

## Three Challenges for Drama Therapy Research Keynote NADTA Conference, Montreal 2013

### Part 2

#### Introduction

This is the second part of a keynote reflecting upon the current state of research within drama therapy. It is formed around three challenges to our field:

- Challenge One:                      How to resist 'closed circuits' and encourage 'inner- disciplinarity'?
- Challenge Two:                      How to understand and avoid the 'filter loop'?
- Challenge Three:                    How best to realize our research capital in the face of 'research nervousness'?

This article addresses the second and third challenges.

#### **CHALLENGE TWO: How to understand and avoid the 'filter loop'?**

Interdisciplinarity is usually seen to be a positive force – as disciplines connect and develop knowledge brought about by change – for example between arts therapies and neuroscience: looking to each others frontiers (Jacobs and Frickel 2009; Jones 2013). We can read – this – the act of not interacting easily in the sculpt – as an awareness of an aspect of this interdisciplinarity– a position that is of being ill at ease with exchange with disciplines outside of drama therapy.

Fig 6



This image, of two amoebas coming into contact with each other, and a third emerging, helps us see frontiers as where disciplines explore, experiment with what they are, what they can become. See this as testing how a discipline such as medicine or the arts interacts with the world of ideas, lives, practices of those within them and on the boundaries of where they touch other disciplines. Experiences from past and present tell us this process can result in several dynamics (Jacobs and Frickel 2009). One is that there is overlap, some dialogue and mutual respect, but no fundamental change. Another is that attraction, tension or exclusion produces something that is new, related, but separates itself out – perhaps even developing its own name or identity. “Drama therapy”, is an illustration of this. Another dynamic can be typified as a reduction, absorption, even an elimination of a domain or discipline - where interaction with other disciplines creates its extinction or hibernation. A further one is that such challenge creates a dynamic force that leads to discovery: a recognition of potential and of a needed new development – that will feed into the core understandings of the nature and potency of a discipline. The challenge is: how to foster benign ‘frontier enquiry’ for drama therapy in its encounters with other disciplines such as medicine or education?

We will celebrate, at this conference, the many exchanges and interdisciplinary discoveries that are being created and opened in drama therapy research. But be aware, too, of where there is silence or a turning away. The dynamics of ‘frontier enquiry’ are such that there are easy dialogues and others are tough. Frontier enquiry in relation to drama and theatre as research may have open dialogue with some domains, such as ‘applied theatre’ (Landy and Montgomery 2012) and we can learn much there together. However, frontiers are also places of power dynamics with more difficult tensions and I am going to suggest now that there are dangers here, for us to be aware of and to keep the benign and positive energy of curiosity and challenge that has forged the creation of drama therapy. What’s difficult in frontier enquiry needs to be fuel to us. Here is where I introduce a set of images to help the conference *deepen its attention to this conceptual challenge* – the filter loop.

One way of looking at research is that the kind of methodology and the kinds of methodology you use filter what you see in the research. However, I’m going to argue that it’s not that simple, the methodology can also, crucially can have a feedback effect, so the research-filtered therapy comes to define how a field sees itself.

There is too little research-based evidence. Especially randomized controlled trials (RCT) or quasi-experimental studies with an adequate group size are lacking. In the Netherlands we have a system in which the evidence that is available per discipline (medicine, psychotherapy, arts therapies) and per mental disorder is described. The insurance companies use this system to decide if they will compensate/ pay for an intervention. Unfortunately, the effect studies

into the arts therapies are often reviewed as weak. In the worse cases there are no effect studies available. This forms a threat for drama (the arts) therapists in the field of mental health care (Drama therapist L Netherlands)  
(Jones 2012a, 118)

This is another part of my recent research (Jones 2012a, 2012b, 2013) into therapist experiences of their workplaces and evidence. Let's examine such examples from the data from drama therapists. The research asked how drama therapists had experienced issues concerning evidence in their work contexts, and specifically relating to qualitative and quantitative orientated evidence:

The research in our field tends to be qualitative and not quantitative and therefore funders do not consider it seriously. Moreover, the samples are small as was the case for the non-profit agency I work for. Quite frankly without the "Gold Standard" experimental design - with control groups and random assignment - many [Hospital foundation trusts] are suspect of findings. (Drama therapist C UK)  
(Jones 2012a, 120)

Let me reframe this using drama to help us see an aspect of this in relation to the filter loop.

