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Therapeutic Sealing with Drama Therapy: An Integration of Theatrical Catharsis and Scientific Practice

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Abstract

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The therapeutic practices of medical science and art evoke catharsis, but the healing efficacy of theater is ignored when compared to that of psychotherapy. Perhaps the distinctions between the therapeutic transformations are in the respective methods of catharsis; psychotherapy explicitly pursues medical healing with clinical exercises that target the patient's specific anxiety while theater creates an aesthetic experience with the capabilities of implicit healing. The need to integrate the therapeutic practices of both is evident in contemporary manifestations of theater and psychology: applied theater and psychodrama. Applied theater encourages transformative experiences that seek to improve the human condition through imaginative exercises. The principles of applied theater are founded upon the long held notion that theater is an educational medium and, thus, can transform human behavior. Psychodrama is psychology's permutation of the need for interdisciplinary therapy and it shares much of the theoretical foundation of applied theater, although it claims independent existence. Psychodrama is based in psychoanalytic theory; the decisions that patients make during psychodrama sessions reflect internal struggles, and the revelation of the conflict is a step towards healing. In method, both applied theater and psychodrama require the patient to be a participant-observer and role-play with others in the group to reveal anxieties and evoke transformative healing. I argue that drama therapy is a concrete manifestation of the successful synergistic healing efficacy of integrating medical science and art. Drama therapy uses predominantly improvised role-playing exercises similar to applied theater and psychodrama to address issues of life transitions, clinical illness, social anxieties, social deficits, rehabilitation, mental and physical disabilities, and personal expressivity. Drama therapy is an eclectic framework that incorporates the psychological paradigms of behaviorism, humanism, and psychoanalysis. Recent empirical literature suggests that creative arts therapies are some of the most effective transformative interventions. Moreover, applying the empirical method of science to the creative exercises of theater will benefit both disciplines and provide further proof that the therapeutic benefits of medical science and art are equally relevant for transformative healing.

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"Oh, I love it so much. I know it's not a perfect show... but it does what a musical is supposed to do- it takes you to another world and it gives you a little tune to carry with you in your head, for when you're feeling blue. You know?" -The Drowsy Chaperone

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The Therapeutic Capacities of Scientific Practices and Art

It is an unfortunate trend that educational institutions continue to cite disappointing budget cuts that nearly always sacrifice funding for the arts in favor of science. This widespread pattern of prioritizing the needs of science above those of art reflects many falsely held beliefs regarding the relative importance of the arts to our development and wellbeing. It has long been understood that the practices of science, specifically those of healing medicine, are a vital component of our society. The practices of art, however, have not been deemed as immediately responsible for our wellbeing; thus, their therapeutic nature is neglected. The practices of both medical science and art possess the power to evoke catharsis, but the therapeutic capacity of art is ignored when compared to that of science. Catharsis describes the healing transformation that results when an individual releases repressed anxiety. If both of these activities have cathartic potential, what makes us believe that the therapy of art is inferior to that of science? Both science and art serve to heal humanity, as history and current practice demonstrate, and to assume that the methods of one are superior to the other is myopic, detrimental to progress, and inhibitive of our ability to effectively heal.

The practices of science and art both offer opportunity for a cathartic, and thus therapeutic, transformation and the tendency to prioritize the therapy of science over that of art is a result of the surrounding assumptions in the broader definitions of science and art. Perhaps the distinction between the healing transformation of psychotherapy and of theater is in the method of catharsis; psychotherapy explicitly pursues medical healing with clinical exercises that target the individual patient while theater creates an aesthetic experience with the capabilities of implicit healing for a general audience.

Psychotherapy, subject to the assumptions of science, exists to be an explicit source of healing. Scientists use empirical study to ensure that their methods are practical and accomplish the therapeutic goal. On the other hand, theater, as a form of art, is subject to the definition of art proposed by those who practice it, which makes no claim of overtly intending a therapeutic effect. Theater theorists have always acknowledged the cathartic nature of theater, but they reject the definitive statement that the goal of art is to provide a form of therapy. Instead, the therapeutic benefit is implicit and the audience can receive the aesthetic on a personal level. The classical philosopher Aristotle was the first to use the term '*katharsis'* to describe non-medical therapeutic intervention, specifically that of theater, in *The Poetics* (Aristotle, trans. Heath). Perhaps theater theorists reject the notion that therapy is the theater's sole purpose because such a definition would imply that theater is a slave to its audience. Yet, it would be impossible to deny theater's dependence on society because the history of theater and its role in society demonstrate the symbiotic relationship.

Theater has taken many forms since its inception, but, in all its forms, it has served society with a silent therapeutic purpose, namely, catharsis from social anxieties. The theater is a natural record of our social history. Theatrical practices are so deeply imbedded in our culture that they inherently change along with society; each new society demands a theater that will reflect its unique characteristics and, more importantly, anxieties. Theatrical forms need to agree with the relevant social tones in order to accurately address the needs of the audience. Otherwise, the audience has no basis to relate to what they experience at the theater, which leads to disconnect and rejection; theater would perish if it did not claim an intimate connection to its audience. The

relationship between society and the theater is what gives theater its therapeutic capacity for catharsis: Society, unconsciously, seeks out theater that provides its needed therapy.

The history of theater demonstrates a wide range of theatrical forms, each designed to fit the needs of the society and, thus, address the cultural anxieties and provide relief. The German philosopher Georg Wilhelm Friedrich Hegel, in *The Philosophy of Fine Art* (1835) and *The Phenomenology of Spirit* (1809), argued that each generation of society requires a specific form of theater to express the nature and identity of that society. The values and anxieties of each passing phase of society are different that the previous and the future and, thus, one standard form could not possibly express the individuality of each generation. In addition, Hegel mandates that the subject of theater should be plausible—relatable—for the audience, in that the audience will recognize the values and anxieties of its epoch in what it sees on the stage (Hegel 535).

By our modern definitions, 'art' seems to represent figurative and intangible meaning beneath the physicality of creative media, while 'science' holds court as possessing the faculty to cause observable, therapeutic change improving our ability to function productively. Yet, if we want to continue to succeed and develop, our constant desire to explore human nature demands the therapeutic benefits of the practices of both art and science. Once we've exhausted the tangible properties of nature, as defined through scientific method, the only frontier to pursue further exploration and healing of the human condition is the creative. The practices of art allow exploration of the non-tangible creative space. Thus, if the scientific community were to recognize and acknowledge the practices of art through their own scientific methods of analysis, a limitless frontier would emerge with which we could further examine and improve the

human condition: “Since [science states] ‘how things are’ and theater states things ‘as if’, [so] we can see the interdependency of these… forms… and their need for each other” (Jennings, “Dramatherapy for Survival” 91). More importantly, there would be no need to prioritize the therapeutic capacity of one discipline over that of the other.

What, specifically, separates the practices of science from those of art in the first place? Are scientific inventions not equal parts the result of creative enlightenment and meticulous data analysis? Is the creation of art not effectively composed of the same intuition and examination? I propose that drama therapy is the model that will join the explicit and implicit therapeutic practices of science and art in one effective therapy process. Drama therapy is a cognitive-behavioral intervention that employs a wide variety of theater exercises. The use of drama therapy as a clinical intervention for mentally and physically disabled patients requires empirical literature to support its efficacy. The scientific community should explore the longstanding practices of theater with their own empirical methods and, potentially, produce evidence that art, specifically theater, is a healing medium with the same capabilities for therapeutic change as science: “Healing is a process that transforms conflicting forces into a new and more productive relationship. Art does the same thing” (McNiff, “Art Therapy” 37).

The need to integrate practices of art and science is manifest in recent permutations of theater and psychology: applied theater and psychodrama, respectively. There is significant overlap between the models in both theory and practice, which suggests that the natural progression of science and art encourages re-integration because such similar qualities have been protected and proliferated throughout time. Moreover,

drama therapy is the manifestation of these successfully surviving trends, but with the added benefit that drama therapy belongs mutually to the fields of art and science.

Drama therapy, I argue, is the solution to exposing the myth that the therapeutic practices of science are superior to those of art because drama therapy gives scientists and artists the model to bridge the gap between definitions of art and scientific practice and eradicate disciplinary territorialism. However, an effective integration of these fields requires the willing participation of both artists and scientists. Scientists resist arts therapy because it has yet to be sufficiently supported by the quantitative standards of the scientific community and, thus, is seen as a threat to legitimate practice. However,

> As the art therapy profession matures, the polarization process [of art and science] has generated solidified positions. We place one another into dualistic frameworks. If a person advances the place of art in therapy, does this suggest the lessening of clinical skills? The artistic perspective may in fact introduce new dimensions of clinical precision. (McNiff, "Art Therapy" 47)

In addition, artists reject the notion that empirical interventions have a place in art.

> The debate often starts with a seemingly agreed-upon premise that research of some kind is essential for the field [of science]… [and] the fact that 'most art therapists are reluctant to engage in research' (Deaver, 2002 23) despite continuous calls for research is troubling. (Metzl 62)

The field of science is skeptical of an assertion of truth or validity until the assertion satisfies the burden of proof. Burden of proof "is the obligation to present evidence to support one's claim" (Kalat 32). More specifically, in order for drama therapy to claim its place among the repertoire of legitimate psychotherapies, there needs to be a substantial body of empirical literature to validate its efficacy. Art, in general, could benefit from close methodical examination: "Since art therapy is frequently

perceived as a modality of mental health, the standards set by psychological research might be especially pertinent to its advancement" (qtd. in Metzl 61). Moreover, the existence of empirical evidence in support of drama therapy has a larger implication for integration of art and science. An experimentally validated argument for the efficacy of drama therapy implies that the practices of art can participate in the techniques of science, and vice versa. Once it is determined that science and art can each successfully contribute to the development of the other's field, the need to prioritize the cathartic capacity of science over art is superfluous and only detrimental to further development.

A recent inter-disciplinary symposium at Emory University in October of 2008 entitled "Evolution Revolution" brought together artists and scientists with the mission of collaborating to create art based on modern science. The artists who attended took on the daunting task of capturing science in the creative forms of art. I argue that science owes art the same duty: Scientists should capture art in the concrete, empirical forms of their discipline. In the symposium, art took the first step to meeting science at the halfway point between the respective territories of art and science by creating artistic work for the purpose of proliferating knowledge of modern science. Science, now, has the challenge and responsibility to meet art in the middle by proliferating art through scientific channels.

