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Constructing Life Meaning Through The Use of Dramatherapy In The Case of

Depression

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Abstract

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In this paper, I will investigate various sources that describe the following concepts and explore the link between them: depression, meaning of life, and dramatherapy. The paper is in four chapters. The first chapter is focused on the concept of depression. The second chapter explains the concept of life meaning. The work of several authors regarding the role of life meaning for improved mental health will be explored. In chapter three I will investigate the link between dramatherapy and life meaning. In conclusion I will describe how dramatherapy could have a role to play in helping individuals find meaning and therefore alleviate symptoms of depression. This research can potentially contribute to the use of dramatherapy in adults with depression.

Acknowledgments

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Introduction

Statement of purpose

The purpose of this research is to investigate how dramatherapy can provide a space for developing life meaning for adults with depression. Research exists on the relationship between depression and life meaning. Connections between all three areas: dramatherapy, life meaning and depression will be examined. This research aims to explore the connection among these three concepts and it will contribute to the body of research available in creative arts therapies for the treatment of depression.

One of the main assumptions is a consideration of people who function efficiently on a personal, social, and professional level as opposed to those who show symptoms of depression and therefore are not able to find meaning in their life experiences. I define people who find meaning in their lives as those who are able to develop a coherent life story and a coherent self. People who are presenting with depression, however, are not able to develop a coherent life story. A secondary assumption is that dramatherapy can change the meaning-making process in cases of depression.

A limitation of this study is the lack of differentiation and specificity in the use of the term depression. In this study, depression will refer to a general condition in which the person presents at least two of the following symptoms (DSM- IV, The American Psychiatric Association's Diagnostic and Statistical Manual, 4th edition, 1994): depressed mood, sense of hopelessness and helplessness, loss of interest and pleasure, change in weight and appetite, sleeping problems, decreased energy, feelings of guilt and worthlessness, suicidal thoughts or even attempts.

A bias of the study may be my subjectivity in choosing the data as well as a limitation to the availability of English and French research.

In regards to the delimitations of this research, I will focus on people who present at least two of the DSM IV symptoms, as mentioned above.

I consider that depression is, presently, one of the most debilitating conditions. Recent statistics show that major depressive disorder is the leading cause of disability in the U.S. for those aged between 15 and 44, and that it affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year (The Numbers Count: Mental Disorders in America, 2008). Recent research (Mathers & Loncar, and Seligman) cited by Zettle (2007) stated that depression appears to be the major cause of disability worldwide, and the rates for major depression appear to have increased steadily over the past half of the century. Tanouye, cited by Zettle, pointed to the increasing financial costs of depression in terms of lost productivity among affected employees as well as in health care and related expenses. However, the same author also observes the incalculable human costs of depression in terms of personal vitality, relationships, or even possible loss of life itself.

Frankl (1984) said that we cannot understand depression if we are not able to understand and recognize the existential vacuum that defines and underlies it. He argues that we cannot help people with depression overcome their condition if we do not help them find meaning in their life by filling the existential vacuum. All of his client exploration is centered on the concept of life meaning. From his point of view, the therapist's role is to broaden the visual field of the patient thereby opening the range of potential meaning for development.

Statement of Research Question

What dramatherapy elements could be involved in the meaning-making process of adults with depression?

Research Design and Method

The method I have chosen for my research paper is the historical documentary method. The historical documentary method is a combination of techniques initially used by historians in order to research and then to write history (Historiography, n.d.). The historical documentary method is strongly connected to Historiography, which studies the processes by which historical knowledge is generated and transmitted. Historiography examines the writing of history and the use of historical methods, reflecting and developing concepts such as "authorship, sourcing, interpretation, style, bias, and audience" (Historiography, n.d.).

The historical documentary analysis is particularly useful when it is necessary to establish relationships between concepts that were individually explored in research (Marshall & Rossman, 2006). The aim of this method is to funnel existing knowledge into a more precise, specific focus, so new patterns may emerge (Reitzel & Linderman, 1982).

The data in this paper is collected through a historical documentary of previous achievements in the field which touch on different dimensions of the research question. My historical documentation research will analyze data on the following topics: depression, construction of life meaning, dramatherapy constructs and methods. I will perform a historical documentation in each of these main themes, and will then make my own connections to discover their relevance to my research question. Data collection for

my research will consist of researched literature. I will be using research databases in psychology, creative arts therapies, medicine and visual arts. Some of the keywords that I will use will be: depression, life-meaning, meaning reconstruction, logotherapy, meaning and therapy.

Chapter One

Depression

Depression, a major disabling condition

In comparison with common chronic diseases, depression causes greater decline in health status (Steptoe, 2007). Moreover, individuals with depression, co morbid with chronic diseases, have the worst health status. From a study of more than 240 000 people in 60 countries, Moussavi, cited by Andrews and Titov (2007) found that the groups of people with angina, arthritis, asthma, or diabetes also presented an increased risk for depression compared with the general population. The results of this research show that depression is a strongly disabling condition. Symptoms of depression range from very severe, leading to suicide, to less severe, yet still unpleasant and affecting the whole functioning of the person. Maxman and Ward (1995) found that the causes of depression are complex, including: biological, chemical, genetic, psychological, social, familial, developmental, and existential.

By analyzing various research in the field of depression, Steptoe (2007) concluded that a multitude of factors are involved: socio-demographical, psychological, economical and social. Research focused on the development of depression along the first years of adulthood (Salmela- Aro et al., 2008) showed that the individuals with depression presented difficulties in developing relationships and earning money, and had a tendency to suffer from burn-out. A possible explanation for these tendencies is the noted pessimism and passivity which is exhibited by those suffering from depression. This pessimistic attitude towards challenging life situations develops into dysfunctional strategies and the cycle of depressive symptoms. The research of Salmela- Aro et al. used

longitudinal data for analyzing the development of depressive symptoms of 297 young adults who completed The Beck Depression Inventory (Beck, 1961) seven times over a ten year period. The Beck Depression Inventory is composed of 21 questions and is designed to measure intensity, severity and depth of depression. Aiming to identify the extent to which depression affects people's lives, the results demonstrated that the impact of depression on individual lives is major: people with depression have difficulties in their professional, social and personal life. The research of Dai and Feng (2008) demonstrated the negative correlation between depression and self- esteem thereby explaining how people with depression rarely feel efficient or content with themselves and others.

Depression is a major health issue because it affects the whole functioning of the individual: the effects are noted on a personal, romantic, familial, social, and professional level. In fact, there is a two- way phenomenon because depression causes a lower quality of interaction that in turn creates difficulties in reaching intimacy and developing social relationships. The lack of intimacy and the difficulties with interpersonal relationships also increase the depressive symptoms thereby creating a vicious circle. Because of the complexity of the causes, and because of the interrelated two-way association between depression and the above-mentioned factors, some researchers (Frankl, 1984, Maman & Wards, 1995 and Lantz, 2000) considered that a flexible treatment of depression, combining the use of medication, environmental modification, and psychotherapy, would most frequently be effective.

Productive versus unproductive depression

Depression belongs to the large palette of emotional human responses to life situations. Some theories of evolutionary psychology (Pinker, 1997) considered the adaptive functions of all human emotions and behaviors and disregarded the categorization as positive or negative. In the view of Pinker, all the emotional states are forms of adaptation that promote an individual's survival. Evolutionary psychologists mentioned by Wolpert (2001) view depression as an adaptation mechanism whose role is to inhibit aggressive behaviors adopted from a position of inferiority. From this point of view, depression is connected to human survival. In the explanatory model described by Wolpert, depression was viewed as a substitute for physical damage and as a prevention of loss (death) in unequal competition, in cases where the other combatant is stronger. Depression, therefore, stands as an explanatory concept in the reality of social hierarchy development by helping the individual to avoid unequal confrontation, and signaling that he/she accepts the subordinate position and is no longer a threat for other individuals.