Here we have 2 parallel situations, interactions we'll see between a head of a department and the internal response of a drama therapist and, secondly, between a head teacher and the internal response of the drama therapist:

### ***Role vignette 1***

**Head of Department** 'This is good evidence, I can take this to the board. You're using the Social Functioning Scale very effectively. It's the kind of language the board seem to like and the changes you document fit well'.

**Internal thoughts of drama therapist** 'This is working and I can see how I can develop this further, make it clearer, more detailed'.

### ***Role vignette 2***

**Head Teacher** 'The life performance was great, but can you let the school know what effect is it having on student academic performance outside the sessions? I need to be able to show this kind of effect to be able to justify the resources'.

**Internal thoughts of drama therapist** 'If they'd been there it would have been clear, and the diaries we kept as part of the process give a rich account of this. But perhaps we can work to create a structure to examine how communication's been enhanced within class work leading to the performance, somehow. We can use the exam results to show the therapy is having a positive effect'.

### **Future Directions and Challenge Two: How to understand and avoid the 'filter loop'?**

Here, the ways research is formulated starts to filter what is seen or foregrounded within the drama therapy: this in turn starts to affect how the therapy is valued and offered. I'm going to call this a filter loop, and this is our third challenge. The filtered out elements, because they have been left out of what is seen, validated and represented in research, start to recede, wither or vanish. Those elements that the filter starts to allow through as "valid", as recognized, start to define what the therapy researched is *seen as*: they start to define the field itself.

We need to be alert to this filter concept and that of *the filter loop*. Research can seem neutral or benign, but it does not occur in a vacuum. It is connected with, for example, a medical system that rewards what is conceived of, and conducted, in its own image, whilst 'othering' what is not. Within the therapist and within the client a similar filter loop can start to take place. I will now argue that we need to be alert to this filter loop in frontier enquiry within medical model domains.

Fig 7 *Video of coffee grounds can be supplied if the online journal can allow this*

For me this image tells me something about the act of research and knowledge in drama as therapy. It's partly in praise of mess and complexity. If we are not pluralistic and if we're not aware of the tendency to filter out methodological perspectives in research due to the power of dominant discourses, such as those favored by the medical model - it can distend and distort our knowledge and our capacity to respond richly to clients.

To avoid separating off systems and mess, our vitality **MUST** be in creating these dialogues that our literature shows there is a tendency to avoid. In this conference value the qualitative, value the quantitative, *but where they are separate bear this filter loop in mind and ask how can this be made even*

*more powerful by their being brought into dialogue.* Can this more accurately MEET and SEE the work we do and can help our clients understand what it is they are benefitting from? What kinds of filter loops are we creating, or participating, in?

### **CHALLENGE THREE: How best to realize our research capital in the face of ‘research nervousness’?**

The third challenge concerns drama therapists’ *research nervousness*. By this I refer to an anxiety about being researchers: a lack of confidence in communicate something of worth about what we are discovering. Here is another challenge arising from this. It’s a call for another culture shift to do with a critical need: to build particular kinds of research capital. I have become increasingly interested in the world of the *practitioner researcher* and my response to the third challenge connects to this.

We have more ‘research capital’ than drama therapy has ever had. By ‘capital’ I mean that we have more drama therapists working with clients in many parts of the world than ever before. Together they are making discoveries about our field. That research capital is present, full of potential, in this room and in the many countries where drama therapy is now being practiced: but it is not being fully *realized*. We are not moving from the discoveries clients and drama therapist are making in our therapy rooms to communicating with each other and the wider world. The challenge is:

How can we best understand this ‘research nervousness’?

How can overcoming it help to realize our research capital?

I’ve approached researchers from this ‘wider world’, to talk on themes that relate to this challenge - to help us think about and respond to it. Here are interviews with Sinethemba Makanya, a drama therapist from South Africa and Kamilla Laudova and Viktor Dockal, drama therapists from the Czech Republic:

#### **Interview     Sinethemba Makanya**

‘The first challenge is the number of drama therapists that we have here in South Africa. There aren’t very many and I think we all want to start working and we are working and we are forgetting to record how we’re working. That’s one of the greatest challenges there’s not been much writing, even

for me while I was studying in America trying to do research about drama therapy in South Africa there was very few articles that I was able to find and also the issue of representation of all the drama therapists there is one black man and now two black women.

