.1	0.436
16- Grooming and hygiene	Post	15	0.5	0.7		13	0.9	0.8	
	after	15	1.0	1.1	0.004	13	0.8	0.8	0.436
17- Impersistence at work or school	Post	15	3.3	1.3		13	3.0	1.2	
	after	15	2.8	1.6	0.015	13	2.4	1.2	0.025
18- Physical anergia	Post	15	2.2	1.5		13	2.5	0.8	
	after	15	2.6	1.4	0.102	13	2.2	1.0	0.089
19- Complaints of avolition –apathy	Post	15	1.7	1.2		13	2.1	1.0	
	after	15	1.5	1.1	0.499	13	1.5	0.9	0.040
20- Total avolition – apathy	Post	15	2.0	1.3		13	2.3	0.6	
	after	15	2.2	1.0	0.384	13	1.9	0.8	0.054
21- Recreational interests- activities	Post	15	1.4	1.0		13	2.6	0.9	
	after	15	1.9	1.4	0.068	13	2.4	1.2	0.293
22- Sexual interests-activity	Post	15	2.8	1.5		13	2.5	1.3	
	after	15	2.7	1.5	0.582	13	2.5	1.4	0.819

Table V: Post – after comparison of the **SANS** scale within the Dramatherapy and the Control group
(continued)

23- Intimacy-closeness	Post after	15 15	1.3 1.5	1.0 1.2	0.262	13 13	2.0 1.8	1.0 1.0	0.337
24- Relationship with friends and peers	Post after	15 15	1.5 1.8	1.2 1.3	0.173	13 13	1.9 2.0	1.4 1.2	0.721
25- Complaints of anhedonia – asociality	Post after	15 15	1.7 1.6	0.9 1.2	0.670	13 13	2.7 2.1	0.9 1.0	0.104
26- Total anhedonia – asociality	Post after	15 15	1.5 1.9	1.1 1.3	0.082	13 13	2.6 2.3	0.9 1.0	0.104
27- Social inattentiveness	Post after	15 15	1.7 1.9	1.2 1.2	0.131	13 13	2.2 2.1	1.2 1.2	0.753
28- Inattentiveness during testing	Post after	15 15	1.1 1.2	1.1 1.2	0.334	13 13	1.2 1.2	1.2 1.0	0.673
29- Complaints of inattentiveness	Post after	15 15	1.5 1.3	1.0 1.0	0.136	13 13	2.3 1.8	0.9 1.0	0.031
30- Total inattentiveness	Post after	15 15	1.5 1.6	1.0 1.1	0.207	13 13	2.1 2.0	1.0 1.0	0.489
Total score	Post after	15 15	45.0 47.8	25.7 25.4	0.336	13 13	56.8 51.2	16.0 18.9	0.018

Table VI: Pre – after comparison of the **SANS** scale within the Dramatherapy and the Control group