Klinger, cited by Zettle (2007) developed the same theory of possible adaptive roles of depression. The author first makes the distinction between depression as an important dysfunctional disorder and dysphoria as a mild depressive condition. According to Klinger, organisms that meet barriers while trying to reach goals will initially increase their efforts. If the obstacles cannot be overcome, the goal-seeking behavior is replaced by dysphoria. In this case, dysphoria actually helps the individual to avoid self-destruction by not fighting unequal competitions and conserving resources.

Therefore, from this viewpoint, dysphoria prevents premature pursuit of goals, for which we are not prepared and so inhibits futile actions. The adaptive function of

dysphoria stays, in that the individual, following a loss or failure, recuperates instead of stubbornly forging ahead. Dysphoria leaves space for a new organization: either redefinition of goals, or assimilation of new abilities.

Gut (1989) stated that depression, although traditionally thought of as incapacitating, could actually serve an adaptive purpose. The author makes the distinction between productive and unproductive depression. From Gut's viewpoint, by means of withdrawal and lowered mood following a failure, productive depression allows a person to focus on the internal issues and resolve a blockage of functioning. As opposed to this, unproductive depression leads to deterioration if the person maintains the status-quo, does not look inward and does not try to improve understanding, to learn new abilities or to reorganize.

Therefore, taking into consideration the adaptive functions of depression and the distinction between the productive and unproductive depression, the role of therapy in these cases might be to help the individual make productive use of his/her depression by focusing inward to promote growth and new understandings.

Depression and attachment

Current research by Irwin (2006) concluded that inadequate childhood attachment, as opposed to secure attachment, might have a negative influence on brain development, affect regulation, self-reflection, and social skills and can predispose people to depression. When we use the term 'secure childhood attachment', we refer to continual attunement with a caregiver who becomes a good internal object. Scharff (1995) defined the concept of internal object as follows:

An internal object is a piece of psychic structure that formed from the person's experience with the important caretaking person in earlier life, captured in the personality as the trace of that earlier relationship and as a part of the self's being (Scharff, 1995, p.5).

The pattern of childhood attachment influences the emotional system of our adult life. A secure attachment with a good caregiver, internalized as a good object, plays the role of a protective shield against future life difficulties and becomes an inner strength. The research of Sable cited by Parkes (1996) on the theme of bereavement concluded that women who described secure attachment in their childhood handled bereavement better and had little distress at the time of loss later in life. As opposed to this, insecure attachment with absent or rejecting caregivers, as stated by Bowlby, cited by Parkes (1996) can predispose people to depression later in life. This phenomenon of secure attachment in early childhood, Bowlby explained, creates a reasonable degree of trust in oneself and in others. This trust is the basis for developing the confidence with which we attempt to cope with all the stresses and difficulties in life.

Although childhood attachment is very important for future emotional development, we cannot consider this influence as permanent and irreversible and deny the role of further life experiences. Even if early relationships can set us on a downward spiral towards depression, secure attachment in later life can help us climb up once more (Harris & Bifulco, 1996).

Ambiguous loss and depression

Many cases of depression are associated with ambiguous losses. In the ambiguous loss, a loved one is physically absent and psychologically present, or psychologically

absent and physically present (for example romantic abandonment without closure, partner with Alzheimer's or some other disabling mental disease). In these cases, it is hard for the individual to pass through the mourning stages to experience closure. He/she must simultaneously deal with contradictory messages of existence and non-existence of the loved one. In this case, the therapeutic intervention will help the individual to let go of the need to have closure with the lost person while not denying the loss (Boss, 2006).

Cognitive elements in depression

Beck, cited by Wolpert (2001) explained that the nature of attachment developed in infancy, associated or not with future losses, is assimilated by the human mind in forms of thinking patterns. The insecure attachment is assimilated in the form of negative patterns of thinking. The thinking patterns of the person with depression are as "dysfunctional assumptions" (Wolpert, 2001, p. 97), and are automatic (beyond the individual's control). Beck came to the conclusion that the origin of depression stays in the conscious thoughts of the individual. However, although conscious, these negative thoughts happen in an automatic and autonomous manner. This explains how an individual with depression usually has "two simultaneous streams of thought" (Wolpert, 2001, p.98), one of which is expressed and another one, usually self-critical and unexpressed. This unexpressed, self-critical, negative stream of thought blocks the individual's capacity to experience pleasure. Because of the dysfunctional assumptions, the individuals with depression tend to make negative generalizations based on a single life event, to focus on negative details and ignore the positive ones, to exaggerate the negative life events, or to feel failure because of negative, perfectionist standards. Perfectionism, dysfunctional assumptions or the tendency to have high standards for both

others and oneself, correlate positively with depression and anxiety. Kutlesa and Arthur (2008) described the perfectionism of people with depression as "negative and debilitating, versus a healthy, positive, and enhancing perfectionism" (Kutlesa & Arthur , 2008, p.134). In addition, part of the dysfunctional cognition, the disgust directed towards self (self-disgust) plays an important role in the development of depression. The research of Overtone et al. (2008) used a Self-Disgust Scale (Overtone et al., 2008) and the Beck Depressive Inventory (Beck, 1961) as measurement instruments. The Self- Disgust Scale measures two factors: the 'disgusted self' concerned with 'disgust' towards independent parts of self and 'disgusting ways' concerned with the perception of one's behavior. Overtone et al. were first to demonstrate the positive correlation between self-disgust and depression, showing that the disgust turned towards the self and one's behavior plays an important role in depression.

In conclusion, for an individual with depression, life events usually have a negative meaning because of dysfunctional cognitions. The meaning of the event modulates the emotional states of humans and therefore a person with negative assumptions will mostly live with a high level of discomfort and anxiety.

Biological factors in depression

Although the cognitive factors are very significant in the explanation of depression, a biological view is necessary to complete the picture. Biological and emotional elements are always interrelated in the functioning of a human being. The brain chemistry affects the behavior and the emotions (Thase, 2004) and in the case of depression, medication is often required in order to reestablish the biochemical balance

and thus, normalize the brain. Emotional and physical health are interrelated (Steptoe, 2007) and the links between depression and ill-health are bidirectional.

Berk (2008) demonstrated how the physiological (circadian) rhythms play an important role in the development of mood disorders. In particular, the disruption of sleep increases the vulnerability to depression and the depression itself will further contribute to the disruption of sleep; there is an interrelation between the two factors.

Much scientific evidence in the field identifies serotonin as one of the neuroactive agents involved in the etiology of depression. A literature review (Goodyer, 2008) concluded that serotonin, cortisol, and a brain-derived neurotrophic factor are all involved in the development of depression. The action of these three factors results in the formation of a neuronal vulnerability in the amygdala and prefrontal cortex. Individuals with this neuronal vulnerability present a poor synaptic plasticity which results in impaired mood regulation and related psychological deficits described in the symptomatology of depression.

In addition, Wolpert (2001) identified serotonin and noradrenalin as the neurotransmitters involved in the etiology of depression. The authors also discussed the biological relevance of stress (through the stress hormones) to depression. In Wolpert's view, stress causes hormonal changes. These hormonal changes will influence brain function and relate to depression. The hormones cortisol, adrenaline and noradrenalin are produced by the body to help the organism deal with a stressful situation. Unfortunately, when produced in too high a concentration, these hormones, especially cortisol, might cause depression.

Some other researchers aimed to clarify a possible connection between other neurological features like the gray matter volume and depression. The research of Frodl et al. (2008) examined 77 patients with major depression, and found that those patients presented a reduced gray matter volume; for this reason, the researchers correlate negatively the gray matter volume with major depression.

