Bibliodrama as Therapy within the Church

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ABSTRACT

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This paper is a qualitative content analysis exploring how Bibliodrama is therapeutic as a potential therapeutic method to be used with the church population. The Bibliodrama referred to in this paper is the dramatization of Biblical scripture for therapeutic purposes. Two seminal Bibliodrama texts, Peter Pitzele's (1998) *Scripture Windows: Toward a Practise of Bibliodrama* and Bjorn Krondorfer's (1992) *Body and Bible: Interpreting and Experiencing Biblical Narratives* were explicitly and implicitly coded for the existence of Irvin Yalom's (1995) therapeutic factors and Phil Jones' (2007) dramatherapy core therapeutic processes. The author found over half of Yalom's eleven therapeutic factors and Jones' eight core processes to be explicitly present within the coded texts. Thus, Bibliodrama appears to contain many of the basic therapeutic elements outlined by Jones and Yalom and therefore may be a beneficial therapeutic method to employ with the church population.

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Introduction

Christianity is the largest religion in the world (Pew Forum on Religion and Public Life [PFRPL], 2010). There are over 2.18 billion Christians in more than 200 countries with 36.8% living in the Americas (PFRPL, 2010). The institution of the church reckons itself responsible for caring for a very large portion of the world's population. Research has shown that Christians turn to the church for mental health issues first and over all other psychotherapies and mental health services (Bornsheuer, Henriksen, & Irby, 2012; Crosby & Bossley, 2011; Gaston, 2000; Smeltzer, 2005; Stanford, 2007). In a study done with 24 churches of protestant denomination; Rogers, Stanford, and Garland (2010) reported that 27% of the church population struggles with mental illness. Studies also indicate that religious support can contribute to recovery from psychiatric illness (Fitchett, Burton, & Sivan, 1997; Lindgren & Coursey, 1995; Yangarber-Hick, 2004).

In Psalm 119:105, the Bible states "Your word is a lamp to guide my feet and a light for my path" (New Living Translation). This researcher is curious as to how the church can use the Bible effectively and creatively to help those struggling with mental health. The church has a long tradition of watching and listening to sermons and doing Bible studies, however it is rare to creatively experience scripture in community. *Bibliodrama* is a method of encountering biblical scripture in an active and participatory manner through drama for the purposes of education, community building and/or personal healing (Pitzele, 1997). Can this method help those struggling with mental health problems within the church? Seeking a preliminary answer to this question necessitates understanding the therapeutic elements of Bibliodrama. This paper will identify how the drama therapeutic technique of Bibliodrama is therapeutic.

More specifically, this paper will locate Irvin Yalom's (1995) eleven therapeutic factors and Phil Jones' (2007) eight dramatherapy therapeutic core processes that are present within the Bibliodrama method.

This paper will use the World Health Organization's (2010) definition of mental health:

> Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

Mental health problems therefore inhibit the actualization of mental health in an individual. This involves maladaptive overall functioning including difficulty coping with the normal stressors of life, inability to work productively and poor general well-being (Morrison, 2006). Rogers et al. found that the top six issues of church members struggling with mental health are: "1) Knowing what we can do together to make a difference for others 2) Depression, mental illness 3) Developing a strong marriage 4) Managing money 5) Handling conflict and anger [and] 6) Coping with crises" (2010, p. 308). Bibliodrama is a method that may be able to address these issues within the church community.

The author of this paper situates herself as a female disciple of Jesus and a drama therapy student. Drama therapy is the use of drama and theatre processes for healing and transformation (Jones, 2007). The author takes interest in the question of how Bibliodrama is therapeutic with the hopes that in the future Bibliodrama can be used to

fulfil the mandate of Ephesians 4:2 "Their responsibility is to equip God's people to do His work and build up the church, the body of Christ" (New Living Translation). Addressing mental health issues through Bibliodrama may be able to adhere to this mandate.

Literature Review

The following section is a review of the literature which laid the foundation for this study concerning Bibliodrama as a possible psychotherapeutic method to be used within the church. This literature review begins with an overview of mental health care within the church. The next segment explores an overview of Bibliodrama including bibliotherapy and the history of Bibliodrama as well as its applications. The following section is an overview of Jones' 8 core therapeutic processes. Finally, a foundation is laid for Irvin Yalom's therapeutic factors.

Mental Health Care and the Church

Twenty seven percent of the church population struggles with mental illness (Rogers et al., 2010) and research shows that Christians turn to the church for help first (Bornsheuer et al., 2012; Crosby & Bossley, 2011; Gaston, 2000; Smeltzer, 2005; Stanford, 2007).

In a study evaluating the psychological needs of the church according to its members Bornsheuer et al., (2012) found that church members are increasingly requesting counselling services at their church from professionals with specialized training. Bornsheuer et al. also found that clergy leaders often lack this training (2012). In

the same frame, Gaston (2000) argued that clergymen require greater training to meet the specialized demand of mental health issues which are a separate endeavor from teaching and preaching. Stanford (2007) also calls for further education of clergymen for the specialized needs of mental health care.