SANS		Dramatherapy group				Control group			
		N	Mean	St. Dev.	P-value	N	Mean	St. Dev.	P-value
1- Unchanging facial expression	Pre	15	2.7	1.2		13	2.5	1.1	
	after	15	1.7	0.8	0.001	13	1.7	0.9	0.001
2- Decreased spontaneous movements	Pre	15	2.3	1.4		13	2.1	0.9	
	after	15	1.2	0.9	0.003	13	1.7	0.9	0.009
3- Paucity of expressive gestures	Pre	15	2.6	1.2		13	2.0	0.9	
	after	15	1.4	1.0	0.001	13	1.8	0.8	0.209
4- Poor eye contact	Pre	15	2.3	1.2		13	1.0	0.8	
	after	15	1.2	1.2	0.001	13	1.0	1.0	1.000
5- Affective non-responsivity	Pre	15	2.0	1.5		13	2.1	1.0	
	after	15	1.6	1.0	0.166	13	1.8	1.1	0.337
6- Inappropriate affect	Pre	15	2.4	1.6		13	1.6	1.0	
	after	15	1.4	1.3	0.001	13	1.6	1.0	0.829
7- Lack of vocal inflections	Pre	15	2.4	1.8		13	2.0	0.7	
	after	15	1.7	1.1	0.027	13	1.5	0.9	0.021
8- Complaints of affective void or lack of affection	Pre	15	2.3	1.4		13	2.6	0.9	
	after	15	1.5	1.1	0.034	13	1.8	1.2	0.037
9- Total affective flattening	Pre	15	2.7	1.0		13	2.1	0.6	
	after	15	1.5	0.9	<0.001	13	1.8	0.7	0.273
10- Poverty of speech	Pre	15	1.9	1.5		13	2.0	0.8	
	after	15	1.6	1.4	0.052	13	1.8	1.1	0.367
11- Poverty of content of speech	Pre	15	2.3	1.2		13	2.2	1.5	
	after	15	1.8	1.1	0.046	13	1.5	1.2	0.017
12- Blocking	Pre	15	0.5	1.1		13	0.5	1.0	
	after	15	0.3	0.8	0.189	13	0.3	0.6	0.337
13- Increased response latency	Pre	15	1.8	1.0		13	1.5	1.3	
	after	15	0.6	0.9	<0.001	13	0.8	0.9	0.014
14- Complaints of alogia	Pre	15	2.2	1.5		13	2.3	1.0	
	after	15	1.3	1.0	0.060	13	2.0	0.8	0.297
15- Total alogia	Pre	15	2.2	1.4		13	1.8	1.1	
	after	15	1.5	1.1	<0.001	13	1.4	1.1	0.018
16- Grooming and hygiene	Pre	15	1.4	1.3		13	1.2	1.1	
	after	15	1.0	1.1	0.132	13	0.8	0.8	0.053
17- Impersistence at work or school	Pre	15	4.0	1.0		13	3.3	1.0	
	after	15	2.8	1.6	<0.001	13	2.4	1.2	0.004
18- Physical anergia	Pre	15	3.2	1.3		13	2.9	0.6	
	after	15	2.6	1.4	0.016	13	2.2	1.0	0.015
19- Complaints of avolition –apathy	Pre	15	2.4	1.3		13	2.8	0.8	
	after	15	1.5	1.1	0.047	13	1.5	0.9	<0.001
20- Total avolition – apathy	Pre	15	3.1	1.0		13	2.7	0.6	
	after	15	2.2	1.0	<0.001	13	1.9	0.8	0.006
21- Recreational interests-activities	Pre	15	3.1	1.1		13	3.2	0.6	
	after	15	1.9	1.4	0.001	13	2.4	1.2	0.017

Table VI: Pre – after comparison of the **SANS** scale within the Dramatherapy and the Control group
(continued)

22- Sexual interests. Activity	Pre	15	3.1	1.4		13	3.0	1.0	
	after	15	2.7	1.5	0.212	13	2.5	1.4	0.047
23- Intimacy- closeness	Pre	15	2.4	1.5		13	2.2	1.0	
	after	15	1.5	1.2	0.017	13	1.8	1.0	0.051
24- Relationship with friends. Peers	Pre	15	2.8	1.5		13	2.3	1.2	
	after	15	1.8	1.3	0.011	13	2.0	1.2	0.347
25- Complaints of anhedonia – asociality	Pre	15	2.8	1.1		13	2.8	0.8	
	after	15	1.6	1.2	0.002	13	2.1	1.0	0.066
26- Total anhedonia – asociality	Pre	15	3.0	1.2		13	2.8	0.7	
	after	15	1.9	1.3	0.001	13	2.3	1.0	0.027
27- Social inattentiveness	Pre	15	2.6	1.4		13	2.4	1.3	
	after	15	1.9	1.2	0.023	13	2.1	1.2	0.436
28- Inattentiveness during testing	Pre	15	1.8	1.6		13	1.5	1.4	
	after	15	1.2	1.2	0.072	13	1.2	1.0	0.104
29- Complaints of inattentiveness	Pre	15	2.6	1.1		13	2.8	0.8	
	after	15	1.3	1.0	0.003	13	1.8	1.0	0.009
30- Total inattentiveness	Pre	15	2.4	1.2		13	2.3	0.8	
	after	15	1.6	1.1	0.004	13	2.0	1.0	0.190
Total	pre	15	73.0	26.5		13	66.1	14.0	
	after	15	47.8	25.4	<0.001	13	51.2	18.9	<0.001