Most data in the field shows that the picture of depression has a very specific pathology on a biological level. Although this justifies the question of whether or not depression has a purely biological origin, the possibility of interrelation, of a two-way link between the psychological and biological factors, should be considered for an exhaustive interpretation. As Wolpert (2001) concluded, depression is a difficult process to understand because "people's minds are complex and their behavior will reflect not only their biology, including the genetic component, but also their past and present experiences" (Wolpert, 2001,p.73).

Chapter Two

Life Meaning and Depression

The role of life meaning in human life

Debats, cited by Mascaro and Rosen (2005), argued that "life meaning affects aspects of mental health that are not affected by other personality variables" (Mascaro & Rosen, 2005, p.20).

Updergraff's (2008) longitudinal study examined the long-term consequences that the search for meaning could have for the adult survivors of the 9/11 attacks. The results of the study showed that finding meaning by using specific coping strategies helped towards the psychological recovery of these individuals and reduced their fears about the future. Based on this research, we can therefore reinforce the idea that reinvesting life with meaning plays an important role in the process of recovery following a collective trauma. At the same time, Morill and All's study (2008), focusing on the exploration of post- traumatic growth, had interesting results with regards to the role of meaning in the process of psychological recovery following a distressful event. The authors studied the post-traumatic growth in relation to depression and post-traumatic stress symptoms among breast cancer survivors. Their study concluded that finding meaning in response to a traumatic life event (in this case, the cancer diagnosis) reduces the probability of developing depressive symptoms. We may thus conclude that finding meaning, as Morill and All's research showed, plays the role of psychological protection against an impaired quality of life following a distressful event.

In her quantitative research, Reinhoudt (2005) explored the factors related to aging well in a group of 188 adults. The analyzed factors were: hardiness, optimism, religious values, frequency of attending religious services and existential meaning. The results of this study showed that existential meaning (awareness of meaning and purpose in life) significantly contributes to well being in general, to maintaining mental health on an optimal level, and to increasing vitality and social functioning. In their study of 606 Chinese students studying abroad, Pan et al (2008) showed that meaning in life has a strong and positive contribution to life satisfaction, and it also mediates the relation between life stressors and life satisfaction.

The quantitative study of Mascaro and Rosen (2006) questioned the role of personal and spiritual meaning in relation to stress, depression and hope among an ethnically diverse sample of 143 undergraduate students. The instruments used for the measurement of life meaning were: the Spiritual Meaning Scale (Mascaro, 2004) and Life Regard Index -Personal Meaning Subscale Life Regard Index (Battista & Almond, 1973). The study concluded that both spiritual and personal meanings are positively related to hope and inversely related to depression. Therefore, there is a low incidence of depression among people described as having either personal or spiritual meaning in their lives. The same authors, in a study from 2005 that explored existential meaning in relation to hope and depression, concluded that any counseling psychologist "should become familiar with the factors that can promote a sense of existential meaning" (p.22). By influencing people's experience of existential meaning, they observed that a change could be made in their mental health condition.

The existential authors (Frankl, Maddi and Yalom) cited by Mascaro and Rosen (2006) emphasized that life meaning in mental health has the value of being a "stress buffer" (Mascaro and Rosen, 2006, p.22). People who present a consistent meaning of life are more resilient against life stressors, while people with a weak meaning of life seem to be more vulnerable to emotional problems, and more likely to succumb to hopelessness.

In their qualitative research on the meaning of life, O'Connor and Chamberlain (1996) concluded with an interesting observation about the role of meaning for mental health. They state that, while the lack of meaning can easily be associated to various forms of psychopathology such as suicidal ideation, substance abuse, or anxiety, a high level of meaning is related to both good physical health and an overall efficient functioning in the world.

Mascaro and Rosen (2005) observed that the study of existential meaning in relation to mental health touches not only the field of psychology but also other disciplines: medicine, anthropology, philosophy, religion, and education. The authors reasoned that life meaning is "good in itself" (Mascaro & Rosen, 2005, p. 26) and that we should pursue it not only because it is useful and it will strengthen our mental health, but also because humans, essentially speaking, desire meaning.

Sources of meaning

Various researchers in the field of life meaning have focused on identifying the sources of life meaning, i.e. those elements that contribute to creating meaning in human life. Following his research, Savage- Stevens (2004) identified the following as sources

of meaning for 151 women over the age of 65: mate-husband connected projects, caregiving, spiritual activities and occupational or vocational pursuits.

In a study based on interviews with 12 participants over the age of 60, Bakerman (1988) explored the role of reminiscence in the process of creating a meaning in life. The author deduced that reminiscence as narrative schema create a sense of continuity for the self, and this sense of continuity is the base of identity and a component element of existential meaning.

Debats, Debats et al., and Moore, cited by Mascaro and Rosen (2005), emphasized the interpersonal element in the picture of life meaning by arguing that a primary source of meaning is "interpersonal connectedness" (Mascaro & Rosen, 2005, p. 25). Similar to the interpersonal element in the development of life meaning, Krause's study (2007), based on a longitudinal survey of elderly people, demonstrated that anticipated and present support correlates positively with existential meaning. On the contrary, according to the aforementioned research, a negative interpersonal interaction has a negative influence in the process of finding meaning in life.

In the process of creating a purpose in life, love plays a controversial role. Correia (2008) observed that the association between love and life meaning is a paradox, since love can be a source of meaning, as well as a source of anguish and anxiety.

Schlegel (2009) observed that psychological theories identify the true self as an essential aspect that contributes to well being. The authors argued that having cognitive accessibility to the concept of true self is a source of experiencing meaning in life. In Schlegel's view, the true self includes those traits that refer to who you really are versus those traits that refer to who you are most of the time. Savage- Stevens (2004) also

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indicated that the ability to express one's true self is deeply connected with experiencing meaning. Likewise, Langle (2005) identified the "authentic self" (Langle, 2005, p.5) as "an important dimension of life meaning". Having an authentic self means, according to Langle, having the capacity "to be yourself, to exist as unique and autonomous person" (Langle, 2005, p.5).

A paradoxical component of the process of investing life with meaning is its opposite, i.e. investing death with meaning (Bonwitt, 2008). Life and death meanings are interrelated, the author states, therefore in order to fully live, the individual has to maintain an awareness of death. The author goes further in his exploration of the role of death meaning as part of the life meaning process by arguing that an ideal therapeutic position should offer a containing space for the unbearable idea of death to occur. Various other authors, Frankl (1984),Yalom (2000) and Becker (1985) identified the concept of death as a key factor in the existential search for life meaning.

Another component of life meaning, as identified by Mascaro (2006) is hope. These two concepts, meaning of life and hope, as described in the previous chapter seem to be interrelated.

In conclusion, the following elements were identified in the research studies as being components of life meaning: social support and social interaction, reminiscence, love and death (although as paradoxical components), hope, and accessibility to the true self. In terms of categories, O'Connor and Chamberlain (1996) concluded in their qualitative study that the sources of meaning, as stated in previous studies on this theme, are the following: the relationship with other people, the social domain, the religious-spiritual domain, creativity, and personal development.

What is Life Meaning?

Eagleton (2007) doubted the possibility of finding the meaning of life. He considers that the "meaning of life is too terrible for us to cope with, which is why we need our consoling illusions to carry on" (Eagleton, 2007, p.15). As opposed to Heidegger's (cited by Eagleton) point of view, which emphasizes the relativity, if not the impossibility, of finding meaning in life, the psychological researchers in the field were able to identify factors that constitute meaning. However, an important distinction in regards to the concept of meaning is required before making a more detailed analysis of it. Eagleton (2007) highlighted that "it is important to distinguish between meaning as a given signification and meaning as an act which intends to signify something" (Eagleton, 2007, p. 59). The understanding of meaning as an act versus a given signification emphasizes the active position of humans in relation to meaning and to life in general. The meaning of life is neither a solution nor an answer; it is a way of living, "it's life itself, seen in a certain way" (Eagleton, 2007, p. 164). Eagleton continues his reflection on the meaning of life: "If life has a meaning it may be one which we ourselves actively give it" (Eagleton, 2007, p. 60).