In recent years, the scientific community experienced the introduction of the progressive 'postmodern' paradigm. Postmodernism is a shift in thought because it stresses a focus on qualitative and humanistic models of scientific exploration, as opposed to the objective, quantitative methods of the previous 'modernism' paradigm. However, the demands of postmodernism are not supported by current scientific practice.

An emphasis on the qualitative requires instruments that can successfully measure qualitative difference; the unique forms of arts therapy need such qualitatively oriented assessment tools. If the postmodern movement develops, it could evoke critical changes in the scientific community conducive to the acceptance of arts therapy as an empirically supported clinical therapy:

> Most research institutions, scientific organizations, and funding sources are dismissing the importance of qualitative research (Rogers, 2000)… and many others perceive qualitative methods as complementary or adjacent to quantitative (Woolfe et al., 2003). (Metzl 62)

Drama therapy is the appropriate vehicle by which the practices of science and art can realize that the qualitative and quantitative territorialism that divides them into separate disciplines is superficial. For the arts community, drama therapy is the equivalent of a modern theater movement because it provides a duty to society, fulfilling the long-time argument of the purpose of theater- purposeful delight. The innovative use of theater for overtly therapeutic purposes is marked by a progressive shift in the audience's role from spectator to participant and observer, influenced greatly by the revolutionary theorist and director Augusto Boal. For the scientific community, drama therapy provides an effective method of therapy supported by empirical conventions already in place. By approaching drama therapy from both the theatrical and scientific perspectives, this therapy has the benefit of unprecedented support and, therefore, unprecedented success.

The Implicit Therapy of Theater

Arguably, the theater's greatest strength is its universality. The theater artist's responsibility is to capture, reflect, or imitate life. The spectrum of experience that qualifies as the 'life' artists strive to conceptualize is limitless and all-inclusive; thus, the task of the theater artist can be both daunting and liberating. It is no wonder that the theater has assumed countless identities and permutations in its artists' struggles to achieve their goals, whatever they may be. It is the discourse about the true goals of the theater that are, perhaps, the most longstanding debates in the history of drama.

Philosophers and artists have long argued about whether the theater should aim to delight, entertainment being its primary goal, whether it should aim to be useful and instruct, or whether it should rightly aim to do both. The classic philosopher Plato insisted that the theater have a purpose of usefulness: to instruct the younger generations how to be heroes and build a successful state, a political motive (Plato 14). Aristotle, author of some of the most highly regarded theater philosophy, chose a differing perspective and stated that theater should delight, a social motive (Aristotle 55). In more recent centuries, the Puritans of England followed Plato and chastised theater that did not teach absolute values of moral behavior (Collier 351). Specifically, the Puritans cited theater that depicted amorality as destructive to society because it tempted our propensity to learn through example. However, John Dennis, English dramatist and Puritan contemporary, noticed that it is, perhaps, the integration of both instruction and entertainment that will create the most effective theater: "[The stage is] instrumental to the instruction of mankind… [And] the stage is instrumental to the happiness of mankind in general" (Dennis 364). Similarly, the French dramatist Pierre Corneille acknowledged

these dual responsibilities that theater owes to our society and he credited Horace with this ideology: "…it is not less true that Horace teaches us we will not be able to please everyone if we do not blend in some useful things" (Corneille 227). Therefore, Dennis and Corneille, among others, suggested that theater's purpose is useful delight, or instructional entertainment.

Applied Theater

Since both the 'useful' and 'delight' components here are a matter of subjective opinion, this purpose for theater seems to be an almost indefinable mission. Recently, however, this idea has been restated by both artists and philosophers, who have found a genre of theater that epitomizes useful delight in an objective definition: applied theater. By definition, applied theater encourages transformative experiences that seek to improve the human condition through imaginative exercises that require creative input. Applied theater is a modern theater movement that explores how we as a society can use theater to improve ourselves while enjoying the creative process.

The principles of applied theater are founded upon the long held notion that theater is an educational medium. Historically, communities that embrace theater's capacity to inform and educate realize that it has the ability to transform human behavior. There are many parallel theatrical movements that exercise this potential to change the observer and the participants: Theater for Development (TfD), Theater of the Oppressed, and Outreach Theater, among others. All these movements take advantage of the theater's reflective nature, which can expose anxieties or inconsistencies. Specifically, these

movements target marginalized populations, such as ethnic minorities and impoverished communities, that frequently experience degradation and associated anxiety.

Applied theater relies on participation and collaboration. Collaboration is critical for successful theater and, thus, plays an important role in the theatrical exercises meant to yield a therapeutic effect and alleviate trauma stress. Applied theater requires "participant-observation:" the members of the audience take turns playing an active role in the scenario (Taylor 6). These participants can reflect on their experience as actors in the world of the play and, also, what they are able to deduce as observers. Augusto Boal, creator of Theater of the Oppressed, states that the role of participant-observer has unique characteristics that make it particularly conducive to the reflection required for transformation, specifically calling it 'internal dialogue.' This duality gives the individual, and the group as a whole, a well-rounded understanding of the scenario and its implicit anxieties because the individual explores the situation both subjectively, as a participant, and objectively, as an observer.

It is important for victims of trauma to exercise the physicality and the cognition of their experience in order to fully understand their anxieties and, hopefully, move on psychologically. The collaboration and full commitment of body and mind to the work in applied theater contribute to the victim's dedication to and, therefore, the efficacy of, the process: "when participants in applied theater believe they own the work, they invest more of themselves in it" (Taylor 19). Renowned director and theater innovator Bertolt Brecht argued against the traditions of theater that cast the spectator in a purely observatory role because they make the spectator submissive and ineffectual, even after the spectator leaves the theater. Similarly, Boal advocates for the use of theater as a

medium for conversation, specifically without the distinction of a spectator. The would-be spectator assumes the role of an active participant in the theater- interjecting comments, asking questions, and actively influencing the outcome of the scene. Boal explores several specific genres of this interactive creative process: newspaper theater, invisible theater, photo-romance, breaking of repression, myth theater, analytical theater, and rituals and masks. Each type has a discrete goal that serves to evoke an internal or external reaction. The reaction is channeled through the creative process and its energy brought back into the piece. Breaking of repression is a particularly applicable type of Boal's theater because the theatrical process permanently changes the participant for the better in a type of non-clinical therapy. Boal argues that the word 'spectator' should be dropped from the theater's vocabulary so that the previously-labeled spectator can feel uninhibited to fulfill their potential in the theater by action.

The foundation of applied theater can be described with the 'three p's': people, passion, and platform. 'People' refers to the manner in which participants interact with the play space of applied theater experience. Participants exercise "conscious manipulation of people in time and space" to create an experience that allows subjective and objective reflection of their performance choices (Taylor 31). Applied theater maintains that the body is an instrument that can, and should, be consciously controlled. We should practice mastery of our physical bodies because our bodies are the instruments through which we can live and produce art. An individual's ability to manipulate himself facilitates a deep, heightened awareness of the external self, but not as an isolated entity. Instead, the external awareness is the vehicle for the effective expression of the internal structure; the two components need to work together to make an efficient machine.

'Passion' is the heightened state of awareness that applied theater strives to reach; it requires a participant's full commitment in order for the experience to be effective. 'Platform' is the play space of the experience; rules are bent to accommodate the needs of the scenario, such as fluid time, location, and identity. This requires a degree of suspension of disbelief to allow a participant to fully commit to the experience; however, there is a danger that the participant will disconnect from reality. It is critical to ensure that it is "the concrete rather than the abstract that is being reinforced" (Taylor 33). If the participant disconnects from the reality, his experience exists only in creative space. Then the exercise has no relevance in the mission of improving the capacity for humanism and tolerance because the participant cannot translate the experience to his reality.

There is also a fourth 'p' of applied theater, 'praxis'. In any discipline, the separation of theory and practice can be detrimental to progress because philosophical abstractions are not based in, nor do they necessarily result in, concrete manifestations of the ideal. Praxis, a term first used by education theorist Paulo Freire, describes the integration of theory and practice. It is best summarized by the multi-stage process of "action, reflection, and transformation" found at the heart of applied theater and similar theater and education movements (Taylor 35).

In applied theater, it is important to remember that the quality of the art is always in consideration. Effective drama is good drama, and vice versa, so creating poor and mediocre art negates the mission of applied theater. Moises Kaufman's popular play *The Laramie Project* was the result of an applied theater endeavor in Wyoming to help a community traumatized by the vicious murder of a young man, Matthew Shepherd. Matthew was killed because he was a homosexual and the crime exposed a number of

cultural anxieties within the community, most notably homophobia. The project included many applied theater intervention techniques, such as improvisation, role-play, and script re-enactment. The trajectory of the process, however, was meant to result in a fully realized artistic representation of the experience from the perspective of both the facilitators and the participants in the community. This is true for a majority of the applied theater endeavors: the project is complete when there is a lasting manifestation inspired by the experience. In this way, the quality of the art is paramount.

Prison Theater

In recent years, there has been a significant increase in the practice of theater in prisons. Prison theater has a similar theoretical foundation to applied theater, but the incarcerated demographic is a specific population model with particular capabilities and goals. Nonetheless, those in prison have the same propensity for theater's transformative properties as those who experience applied theater. Prison theater places equal emphasis on the process and the product. Like applied theater, it uses role-playing and improvisation to emphasize self-control, obligation to responsibility, and collaboration. A primary goal is to teach inmates to inhibit their aggressive impulses and, instead, collect their thoughts and verbally express their anxieties before acting impulsively. Theater for incarcerated individuals is an extremely effective method for changing aggressive and antisocial behaviors into constructive behaviors. In addition, prisoners can express themselves through playwriting. An added benefit of Prison Theater is that it helps mitigate civilian prejudices. Some performances or Prison Theater events are open to civilians. Subjective reports from civilians who have attended these events indicate that

their perceptions of incarcerated individuals improved after experiencing the production (Moller 60). Prison Theater provides catharsis for inmates because it is an opportunity to express and channel their emotions into a constructive production process.

