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Article 8

Drama Therapy as a Counseling Intervention for Individuals With Eating Disorders

Dixie D. Meyer

Meyer, Dixie D., is an Assistant Professor at Regent University. She has conducted drama therapy in an agency, schools, and psychiatric hospital setting. Her research interest areas include utilizing creative arts in counseling, neurobiological applications in counseling, and couples counseling.

Creative art therapies, a form of non-verbal therapies, have a unique approach to working with clients. They incorporate art, music, dance, drama, play, or poetry into counseling. These approaches allow clients additional options for conveying their feelings and give clients another outlet to explore their issues. Covey (1990) reported that only 10% of what individuals communicate is through words; therefore, allowing clients additional options to traditional talk therapy may enhance the therapeutic environment. Aside from looking at communication patterns of individuals, individuals with certain mental disorders may have additional needs that make traditional talk therapy less conducive for them. For example, anorexia nervosa is often considered a disorder with deeper pathology than relations to body image. Holmes and Karp (1991) state that women with anorexia nervosa struggle to associate their condition to something unrelated to the body, thus, making it harder for counselors to make any headway in treatment with verbal exploration of issues.

 If individuals with eating disorders have difficulty admitting their condition is more than bodily, they may declare it non-verbally. Drama therapy is often thought of as an umbrella term for any theatrical based therapeutic interventions. Drama therapy incorporates the body into the counseling experience; subsequently, it may be an effective treatment for these individuals due to the options available for feeling and issue exploration.

Drama Therapy

In the 1960s, several individuals began a rediscovery of the therapeutic components of improvisational, investigational, and spontaneous theatre (Kedem-Tahar & Kellermann, 1996). Individuals like Stanislavski, Brecht, and Grotowski began what is now considered the beginning of drama therapy (Kedem-Tahar & Kellermann, 1996). Drama therapy placed its prominence on creativity, developing an open experience that frees the client to change. For example, a spectator observing a drama therapy intervention may see what appears to be a child at play while improvising and using other theatrical techniques (Kedem-Tahar & Kellermann, 1996). While this metaphor considers

observations of the client to appear childlike, this does not mean it is conducted exclusively with children. It does, however, assume that children or adults will appear childlike when expressing themselves through drama therapy. The childlike behavior is really a metaphor for how free clients appear when participating in drama therapy.

While drama therapy may be executed with either individuals or groups, it is more frequently performed in groups. A variety of techniques, such as the use of props and masks, the use of music, the use of physical relaxation, the use of imagery, and the use of movement, may be utilized in drama therapy (Kedem-Tahar & Kellermann, 1996). Often, all forms of creative arts therapies such as music and dance are incorporated into drama therapy. In addition, drama therapy exercises imaginary premises when role-playing (Kedem-Tahar & Kellermann, 1996). This indicates that the client is acting in what appears to be a game of let‟s pretend. Clients use their imagination during role plays and improvise scenes in order to explore mental health issues. The counselor is able to view his or her client in many different roles. By seeing the client in and out of roles, the counselor increases his or her awareness of the client‟s inner and outer world (Emunah, 1997). This freedom may allow the counselor insight into a variety of behaviors the client may execute. If the counselor notices a motif within the client‟s behavior, this could indicate stuck patterns in the client‟s life (Johnson, 1982).

Drama Therapy Session

Drama therapy follows a typical framework for sessions:
1. Check-In
2. Warm-up
3. Scene Implementation/Major Activity
4. Debrief/Process the Scene
5. Closing Activity/Conclusion

One key principle of drama therapy is the focus on group readiness or the comfort level in the group‟s ability to move on to the next stage in the drama therapy session. For example, if during the *check-in* stage, the group members were having difficulty processing where they are in the current moment, this would be worked through prior to moving on to the warm-up stage. The process of group readiness develops and creates stable relationships within the group (Johnson, 1982). The clients feel safe knowing they will not be asked to do anything unless they are ready.