According to Frankl (1984), there is no such thing as a universal meaning of life. The meaning of life differs from person to person, and what is important is not the meaning of life in general but the specific meaning of a person's life at a given moment. Eagleton (2007) stated that "meaning of life is not prefabricated, but constructed by each one of us" (Eagleton, 2007, p. 55). Yalom (2000) affirmed that there is not such a thing as the meaning of life, but "the meaning of my life" (Yalom, 2000, p. 5).

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Eagleton (2007) also referred to Heidegger in stating that humans are the only beings that put their own existence into question. Putting one's existence into question might refer to striving to find the meaning of it. Langle (2005) also considered that the quest for a greater context and values to live for, which is in fact the quest for life meaning, defines humans. Philosophical, anthropological, psychological, or scientific studies, previously cited, agree that people have always tried to find and/or define the meaning of life.

According to Frankl (1984), one path to discovering meaning in life is to create or to experience something that transcends the human existence, such as goodness, truth, beauty, nature, culture, or love. Mascaro (2007) while exploring in his research the relationship between meaning and other clinical variables such as depression and hope, described meaning as a way to experience a purposeful life. The purpose of life is found, according to Mascaro, by experiencing a transcendental or spiritual presence. The author also emphasized the role of meaning in relation to depression, concluding that by understanding the concept of meaning we will be able to improve our understanding of depression's etiology and alleviation. Fry (1998) also considered that an essentially human characteristic is the struggle for purpose as an expression of meaning. Langle (2005) similarly discussed the concept of purpose in relation to life meaning. Having purpose means, according to Langle, experiencing oneself in a "larger context that provides structure and orientation to one's life" (Langle, 2005, p. 10). A person fails in finding meaning if one is not able to find this larger context. Consequently, according to the same author, one's life will be defined by emptiness, frustration, aggression, addiction, fanaticism, cynicism, despair, or nihilism.

Mascaro and Rosen (2008) defined the act of giving life a meaning as "putting life into a broader framework that provides reasons for our being here, reasons for perpetuating our lives and delaying death and reasons for conducting ourselves in one manner than another" (Mascaro & Rosen, 2008, pp.576- 577). The authors make a connection between the technological advances, that define our modern society, the decrease in meaning and the increase in the incidence of depression. The authors consequently emphasized the importance of understanding the existential meaning for preventing and treating depression.

Yalom (1999), cited by Mascaro and Rosen (2008), defined meaning as a sense of continuity and coherence in understanding our own life experience. The authors further integrated various definitions and concluded that life meaning is a "possession of a coherent framework for viewing life that provides a sense of purpose or direction, which, if lived with an accord, can bring about a sense of fulfillment" (Mascaro & Rosen, 2008, pp. 578- 579).

Maddi (1998) connected the existential meaning with the daily thoughts, feelings, and actions that build up a specific view of the self and the world. The author described life meaning as a result of daily life decision- making. People, on a daily basis, are dealing with thoughts, feelings, and actions by taking decisions that affect their lives: "The content and the direction of the decisions are what give human lives their special meaning" (Maddi, 1998, p.5). According to Maddi, decision-making is a core concept in the definition of life meaning. Decision-making is a complex construct, a result of advanced psychological functions like symbolization, imagination, and judgment. Viewing existential meaning deeply connected with decision-making, Maddi underlined

the role of therapy in facilitating the client's "regular choices in regards to the future through symbolization, imagination and judgment" (Maddi, 1998, p.19). Poor decision-making is related to "lack of meaning and the results of this are personality types like: vegetative, nihilistic, or adventurous" (Maddi, 1998, p.19).

For Korotkov (1998), life meaning also refers to decision-making. The author believes that meaningfulness is expressed by the active participation in the decision-making process in either personal relationships or social life. Langle (2005) associated the concept of meaning with decision taking. A key concept in Langle's theory about life meaning is that of "inner agreement" or "inner consent" (Langle, 2005, p.4) in regards to daily decisions. From Langle's point of view, meaningfulness is found when our acts and emotions correspond to our intentions and plans. Inspired by Frankl, Langle described existential meaning as a link of two given facts: the demand of a situation and one's understanding of oneself as a reflection of that situation. Therefore, meaning is a "gestalt" (Langle, 2005, p.3) interplay between both: outside and inside reality. The inner consent, or agreement, is what contributes to our individuation, and this enables us to "stand on our own and realize ourselves by meeting the demands of a situation" (Langle, 2005, p.4). Consequently, meaning, as defined by Langle, is "what creates harmony between inner experience and outer action" (Langle, 2005, p.4). Having explored depression and meaning, we can conclude that one role of therapy might be to help the person live by giving inner consent to his/her actions and finding a continuity between the inside world, of values, emotions, intentions and expectations, and the outer world.

In the same context, Korotkov (1998) described meaning as making emotional sense of external demands and perceiving them as "worthy of energy investment and

commitment" (Korotkov, 1998, p. 55). A key concept in the definition of meaning from Korotkov's point of view is "the sense of coherence" (Korotkov, 1988, p. 51) between the inside and the outside world. For Korotkov, meaningfulness is what enables us to confront life problems and cope with various situations by investing them with signification and by "deriving order from the chaos" (Korotkov, 1988, p.59). Consequently, meaningfulness motivates people to make a choice and "to engage in those behaviors that promote health ... and to avoid those that may damage" (Korotkov, 1988, p.59).

Kaufman (1986) argued that meaning is an expression of the relation between identity (internal factors) and cultural context (external factors). Meaning, according to Kaufman, derives from the choices the person can make as a response to limitations and opportunities.

Therefore, the term 'choice' is emphasized in relation to meaning. What people do, the content of their activities themselves does not determine the meaningfulness of daily life. Rather, the determining factor seems to be "the sense of being able to choose to do what one wants" (Korotkov, 1988, p.108).

An important element in defining life meaning is the understanding of its origins. Frey (1998) considered that the search for meaning starts quite early in life, during adolescence, and is "a powerful force in identity formation" (Frey, 1998, p. 92). The beginning of meaning during the adolescent years is in the interpersonal context. The adolescents participate in dialogue and discourse; they are involved in social transactions and this becomes a space for exploring meaning. Meaning, as defined by Frey, is "the

result of reflections on the self, on others and on the consequences of one's actions on the lives of others" (Frey, 1998, p. 92).

Frey's profile of personal meaning, extracted from a prototypical structure of interviews with 335 people, identified their version of an ideally meaningful life. The author demonstrated that although the experience of meaning is specific for each individual and a universal meaning is unidentifiable, a prototypical structure as a frame of reference is possible Frey's prototypical structure of life identifies eight factors: achievement striving, religion, fulfillment, relationship, self- transcendence, intimacy, self- acceptance, and fair treatment of people. It is worth noting that pleasure in itself is not actually a source of meaning and is not associated with happiness. This explains that addictions, although associated with a relative pleasure, are an expression of failure in reaching meaning and happiness. An important factor in Frey's prototypical structure of life meaning is fair treatment. The role of this factor is to explain, for example, why a person like Hitler, although probably striving for achievement, failed in reaching life meaning, according to Frey. He was not showing respect and fair treatment of others. Frey's finding in regards to the role of fair treatment in relation to life meaning emphasized the importance of socio-cultural factors. If a society does not promote justice and equity, but is discriminatory and oppressive, it will impede the individual's search for meaning. However, Frankl (1984) conceived his theory about life meaning following his holocaust experience. In relation to the holocaust experience, he defined the attitudinal values as sources of meaning. According to Frankl, reaching the meaning of life is a result of actualizing three classes of value: creative, experimental and attitudinal. The creative values are actualized through creating something that did not exist before.