A recent spike in prison populations drew public interest to the lives of incarcerated individuals. The increase in Prison Theater, and the proliferation of groups specializing in Prison Theater, grew out of a demand for a more humanistic approach to reform prisoners. Cell Block Theatre, Theatre for the Forgotten, and Rehabilitation through the Arts are among the strongest prison theater companies. Rehabilitation through the Arts (RTA) is the prison theater group at Sing Sing. The mission of Rehabilitation through the Arts has three major components: "the production of original and established plays to provide entertainment, cultural enrichment, and positive messages to the prison community" (Moller 52). Many inmates do not have education above college, some not even that far, so the practice of exploring theatrical literature is an invaluable source of education.

Prison Theater faces unique obstacles. Prisons are federally funded institutions and are subject to strict stipulations about inmate interventions. Incarceration programs implement empirically supported therapies hesitantly, which bodes poorly for arts therapies with limited clinical literature. However, the narrow body of existing literature examining the effects of Prison Theater on incarcerated individuals credits drama-based exercises with significant improvements in "cognitive, affective, and institutional [inmate] behavior" (Moller 65). In addition, research shows that "have resulted in greatly reduced recidivism rates and prison rule infractions" (Ryan 1).

Theoretically, prison programs are intended to reform incarcerated individuals and reintroduce them to the world beyond bars as productive, contributing members of society. Prison Theater addresses a multitude of the reformative goals. Moreover, studies in the transformative effects of prison theater show that prison theater induces constructive change in "reasoning, verbal communication, and problem-solving skills… risk-taking, sense of purpose, and self-development, … interpersonal trust, conflict management, and connectedness" (Moller 65). The paramount achievement of Prison Theater is its ability to break the cycle of crime because it infuses the individual with an obligation to society (Moller 65).

The universal applicability of theater-based interventions is rooted in its historical identity as a healing medium and its theoretical mission of 'useful delight.' Revolutionary theater artist Anton Artaud reminds us "theater is not a mirror of life but its double – and herein lays its cathartic force: theater can free the darkest aspects of human nature precisely because it expresses them for real while negating them in actuality at the same time" (qtd. in Pendzik 274).

Theatrical Practices as Explicitly Scientific Therapy

A psychological perspective on social development offers an additional explanation of the therapeutic capabilities found in both medical science and art. One theory suggests that the creative inclinations that produce art, and therefore theater, come from an innate human impulse to create fantasy and creative figures in times of crisis: "…creative expression and the making of art are among the most enduring human behaviors" (McNiff, "Art Therapy" 38). Moreover, our ability to imagine images is a result of the same impulse. Humans create these representations perhaps as an attempt to alleviate confusion and anxiety. Representations, therefore, act as the object of transference for our concerns. Such 'collective representations', which can be viewed as an intimate relative of organized religion, are coping mechanisms for the unexplainable and chaotic. Furthermore,

> The therapeutic use of art has no single point of origin. It has existed in every section of the world with a diversity that corresponds to the varieties of artistic experience. This indigenous presence is the most important indicator of art therapy's potential. If it has persisted through time as a way of remedying the ills of the human spirit, then it is likely to continue into the future as a vital therapeutic process. (McNiff, "Art Therapy" 38)

Therefore, psychology confirms that art is deeply ingrained in the fabric of society.

Psychodrama

Current practices in the field of psychotherapy incorporate drama-related interventions that rely primarily on psychoanalytic theory; Specifically, psychodrama is

the predominant manifestation of arts-related interventions in clinical therapy. The psychoanalytic paradigm of analysis and treatment strives to resolve conflicts in a patient's unconscious, usually by exposing repressed thoughts or feelings. In addition to psychoanalysis, Creative Process Theory, an organic result of spontaneous innovation in clinical therapy, is an early theoretical influence for psychodrama. The informal hypothesis behind Creative Process Theory arose from the unprompted decision to use creative activities during a therapy session. This alteration recognizably improved the productivity of the therapy, which led the psychologists involved to consider particular properties of the creative exercises that may have prompted the improvement. The theory proposes that creative activities, like drama, music, dance, and visual arts, have inherent therapeutic qualities that appeal, and add considerably, to a psychoanalytic therapy method:

> The transferring of virtual contents into artistic forms is in itself the locus of a powerful therapeutic occurrence – whether it is processed verbally or not. First and foremost, this process involves an act of creation – something which has long been acknowledged as possessing an intrinsic healing value (Blatner & Blatner, 1988; Hillman, 1972; Jung, 1971; Maslow, 1977; Moreno, 1987; among others). (Pendzik 274)

Nevertheless, Creative Process Theory was developed in the context of individual therapy and is not manifest in contemporary psychodrama except as a source form.

J. L. Moreno, who founded psychodrama in the 1920s, considered himself a behaviorist; thus, the techniques of behavioral therapy heavily influenced psychodrama:

> Because we cannot reach into the mind and see what the individual perceives and feels, psychodrama tries, with the cooperation of the patient to transfer the mind 'outside' of the individual and objectify it within a tangible, controllable universe… Its aim is to make total behavior directly visible, observable, and measurable. (Emunah, "Acting for Real" 18)

Moreno developed psychodrama by applying his knowledge of psychoanalysis to his experience studying the processes and productions of professional theaters in Vienna. As a result of his research in Vienna's professional theaters, he envisioned that psychodrama would bridge the gap between theater and science, truly creating a "theater for the masses" (Roine 19). Moreno did not, however, believe that psychodrama was a new theater movement or a product of the theater's evolution.

Moreno developed a system called 'sociometrics' to quantify social relationships, in conjunction with psychodrama. Moreno believed that the most effective way to address unconscious anxieties through psychoanalysis was to acknowledge and improve role-relationships rather than address a singular mental state. Moreno considered that appropriate, successful role-relationships were the foundation for a productive individual. Moreno and Freud, the father of psychoanalysis, were contemporaries and lived close to one another in Vienna. It is believed that the only time the pair ever spoke was at a conference in Vienna after Freud presented a lecture on his theories of psychoanalysis where he confronted Moreno because he was intrigued by his skepticism. Moreno responded to Freud's personal inquiry by saying that his definition of psychoanalysis took, in fact, the opposite approach to Freud's: psychoanalysis, according to Freud, reduces the fantasy of the dream to a questionable reality, while psychodrama encourages the growth of the fantasy in dreams to join reality (Roine 18).

Psychodrama, borrowing from Freud, aims to alleviate an individual's suffering by exposing internal anxieties, even those that may reside in the unconscious. Thus, the focus of psychodrama is the individual, although the session is almost always executed in a group setting. The group setting is necessary because psychodrama requires other

participants, or ‘auxiliary-egos’ in the action of the target individual, the ‘protagonist’. Interestingly, Moreno borrowed the term ‘protagonist’ from Aristotle’s *Poetics*, which demonstrates the ability of science to use dramatic content (Roine 23). The protagonist role-plays personal experiences. It is the responsibility of the ‘director’, the licensed practitioner, to observe and recognize when an individual reveals a thought or behavior that could be the root of psychological trauma or repression. The director should examine how the patient interacts with objects and others: in particular, the director should look for how and when certain emotions are expressed and whether or not the emotional expression is an appropriate one. This analysis could lead to a discovery of repressed anxieties. Further participation in creative activities, as suggested by the director, allows the protagonist to explore, understand, and confirm appropriate emotional expressions.

The decisions that the protagonist and the auxiliary-egos make during psychodrama sessions reflect internal struggles and the revelation of the conflict is a step towards a healing process. However, it should be noted that the proposed efficacy of psychodrama assumes validity in Moreno’s assertion that the group is a microcosm, that anything that occurs in the group has relevance to the outside world. It is also important to note that psychodrama does not attempt to diagnose, in fact, it strives to avoid the territory of stigma associated with labeling an anxiety or mental disability. Unfortunately, the lack of definitive labeling places psychodrama at a disadvantage because modern health care systems demand systematic classifications of mental health.

Moreno founded psychodrama on the principles of sociometrics, a system he developed for assessing group dynamics. Moreno believed that an individual’s interactions are what sculpt and often define him or her. Furthermore, he suggested that

patients' problems are the result of traumatic sociometric interactions, and, thus, the solution should also arrive through sociometric channels: "since we were wounded in interaction, that is where our healing should occur" (Lipman 7). The choices an individual makes in a social situation reflect his social experiences; his current choices are informed by his learned beliefs and cognitions.

In sociometrics, the term 'social atom' refers to an individual's web of interconnectedness with others. Each person's social atom is distinct because no two people share all the same interpersonal experiences. It contains information about the positive, negative, and neutral relationships between the individual and other people within his or her life; it travels with him or her and influences everything he or she does. More specifically, the vast amount of interpersonal information stored in a social atom determines an individual's perception of social role relationships. Often, the problem behavior targeted is the result of an inappropriate understanding of role relationships. In order to produce a more socially competent individual, the practices of psychodrama work to alter an individual's social atom towards a more accurate representation of role relationships. The term "role" originated in the theater when scripts were written on rolls of paper, another bit of existing evidence that the science of psychology and the art of theater share historical lineage. As modern society develops, we form more complicated networks of interaction and an individual's ability to function effectively on a daily basis demands a greater understanding and flexibility of role from the individual.

Moreno defined three levels of roles: psychosomatic, psychodramatic, and social roles (Roine 49). Psychosomatic roles are acquired at an early age and denote the individual's primary attachment experience with the caregiver. Most of an infant's primal

actions are influenced by these roles, such as eating habits and sleeping habits. Psychodramatic roles are an individual's subjective opinion and understanding of a categorical position, such as those of boss, wife, or neighbor. These perceptions apply to the individual's roles and roles that he or she experiences within others. Social roles are behavior models the individual encounters frequently, roles dictated and described by culture and community that include an understanding of social hierarchy, which is critical for effective social interaction.

Another theoretical component of psychodrama is transference. Transference stems from Freud's psychoanalysis and "describes the process that takes place when a patient begins to displace or transfer positive or negative feelings toward the analyst" (Roine 73). Moreno gave transference a broader definition in the context of sociometrics: the exchange of ideas, feelings, and interaction between individuals. In psychodrama, the protagonist establishes and controls the basic plot of the scenario, but the auxiliaries are informed by their own internal conflicts and may have impulses that are different than those of the protagonist. The protagonist shares his experience with the director and/or auxiliaries, and the entirety of the event is based on the transference of interpersonal energies.