Looking at the scope of most drama therapy work it's being done in our marginalized communities where most of the audience is black, if white people are engaging in drama therapy it's on another level, of 'I'm going to a therapist' and we're speaking about issues in that way. I would hope and think that's where the research should be taking place, putting drama therapy in South Africa on the same level as drama therapy in the UK, or in America. Another thing is I have yet to find a South African drama therapy I think what's been happening is that we've gone and studied internationally and we've brought that back: the only thing about drama therapy in South Africa now that makes it South African I feel is that we're engaging in it with a South African community and its South Africans engaging in drama therapy, but the concepts and ideologies it's still very western and the challenge is actually finding how we place ourselves as South Africa in drama therapy. ...the techniques we use, the projectives that we use, can we really bring in masks in Africa and have them neutral? Can we really bring in puppets in Africa and have them neutral, without putting a disclaimer beforehand, 'By the way this is not a sacred object that you use for your rituals, this is what we're using for drama therapy'? The main political and cultural issues are of translation, not just a verbal translation. but a translation of the techniques and a re-translation. If we go back to my first point about how drama therapy is actually – it's roots are in the ritual and ceremonies that we conducted as indigenous societies - then what is it doing if now I am coming in and I'm re energizing these rituals and ceremonies but for a different purpose or for purposes that they weren't originally used for? '

### **Interview      Kamilla Laudova and Viktor Dockal**

Kamilla Laudova: 'We can see the need of published research in the Czech republic, especially in the clinical field, the neurobiological level and this can support our attempts to legalize the profession in law. In the clinical field its crucial for data based evidence, so this is a quite important need. If research is conducted in other countries it is of interest to our association, of course it is. It is because of the scientific level of the knowledge itself, and we have people in the association whose interest is the research itself. It can be the ground of good practice in research abroad or in the Czech Republic and, of course, sharing an inspiration with European colleagues which, of course, we appreciate very much'.

Viktor Dockal: 'And, of course, it's important to be in touch with current approaches, researches, be in contact with our colleagues abroad and have contact with them. There are many fields which I can imagine which we are created from, our sources – historical, political social sources, but now I have

this vision that drama therapy is very much about the ethical level of practice in arts therapeutic systems in Czech Republic and abroad. This can be quite close intimate connection with other dramatherapeutical practitioners abroad – the ethical level.'

Here are two examples of from different continents that speak to my challenge. Here we see many things: a need for exchange, for international collaboration, for newly discovered local understandings and developments of what drama therapy is and what it can become. However, what I primarily want to draw our attention to is the call for evidence, for published research – in South Africa's 'we are forgetting to record how we're working. That's one of the greatest challenges there's not been much writing' and in the Czech Republic's 'we can see the need of published research in the Czech Republic, especially in the clinical field...its crucial for data based evidence'. The problem: there are not enough written and well written accounts of research into practice and accounts of how we analyze and account for change. How can we redress this nervousness to research and to publish?

### **Future Directions and Challenge Three: How best to realize our research capital in the face of 'research nervousness'?**

I will argue that practitioner researchers have a particular role in the future development of drama therapy's research. There are different perspectives on this issue. On a larger scale, as with the Finnish example (Erkkilä et al. 2011) I examined in the first part of this keynote article, there is a role for collaboration between the resources of University Departments and major providers in the field in developing research. However there is also, crucially, a role for practitioners to develop their role in smaller practitioner research. Here's an interview that addresses this Conference on the challenges and needs of the first perspective. I interviewed Dr Sabine Koch from Germany, a dance movement therapist who has been involved in arts therapies work with Random Control Trials and Cochrane Reviews (Koch and Brauningner 2006).

#### **Interview Dr Sabine Koch**

'Firstly we need to include a really good education in quantitative research methods in our educational programmes. That's a very important step. Everyone needs to know what he does to do really good quantitative research, because there are a lot of things you need to know, take into account. Our educational programmes need to push for that side of the education. Once that is there, we do know that the Cochrane reviews that we do have, in dance movement therapy (DMT) and drama therapy, most of them conclude that there's not enough evidence to make any conclusions. That's due to the

fact that we have very few studies. In our DMT RCT Cochrane review there were only 2 studies included, and the DMT Cochrane review on schizophrenia only one good enough to be included. If you only have one or two studies then you can't really conclude anything. It could be basically due to chance because its only one study.

We need more studies, that's important. And of course we need to pay attention to the quality of the studies that we did the findings correctly or the assignment of the randomization. They need to be high quality in the steps of the process we need to document better, we just finished a meta analysis in Dance Movement Therapy, and we have studies where there were not the standard deviations in a study that was measuring change and outcome measures. People didn't really report any of the statistics we need to compute meta analysis, so we really need to get better at that'.