The *check-in* is the point in the counseling session when the clients acknowledge what thoughts and feelings they are bringing into the current drama therapy session. During check-in, the counselor may simply ask where is each individual is or may turn this into an activity. For example, the counselor may ask the group members to create a spectrogram. A spectrogram is a live continuum. Here the clients are directed to rate their current moods on a continuum. The counselor may designate that one side of the room represents a certain mood like happy and the opposite side of the room is overwhelmingly depressed. Then the clients are asked to physically place themselves on this continuum by assessing their current mood. Multiple spectrograms may be utilized as part of the check-in process.

The next stage, *warm-up*, is preparing the clients to act or preparing them for the scene that will take place next in the drama therapy session. This is often viewed as creative play. Any exercise preparing the group members mind and body for the scene

would be appropriate. For example, for a warm-up, the counselor may ask group members to mirror one another. Group members may be directed to walk around the room expressing themselves in a manner that is congruent with their inner self. Other group members may be selected to then approach another group member and mirror the behaviors and expressions portrayed by the other group member. The process may repeat itself until all group members have had the opportunity for their expressions to be copied by another group member. Warm-ups may incorporate a variety of elements including music, movement, props, or masks.

The next stage, which focuses on the *scene implementation*, is considered the main intervention in any drama therapy session. The scene typically is an ensemble work where all group members will usually be expected to participate. In drama therapy, the scene is a fictional scene. This scene could range from the use of a metaphor to a scene from a well-known book, play, television show, or movie. If using a metaphor, the group members will most likely decide on a concrete subject matter, but still act it out in a fictional scene (Jacobse, 1994). For example, the group may act out a scene exploring the metaphor, "a bird in the hand is worth two in the bush." The characters in this role-play may include all three birds, the bush, an individual with the bird in the hand, and an individual trying to get the two birds out of the bush. Or if counseling someone individually while using drama therapy, the scene from the story of *Alice in Wonderland* where the caterpillar is asking Alice who she is and she explains that she is not sure who she is because she has changed so much, may be appropriate. It is important to remember, though, that not all work in drama therapy is fictional. For example, in Emunah"s (1997) Integrated Five-Phase model, non-fictional work is also encouraged. Using this model, the group members may be asked to act out a scene that happened with one of the group member"s family. Here the group member, who would be the protagonist, selects other group members to portray family members. Regardless, if the scene is fictional or nonfictional, the counselor may include a variety of techniques in the scene such as pausing the scene to process what is happening or creating alternate endings for the scene.

During the *scene implementation*, the counselor should be prepared prior to the beginning of the session. For example, the counselor should have a scene in mind prior to the session, yet be flexible in meeting the needs of the group and therefore, be able to adjust the scene accordingly or use a different scene (Jacobse, 1994). The scene will need to have a clear beginning, middle, and end with specific character roles that each client chooses (Jacobse, 1994). This encourages the client to accept responsibility in the role or character he or she will be playing. Throughout the scene, the group member needs to remain in character. The scenes typically are improvised; therefore, role development is the responsibility of the group member. The scenery for the role-play should have a tangible description, so the scenery and props are not confused during the scene (Jacobse, 1994). The counselor still needs to observe the mechanical aspects of the scene (Jacobse, 1994). For example, if the client is not projecting, it may interfere with the communication between the other group members.

After the scene has been performed, the group members will be given the opportunity to *debrief*. This allows the clients to process the scene. It is used to share the client"s thoughts and feelings on the role-play and to relate the scene to the client"s real life. Thus, this component of drama therapy closely mimics a traditional talk therapy

session when a counselor would help a client process any intervention. The counselor may also help the client assess for patterns of behaviors in the roles, so the patterns do not perpetuate the destructive behaviors in the client"s life (Jacobse, 1994). The clients should be encouraged to say what they did in the scene and not what their character did (Jacobse, 1994). This empowers the client and helps the client to accept responsibility. In this manner, debriefing can advance the client in the acceptance of responsibility for his or her actions. Throughout this process, the atmosphere is open, flexible, and supportive of the needs of the clients.