The standard psychodrama session consists of three parts: warm-up, action, and sharing. The warm-up establishes a safe atmosphere in the therapy space. Exercises in the warm-up should facilitate interpersonal contact to get patients in touch with their social structure, a major access point in psychodrama. Above all, the director should use the warm-up period to introduce his position as the trust-worthy companion as well as the

supreme authority during the session. What largely separates psychodrama from traditional talk psychotherapies is corporal activity:

> Enhancing the client's creativity and expressive ability using drama structure is allowing non-verbal and symbolic expression of emotion, which is in contrast with the talking psychotherapies. (Jennings, "Dramatherapy with Children and Adolescents" 16)

In psychodrama, movement is critical in order to access and affect the mind, as the action establishes the 'here and now' of the experience in the body. A protagonist's spontaneous choices during the 'here and now' reveal underlying conflicts, which usually exist within an individual's internal social structure, role relationships. The experience is not meant to be a re-enactment, but rather a live experience that occurs in the moment, hence the need for present physicality. Consequently, the protagonist can make fresh choices and encounter un-predicated circumstances; thus, spontaneity is an important feature of psychodrama because it allows psychoanalytic revelation.

The transition from action to sharing is critical. Once sharing begins, the protagonist is isolated from the group and gradually re-integrated so that each element of the sociometry exposed in the protagonist's experience can be thoroughly explored. Usually, the first step in the sharing process is to discuss the role relationships that the protagonist revealed during the experience. In the sharing portion of the session, it is critical for the participants and director to be objective. The goal of the sharing process is to work out a thorough understanding of the protagonist's social atom. Furthermore, the protagonist should discover where flaws in the social atom exist, because those flaws are the root of the internal struggle and external discomfort. Group members are involved in the experiences of other individuals, as auxiliary-egos, therefore, it is critical to address

everyone who participated in the sharing portion of the session to intercept and dissipate the possibility of new distress.

Although the three-stage structure of psychodrama centers on the action, the action is not the most essential part of the process. Rather, the patient's objective response to the action is where the target problem can be mitigated. Blatner describes the importance of the sharing phase:

> [The patient can] pause, stand back, perhaps consciously play out some alternative scenes and endeavor to respond to the problem with greater awareness and for the purpose of more authentic and inclusive effectiveness. (23)

Psychodrama requires a balance between the action and sharing phases of the therapy. This equilibrium allows the protagonist, and others participating in the session, to assimilate their behavior and cognition. Thus, the individual receives a thorough observation and interpretation of the target problem. The therapeutic component of psychodrama comes from the balanced application of action and reflection. "Psychodrama involves the integration of imagination and action with verbal expression and self-reflection" (Blatner 23). Thus, psychodrama belongs to a cognitive-behavioral paradigm of psychotherapeutic treatment.

Psychodrama includes a diverse collection of practices, although role-play is the most comprehensive and widely used technique. Role-playing should be rooted in the reality of the protagonist, with cooperative participation from other group members; the protagonist plays out a real personal experience and assigns auxiliary-egos roles of other characters necessary to live out the experience. Often, people use the terms psychodrama and role-play interchangeably. However, role-playing refers to the specific exercise with "aimed at the finding of a more effective behavioral response," within the broader

application of psychodrama (Blatner 24). Improvisation is the central feature among the diverse psychodrama techniques, especially role-play. Improvisation is "useful for releasing emotionally charged material that should be the starting point of a psychodrama" (Roine 87). It is a good starting point for the group's general exploration of a theme, such as aggression, violence, oppression, or stereotypes.

Other psychodrama techniques are used selectively to address specific patient anxieties. Role training is yet another technique and should not be confused with role-playing. The former involves very specific exercises intended to address a social role that an individual is having difficulty understanding. Role-training usually imparts a sense of urgency because the individual has a pressing need to fulfill the social role in question. In the mirroring technique, a participant (not the protagonist), or the director, re-creates components of the protagonist's experience with the purpose of allowing the protagonist to view himself through the eyes of an objective observer. This is an effective method to show the protagonist how he is portraying himself, which may expose personal inconsistencies. Soliloquy is also a very informative technique and usually occurs in the beginning (warm-up) of a psychodrama. The exposed, vulnerable nature of the exercise typically requires strong support from the director (often acting as the double).

The director is, perhaps, the most fundamental element of psychodrama because the efficacy of the process is dependent on his knowledge, skill, and ingenuity: "The director of psychodrama does more than employ individual techniques" (Farmer 44). He must have sociometric intelligence to be able to recognize and understand what dynamics are present in each individual and what dynamics are developing within the group. Often, the director needs to be an active participant in the exercise. It is the director's

responsibility to establish an equivocal relationship with the protagonist, if only for the purposes of the specific exercise, in order to guarantee the protagonist's comfort, which is directly related to the effectiveness of the exercise. During the sharing phase, the director should act as a member of the group, not as an authority figure, for the same subjective purpose. Since the director actively participates in the exercise, he is not immune to being personally influenced by the events of the exercise; therefore, the director should be aware of this threat and make an effort not to allow his personal experience to influence the protagonist's experience.

Auxiliary-egos are group members selected by the protagonist to assume roles in the reality with the objective of helping the protagonist clarify his understanding of the experience. Discussion of the protagonist's choice of auxiliaries is rarely random and, as should be noted by the director, is often a reflection of the protagonist's understanding of role relationships. The protagonist's auxiliary choices should be incorporated into the sharing portion of the exercise. Auxiliaries should remember that it is their responsibility to follow the protagonist and that the protagonist always has control of the reality. The director should immediately cease an experience if there is a struggle for control between multiple protagonists (or among those who should be participating as auxiliaries).

Another critical position in the events of the psychodrama is the 'double'. The double remains in close physical proximity to the protagonist during the exercise, but always at a non-distracting distance. The double imitates, as precisely as possible, every movement of the protagonist: facial expressions, hand gestures, non-verbal communications, etc. Also, and perhaps more importantly, the double speaks out loud what he believes the protagonist is not saying, but should be, thus exposing a deeper level

of the protagonist's struggle to come to terms with unconscious conflict. The intent is that the protagonist will process the verbal commentary of the double and incorporate the newly exposed conflicts into the experience in order to have a fuller exploration and eventual catharsis. However, the double is not always correct in his assumptions and the protagonist should feel comfortable disagreeing with, or rejecting entirely, the double's suggestions. The director should ensure that commentary from the double remains appropriate and are constructive additives to the experience. In order to fill the position of the double, the individual must have prior understanding of the responsibilities of the position and, favorably, training in how to appropriately instigate the protagonist. The biggest danger with an inexperienced double is that the double will allow his internal struggles to be reflected on the protagonist and inappropriately shift the control of the experience away from the protagonist.

Psychodrama is a diverse therapy and there are many approaches and options within psychodramatic exercises. All techniques in psychodrama emphasize creativity and catharsis; they are key building blocks in the foundation of psychodrama and they truly separate it from other therapies. Psychodrama was designed to be an eclectic method of therapy, and is only becoming more diverse as it develops. Psychodrama is well suited to be a multi-modal therapy because of the creative nature of the action and the inherent spontaneity of the exercises. Music, art, and film, among others, are effective additions to psychodrama that the director should incorporate into therapy sessions because they use different creative processes.

One specific permutation of psychodrama is sociodrama, a modified subdivision of psychodrama. Sociodrama focuses on the collective problems of the group, not the

individual. It is useful for addressing issues of communication and can improve workplace efficiency, classroom learning, athletic team dynamics, and artistic collaboration. Group members participate in hypothetical situations that pertain to a thematic issue; but, unlike psychodrama, they do not role-play situations specific to their own lives, nor do they role-play their own identities. The group emphasis in sociodrama is especially relevant for addressing the issue of roles and role relationships. Sociodrama is often used as a therapeutic response to trauma in a community, similar to applied theater, and has been found especially effective for adolescents because it is less individually directed than psychodrama, which may allow the patient to feel less vulnerable.

Family systems therapy is another permutation of psychodrama practices. The family unit, whether defined as a couple, nuclear, intergenerational, or extended is a naturally occurring group set up to benefit from the processes of psychodrama group therapy. Modern therapists combine theories of family systems therapy (Bowen) and psychodrama (Moreno) and take advantage of the significant overlap.

Psychodrama, as the name implies, uses drama to fulfill the demands of science. Although the acceptance of psychodrama as a legitimate form of therapy is a milestone for integrative arts therapies, it still suggests that the therapeutic capacity of art is subordinate to that of science. A truly integrative therapy would equate the mission of producing quality art with the mission of scientific practice and work towards a singular productive goal. To this end, the application of drama as a therapeutic intervention, influenced by relevant forms in theater and psychology, fosters the integration of theatrical practice and medical science in a distinct form: drama therapy.

Drama Therapy: An Integrated Framework

Drama therapy is a modern realization, but not a modern invention. It would be inappropriate to label drama therapy a recent invention because its practices have existed since the beginning of civilization. Only recently, however, have we learned to cultivate these practices into a specific therapeutic method with an equally specific purpose. Drama therapy is distinguishable from applied theater in that those who pursue drama therapy have an expectation: "there is a therapeutic imperative to this mission [of drama therapy]" (Taylor 83). However, it would be inaccurate to claim that the practices of drama therapy are merely the conventions of theater applied to the standards of a clinical therapy. Drama therapy is its own discipline with its own standards for evaluation; moreover, drama therapy has the benefit of the therapeutic capacities of both medical science and theater: "the tools are derived from theater, [and] the goals are rooted in psychotherapy" (Emunah, "Acting for Real" 3). The very name 'drama therapy' denotes the amalgamation of these disciplines:

> The term 'art therapy' is itself a joining of interests and disciplines. Once we accept that the process of mixing is at the basis of the professional enterprise, we will, hopefully, become less apt to crystallize the field into a single entity. Rather than striving to eliminate contrary perspectives, we might consider a more creative management of the interplay. The different positions energize and shape one another. (McNiff, "Art Therapy" 38)

Drama therapy, or the practices formally titled as drama therapy, first emerged in Europe in the 1960s when optimism in our ability to create change with new ideas became a predominant attitude. This social tone was seen in the work of artists, educators, and therapists such as Peter Slade, Peter Brook, Jerzey Grotowski, and Dorothy Heathcote (Meldrum, "Historical Background" 12). All recognized the natural

power of theater to impact and change thought and behavior. A woman named Susan Jennings realized the potential of this movement and opened what would later become known as 'The Drama Therapy Centre' in England (Meldrum, "Historical Background" 13). The Centre used creative and expressive activities with special needs children and adults. Since the Centre, drama therapy has grown into a widespread practice with patients, practitioners, schools, literature, and limited clinical research. The modern drama therapy begun by Jennings combines theater and psychology to create an eclectic model of therapy. In fact, the natural marriage of psychology and theater gave birth to the origins of drama therapy theory; the two figures credited with founding the ideology of drama therapy are psychologist J.L. Moreno, founder of psychodrama, and theater director Evreinov (Landy, "New Essays" 6).