One of the ways I'm going to interpret Dr Koch's call is to argue that we need, as a field, to grow good accounts of our research into practice. The ways we voice these accounts are important for arts as research and enquiry. I interviewed Dr Bonnie Meekums a UK based dance movement therapist who has conducted systematic and meta reviews (Meekums, Karkou and Nelson 2012; Mala, Karkou and Meekums 2012) and asked for her advice to us drama therapists on developing accounts that will help build our knowledge in ways that can maximize our contribution to systematic and meta reviews, based on her experiences. Here is her set of thoughts:

### **Interview Dr Bonnie Meekums**

'When I come along to do a review of the literature I want to know what the research question was, what the methods were that they were using, what their sampling method was, how they defined their population, how they got the people, what their method of analysis was, not in vague terms but: I did this, I did that, I did the other, and then I want to know what their conclusions were, those are less important if I've got really clear data. If people are doing standard interview based qualitative methods, then identifying the point they want to make which might be a thematic point for example and giving evidence from it from quotations from more than one research participant, and stating a code so we know it's a different research participant each time, that's also really important. If they're using arts based methods, then I would expect to see a similar kind of transparency around the arts based methods: how were they used, what were they and if there's image making that's important for data analysis, some examples of the images.



I know you can't always, in a traditional research report, give other kinds, say video. In some journals you can submit electronic artifacts and that adds a richness for the person reading it and someone doing a review that's a golden gift because I can re-analyze that'.

Both of these interviews show the need for us to develop publications of detailed accounts of our practice. However, the nervousness in the sculpt might reflect the need for the field of drama therapy to support its practitioners into becoming more confident about being practitioner researchers. This was a theme in the research I conducted and reported in Jones (2013), for example:

I feel that many drama therapists, myself included, have lots of evidence as to the efficacy of our work, yet we don't develop this into research perhaps due to feeling unskilled in how to actually do this (Drama therapist D Australia).

(Jones 2013, 215)

I'm especially interested in what we discover from our clients and what therapists perceive as change. I am making the case for more of us to publish to communicate and grow our 'field knowledge'. The small steps we can take as individuals, to see ourselves as practitioner researchers can help overcome the nervousness within our field to publish our work and the new journal 'The Drama Therapy Review' can offer a space for this. Here is a definition of the drama therapist practitioner-researcher to help articulate these small steps for increasing numbers of us in seeing ourselves as practitioner researchers and to support what I'm arguing for here:

*The practitioner researcher role:*

The nature of enquiry is a broad one within the field and, as such, fits the different needs of an emergent discipline and a variety of contexts... a necessary diversity: from formal large scale research to informal research undertaken within day-to-day practice....The design, goals and outcomes need to be fitted to the framework and available resources within which the research operates. This is not to say that the kinds of research tools and methods are necessarily different. Similar ways of examining efficacy, for example, might be used in the larger scale and the smaller scale work – the main difference can lie in the scope and extent of the enterprise and its claims. All are valid, but in different ways...Practitioner research is:

- not seeking generalizations in the ways some large scale forms of research attempt to do
- seeking new understandings that will enable us to create the 'most intelligent and informed approach we can to improving our provision for those in our care'

- 'accepting the mantle, as researchers, of professional communicators in a more public arena, therefore we seek to share our research stories with others so that colleagues can, if appropriate, engage with them and relate to their own work...this is how the influence of the small-scale, particular project, shared across the profession, can work its way into the larger fabric' (Dadds 2008, 283)

In dynamic research building for a field – the position of the practitioner is powerful and crucial – it can help build our knowledge and our evidence base. You are not just acting for your self, but for an international hunger. Large scale research is important as my keynote has mentioned, but small is also beautiful and powerful in this context.

## **Conclusions**

(i) CHALLENGE ONE: How to resist 'closed circuits' and encourage 'inner- disciplinarity'?

In relation to the first challenge of 'closed circuits and inner-disciplinarity, I have identified the ways in which we are in danger of creating segregated ways of knowing and encountering our clients, and that our research in the current track record of publication reflects this. I drew attention to the lack of dialogue between broad paradigms, between the qualitative and quantitative, between creativity and spirituality and that much drama therapy published research hardly refers to drama therapy research literature. As the earlier analysis commented, most of the research reported on in the literature 'reached to disciplines outside' of drama therapy 'or created their own methods'. I described the ways in which there is a danger of a separated 'tribes' of drama therapists with 'closed circuits' that do not refer to other ways of knowing and used the three fictional roles of Drama therapists A, B and C to illustrate these separate discourses and ways of considering change in drama therapy research.