REVISION OF THE SANS AFTER MEASUREMENT

Table VII . After Comparison of the total **SANS*** score (revised) between the Dramatherapy and the Control group

	Dramatherapy group			Control group			P-value
SANS	N	Mean	Standard deviation	N	Mean	Standard deviation	
Total after	15	47.8	25.4	16	57.5	21.8	0.262

*The three missing values of the control group at the after (follow up) measurement are replaced by the corresponding post measurement values.

Table VIII. Post-after and the pre-after comparison of the total **SANS*** score (revised) within the Control Group

	Control group			
SANS total	N	Mean	Standard deviation	P-value
Post	16	62.0	18.4	
After	16	57.5	21.7	0.019
Pre	16	71.5	17.2	
After	16	57.5	21.7	<0.001

*The three missing values of the control group at the after (follow- up) measurement are replaced by the corresponding post measurement values.

Table IX: Comparison of the pre-post, post–after and pre–after change of the **SANS*** score (revised) between the Dramatherapy and the Control group

	Dramatherapy group			Control group			P-value
SANS change	N	Mean	Standard deviation	N	Mean	Standard deviation	
Pre-post	15	28.0	15.3	16	9.5	7.8	<0.001
Post-after	15	-2.8	11.6	16	4.5	6.9	0.040
Pre-after	15	25.2	16.4	16	14.0	9.6	0.027

*The three missing values of the control group at the after (follow- up) measurement are replaced by the corresponding post measurement values.

Table XIII. **SANS** results for linear regression model (dependent variable: SANS after)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	-4.361	9.037	0.634
SANS pre	0.841	0.124	<0.001
Dramatherapy / control group	-9.185	5.263	0.093

Table XIV. **SANS** results for linear regression model (dependent variable: SANS after)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	-2.053	5.798	0.726
SANS post	0.938	0.090	<0.001
Dramatherapy / control group	7.646	3.921	0.062

If the 3 missing measurements at the after time point are replaced by the post measurements for these individuals, the following results show up:

Table XV. **SANS** results for linear regression model (dependent variable: SANS after)

Independent variables	Unstandardised coefficient (B)	Standard error	P-value
Constant	-2.869	5.544	0.609
SANS post	0.973	0.081	<0.001
Dramatherapy / control group	6.875	3.722	0.075

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VERBAL AND NONVERBAL ENACTMENTS: THE DRAMATHERAPY GROUP IN THE DAY HOSPITAL

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The Dramatherapy group of the Eginition Day Hospital is incorporated within a specially designated psychotherapeutic and sociotherapeutic programme, in which all activities are meant to promote creativity versus regression. The group consists of all the patients attending the Day Hospital, approximately 20 young adults, the majority of which suffer from schizophrenic disorder and are under medication. In the common life of the group, the 'dramatic metaphor' gives access to a transitional area, where the real and the imaginary coexist and provide the group members with an ' ego training in action ' process. Thus, unconscious mechanisms are detected and interpreted in a group dynamic milieu. This procedure aims at:
a) improving the spatial and body awareness of the patients,
b) counter-fighting stress through relaxation training and development of self-esteem,
c) reducing the negative symptoms and improving communication skills,
d) expressing and sharing feelings and promoting interrelations,
e)defining ego boundaries,
f) creating and sustaining new roles.
A variety of verbal and nonverbal techniques are used in exercises of a specific ritual: sensitivity exercises, guided fantasy, role playing, improvisations of current events, rehearsals and performances of theatrical scenes, reflection and sharing. Additional means such as drawing, music and dance, used in special sessions of combined art therapy and Dramatherapy techniques enlarge the projective material on which patients express their inner needs. The evolution of each member and of the group as a whole give credits to the overall evaluation.