Drama therapy addresses issues pertaining to life transitions, clinical illness, social anxieties, social deficits, rehabilitation, mental and physical disabilities, and personal expressivity. Patients of drama therapy are trying to make sense of their lives, usually after their values have been questioned or a trauma leaves them confused or questioning aspects of their lives. In short, a drama therapy session is a group of patients from which one individual is isolated and asked to enact a scenario closely related to his or her personal anxieties, or to re-enact a trauma specific to his or her life. The individual chooses other group members to play additional characters necessary for the scene. Although the primary aim is to address the issues of the target individual, it is impossible to ignore the contributions of other scene participants, informed by their own experiences and issues.

Target populations of drama therapy are those with disabilities, ethnic minorities, abused individuals, and the emotionally disturbed. Each specific group requires a specific therapy trajectory, but the founding principles of drama therapy in practice are universal. Drama therapy can take place in a traditional theater venue, a stage, or in non-theatrical spaces, such as a classroom or outdoors. However, it is the responsibility of the facilitator to keep the activities relevant to non-specific settings. Many of the anxieties and deficits that drama therapy strives to alleviate or improve are based in the abstract. Theorists recognize, though, that abstract concepts must be grounded with a concrete variable in order for the participants to develop an understanding of their condition before it can be fully addressed: "It is a key principle…to use tangible, visible elements whenever possible" (Jennings, "Dramatherapy with Children and Adolescents" 64). In short, the participants need to understand that the improvements elicited by activities in drama therapy apply to life beyond the location of the therapy in order to, hopefully, improve their lifestyle outside of therapy.

Theater is, naturally, an ideal arena for therapy in many ways. First, it is grounded in dramatic reality. Dramatic reality is the theoretical space that exists when an individual's reality is appropriately infused with a controlled imagination. Pendzik describes dramatic reality as a sphere that exists exclusively within the realm of ordinary reality: "Dramatic reality exists between reality and fantasy: it partakes of both and belongs to neither" (273). Dramatic reality is a defining feature of drama therapy technique and, more importantly, dramatic reality is what distinguishes drama therapy from the talk psychotherapies. In the traditional talk psychotherapies, the client engages the reality of the present, while drama therapy allows the 'as if' situation, which includes

the domain of fantasy. The term 'dramatic reality' has many permutations: surplus reality, playspace, fantastic reality, fictional present (Pendzik 272). The concept of dramatic reality is strong in theater theory, also known as Stanislavski's 'as if' and Boal's 'aesthetic space' (Pendzik 272). Boal, greatly influenced by Freire, writes:

> If an actor tells a story or acts something out, it is not a story of the present… There is no doubt that he has to present a certain story. That is the main point. The story has to work like an act of revelation, or more precisely, a declaration of faith, He has to present his actions on the basis of his own life, an action that moves him, exposes him, reveals him and uncovers him. At the same time, he should not be acting, but imbuing his experiences of life into the action. He should rediscover the ambitions that are in the very depths of his body… Then, if the actor can do this, he is the phenomenon *hic et nunc*. It is not telling about something or creating an illusion. It is in the present time. (Boal, "Theater of the Oppressed" 66)

Dramatic reality is limited only by one's imaginative capacity. Thus, the individual can express a full range of choice and exercise the freedom to enact any within that range of choices. Boal writes that dramatic reality inherently creates a paradox because it demands that the individual simultaneously exist as both himself and a fantastical representation of himself: "Hence, the fact that dramatic reality holds basic life paradoxes has a tremendous healing effect" (Pendzik 274). There is a therapeutic safety net because the client recognizes that the events of the session are not real, although they exist in reality: "Drama therapy is a powerful method of healing because it provides a way to re-experience pain, sometimes overwhelming pain, through the safety net of aesthetic distance" (Landy, "New Essays" 66). The drama therapist should be cognizant of possible confusion between the real and imaginary identities and stress their separation to prevent identity problems.

In addition to dramatic reality, drama is composed, essentially, of role-playing. Role-playing involves analysis of the self, the role, and the other. Roles play a critical function in individual identity and society: "roles imply norms and values, status and stereotypes, and the individual's self-image may be affected by the role she or he takes" (Jennings, "Dramatherapy for Survival" 91). Issues of identity are often directly related to role confusion, a major source of anxiety. Inconsistencies in an individual's identity belief system create the potential for dissatisfaction and inappropriate behavior. Thus, it is critical to ensure that the individual is in tune with his role and how he should interact with society appropriately. Robert Landy, a social psychologist and a major figure in drama therapy, accepts this value as the critical mediating factor in the interaction between the individual and the other: "As human beings, we have the capacity to take on and enact many roles in our lifetime and discover ways to live effectively among them" (Landy, "New Essays" 167).

Role-playing, as in theater, allows the individual to experience the defining characteristics of a specific role and how that role can facilitate communication; the individual can role-play as himself or someone else: "By projecting ourselves into the lives of others, we might get closer to understanding what powers our lives and those who are different from us" (Taylor 27). The intention is to let the individual experience a successful interaction so that he or she may carry that productive model into future interactions. The individual can compare his ineffective experience of one role to an effective experience with that role, then analyze the differences between the two in order to expose his faults. Once he is aware of whatever deficits become apparent, he has a greater ability to replace them with more fruitful alternatives.

Many who suffer from cognitive deficits are unable to acknowledge the existence of behavior alternatives. Also, individuals who experience extreme anxiety have difficulty identifying alternatives and, thus, they risk falling into irreparable anxiety. Role-playing allows the individual to experience a variety of responses to a given situation, thereby enabling him to acknowledge that there are, indeed, alternatives to consider before choosing a specific path of action: "…the therapeutic objective and direction are to help the client discover alternatives (in terms of perspective, emotional response, or behavior), or to practice new behaviors" (Emunah, "Acting for Real" 114). The individual will experience the possibility of options, as both participant and observer, by not only acting out the options, but also by observing others acting them out as well.

Beyond the ideas of dramatic reality and role-playing, mandatory collaboration is another useful component within the natural form of drama. The skills necessary for collaboration in the arts are the same as those required for successful interaction in society. Drama therapy, as opposed to many other therapies, utilizes a group dynamic to take advantage of the need to work collectively towards a goal. Successful collaboration entails accepting another individual's perspective, recognizing alternatives, expressing oneself, and actively observing. This necessary integration in collaboration of introspection and extraversion fosters an ideal environment for addressing and resolving personal crises.

Humans witness the intrinsically therapeutic tendencies of drama from birth, in fact, childhood is, perhaps, the most critical developmental period because physical and cognitive changes are both the most diverse and the most radical. Children, inherently, smooth the developmental transition with dramatic play. "Dramatic play is a primary

component of general play, distinguished by its basis in impersonation and identification (Courtney, 1968) and projection (Landy, 1986)" (Emunah, "Acting for Real" 4). Drama therapy borrows the good-natured intention and behavior structures of play to create an effective therapy that is applicable for working through personal and social anxieties. The imaginative nature of drama is playful and, mostly, enjoyable, which is the major motivational force in attracting patients. Also, it helps to avoid the stigma of therapy for those who would initially reject it.

Drama therapy is an integrative framework that incorporates the psychological paradigms of behaviorism, humanism, and psychoanalysis. The humanism paradigm emphasizes "fullness of the human potential, the capacity of humans for creativity, art, spirituality, self-realization, and transformation" (Emunah, "Acting for Real" 26). The process of drama therapy is meant to nurture the patient and, moreover, its efficacy depends on the client's subjective experience; therefore the atmosphere surrounding a drama therapy session should feel comfortable and safe. In the framework of the psychoanalytic paradigm, "The dramatic mode provides a vehicle for the symbolic expression of repressed feelings" (Emunah, "Acting for Real" 29). Behaviorism stresses practical changes in behavior that increase an individual's productivity. The approach of behaviorism is seemingly contradictory to those of humanism and psychoanalysis, but drama therapy emphasizes the visible manifestation of change and behavior: "Change is not only envisioned but literally practiced" (Emunah, "Acting for Real" 31).

The drama therapy facilitator is responsible for implementing the program. Her role is a combination of both therapist and director and, as such, she may be referred to as facilitator, director, or therapist. Interestingly, according to drama therapist Renee

Emunah, the appropriate intervention of a director or therapist in his or her traditional field supports the same goal:

> An exciting aspect to the directing of scenes is that the theatrical and therapeutic needs usually coincide. That is, direction from an aesthetic perspective will often elicit deeper psychological content, or lead the scene toward deeper expression or resolution. And directing from a therapeutic perspective will often results in a more impactful theatrical creation. (Emunah, "Acting for Real" 111)

Drama therapists guide the process by implementing a variety of techniques, each designed to address a specific issue. Because drama therapists participate in the exercises, it is critical for them to have a deep, comfortable understanding of themselves so they can focus on the problems for the client and not be distracted by their own. A critical role of the drama therapist is to assist the transitions into and out of dramatic reality. The therapist needs to be attentive to the client interactions so she can pick up on the issues that need to be addressed and direct the interaction to be effective for the issues. For example, if a drama therapist notices a specific client consistently acting subordinate to other males in the scenario, she could hypothesize that the client has anxiety surrounding role relationships with the men, or specifically one man, in the client's life. In this case, the drama therapist could organize additional exercises that focus on egalitarian role relationships specific to gender. For the drama therapist, there is a flexible spectrum of interaction; the level of participation depends on the needs of the patient and the group. Because drama therapy is still a relatively new field of exercise, ready for exploration, any drama therapist's technique is very individualized and based on her personal exposure to the field and training from her specific academic training. In other words, the exercises involved in drama therapy may not be as consistent across therapists as those in

other therapies. However, this variability in practice enhances the eclectic nature of the therapy, which only provides more tools for the therapist to offer the client.