I argued that the challenge for the field is to work against such splits and divisions. My assertion is that a pluralistic approach is needed, one which looks across the drama therapy literature and draws together the different discourses – combining an understanding of drama therapy that connects the creative, the spiritual and the engagements with systematic quantitative approached represented by Drama therapists A, B and C. This would, I argued, better represent the richness of drama therapy, and give a more effective framework for clients and drama therapist researchers to understand change. This calls for a paradigm shift in the field's research, which I called 'inner-disciplinarity'. I used an example from music therapy research as a model for this relatively uncharted research for drama therapy. This was in order to deepen our understanding by dialogue between the 'different territories' – and this I named 'inner-disciplinarity'.

- The qualitative and quantitative
- The spiritual and the medical science
- Playful creativity and ways of using number together
- Drawing on a knowledge of published drama therapy research to orientate their research and to build on existing knowledge, particularly drawing on sources that are not within their specific training or model to deepen enquiry and build relationships between knowledge rather than adding to division

This means the therapist researcher challenging existing trends, becoming a polymath within their approach to research and their understandings of change.

(ii) CHALLENGE TWO: How to understand and avoid the ‘filter loop’?

The second challenge considered the ways in which power dynamics within research can mean that certain approaches are validated or foregrounded rather than others. This in itself need not be problematic – but the keynote has argued that there is a danger that the richness and complexity of drama therapy may not be best served by aspects of this process. In particular I have argued that the ways research is formulated can start to ‘filter what is seen by the therapist in their research, this in turn becomes how the therapy is valued and offered. This challenge has particular importance given the medical contexts of much drama therapy practice with their emphasis on frameworks such as the Random Control Trial and on ‘evidence based medicine’ and the increasing emphasis on quantitative approaches to evidence noted within other domains of drama therapy practice, such as education.

The filtered out elements, because they have been left out of what is seen, validated and represented in the research, start to recede, wither or vanish. Those elements that the filter allows through as “valid”, as recognized, start to define what the therapy researched is *seen as*: they start to define the field itself. We need to be alert to this filter concept and that of *the filter loop*. Research can seem neutral or benign, but it does not occur in a vacuum, is connected with, for example, a medical system that rewards what is conceived of, and conducted, in its own image whilst ‘othering’ what is not.

I argued that we need to create these dialogues that our literature shows there is a tendency to avoid. That drama therapy research can *be made even more powerful by being brought into dialogue* – can this more accurately MEET and SEE the work we do and can help our clients understand what it is they are benefitting from. This also means the therapist researcher relating to their clients in ways that see them as complex and as being within a space with the therapist where different ways of knowing meet

their situation and create dialogue that enables us and them to understand and account= for the richness of drama therapy- that different traditions and cultural languages meet- the qualitative and quantitative, the numinous and the mundane, the creative chaos of mess in drama therapy alongside the creation of numerical data or data that can be transformed into useable statistics. As the music therapy example illustrated, even if we are working within systems that value or prioritize one paradigm, such as the quantitative, it does not mean that the research we construct and our work with clients cannot create research that responds to this but also is designed to encounter clients more richly than the provision's framework encourages and in ways that represent drama therapy's cultural position across contemporary divisions between art and science, the spiritual and the medical.

(iii) CHALLENGE THREE: How best to build capacity and research capital?

Juggling practitioner and researcher roles and publishing practitioner researcher accounts is crucial to building our field and its research capital. This keynote has identified the need for us to exchange and communicate the knowledge we are building with our clients. The keynote has shown how individual accounts can grow into field knowledge across our published accounts. These meta reviews or systematic reviews are made of up the joining together of individual accounts such as those called for by Dr Koch and Dr Meekums. As I have argued, the history of drama therapy is not of individuals or of isolated events, but of interconnection of myriad discoveries some which connect and grow others which emerge and do not thrive (Jones 2007). In order to meet this challenge there are different levels of action the field can take:

- Changes in training to support the development of research skills and in writing for publication
- Further encouragement and support offered by the training institutions to support trainees in developing their dissertation research into publishable forms
- Further development of work covered by professional supervision to include supervisors' roles in developing the research skills and role of their supervisee
- Targeted professional development short courses to support the research skills and writing for publication skills of qualified drama therapists
- Doctoral research
- Peer groups set up by drama therapists to support and develop research and writing
- Working with professionals from other disciplines within workplaces to co-research and write together
- Journals in drama therapy/the arts therapies encouraging practitioner researchers in writing about their work in ways reflecting issues developed in this section of the keynote

In the interaction between your knowledge of drama therapy and the clients you work is an edge of knowledge. It is this edge of knowledge that has fuelled and will fuel insight and future development and will realize our research capital in a powerful manner.

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