The session will end with a *closing activity*. Here it will be important that the clients are no longer playing their characters from the scene, but are back to themselves. The closing activity will revolve around the client proceeding forward with what they have learned in the session or for a time of relaxation. For example, each person may be asked to share something he or she will take from the session to apply to his or her life. The client could also share something he or she learned about him or herself. If the closing of the session focuses on relaxation, the session may conclude with a guided imagery. The *closing activity* prepares the client to depart the counseling session and allows the counselor to wrap up counseling. Therefore, the *closing activity* may also follow a more traditional counseling format where the counselor summarizes the session and asks the client if he or she has something to share before the end of the session. In whatever activities are selected for the drama therapy session, the goal is for the client or group member to have his or her needs be discovered and fulfilled while being an active participant in counseling.

Eating Disorders

The two eating disorders reviewed are anorexia nervosa and bulimia nervosa. Individuals with these disorders are difficult to assist with their disorder and they have a high relapse rate. It may be difficult to treat these individuals because they tend to view their disorder as purely physical, involving only their body without their emotions (Holmes & Karp, 1991). Therefore, individuals with eating disorders may not perceive that there are any underlying issues contributing to sustaining their disorder. In addition, many individuals with eating disorders see themselves as alone and have a sense of separateness from their relationships. In this manner, individuals with eating disorders may have difficulty maintaining stable relationships and connecting with others. This may be a concern for the counselor who is interested in developing the therapeutic relationship. Individuals with eating disorders also tend to separate their body from themselves; for example, physically they may view their head as separate from their body (Levens, 1994). Thus, self-objectification may also be an issue that needs exploration in counseling.

Bulimia Nervosa

According to Diamond-Raab and Orrell-Valente (2002), individuals with bulimia nervosa often have similar issues to work through in the counseling process. Behaviors such as lack of displaying affect as a defense mechanism, low self-esteem, body obsession, approval seeking behaviors, fear of rejection, self-destructive behaviors (self-injurious behaviors and substance abuse), and isolating oneself, often make the course of

therapy long and challenging for the client. The good news is, however, individuals with bulimia nervosa will often admit to their illness and need for help (Diamond-Raab & Orrell-Valente, 2002).

While it is no secret an individual with bulimia nervosa needs help, what may be difficult for any clinician is determining treatment goals. According to Diamond-Raab and Orrell-Valente (2002), when treating an individual with this illness, some goals could include insight into the hidden aspects of his or her thought process, overcoming the obstructions from feeling an emotional experience in order to learn appropriate displays of affect, developing higher self-esteem, and increasing social awareness.

Anorexia Nervosa

Similar to individuals with bulimia nervosa, individuals with anorexia nervosa often struggle with lack of displaying appropriate affect as a defense mechanism, body obsession, and low self-esteem (Diamond-Raab & Orrell-Valente, 2002), However, in addition to these characteristics, Diamond-Raab and Orrell-Valente (2002) also reported that individuals with anorexia nervosa also may be meticulous with counting calories and may use their intelligence to focus on avoiding detection of their disorder and maintaining a pseudo cheerful attitude. What may be difficult for clinicians is individuals with anorexia nervosa may spend their energy on portraying the image that they are fine and therefore when put into treatment, it is often not by choice (Diamond-Raab & Orrell-Valente, 2002). Perhaps, this could be explained by their need for control and strong desire to remain in control.

Regardless of the impetus of these characteristics, treatment goals could be to increase awareness and to increase comprehension of why they behave in certain ways, as well as to experience emotions in a concrete manner in order to attain a greater whole sense of self. With these goals in mind, drama therapy may be useful for achieving these goals. In addition, since individuals with both of these disorders have similar issues, group counseling may be a beneficial form of therapy where personal growth may occur vicariously or when the group focus is on the client.

Implementing a Drama Therapy Group

Drama therapy has been documented as a treatment intervention for eating disorders and numerous authors have purported success with their drama therapy groups (Dokter, 1996; Jacobse, 1994; Jennings, 1994; Wurr & Pope-Carter, 1998; Young, 1994). It is important to note, however, that these groups are case study examples and should not be interpreted as empirical support for using drama therapy with eating disorders. Nonetheless, these articles may serve as a guide for implementing a drama therapy group for individuals with eating disorders. With this in mind, the reminder of this article will focus on implementing a joint group, the potential benefits of using drama therapy, and cautions to be aware of when conducting drama therapy with this population.