Experiential values are actualized by experiencing through the senses. Attitudinal values are a way to reach meaning by finding the right attitude in regards to a wrong life situation, which cannot be changed. A key term for Frankl is responsibility: people realize that they alone have the power to bring meaning in their lives; there is no outer source for it.

Sommer and Baumeister (1998) conceived a life-meaning model based on four essential human needs: purpose, efficacy/control, value/justification and self-worth. The need for purpose is the need to form and pursue reachable goals in life. Efficacy is the capacity to create a link between present actions/ behaviors and future outcomes; this capacity gives a sense of control and predictability. The need for value is the desire to see one's actions as good and morally justified. Self-worth is assuming credit for success and viewing one's traits favorably. When we cannot control something, the only thing we can change is our own attitude towards it, as Frankl (1984) emphasized. According to Frankl, we prove our self-worth by accepting that there are things beyond our control and influence, In order to adapt, humans should differentiate between things that they can change and things they cannot change and pursue the things that they can change. Sometimes it is not in our power to change a life situation, but what we can change is our attitude towards it.

Therefore, self-worth is a need complementary to the desire for control and efficacy. Sommer and Baumeister (1998) concluded that "people who have purpose, a sense of efficacy, a set of values that justifies their actions, and a basis for positive self-worth generally find life meaningful" (Sommer & Baumeister, 1998, p. 159).

According to Becker (1985), a terror management theorist, the meaning of life reflects self-esteem and results from the feeling of fulfilling socio-cultural expectations and roles. Becker argued that culture protects us from death anxiety in exchange for accepting its standards. By fulfilling cultural demands and social roles, we gain self-esteem thereby giving meaning to our world.

In the attempt to define meaning, various factors were identified. Nevertheless, it is important to acknowledge that, as Kaufman (1986) underlines, defining meaning is not only a sum of factors. The key concept in defining meaning should be "integration" (Kaufman, 1986, p. 187). People integrate a wide array of experiences during their lives: life situations, forces, knowledge, values, and integration is the foundation of meaning.

Life meaning and depression

Researchers such as Mascaro and Rosen (2006; 2008), Becker (1997), Frankl (1984), and O'Connor and Chamberlain (1996) argued that life meaning is inversely related to depression. Auhagen and Free (2000) also concluded that people who perceive meaning in their lives relate negatively to depression. Garner et al. (2007) emphasized the importance of the role played by life meaning in relation to depression and general well-being. The study of Feldman and Snyder (2005) supported the idea that people who cannot reach an experience of meaning in their lives are predisposed to depression. Their study, which included 139 participants, offered evidence that people with lower experiences of meaning have high scores for depression. Prager's study (1997), which focused on elderly participants, also supported the positive correlation between meaning

of life and depression. Oleovsky (2003), in his comparative study, revealed a significant relation between meaning of life and depression for all age groups studied.

In conclusion, the research data supports the positive correlation between life meaning and depression. Understanding the complex construct of life meaning will therefore help us better understand, prevent, and treat depression.

Chapter Three

Dramatherapy and Life Meaning

Ritual as source of meaning

Dramatherapy is a form of dramatic art based on ritual (Pitruzzella, 2004). In the dramatherapy space, as well as in the ancient rituals, the protagonist performs a symbolic journey. Grainger cited by Pitruzzella, argued that throughout the world people pass through symbolic journeys. This is a passage from one level of existence towards a richer one that relates to status change or achievement of wisdom. In Grainger's view, "dramatherapy rituals, as well as ancient rituals, take people back to the source of life and help them find meaning" (Pitruzella, 2004, p.62). Throughout the symbolic journey, people leave places and habits behind and experience new and unfamiliar things that can cause anxiety: new ways of expression, new behaviors, or events. Jones (1996) observed how close ritual and dramatherapy are to each other and how they both use enactment to deal with experiences of distress or changes. This enactment allows incorporation into the cycle of life. Both are healing methods.

Grainger and McNiff, cited by Jones (1996), agreed that the existence of rituals in dramatherapy adds a spiritual dimension to it. The authors make a distinction between Western and non-Western healing. According to them, mainstream Western healing is missing a spiritual dimension, as opposed to non-Western healing which incorporates spirituality in curing illness. Savage-Steven (2004), in his research on sources of meaning, affirmed that the spiritual dimension of one's life is greatly related to the existential meaning. Frankl (1984) argued that if one relates to something bigger than self

and is able to add a spiritual dimension to existence, then one has a greater chance to invest life with meaning.

Evreinov cited by Jones (1996) stated that:

> ...active participation in ritual within the dramatherapy session allows the individual to feel that he is connected with others, he belongs to a group, and has a sense of ownership and power in his life. When life becomes actively reflected in the enactment of the ritual, it acquires a new meaning, it becomes his life, something he has created (Jones, 1996, p. 252).

Jones (1996) made a distinction between social and religious rituals and dramatic rituals. Social and religious rituals are "the product of a large historical process"(Jones, 1996, p. 256). Dramatic rituals, on the other hand, are a product of an individual or group within a dramatherapy session, which aid in the development of coping strategies. Jones concluded that the dramatherapist can help clients to create their own rituals in order to deal with life difficulties by using their own cultural language of ritual.

For Pitruzzella (2004),the symbolic journey that happens in the dramatherapy space through the ritual "prepares us for the future by disarming the past in its negative aspect which could drain the present of its meaning" (Pitruzzella, 2004, p.116).

Therefore, the explanation of Graigner, cited by Pitruzzella, Pitruzzella (2004), Evreinov (1927) and Jones (1996) regarding ritual as symbolic journey and as one of the main concepts in dramatherapy supports the idea that dramatherapy could help people find meaning by adding a spiritual dimension to their existence and by enriching their

sense of identity through assimilation of past experiences and/or coping with present difficulties.

Development of socialization techniques

Pitruzzella (2004) stated, in his discussion of therapeutic functions, that dramatherapy encourages the development of socialization techniques. The author elaborated on this idea by explaining that the dramatherapy space is a space for experimenting with social interaction in a safe environment. The time spent in a dramatherapy session is a time of "play and fun, of enjoyment with the other" (Pitruzzella, 2004, p. 116). However, there is room for tensions and suffering and these emotions are not refused or denied but rather they are seen as shared human experiences. The author also stated that an important dramatherapy objective is the growth of interpersonal abilities and communication. Through the dramatic play, the dramatherapy method becomes, in Pitruzzella's view, socialization training. The elements of dramatic play, as identified by Pitruzzella are: reduced competitiveness, suspension of judgment, opened ways to collaboration and trust. The group energy is a tension towards a mutual influencing; the group members work towards positive changes that cannot be imagined alone. Yalom, cited by Pitruzzella, considered that the socialization experience within the therapy group is a therapeutic factor in itself. Emunah (1994) argued that because the dramatherapy participants can experience interactions with many others, and not just the therapist, they experience an intensified reparative session. In the dramatherapy group, the focus is initially on the interpersonal interaction within a safe environment. Emunah synthesizes the dramatherapy process as the following: the participant receives and gives care and nourishment through the interaction with the other group members; afterwards

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the participant explores giving nourishment for him/herself. Mental health represents, for Emunah, a capacity to receive care and support from others and to give care and support to ourselves.

Savage-Stevens (2004) identified caregiving as an important source of meaning. Furthermore, Krause and Debats & Moore, cited by Mascaro (2005), demonstrated in their research that interpersonal connectedness and the sense of human support significantly correlates to life meaning. Offering a safe space for experiencing social interaction, dramatherapy can help the individual in the process of finding meaning.