16th Hellenic Psychiatric Conference, Rhodes, 2000

EVALUATION CRITERIA IN DRAMATHERAPY AS A DAY HOSPITAL TREATMENT FOR INDIVIDUALS WITH PSYCHOSIS

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Dramatherapy- the use of Theatre and Drama for therapeutic reasons- has been included in the Therapeutic Programme of the Eginition Day Hospital, a service mainly treating clients with a diagnosis of schizophrenia, for the last ten years. Three main approaches underpin groupwork through Drama in this setting: a) The Creative-Expressive Arts, b) Sociotherapy and c) Psychotherapy. The development of Dramatherapy practice along ten years of experience can be described in three successive stages. Initially, Drama was included within the therapeutic milieu of the Day Hospital in the form of theatre games and happenings, providing a 'therapeutic experience' and enhancing participation for clients with schizophrenia. Progressively, Dramatherapy was practiced as a sociotherapeutic group, aiming at the development of the clients' social skills and the activation of social processes. Social enactments within the group sessions, as well as farewell processes of members leaving the therapeutic community indicate this approach. Lately, Dramatherapy group is considered as a form of Psychotherapy, aiming at the confrontation of the schizophrenic symptomatology and especially the negative symptoms of the clients, the reinforcement of their sane ego-functions and the improvement of their quality of life. Group process provides a matrix for an 'ego-training in action' through drama and performance-making aims at alleviating the social stigma. Thus, Dramatherapy is used as a significant therapeutic tool, complementary to the drug treatment and to group or individual psychotherapies provided by the setting. Though the three above mentioned approaches are sometimes overlapping in clinical practice each one indicates a particular method of evaluation. This work analyses the criteria of evaluation for each of the three Dramatherapy approaches to practice and proposes an overall model of evaluation for the use of Dramatherapy within a Day Hospital Therapeutic Setting.

Building Bridges: The Psychotherapies and Psychosis
12th International Symposium for the Psychotherapy of Schizophrenia
London, 12-16/10/97:

THE LEROS HOSPITAL DRAMA GROUP: A STAGE FOR DEINSTITUTIONALISATION

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In the frame of the Leros II rehabilitation programme, which is co-established and co- founded by the Greek Government as well as the European Community in order to promote deinstitutionalisation at the Leros Psychiatric Hospital, The "Leros Drama Group" was set up for the first time.

Following principles and techniques of Dramatherapy, this ongoing drama group had been running for three years. Thirty inpatients and thirty staff members have attended the group's sessions during these years.

The patients attending the group are of an average age of 65 years, have an average hospitalisation of 30 years and the majority have the diagnosis of schizophrenia. Their clinical state is chronic institutionalised, with a predominance of the negative symptoms, especially alogia, asociality, apathy and lack of motivation. Most of the patients are unable to read or write and have a deficit in time orientation.

The techniques used are simple, repeated, adapted to the patients' age and needs. They consist of passing from simple warm-up exercises of trust, contact and relaxation to projective scenarios and role-playing and a final reflection. These life scenarios, built-up from the few words the patients bring into the group, are based on memories evoked within the group and shared with the other group members.

The Leros Drama group: 1) has been taking place in weekly two hour sessions, standard in place and time, 2) has realised three open public performances, one of which took part in a regional theatre festival.

Our observations focused on two main aspects. Firstly, the role of a Drama group regarding values of psychosocial rehabilitation, such as the development of a personal and social identity, the development of self-esteem, self-gratification and satisfaction from creativity and social interaction and the building-up of a meaningful life. Secondly, the role of open public theatre performances was examined, as a useful tool against the social stigma and as a dynamic trial and error process of the patients' reintegration to society through an "as if " dramatic medium.

The results of this work are the following:

1) The realization of performances with consistency and an original aesthetic value which were presented to and applauded by an audience of patients, staff and people from the community, participating in a "total" event.

2) The importance to work towards a performance at this stage of work in the institution.