One of the fundamental principles of drama therapy is the dual role of the individual in the group. In order for drama therapy to have its intended transformative effect, the individual must be invested as both an active contributor and observer. Without active participation, the spectator does not entirely benefit from role-playing; Boal states, "The [inactive] spectator is less than a man and it is necessary to humanize him, to restore to him his capacity of action in all its fullness" (Boal 90). Drama therapy participants can reflect on their experience as actors in the world of the play and, also, what they deduce as an observer. This dual role gives the individual, and the group, a well-rounded understanding of the scenario and its accompanying anxieties. Here, we see an overlap to behavior therapy in psychology. The basic principle in behavioral therapy is similar to that of drama therapy; the individual needs to be trained using corporal experience to elicit any possibility to improve personal deficits. However, the fundamental critique of behaviorism is that it ignores cognitive influence on behavior. Drama therapy addresses both the cognitive and physical components of behavior, thus action and movement are critical, but only when considered in the context of reflection.

Specific curricula for drama therapy sessions are dependent on the population and the specific purpose of the therapy, although there is substantial overlap among the different models. All models require the same basic principles of drama therapy: the dual role of participant-observer, attention to stages, collaboration, role-playing, and the responsibilities of the facilitator/director/therapist. Some consistent practices in drama therapy include work with improvisation, exploration of a non-fiction story told by a

member of the group, creation of a fictional story, non-verbal communication, mask work, and puppetry.

There are three parts to a drama therapy session: the warm-up, the development phase, and the closure. The warm-up introduces the participants to each other, the themes being addressed, and the dramatic tools they will use to access the themes. Clients do a physical and vocal warm-up, walk around the space to familiarize them with the terrain, and then personally introduce themselves to the other group members. Dramatic play begins during warm-up to encourage a free, non-threatening environment; perhaps, the drama therapist will direct a mirror-movement exercise or toss an imaginary ball around the group to encourage creative play. "It is important that initial activities are simple, engaging, failure-proof, and age-appropriate" (Emunah, "Acting for Real" 36).

The development phase is the most invasive and demanding portion of the session. During development, the participants will explore their deficits or anxieties and work towards a resolution. Typically, development includes improvised role-playing of a specific scene introduced by the target individual. Perhaps the individual wants to re-experience and explore the moment when he learned that a family member was killed, or another tragedy. The scenario requires that the individual, and group members, to be emotionally invested and vulnerable. Group members are fully committed, body and mind, to the scenario and they should exhaust themselves in their participation.

The closure is a reflection on the activity and an opportunity to determine if the experience was a success. The drama therapist will begin a discussion topic that asks the individual and other group members to express their emotional progression through the scenario and whether or not they feel changed as a result of their participation. If the

exercise succeeds, the individual should experience a healing transformation that results in an improved, more self-aware affective state. It may take more than one session to elicit such a change, but the first, and more critical step, towards catharsis is recognition of the anxiety. Therefore, the session could also be judged a success if the individual is made aware, by himself or the suggestion of others, of the problem.

Materials for exercises in the development section of drama therapy are innumerable, however, the most effective exercises share specific qualities of dramatic play that increase their efficacy. Drama educator Richard Schechner defined a class of organized human behaviors as 'performance activities', these include theater, athletics, music, and other performance endeavors. The activities classified as performance activities all rely on dramatic reality to exist. Moreover, Schechner states that the spontaneous invention and organic proliferation of activities in this class is a result of our need to fulfill certain primeval urges (Pendzik 273). All of Schechner's performance activities require "creative distortions" akin to those needed in dramatic reality: manipulation of time, fluid use of space, and suspension of disbelief (qtd. in Pendzik 273). Furthermore,

> All the modes that Schechner (1988) calls performance activities are at the drama therapist's disposal – inasmuch as they are able to generate a degree of dramatic reality, even if they do not constitute theater in the conventional sense. (Pendzik 278)

More specifically, drama therapy is comprised of traditional theater exercises, each employed to address a specific concern. Dramatic scenes are the basis for all work in drama therapy sessions, although the therapist may choose to include mask work, soliloquy, various tangible objects, and/or puppetry if she feels that it would be a better

approach for targeting the anxiety. Improvised dramatic scenes are preferred over scripted scenes because improvisation allows more freedom and spontaneity. These unscripted scenes allow the participants to experiment within the scene and act on impulses that may be cathartic or diagnostic. For example, the drama therapist may suggest that the group members explore an improvisation scene about an unwanted sexual experience. The topic may be intentionally vague and thematic so the individuals involved can tap into their own experiences and act on their impulses. If a drama therapist suspects that the subject is a source of anxiety for a specific individual, that individual's behavior in a non-rehearsed situation may be indicative of unresolved issues with the topic. Additionally, improvisation builds collaboration skills with others because the participants create original relationships. There is an undefined ratio of structure and flexibility in improvisation, which allows the exercise to be tailored specifically to the individual and group present.

There are three major forms of improvisation in drama therapy and each style has benefits. Planned improvisation requires a previously determined course of events, but the participants decide the tone of the scene. In extemporaneous improvisation, participants are given their roles but not the course of action, so they must collaborate on a plot trajectory. Finally, impromptu improvisation involves no planning and the participants are free to act on their every impulse, but the aim should be successful collaboration.

The eclectic nature of drama therapy allows for immense flexibility and variability in the exercises performed in sessions. With such a broad range of techniques, it is critical to understand what makes a successful exercise and what can be qualified as

'drama therapy.' Drama therapy assumes the dramatic worldview. This dramatic world view is that the world exists through role-playing; Roles and role relationships are a common and essential part of everyday life because they allows self-expression for the purpose of establishing identity and also for the purpose of achieving goals.

> Roles exist in relationship to one another. Each one taken or played often implies the possibility of the role not taken. Thus, each time one chooses (or is chosen) to be a victim, the possibility also exists of becoming a victor (survivor) or victimizer. (Emunah, "Acting for Real" 8)

Role taking and role-playing are the method by which individuals try to categorize their identity. The critical transition is from the internal process of adopting qualities of the role, as interpreted from a role model or a stereotype of the role to the externalizing of that internal role.

As previously stated, theater is a collaborative art. Therapists in drama therapy acknowledge the practical implication of the ability to collaborate for social interaction. Drama therapy has a focus on the levels of interaction within a session: "interaction with the space and objects in it… interaction with the therapist or therapeutic team… interaction with the peer group" (Jennings, "Dramatherapy with Children and Adolescents" 61). In space/object interaction, the individual explores appropriate physicality for a relationship with material entities, which is a useful foundation for more complicated social situations. Interaction with the therapist and therapeutic team is necessary to establish a trusting environment and willingness to exposure and the possibility of change. The facilitator should stress that "in the drama process the [individual] is… not the judge but 'one who shares'," so no one feels that his

participation is under scrutiny (Cattanach 34). Finally, interaction with the peer group most readily uses formal social skills, such as communication, to achieve a goal.

A significant component of collaboration and general social functioning is the individual's ability to contemplate another person's perspective. A deficit in this area is a defining factor of mental disability and impaired functioning. In the psychology field, this phenomenon is called Theory of Mind. Theory of Mind states that there are unobservable human characteristics, such as thoughts and desires, and the acknowledgment of the existence of those characteristics is a necessary component of civilization that has been cultivated by evolution. The ability to comprehend unobservable characteristics allows perspective-taking which, in turn, allows for joint attention. Joint attention is a primary building block of society. Hence, without the capacity for perspective taking, individuals with mental disorders are often ostracized from society because of their inability to effectively participate. An appropriate exercise to develop perspective-taking might be one in which the drama therapist asks an individual to role-play a discussion in which he assumed the identity of an individual with an opinion opposite from his own; perhaps, he must argue for a ban on smoking in public places when the individual is a lifetime smoker. A critical focus of drama therapy is to use collaboration and role-playing to address this deficit in perspective taking in order to better prepare these individuals for participation in society.

Drama therapy is relevant for, perhaps, the broadest spectrum of client demographics of any therapy. Because this therapy utilizes the human's innate relationship to drama and eclectic practices, its therapeutic properties apply to anyone. Moreover, drama therapy is applicable for any target concern. Drama therapy is

particularly pertinent for disturbed adolescents who have problems ‘acting out.’ As the phrase implies, ‘acting out’ has a physical component, not just cognitive, so therapy needs to address both components. A major strength of drama therapy is its use of a cognitive-behavioral model, as opposed to talk therapies. In a drama therapy session with disturbed adolescents, “The translation, or conversion, of acting out to acting is a matter of adding to the former a degree of consciousness” (Emunah, “From Adolescent Trauma” 154). The improved consciousness remains after the therapy, which is what causes the behavioral change.

Other than therapeutic behavior transformation, drama therapy can address the more subtle complications of mental and physical disabilities. Drama therapy for those with learning disabilities can improve self-esteem. In treatment for autism, drama therapy is especially useful for developing the use of non-verbal communication. Those with physical disabilities may seek drama therapy for the company of an empathetic group, to share information, or brainstorm possible solutions to the everyday logistical problems that arise when someone has a physical disability. Emotionally disturbed patients react well to the positive, humanistic environment of the drama therapy session. Drama therapy for an abused person works to re-establish autonomy and self-control without sacrificing collaboration. There is a specific demand for drama therapy in multiply disabled persons because the design of the drama therapy session successfully incorporates caregivers into the therapy. In addition, drama therapy works to facilitate and improve communication between the caregivers and the disabled individuals.