Experiencing the True Self

The qualities frequently evoked in the dramatherapy process are: "spontaneity, playfulness, expressiveness, imagination, humor, empathy" (Emunah, 1994, p. 28). These qualities describe a person who is in touch with his/her true self. In Emunah's view, "the healthy parts of the person represent the 'true self' "(Emunah, 1994, p. 28); these healthy parts of the person, for Emunah, are always witnessed and developed within the dramatherapy process. May, cited by Emunah, connects spontaneous, creative expression with access to the true self. The author stated that the creative process represents the highest degree of emotional health, of human expression and strength, thereby opening the way to what Maslow (1999) identifies as self-actualization.

As previously stated, Schlegel (2009) and Savage-Stevens (2004) described the accessibility to the true self as an essential source of meaning.

The narrative element in dramatherapy: story telling

In depth dramatherapy there is an emphasis on uncovering the past and connecting it to the present through storytelling (Emunah, 1994)). According to Pitruzzella (2004), while telling and listening to stories in dramatherapy, people build a sense of identity and a form of co-existence with each other. From his perspective, telling a story and having a witness to one's life story is a very enriching phenomenon, giving a sense of wholeness of identity and building human connection.

Ricoeur, cited by Pitruzzella (2004), wrote that we construct our identity by telling stories and mirroring ourselves in them. The stories we tell relate to other people's stories and in this way dramatherapy becomes a space of human encounter. Pitruzzella described this process in the following way: in telling our life story as a narrative, we witness our life stories, we identify with each other's stories, and in this way telling stories becomes, in dramatherapy, a community event. When the dramatherapy participant tells his/her story, he/she enters the narrative: he/she participates in it and makes it part of his/her identity. Telling and performing one's stories in the safe space of a dramatherapy group is a reminder of the freedom of choice and of the power one has over one's destiny. Korotkov (1998), Langle (2005), Kaufman (1986) and Maddi (1998) argued that this sense of choice and control correlated positively with existential meaning. Furthermore, Bakerman (1988) demonstrated in his research that reminiscence, in the sense of a narrative schema, creates a sense of identity and continuity which correlates positively with existential meaning.

Use of aesthetic distance

A good understanding of storytelling in dramatherapy involves the explanation of the distancing process. Landy (1996) acknowledged that storytelling in dramatherapy is a technique of distancing. Distancing techniques are projective: they involve the use of dolls, puppets, masks, make-up and videotape. They are psychodramatic and sociodramatic techniques. The use of storytelling in dramatherapy is conceptualized by Landy along a continuum, at one pole being the underdistanced and at the other, the overdistanced. Scheff (1981), cited by Landy, stated that catharsis happens when the dramatherapy participant expresses emotions without being overwhelmed by them. Scheff added that overdistance is a "cognitive process of remembering the past" (Landy, 1996, p. 17), while underdistance is an "affective process of reliving or re-experiencing a past event". Landy explained that through cognitive, conscious overdistance, the participant "separates himself from an emphatic relationship in order to take a more rational overview" (Landy, 1996, p.27). Based on Landy, in the aesthetic distance of dramatherapy, "the two extreme states are in balance", so the participant is able to "return to the past in a safe way, through both remembering and reliving the past event" (Landy, 1996, p.17). By encouraging enactments which are overdistanced or underdistanced, participant or observer roles, the therapist will properly balance the distance in order to respond to the participant's needs. The awareness of the concept of distance in dramatherapy offers the therapist the capacity to guide the protagonist's story on multiple levels depending on the present needs of the participant. Through the proper use of aesthetic distance, the storytelling becomes a space for enriching insight and for psychological healing.

Play and meaning

Jones (1996) identified play as one of the core processes of dramatherapy. For Jones, play is a "source for both content and process within dramatherapy" (Jones, 1996, p. 167). According to him, individuals and groups, through the use of dramatherapy play, can explore difficulties, deal with problems and conflicts, and achieve therapeutic change. Winnicott, cited by Pitruzzella (2004) saw children's play as a way to develop, for the first time, a sense of self and of the world, and to actually build themselves and the world. Jennings (1997), cited by Pitruzzella, described play as a manner through which we construct a symbolic world by attributing meaning to the actual events. By having attributes in common with children's play, the dramatic play is an "experimentation in the world of relationship, fostering the growth and expansion of individual identity" (Pitruzzella, 2004, p. 79).

A very interesting example given by Jones (1996) shows the tremendous role of play in the process of attributing meaning to life experiences and assimilating them. Brown et al. (1971), cited by Jones, described how a group of children witnessed an accident. Following the accident and for months afterwards, the children's play reflected the accident. In their play they used elements from the traumatic event they had witnessed. They used the play in order to deal with the feelings that followed their traumatic experience: stress, anguish, and fear of death. Jones, based on this example, concluded that "dramatherapy uses play as a means of dealing with trauma or life problems" (Jones, 1996, p.168). According to Jones, simply talking about the traumatic experience would not have allowed for the depth that enactment permitted by working through feelings and fantasies.

Jones (1996) developed the idea of the role of play in dramatheray by describing the three levels of the relationship between play and dramatherapy. The first level refers to playfulness as a general mood, a process of playing, which can be in itself a tool of therapeutic change. The second refers to the notion of developmental play. Here, play is seen as part of a continuum of different developmental stages. The third level focuses on content. Jones emphasized that "play involves particular areas of content and has a particular way of articulating that content" (Jones, 1996, p. 169). This involvement of play in articulating content, as described by Jones, might refer to investing the content with meaning. Shaw (1981), cited by Jones (1996), described the "relationship that exists between play, the development of intelligence, and the creation of meaning" (Jones, 1996, p. 172). Events which happened in the world as "experiential data" will pass through a process of "symbolic transformation within the play" (Jones, 1996, p. 172). The symbolic transformation that happens in the play is an enactment of the "as if" and is, according to Shaw, "an essential way by which the child makes and finds meaning in the world it encounters "(Jones, 1996, p. 172).

Bolton , cited by Jones (1996), related the play with the process of finding meaning and developed this idea further by speaking about a "sharing of meaning" discovered through enactment (Jones, 1996, p. 172) . The author emphasized the importance of social interaction, the desire to articulate, self-awareness, and the acknowledgment of meaning as key factors involved in the dynamic reality of play.

Blatner and Blatner, cited by Jones (1996), stressed the importance of dramatic play in the meaning-finding process. The dramatic play is, according to these authors, "a struggle to sort, solve and resolve, a struggle with understanding and emotionally

apprehending the world, a clarification of problems and testing of new approaches" (Jones, 1996, p. 172) . The authors further developed the role of dramatic play in meaning-finding by arguing that this "capacity for symbolic manipulation of experience is essential in ... healing" (Jones, 1996, p. 173).

According to Jones (1996), as opposed to children's play, the play within a dramatherapy context is part of a deliberate two stage therapeutic program. In stage one, play is a space for a reproduction of activities, events and elements from reality. In stage two, the play "is oriented towards new goals, which are supposed to offer personal therapeutic change" for the client, based on his/her therapeutic needs (Jones, 1996, p. 181).

Role and meaning

For Jones (1996), role is another key process of dramatherapy. The individual, according to Jones, is seen as a series of interrelated roles. The roles we play, in Jones's view, give us "a sense of who we are, a sense of personal identity and equilibrium" (Jones, 1996, p. 207). Furthermore, the problems we encounter primarily concern the ways the roles function.

Pitruzzella (2004) described dramatherapy as a process of experiencing the world of relationships through role playing. Within the dramatherapy space, we are able to transform roles or to drop them when they are no longer useful. The freedom to change, drop and create another role first happens in the dramatic reality and afterwards, it moves into reality. According to Landy (2001), within the dramatherapy experience, the participant identifies his/her life roles, explores them, discovers counterroles and guides and reflects upon the connection between dramatherapy roles and daily life roles. Landy

defined the counterrole as "... not the opposite, but the other side of the role, that may be denied, avoided or ignored in the ongoing attempt to discover effective ways to play a single role" (Landy, 2001, p. 33). Guide is "a transitional figure that stands between role and counterrole and is used by either one as a bridge to the other" (Landy, 2001, p. 33). Through the dramatic role, the dramatherapy participant is active in the decision making process. He/she develops new perspectives, makes choices within the dramatherapy space, and the process moves forward enabling the participant to make further choices within the outside reality.