3) The sensitisation of the permanent staff towards alternative activities in the wards

4) An observation of the patients' needs, with emphasis on their own themes they brought in the group.

5) An observation of the patients' abilities and difficulties throughout the group process and an indication of the most effective methods and ways of work towards opening the institution in the community.

6) A sensitisation of the administration and the community members for promoting and sponsoring relevant future activities.

7) The dramatic involvement of the patients was more important for them than their role-playing

8) However successful, the performance plays a temporal functional role for patients and audience. In further stages of deinstitutionalisation this role needs to be remembered, modified, or forgotten.

4th European Arts Therapies Conference, London, 12-15 September 1997

ANCIENT BIRDS OUT OF NEW WINGS

SEMINAR PRESENTATION: LAMBROS YOTIS

The Chorus of an Ancient Greek Comedy, Aristophanes' "Birds", will be explored from a Dramatherapy angle. This work relates some of the Aristotle's notions of dramatic structure to Dramatherapy practice. The basic elements of this theatre form: Mythos (Plot)- Ethos (Character)- Dianoia (Ideas)- Lexis (Diction)- Melos (Music)- Opsis (Design) will be incorporated within a therapeutic group process. This may provide the group-members the possibility to communicate through a unifying artistic form, which aims at introducing an ancient world to contemporary therapeutic values through different dramatherapeutic modalities.

This model of work can be applied to different client groups in various ways depending on their needs. The therapeutic work can either be included in one session, giving the opportunity to the group members to take a general flavour of all the composing elements of this dramatic form, or it can be divided in a series of sessions allowing in depth work at every step of the process.

This therapeutic process involves the members of a Dramatherapy group into a metaphoric journey:

1) From a verbal to a non-verbal level and then to an integration of these two levels.

2) From the text to the embodiment of the text (from the "body of the text" to the "text of the body").

3) From the group to the individuals and then to a group of individuals.

4) From a dramatic form to a personal disclosure through a dramatic form.

5) From a construction of the text to a deconstruction into its elements and then to a re-construction of a new text made by the group.

6th European Arts Therapies Conference, Luxemburg, 13-16/9/2001

COMMUNICATING DRAMA BETWEEN CLIENTS WITH SCHIZOPHRENIA AND THEIR "SIGNIFICANT OTHERS": HOW IS THE STIGMA AFFECTED?

YOTIS L., THEOHARI K., KATAN K., MANTONAKIS J.

Structured performances, created through a Dramatherapy process and performed to an invited audience of "significant others", are included in the secondary psychiatric prevention for clients with schizophrenia, aiming at the change of their relative's attitudes and the social stigma. In a controlled trial with two client groups with schizophrenia, one undertaking a Dramatherapy project, the other acting as a control, the assessment project included: the clients' subjective views of the support they perceived from their "significant others", as measured by the "Significant Others Scale" (Power, 1988), and the "significant others' " views about the clients after the performance, expressed in semi-structured interviews. The discrepancy between actual and ideal support changed significantly after the groupwork only for the Dramatherapy group (N=14, p=0.039), but not for the Control group (N=13, p=0.333). Besides, a positive impression regarding the performance was evident after the interviews. The clients' participation within the overall performance was considered as the most important issue within the whole process. The "significant others' " expectations on the clients' role- playing were higher than the witnessed one, most of them expecting a more distinguishing presence from their own relative/friend. On the contrary, the performance as a whole exceeded the "significant others' " expectations as they highly estimated the moving atmosphere and the mutual collaboration of clients and staff. The "significant others" observed the following clients' changes, due to this project: spontaneity, acceptance by others, socialization in and out of therapeutic community, improvement of emotional response, confrontation of the fear of body contact, benefits in cognitive functions such as memory and concentration and increase of interests and motivation at home during the rehearsals. Meeting other relatives/friends of the rest of the clients during the performance instilled courage, provided an occasion of a social come out for the "significant others" and a springboard of further relationships in future. The staff's supportive but non-directive presence during the performance acted as a model towards this goal.

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