Joint Group

Drama therapy is a flexible form of creative arts therapies, therefore, characteristics like working individually or in a group, how long each session is and the amount of sessions utilized, diversity of issues clients in the groups have, and addressing

a multitude of challenges for the clients may easily be incorporated with drama therapy. However due to the theatrical specialty, there are recommendations for using drama therapy with individuals with eating disorders. When considering the design of a counseling group, Wurr and Pope-Carter (1998) recommend a 90-minute session, once a week for 14 weeks for their group**.** Because of the similar challenges and issues many individuals with eating disorders face, utilizing group counseling simultaneously may be beneficial (Jacobse, 1994). In addition, creating one group for individuals with eating disorders may be useful due to time constraints or a limited number of clients.

Incorporating individuals with both disorders into the same groups may help individuals due to having additional impartial group members. Having individuals with anorexia nervosa and individuals with bulimia nervosa together may encourage both types to let go of some of their destructive behaviors. For example, when joining individuals with both disorders, individuals with bulimia nervosa may witness that the individual with anorexia nervosa struggles with control and the individual with anorexia nervosa may see the impulsiveness struggle that the individual with bulimia has (Jacobse, 1994). In addition to having objective group members, with a combined group there is a chance that individuals may vary on their path to health. This may encourage other group members to wellness. Thus, individuals further along in their progress may serve as examples to individuals in the beginning stages of wellness.

Drama Therapy Session. A typical session with a group for individuals with eating disorders may begin with checking in via character identification. Here group members will be asked to select a well known character that reflects where he or she currently is on the day of the session. The group member will be asked to explain how he or she identifies with the character and why this character most accurately reflects how he or she is feeling on this particular day. Warm-ups may include group members flipping through magazines and tearing out all of the images of individuals who are not a healthy weight. During this time, the counselor may also have the group decide together which individuals in the magazines are at a healthy weight.

The scene for the drama therapy group may include performing a dinner party. Characters at the dinner party may include the host, the chef, the server, and the party guests. Each party guest will be asked to bring one significant person from his or her life that he or she feels contributes to his or her psychological distress. At the dinner party, while in character, everyone will be asked to discuss body image. After the scene, the group will debrief. The group members may be asked to discuss these sample questions:

- How they identified with their characters?
- How the significant individuals that the party guests selected to attend the dinner party affected their behaviors?
- What meaning did they make of the body image discussion?
- What their thought process was like as they ate with a group of individuals?
- What was most challenging for them?

After the debrief process, the group will participate in a guided imagery where they are to relax and focus on how what they learned in the scene will alter their current lives.

Benefits of Drama Therapy

When considering the specific needs for individuals with eating disorders, the nature of drama therapy may be what helps it to be potentially beneficial with this

population. Through the use of role play, individuals with eating disorders may be provided the opportunity for the client to accept responsibility for his or her behaviors, the flexibility to reach goals in a client focused environment, given a variety of ways to reveal emotions, encouraged to develop relationships, and provided the opportunity to play many roles just as most individuals do in an everyday environment (Dokter, 1996; Jacobse, 1994; Jennings, 1994; Wurr & Pope-Carter, 1998; Young, 1994).

If clients are reluctant to admit to their eating disorders, then drama therapy may initiate the process of awareness. Drama therapy uses exercises that focus on exposing issues; this makes it more difficult for the client to deny the eating disorder (Wurr & Pope-Carter, 1998). Behaviors the client portrays in a scene are difficult to deny when the group has witnessed them. This allows the clients to accept responsibility for their behaviors in drama therapy. Drama therapy is flexible and client oriented. Drama therapy is also useful with clients whose insight abilities make verbal therapy less effective. The work in the improvisational role in drama therapy, "...is not usually experienced as a complete revealing of the self" (Johnson, 1982, p.85). Therefore, it may help individuals who have problems with revealing themselves in verbal-therapy. In addition, all of the scenes in drama therapy are improvised, thus, allowing the clients more freedom to express themselves.