Maddi (1998), Korotkov (1998), Langle (2005) and Kaufman (1986) emphasized the role of active decision making in the process of finding meaning. The authors demonstrated that being able to choose in regards to the future through symbolization, imagination and judgment represents an important factor in the structure of life meaning.

Through the use of rituals, storytelling, aesthetic distance, play and role dramatherapy creates a safe place where the person can experiment, symbolize, reflect and make changes, developing his/her own life meaning.

Chapter Four

Conclusions

Psychological factors as meaning components in the treatment of depression

The current research results of therapy for depression demonstrate the importance of the psychological factors in the process of recovery.

For example, the study of Imel et al. (2008) proved that on the contrary, psychotherapy may offer a prophylactic effect not provided by medication.

Harris and Bifulco (1996) in their study of the onset of depression among women concluded that role identities are an important psychological factor to be considered. Their research demonstrated that women with various role identities outside the home would have many more opportunities to develop a sense of hope. Therefore, improving and/or enriching the role identities could be an important intervention in cases of depression. Also, as was previously explained, hope correlates with meaning and may be instrumental in the recovery from depression. Jones (1996) and Landy (2001) described how the participant, within the dramatherapy experience, identifies his/her life roles, works through them, and enriches them.

The research of Ankarberg and Falkenstrom (2008) provided evidence that the quantity and quality of support provided by the doctor prescribing anti-depressants is a more important factor in recovery than the antidepressant medication itself.

The study of Van et al. (2008) also proved that the development of the therapeutic alliance is significantly related to the healing outcomes in cases of depression.

Cujipers et al. (2008) analyzed seven major types of psychological treatment for adult depression: cognitive-behavior therapy, nondirective support therapy, behavior

activation treatment, psychodynamic treatment, problem-solving therapy, interpersonal therapy and social skills training. They concluded that there was no indication that one of these treatements was more or less efficacious. The authors formulated the hypothesis that what makes the difference is not the type of the psychological treatment, but the quality of the alliance with the therapist. Weiss (1996) considered that in general, in life, the quality of the emotional relationships we develop with others is what contributes to the sense of security and to the maintenance of emotional stability. Therefore, the healing is more apt to occur within the framework of a safe relationship with the therapist and with the other group participants.

Based on this current research in the treatment for depression, the psychological factors, in general, and the relationship factors, in particular, seem to count more than the pharmacological aspects or the type of therapy. I consider that those psychological factors that are essential in the current research in the treatment for depression are, in fact, the constituent elements of life meaning. As emphasized in earlier chapters, these are: interpersonal connectedness or relationships, hope, a sense of purpose, a sense of access and capacity to express one's true self, decision making and freedom of choice, and a sense of fulfilling social expectations and/or roles.

Creative expression and psychological factors

O'Connor and Chamberlain (1996) and Irwin (2006) described the role of creativity and artistic expression in therapy, as well as in life in general, on an interpersonal and intrapersonal level. Irwin stated that through creativity, the focus is on the "healthy aspects of the self" (Irwin, 2006, p.96). Based on Irwin, the artistic expression stimulates curiosity, relieves tension, and gives hope and the possibility to

express hidden wishes. Irwin argued that the pleasure the client experiences through the creative process leads to positive feelings towards the therapist, contributing to the therapeutic alliance and to the shared intimacy with the therapist and with the other group participants. Therefore, the creative process contributes to the integration of psychological factors within the treatment for depression.

Dramatherapy as creative expression

The term *dramatherapy* refers to drama methods as a means of therapy. Jones (1996) argued that following the twentieth century developments in various fields of experimental theatre and psychology, new insights into the ways in which drama and theatre could be effective emerged. Through the dramatherapy methods, a development of the creative possibilities latent in the patient, the opportunities for health and change will emerge. Dramatherapy methods contribute to meaning making through ritual, socialization techniques, narrative/story telling, use of aesthetic distance, play and role. Using dramatherapy methods, the dramatherapist guides the client in his/her work on the psychological factors that are the components of life meaning.

General conclusions

The research data discussed in this paper supports the idea that between life meaning and depression there is a significant correlation, as well as between life meaning and dramatherapy factors. By analyzing the role of dramatherapy, a treatment for depression emerged.

In light of these connections between meaning, depression, and dramatherapy, I hope my future work as a dramatherapist with clients suffering from depression will identify the therapeutic goals that might meet their needs.

These might include:

- The creation of a safe therapeutic space where the participants can explore interpersonal connectedness

- The development of the therapeutic alliance

- The comfort from a sense of hope

- The facilitation of decision making

- The enrichment of role identities

- The capacity to retell one's life story in terms of a narrative

- The ease of genuine expression, authenticity, and playfulness

Bibliography

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Andrews, G. and Titov, N. (2007). Depression is very disabling. *The Lancet.* 370 (9590), 808

Ankarberg, P. and Falkenstrom, F. (2008). Treatment of depression with antidepressants is primarily a psychological treatment. *Psychotherapy: Theory, Practice, Training,* 45 (3), pp. 329- 339

Auhagen, A. E. and Free, U. (2000) On the psychology of meaning of life. *Revue Swisse de Psychologie,* 59 (1), pp. 34- 48

Backerman, G.H. (1998). Reminiscence in the elder: An exploration of identity and meaning making. *Dissertation Abstracts International: Sciences and Engineering* 58 (10-B), 5668

Beck A.T, Ward C, Mendelson M (1961). "Beck Depression Inventory (BDI)". *Arch Gen Psychiatry* 4, 561-571

Beck, A. (1991). Cognitive therapy: a 30 year retrospective. *American Psychology,* 46, 368-375

Becker, E. (1985) *The Denial of Death.* New York: The Free Press

Berk, M. (2008). Rhythm and blues. *Acta Neuropsychiatrica* 20 (6), 319-320

Bonwitt, G. (2008). The seam between life and death and therapeutic presence. *The American Journal of Psychoanalysis*, 68 (3), 219-236

Boss, P. (2006). *Loss, Trauma and Resilience. Therapeutic Work with Ambiguous Loss.* Northon & Co.

Bowlby, J (1981). *Attachment and Loss.* London: Penguin Books

Correia, E. (2008). Love is a hell of a job! Some considerations about love and its importance to psychotherapy. *Existential Analysis* 19 (2), pp.267-279

Cujipers, P.; van Straten, A.; Anderson, G.; van Oppen, P. (2008). Psychotherapy for depression in adults: a meta-analysis of comparative outcome studies. *Journal of Consulting and Clinical Psychology* 76 (6), pp. 909- 922

Dai, Q. and Z. Fenq (2008). Research of relationship between depression and self-esteem, self- efficacy. *Chinese Journal of Clinical Psychology,* 16 (3), 283-285

Eagleton, T. (2007). *The meaning of life.* New York: Oxford University Press

Emunah, Renee (1994). Acting for real. Dramatherapy process, technique, and performance. New York: Brunner- Routledge

Feldman, D.B. & Snyder, C.R. (2005). Hope and the meaningful life: theoretical and empirical associations between goal- directed thinking and life meaning. *Journal of Social and Clinical Psychology,* 24 (3), pp. 401- 421

Frankl, V. E. (1984). *Man's search for meaning.* NewYork: A Touchstone Book.