Drama therapy is well suited to address cultural concerns of racism, ethnic identity, and socioeconomic status because many of these anxieties are unconscious and,

therefore, unrecognizable to the individual. If the drama therapist organizes an improvisation scene with characters of differing races, ethnicities, and socioeconomic positions, the interactions and behavior choices of those involved in the scenario will be indicative of the their previous experiences and, therefore, their expectations about these cultural roles. Moreover, the therapy session exposes inappropriate perceptions during the sharing phase and, once the individual is aware of these issues of stereotyping, he can work to improve them. Further drama therapy can replace inappropriate stereotype perceptions with more accurate ones, because the individuals will be participating in realistic scenarios that will demonstrate the incongruity of their unacceptable beliefs.

The Promising Future of Integrative Therapies

The obvious repetition in discussions of applied theater, psychodrama, and drama therapy as independent models clearly denotes significant overlap in theory and practice. All three rely on the same basic principles: dramatic reality, the dual-role of participant observer, collaboration, and role-play. Despite their claims of distinction, applied theater, psychodrama, and drama therapy are, in reality, distinguishable only by their differing terminology, albeit for the same ideology and method. Thus, the distinctions are erroneous and exist only because of the larger assumptions of medical science and art; without the disciplinary territorialism, vocabulary would be irrelevant.

Territorialism on the part of medical science and art breeds false distinctions; art claims ownership of applied theater as a modern theatrical movement, while medical science claims psychodrama. As art, applied theater cannot be labeled as a clinical therapy because it has no responsibility to be proven an effective healing method with empirical research. Although the mission of applied theater is to address anxieties, there is no anticipation that the process will cure these anxieties, because there is no scientific research to prove its efficacy. As science, psychodrama cannot be labeled as theater because the aesthetic quality of the art is not paramount; there is no expectation that psychodrama will produce aesthetically worthy theater. Drama therapy, however answers to the demands of both disciplines because it produces therapeutic change through quality art while being supported by empirical literature, courtesy of postmodernism.

It is evident that the features that distinguish applied theater, psychodrama, and drama therapy are marginal at best. If meticulous separation of the forms serves no constructive purpose, the separation is irrelevant and detrimental. Territorialism aside, if

each model- applied theater, psychodrama, and drama therapy- could objectively analyze the others, the similarities would be obvious and Art and Science could combine forces and put the magnified effort towards progress in drama therapy. There is a noticeable trend in recent years of increased integration of therapeutic practices to create a more eclectic approach to healing:

> We are entering an era in which multi-modal and eclectic approaches may be applied with a fair amount of theoretical and intellectual rigor, and the seminal principles of creativity, spontaneity, imagination, and related themes expand the scope of the human potential and the nature of healing. (Blatner 29)

The independent, but simultaneous, emergence of models which such similar features borrowed from theater and psychology suggests that re-integration of Science and Art, specifically through drama therapy, is the natural result of progress.

Empirical Literature

Perhaps the factor most responsible for the stalled integration of medical science and art through drama therapy is the lack of empirical literature for arts therapy, in general. In the words of Robert Landy, a prominent drama therapy figure, “Research is an area of drama therapy that lags very far behind theory and practice” (Landy, “The Future of Drama Therapy” 136). Landy refers specifically to that lack of scientific qualitative assessment tools. However, although research has yet to catch up with the application of drama therapy, there is noteworthy quantitative literature that supports its efficacy. More importantly, the empirical examinations of drama therapy cite specific patient demographics in which the techniques of drama therapy are proving to be particularly successful.

Masculine aggression is a major source of anxiety and often the underlying cause of abuse and comorbid disorders. Researcher Fred Landers theorized that the choice to behave with aggressive masculinity is a result of an inappropriate understanding of role relationships. In addition, unconscious stereotypes of dominance can lead to overly aggressive competition, which can lead to violence. The sociometric foundation of drama therapy makes it an ideal method for addressing the underlying issues in aggression. Studies suggest that creative expression can take the place of aggressive offense, or control the initial impulse for aggression (Landers 20). Drama therapy specializes in introspection with its emphasis on the participant-observer's ability to reflect both subjectively and objectively and patients comment that an enhanced personal understanding prevents future inappropriate, violent impulses:

> Thompson (1999) takes the similarity between cognitive–behavioral therapy and the process of the actor who changes his cognitions to play his role. He tells us that "everyday life is staged," and that it is a matter of rehearsing and playing the appropriate role in real life that saves patients from getting into an offense. A patient can leave the role of the bad guy and choose the role of the good guy. The combination of reflecting and rehearsing the performance of the good guy is how drama therapy works. (Smeijsters 40)

Recidivism rates are a major concern in any treatment and high recidivism rates are often the greatest limitation of therapies. Research that examines recidivism rates following the intervention of drama therapy suggests that it can reduce recidivism rates:

> Riches (1998) reports a 29% reduction of disciplinary measures in a prison as a result of 13 months of art therapy. The amount of transgressions requiring disciplinary measures as a result of art therapy decreased 75–81%. Two years after patients were dismissed 69% of the persons who took part in art therapy did not re-offend compared to the control group without art therapy, which in 42% did not re-

> offend (Brewster, 1983; Peaker & Vincent, 1990).
> (Smeijsters 43)

Studies on trauma and correlated post-traumatic stress disorder show promising results for drama therapy intervention. Drama therapy allows the individual to re-experience the trauma while protected by the theoretical distance of dramatic reality. In addition, a major hurdle of severe trauma and PTSD is the patient's inability to feel in control. Drama therapy exercises, and the use of other art mediums such as music, visual art, and dance, allows the participant to feel in control over creative process (Mulkey 20). It is especially critical for the therapist to stress the discontinuation of re-experiencing the trauma in the dramatic reality and the reintroduction to reality to ensure that there is an objective perspective during sharing. In a study by Mulkey, drama therapy had a multi-dimensional positive impact: the group connection strengthened the therapy, which allowed successful exploration, and led to anxiety relief (Mulkey 23).

Drama therapy is particularly effective when dealing with substance abuse and addiction because some patients are averse to seeking treatment and their resentment inhibits the therapy from being effective. In addition, many addiction patients are in denial. The play-like, positive experience of drama therapy often eliminates these hurdles. Role-playing in drama therapy avoids confrontation of the resentment and denial and focuses on the action (which is a distraction from the inhibitory resentment and denial) (Avrahami 212).

There are logistical benefits in having empirical data to support the cause of drama therapy. First, valid empirical research will attract the attention of the scientific community. Second, financial support, especially government-funding, needs to be grounded by a practical mission. In terms of therapy, funding goes to the therapies that

have empirical research supporting their efficacy. Above all else, research benefits the technique of the therapy because it allows reflection and an objective overview of our practices. For example, critical information about drama therapy methodology came to light when a study showed that the success of the treatment increased with the length of the treatment, as shown by recidivism data (Smeijsters 46).

However, drama therapy should not be subjected to the assessment criteria of a standard clinical therapy. The inter-disciplinary nature of drama therapy requires a different set of criteria for assessment, specifically one that can reliably attest to both quantitative and qualitative measures of improvement. The postmodern psychology paradigm argues for the advent of new scientific assessment tools designed to measure qualitative change. It is necessary to evaluate the efficacy of drama therapy in order to support its claim that it creates the opportunity for an improved human condition.

Comprehensive research and meta-analyses of arts therapies by Smeijsters was beneficial to arts therapy practitioners as well as the larger community because it created an overview roadmap of the current state of arts therapies and demonstrated a consistent method of analysis for arts therapies that was interdisciplinary, using science and art. The standards of criticism for theater and psychology are incomparable, thus a fusion of the two would be ineffective. Instead, drama therapy composed its own paradigm for evaluation: “we should address research, evaluation, and assessment creatively, realistically, and with as much objectivity as we can muster to find tools and instruments as suited to our therapeutic practices as we can make them” (Jennings 206). As necessity demands, drama therapists have established tools for evaluation. Two popular assessment tools, developed by Landy, are Role Profiles and Tell-A-Story (Landy, “New Essays”

144). As previously mentioned, drama therapy strives to find a concrete representation of abstraction. These tests typify this task and, based on the successful validity of Role Profiles as a psychological measure, indicate achievement (Tell-A-Story "has not been subjected to tests of reliability and validity") (Landy 130). "Role Profiles 2000 is based upon the notion that human existence is essentially dramatic and that people are motivated by a search for balance among their often discrepant roles" (Landy 167).

There are limitations of evaluative testing in drama therapy, other than the lack of validity. Drama therapy subscribes to the humanistic paradigm in psychology therapy, which states that an unconditional positive regard for the patient is mandatory. The very nature of testing requires that the therapist judge the patient, and judgment provides an opportunity for negative evaluation, a direct violation of humanism. "However, we live and work in the 'real' world of market forces, consumer-led service, throughputs, evaluations, assessments, budgets, audits and so on and so on" (Meldrum, "Evaluation and Assessment" 206); so, in order to pursue the potential of a successful future for drama therapy, we need to appeal to the scientific community for the means for continued practice.

Research in drama therapy suggests a promising transition to the scientific community, especially with the momentum of postmodernism. Particularly, one study by Grainger introduced drama therapy to psychology research. Grainger created a modified version of psychologist George Kelly's personal construct system and used drama therapy role-playing as the major therapeutic strategy (Meldrum, "Evaluation and Assessment" 197). Results indicated that patients with disordered thought had a "heightened degree of cognitive clarity" related to Kelly's personal construct system after

the intervention of drama therapy (Meldrum, "Evaluation and Assessment" 198). More importantly, however, Grainger noted that the process of the therapy itself seemed more productive and more patient-focused: "In this, the attempt to measure outcomes was always secondary to the celebration of change" (qtd. in Meldrum, "Evaluation and Assessment" 199). Thus, Grainger suggests that drama therapy is psychology's answer to the quandary of humanism in therapy and therapy research. Additional research by Brenda Meldrum and Myra Kersner supports the introduction of drama therapy as a new paradigm for psychological therapy.

Creative Arts Therapies

Empirical literature on other creative arts therapies is not non-existent, just narrow. Studies show that participation in the creative arts alleviates personal stress, anxiety, pain, and discomfort. Distinctively, there is a large body of empirical literature supporting arts therapies in palliative care. 'Palliative care' describes the process of alleviating pain without addressing the underlying (often biological) causes. Studies have examined why arts therapies are particularly suited to address the principles of palliative care and the demographics that most often receive this care, terminally ill patients and the elderly. What's more, arts therapies improve the chances that other medical interventions will be successful because effective palliative care removes the initial hurdle of most clinical treatments: the fear and anxiety about receiving intense medical intervention.