Young (1994) has described drama therapy as utilizing both the body and voice for expression of oneself. Through this self-expression, drama therapy may liberate feelings, may effectively center on the distress found in the body and around it, and may survey the clients" roles that they play as an individual and socially (Young, 1994). The roles the client plays in social situations may easily be explored in drama therapy because it is most commonly implemented in a group setting. This may help the clients establish successful relationships. This is beneficial to individuals with eating disorders because they tend to need more stable relationships.

Cautions to Consider With Drama Therapy
Utilizing drama therapy may be a challenge for individuals with eating disorders due to individual preferences, group readiness, and the improvisational and performance components (Dokter, 1996; Jacobse, 1994; Wurr & Pope-Carter, 1998). While the nature of drama therapy may serve as a benefit to individuals with eating disorders, it may also serve as a challenge. Often, individuals with eating disorders tend to prefer verbal therapies to non-verbal therapies. This could be because they may feel overwhelmed by the extroverted aspect of it. The non-verbal experience may be scary to these types of individuals (Jacobse, 1994). While this may seem like a negative attribute, getting the individuals out of their comfort zone may be what they need, provided they are at a point in their treatment where they have increased their self-esteem and are ready for the challenge to progress. It is also important to note that verbal therapy executed within a group is usually not successful with this target population (Diamond-Raab & Orrell-Valente, 2002); therefore, trying an innovative technique may be more helpful.

As previously mentioned, drama therapy is dependent on group readiness. In order to combat reservations clients may have about using drama therapy and in order to avoid relapse, waiting till the group is ready for more experiential techniques may be appropriate (Dokter, 1996). In addition often times when therapy moves too quickly for clients, it may leave the clients feeling violated and exposed. Another challenge that an

individual with an eating disorder may face when participating in drama therapy is the use of the entire body is counseling (Wurr & Pope-Carter, 1998). This population may find this threatening. Individuals with eating disorders often separate their body from themselves. This could explain why using a whole-body technique could be foreign and difficult for this population.

Both individuals with anorexia nervosa and individuals with bulimia nervosa may have low self-esteem and difficulty becoming emotionally involved with a role portrayed in a scene (Jacobse, 1994). In addition, if individuals with anorexia nervosa are gaining weight, they may become even more dissatisfied with their bodies and not want to get up on stage (Jacobse, 1994). Individuals with anorexia nervosa may also struggle with not wanting to give up their control when they are on the stage (Dokter, 1996). While individuals with bulimia nervosa may think they are not interesting and therefore, should not get up on stage (Jacobse, 1994). Individuals with bulimia nervosa may also be self-conscious about their abilities to perform and may not want to provide details into their roles when they are processing the scene (Jacobse, 1994). Even though the improvisational aspect of drama therapy may be therapeutic and encourage self-discovery, it may allow the clients to deny responsibility for their actions (Jacobse, 1994). For example, clients may attribute their actions to merely pretending in the scene.

Conclusion

Individuals with eating disorders tend to have a difficult time admitting that their disorder is something unrelated to their body, and therefore verbal therapies may be less effective. Given this information, drama therapy may be a useful intervention for individuals with eating disorders. By using a non-verbal therapy, especially one that incorporates the whole body into the treatment, the individual may provide more information nonverbally than verbally, consequently, giving the counselor more to assess and evaluate.

What makes drama therapy unique may potentially help individuals with eating disorders. It allows for alternative ways to explore thoughts, feelings, social roles, and relationships through the use of improvisational role playing. However, these same characteristics may also hinder the therapeutic process. When counselors are executing drama therapy with individuals with eating disorders, they should be concerned about the difficulty individuals with eating disorders may have with executing role playing such as having low self-esteem, trusting their ability to participate in a role play, and the clients denying responsibility for behaviors they displayed during the role plays. It is important to note that this article is merely suggesting that drama therapy may be helpful with this population. To the author's knowledge, no empirical research studies have been conducted to examine if drama therapy is an efficacious intervention for treatment with individuals with eating disorders. With this in mind, all counselors need to use this intervention with caution.

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