Frodl, T. and all (2008). Reduced gray matter brain volumes are associated with variants of serotonin transporter gene in major depression. *Molecular Psychiatry,* 13 (12), 1093-1101

Fry, P.S. (1998). The development of personal meaning and wisdom in adolescence: a reexamination of moderating and consolidating factors and influences. In Wong, P. & Fry, P. S (Eds.) *The Human Quest for Meaning,* pp. 91-111. New Jersey: Lawrence Erlbaum Associates, Publishers

Garner, C.; Bhatia, M.; Byars, A. (2007). Relationships between measures of meaning, well-being and depression in an elderly sample. *International Forum for Logotherapy* 30 (2), pp. 73-78

Goodyer, I.M. (2008). Emanuel Miller Lecture: Early onset depression- meanings, mechanism and process. *Journal of Child Psychology and Psychiatry,* 49 (12), 1239-1256

Gut, E. (1989). *Productive and Unproductive Depression: Success or Failure of a Vital Process.* NY: Basic Books

Harris, T. & Bifulco, A. (1996). Loss of parent in childhood, attachment style and depression in adulthood. In Parkes, C. M., Stevenson- Hinde, J., & Marris, P. (Eds.), *Attachment Across the Life Cycle,* pp. 234- 268. New York: Routledge

Imel, Z. E.; Maltere, M. B.; Mckay, K. M.; Wampold, B.E. (2008). A meta-analysis of psychotherapy and medication in unipolar depression and dysthymia. Journal of Affective Disorders 110 (3), pp. 197- 206

Irwin, E. C. (2006).Peter: a study of cumulative trauma: from "robot" to "regular guy". In Carey, L. (Ed.) *Expressive and Creative Arts Methods for Trauma Survivors,* pp.93- 115. Philadelphia: Jessica Kinksley Publishers

Jones, P. (1996). Drama as therapy. Theatre as living. New York: Brunner Routledge

Kaufman (1986). *The ageless self.* Madison: The University of Wisconsin Press

Korotkov, D. (1998). The sense of coherence: making sense out of chaos. In Wong, P. & Fry, P. S (Eds.) *The Human Quest for Meaning,* pp. 51-71. New Jersey: Lawrence Erlbaum Associates, Publishers

Krause, N. (2007). Longitudinal Study of Social Support and Meaning in Life. *Psychology and Aging* 22 (3), 456- 469

Kutlesa, N. and Arthur, N. (2008). Overcoming Negative aspects of perfectionism through group treatment. *Journal of Rational- Emotive and Cognitive- Behavior Therapy* 26(3), 134-150

Landy, R. (2001). *New essays in drama therapy.* Illinois: Charles C. Thomas

Langle, A. (2005). The Search for Meaning in Life and the Existential Fundamental Motivations. *Existential Analysis,* 16 (1), 2-14

Maddi, S. (1998). Creating Meaning through Making Decisions. In Wong, P. & Fry, P. S

    (Eds.) *The Human Quest for Meaning* pp. 3-27. New Jersey: Lawrence Erlbaum

    Associates, Publishers

Mascaro, N. and Rosen, D. (2008). Assessment of existential meaning and its

    longitudinal relations with depressive symptoms. *Journal of Social and Clinical*

    Psychology, 27 (6), 576-599

Mascaro, N. (2007). Longitudinal analysis of the relationship of existential meaning with

    depression and hope. *Dissertation Abstracts International: Sciences and*

    Engineering, 67 (8-B), 4716

Mascaro, N. and Rosen, D. (2006). The role of existential meaning as a buffer against

    stress. *Journal of Humanistic Psychology*, 46 (2), 168-190

Mascaro,N. and Rosen, D. (2005). Existential meaning's role in enhancement of hope and

    prevention of depressive symptoms. *Journal of Personality*, 73 (4), 985-1014

Mascaro, N., Rosen, D. and Morey, L. (2004). The development, construct validity, and

    clinical utility of the spiritual meaning scale. *Personality and Individual*

    Differences, 37(4), 845-860

Maslow, A. (1999). *Toward a psychology of being*. New York: John Wiley & Sons Inc.

Maxman, J. & Ward, N. (1995). *Essential psychopathology and its treatment*. New York:

    Norton

Morrill and all (2008). The interaction of post-traumatic growth and post-traumatic stress symptoms in predicting depressive symptoms and quality of life. *Psychooncology*, 17 (9), 948-953

O'Connor, K. and Chamberlain, K. (1996). Dimensions of life meaning: A qualitative investigation at mid- life. *British Journal of Psychology* 87, 461- 477

Oleovsky, P. (2003). Meaning in life, and depression: a comparative study of the relation between them across the life span. *Dissertation Abstracts International: Sciences and Engineering*, 64 (2-B), pp.972

Overton, P. and all (2008). Self- disgust mediates the relationship between dysfunctional cognition and depressive pathology. *Emotions* 8(3), 379-385

Pan, J.-Y. and all (2008). The protective function of meaning of life on life satisfaction among Chinese students in Australia and Hong- Kong: A cross- cultural comparative study. *Journal of American College Health*, 57 (2), 221-231

Pitruzzella, S. (2004). *Introduction to dramatherapy. Person and threshold.* New York: Brunner Routledge

Pinker, S. (1997). *How the mind works.* London: The Penguin Press.

Prager, E; Bar- Tur, L.; Abramovici, I. (1997). The sources of meaning profile (SOMP) with aged subjects exhibiting depressive symptomatology. *Clinical Gerontologist* 17 (3), pp. 25-39

Reinhoudt, C. (2005). Factors related to aging well. The influence of optimism, hardiness and spiritual well-being on the physical health functioning of older adults. *Dissertation Abstracts International: Sciences and Engineering*, 65 (7-B), pp. 3762

Salmela- Aro, K., Aunola and J. Nurmi (2008). Trajectories of depressive symptoms during emerging adulthood: Antecedents and consequences. *European Journal of Developmental Psychology* (5) 4, 439-465

Savage- Stevens, S. E. (2004). Meaning in lives of older women: An analysis with hardiness, health, and personal projects. *Dissertation Abstracts International: Science and Engineering*, 64 (9-B) 4656

Sanders (1989). *Grief: The Mourning After*. New York: Wiley

Scharff, J. S. & Scharff, D. E. (1995). *The Primer of Object Relations Therapy*. New Jersey: Jason Aronson Inc.

Schlegel, R. (2009). Thine own self: true self- concept accessibility and meaning of life. *Journal of Personality and Social Psychology* 96 (2), 473-490

Singer, I. (1992). *Meaning of life. The creation of value*. New York: The Free Press *The Journal of Positive Psychology*, 2 (3) 195 – 204

Steptoe, A. ,ed. (2007). *Depression and Physical Illness*. Cambridge: Cambridge University Press

Thase, E. M.& Lang, S. S. (2004). *Beating the Blues. New Approaches to Overcoming Dysthymia and Chronic Mild depression.* Oxford: University Press

The Numbers Count: Mental Disorders in America (2008). *The National Institute of Mental Health.* Retrieved January, 19th, 2008 from http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml

Updergraff, J. (2008). Searching for and finding meaning in collective trauma: Results from a national longitudinal study of the 9/11 attacks. *Journal of Personality and Social Psychology* 95 (3), 709-722

Van, H.; Hendriksen, M.; Schoevers, R.; Peen, J.; Abraham, R.; Dekker, J. (2008). Predictive value of object relations for therapeutic alliance and outcome in psychotherapy for depression: an exploratory study. *Journal of nervous and mental disease,* 196 (9), pp. 655-662

Weiss, R. S. (1996). The attachment bond in childhood and adulthood. In Parkes, C. M., Stevenson- Hinde, J., & Marris, P. (Eds.), *Attachment Across the Life Cycle*, pp. 66-76. New York: Routledge

Wolpert, Lewis (2001). *Malignant Sadness. The Anatomy of Depression* (2nd edition). London: Faber and Faber Limited

Yalom, I. (2000). Moma and the meaning of life. New York: Harper Collins

Zettle, R. D. (2007). *ACT for Depression: A Clinician's Guide to Using Acceptance and Commitment Therapy in Treating Depression.* Oackland: New Harbinger Publications, Inc.