The current empirical literature for arts therapies is encouraging and suggests that further study will confirm the transformative, therapeutic properties of the creative arts. Psychologist Russell Hilliard compiled a strong meta-analysis of the existing body of

literature on music therapy in palliative care. He notes that existing literature is comprised, almost entirely, of case studies and non-experimental clinical studies-qualitative studies (Hilliard 174). Appropriately, he acknowledges that the efficacy of a therapy, as defined by current scientific practices and not those of postmodernism, can only be determined in an experimental study, with control groups and randomization-quantitative studies (Hilliard 177). Thus, although the literature on arts therapies is promising, it remains incomplete.

Arts therapies come in many forms, representative of the broad spectrum of creative arts. Theater, music, visual art, and movement/dance are the major categories of creativity. Each art form has its own characteristics and, therefore, each has its own method of therapy specific to the goals required for the patient demographic. In addition, music, dance/movement, and art therapy are particularly useful for patients with limited or inhibited verbal skills because the exercises allow the individual to express himself in nonverbal ways. For example, a child with nonverbal autism cause express his emotions with a physical action. Creative arts therapies create a unique environment conducive to therapy:

> People described how it is the sense of safety and the absence of judgment that enabled them to take risks and express themselves in new ways within the [arts therapy] studio. The attentiveness of other group members and the creative responses that they received when they expressed wounds and fear were described as the key elements in establishing the transformative environment. (McNiff, "Empathy with the Shadow" 398)

The therapeutic effects of music are more heavily researched than other arts therapies. The goals of music therapy include relaxation, self expression, emotional development, self-esteem, respect for others, social interaction and adjustment, release of

tension and anxiety, anger management, self-control and coping skills (Smeijsters 41). A recent experiment by Clark, Lipe, and Bilbrey, with random assignment and excellent variable control, worked with two groups of adults, ages 55-95, with Alzheimer's type dementia (Clark 7). The control group was not exposed to music, the 'no music' condition, and the experiment group was exposed to music of their choosing, the 'preferred music' condition. In the study, experimenters played music during randomly scheduled patient observation times. Results showed a significant decrease in aggressive behavior, a characteristic of Alzheimer's type dementia, from those patients in the 'preferred music' condition (Clark 9). Caregivers also provided their personal opinions about the affect of the individuals and repeatedly mentioned that the patients showed increased cooperation (Clark 9). Thus, the study revealed that music has both objective and subjective transformative properties.

Perhaps some of the most exciting empirical literature about creative arts therapies demonstrates that music therapy can cause a significant change in the biological mechanisms of the participants (Suzuki 61). An experiment by M. Suzuki et al. worked with two groups of elderly dementia patients, one control and one experimental. The control group was, as well as possible, matched for similar characteristics to the experimental group. The experimental group received music therapy twice a week for 3 months (Suzuki 62). At the end of the trial, experimenters examined the behavioral changes elicited by the music therapy as well as the physiological changes. Physiological transformations were operationally defined by the levels of saliva chromogranin A and immunoglobin A. Results showed that music therapy significantly improved traditional affective symptoms of dementia and significantly decreased chromogranin A. Patients

showed improvements in symptoms such as “paranoid/delusional ideation”, “confusion”, “irritability”, “agony”, and “insufficient bathroom management” (Suzuki 63). Also, patients and caregivers acknowledged improvements in other affective and subjective categories one month after treatment ended, but those improvements cannot be directly attributed to the music therapy. A longitudinal experiment would allow a more specific examination of the cause and effect relationship of music therapy on these post-trial changes. Chromogranin A (CgA) is an indicator of stress specifically related to the sympathetic nervous system. Music therapy significantly decreased CgA levels in the experimental group. Here, we have empirical data to demonstrate that music therapy can cause physiological transformation in the patient as manifest in quantitative, biological dimensions (Suzuki 69).

A recent study in pain showed fascinating insight about the objective and subjective healing capabilities of music (Tanabe 2001). The results explain that distracting the patient in pain with music significantly improved patient satisfaction with the medical treatment. However, there was no statistical difference in Likert scale pain ratings between the patients who experienced the music distraction and the control group. Music distraction is not music therapy, because music therapy involves active participation in the music exercise. Regardless, the data encourage the application of music in hospitals.

Art therapy has goals similar to those of music therapy of self-expression, self-esteem, coping mechanisms, social competencies, breakthrough of defenses, openness for the offense, insight in thoughts, feelings and actions that triggered the offense, self-control, alternative behaviors and empathy for a victim (Smeijsters 41). These goals are

approached using inherently different exercises from music therapy. In art therapy, it is impossible to underestimate the value of visual representation. Visual representations are some of the most concrete and tangible in all arts therapies. The physical manifestation of trauma or anxiety is a powerful therapy tool. Studies as early as 1981 have demonstrated that visual arts therapy facilitates improved communication between patient and therapist, often prompting a diagnosis sooner than would have otherwise been possible without the possibility of nonverbal expression (Nassar 312).

A randomized clinical study completed by Rao et al. in January of this year showed that HIV/AIDS patients who received art therapy had significantly better physical scores than the control group, who watched a video about art therapy (67). The study used the Edmonton Symptom Assessment Scale to determine physical scores, based on measures of fatigue, pain, and nausea (Rao 66). Patients who received just one art therapy session showed a significant decrease in the observed physical symptoms, as indicated by a significantly lower ESAS score. The study also demonstrated that the effects of art therapy apply to a wide range of ethnicities, ages, and genders, as the study sample was very diverse (Rao 67). The researchers suggest that art therapy may provide a distraction from the symptoms and/or an opportunity for the patients to express themselves in a concrete, constructive process. However, the patients did not show a significant improvement in psychological symptoms of HIV/AIDS. Researchers believe that psychological symptoms would improve if the patients experienced more than just one session of art therapy (Rao 68). Research also suggests that creative arts therapy may be a viable substitute for pharmacological interventions (Rao 67).

Movement/dance therapy emphasizes the body's role as an expressive instrument for internal thoughts and feelings. Exercises focus on body control and awareness, common deficits in the mentally disabled. What we move, where we move, how we move, and why we move are critical questions addressed in movement therapy. This therapy possesses, perhaps, the greatest capacity for immediate catharsis because the body can physically impose the release of tension. Biofeedback theory suggests that there is an inseparable connection between the body and mind and that physiological and emotional states can be induced or changed with conscious manipulation of the body (Comer 182). For example, replicating the muscle activity required to smile can increase positive affect. Movement therapy can reduce anxiety and explore appropriate emotional expression by embodying the target behavior. On the most basic level, movement therapy improves physical fitness.

A recent study by Berrol links dance/movement therapy to specific biological mechanisms in the brain. Scientists have labeled a section of neurons 'mirror neurons;' these mirror matching neurons are responsible for replicating an external visual stimulus in your own body (Berrol 307). For example, if an individual observes another person smiling, the individual may smile in response, made possible by mirror neurons. Mirror matching in the central nervous system is triggered by stimulus outside of the self, specifically stimulus that requires relating to another. Mirror matching brain cells are located in the areas of the brain that respond to sensorimotor stimuli, hence, facial expressions and other actions and movements associated with interpersonal interactions would be a source of stimulation for mirror neurons (Berrol 309). Scientists have found that empathy, among other affective capabilities, is deeply connected to mirror neurons.

Empathy, specifically, requires that an individual have the ability to acknowledge a visual stimulus, another individual's affective appearance, and simulate such in himself. Empathy, and thus mirror neurons, are critical in our ability to mutually invest in personal relationships (Berrol 313).

Researcher Yasmin Gunaratnam describes another interesting permutation of using art to influence science in her recent article. She argues that using art in the research process and in research presentations allows the content to appeal to a broader audience and often portrays that which cannot be most accurately stated in words (Gunaratnam 275). What are the graphs and charts of scientific research if not aesthetic representations of words meant to help us better understand the data and results? The value of these aesthetics may be less about the artistic interpretation of the visual representation and more about the cross-cultural and universal capacity of it to relate and connect:

> Despite their variations, psychoanalytic theories share a common concern with the processes whereby creativity and aesthetics evoke, either through regression or through construction, psychosomatic and pre-verbal infantile experience. (Gunaratnam 278)

The Potential for Integrated Therapies

As the existence and efficacy of drama therapy and other creative arts therapies demonstrates, mutually exclusive definitions of the therapeutic capacities of medical science and art are a myth. Moreover, an attempt to call the therapy of one discipline superior to the other based on any criteria, especially that of healing properties, is fleeting, subjective, and erroneous: "The contention about science versus art stems largely from how we view what we are doing, where we focus our attention, and how we

label the objects of our interventions" (Allen 164). It is not just scientists that perpetuate the schism, ostracizing therapies without empirical data, but artists are guilty of shunning science: "Many artists reject the idea of art therapy because they feel that art is complete within itself. They feel that the pure process of making art is the only thing to be encouraged and that art does not need professional adaptations that will weaken the aesthetic experience" (McNiff, "Art Therapy" 41).

Above all, medical science and art work to heal humanity. The individual practices of each discipline approach therapy differently, but the capacity to heal is equally present. A battle for supremacy is detrimental to the success of humanity. Contemporary paradigms in medical science and art recognize that the varying characteristics listed to define each discipline and distinguish its therapeutic nature from the other are superficial. A more accurate statement about the differences between the therapy of medical science and art would be to acknowledge that each discipline has nurtured distinctive skills over time. More importantly, the effective integration of disciplines in creative arts therapy, specifically drama therapy, demonstrates that the qualities of one discipline complement the qualities of the other. The efficacy of drama therapy revives the mutual ownership and responsibility of the healing process.

> The truism: scientific knowledge is necessary but not sufficient for the optimal conduct of psychotherapy; much art is in the application… Art is no more mysterious than science, and it behooves us to explicate what we consider the art to be. (Allen 160)

One can imagine replacing the title 'College of Arts and Science' with, simply, 'College.'

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