Stigma has been found to be a barrier in church members obtaining psychological help within the church (Kristula, 2008). Although Jesus calls His disciples not to judge other human beings (John 7:24; Luke 6:37; Matthew 7:1), Stanford (2007) found that 30% of church members who sought counsel for mental illness experienced stigma within the congregation. Erving Goffman defines stigma as "the situation of the individual who is disqualified from full social acceptance" (1963, p. 1). Stigma is defined in the Oxford English Dictionary as: "A mark of disgrace or infamy; a sign of severe censure or condemnation, regarded as impressed on a person or thing; a 'brand'". Research has shown that stigma not only deters people from seeking mental health services, it also puts people at greater risk for suicide (Pescosolido, 2013; Pompili, Mancinelli, & Tatarelli, 2003). A study by Kristula (2008) found that people with mental illness experience the same amount of stigma within the church as they do in North American society at large. For a body that is supposed to be known and set apart for its love, this is a serious indication that the church has work to do in improving its services for those in need of psychological support. Bibliodrama may be a therapeutic strategy to employ to help remedy this problem.

Bibliodrama

Pitzele (1997) claims that Bibliodrama can be used for the purposes of education, community building and/or therapeutic change. He maintains that only those with sufficient psychotherapeutic training (such as in psychodrama or drama therapy) should conduct a full Bibliodrama for therapeutic purposes (Pitzele, 1998). The person using Bibliodrama methods for educational purposes is called a facilitator, while the person conducting a full Bibliodrama with counselling or psychotherapeutic training is called the Director in accordance with psychodrama tradition (Pitzele, 1998). Also, *bibliodrama* written with a lower case "b" refers to applying dramatic methods to any text; while Bibliodrama with a capital "B" focuses specifically on using dramatic methods with the Bible (Condon, 2007; Pitzele, 1998). This bibliodrama is a method used in drama therapy, psychodrama, sociodrama and improvisational drama circles today (Condon, 2007). For example, a drama therapist could use bibliodrama by dramatizing fairy tales, fables or any other story in a drama therapeutic context.

Bibliotherapy

The drama therapeutic practise of bibliodrama is similar to bibliotherapy, a form of psychotherapy which also uses literature for psychological healing (Shrodes, 1950) without the use of dramatic action methods. Bibliotherapy enables clients to identify with a self-help book or with characters in literature to work through personal issues through the characters of a book (Burns, 1999; Drewes, Bratton, & Schaefer, 2011). Research has shown that bibliotherapy can obtain results equally as effective as taking anti-depressant medication (Smith, Floyd, Scogin, & Jamison, 1997). The framework of clinical bibliotherapy (commonly used with children and adolescents) is typically as follows: 1)

the presenting problem of the client is identified 2) a book coinciding with the presenting problem is chosen 3) client and therapist embark on a pre-planned guided reading plan and 4) the client discusses feelings and personal insights about the book (Pardeck & Pardeck, 1993). Research by McCulliss and Chamberlain (2013) determined the therapeutic principles found in bibliotherapy to be identification (relating to the character or situation in the story), catharsis (release of emotion), insight (self-learning), universalization (not feeling alone in one's problems) and projection (considering how one's present circumstances might affect the future). These therapeutic principles mirror Yalom's therapeutic factors and emphasize how bibliotherapy is therapeutic. Both bibliodrama and Bibliodrama are similar to bibliotherapy because all methods use text for therapeutic healing. However, bibliodrama and Bibliodrama use dramatic means to explore the text actively, and Bibliodrama uses Biblical text specifically.

History of Bibliodrama: European Bibliodrama & North American Bibliodrama

A distinction exists between European Bibliodrama and North American Bibliodrama. The following paper will focus on both European and Pitzelian Bibliodrama. Both forms ultimately use the Bible in a dramatic group context for the purposes of education, community building and therapy (Pitzele, 1998; Krondorfer, 1992). Both forms of Bibliodrama originated from psychodrama, a form of psychotherapy using action methods (Innes, 2012). Psychodrama was created in the 1920s by Romanian born psychiatrist Jacob Moreno (Blatner, 1973). He called it the: "science which explores the 'truth' by dramatic methods" (Kellermann, 1992, p.17). The first Bibliodramas were Bible based psychodramas for psychotherapeutic purposes called

biblical psychodrama (Bobroff, 1962; Martin, 1992). Psychodramatist, Jack Ward (1967) was the first to use the term Bibliodrama in his article *The Clergy and Psychotherapy*. At the time Ward was using the Bibliodrama technique with clergymen and within Sunday schools for both education and psychotherapy. He wrote: "The psychodrama sub-method – 'bibliodrama' – was found to be particularly amendable to clergy groups and the often unproductive religious education methods that are perpetuated on weekends throughout this country" (1967, p.205).

European Bibliodrama also addresses the lack of active engagement in Biblical study. European Bibliodrama was developed in the 1970s in Germany as a response to the purely cognitive intellectual approaches to the Bible that did not regard one's personal, subjective experience (Martin, 1992). This Bible study movement started in 1968, when students in the Protestant church of Hannover Germany revolted against the dry and legalistic interpretations of the Bible shouting "Let's do away with the mustiness of a thousand years under the gowns!" (Klatt & Bernhardt, 2012). Bibliodrama emerged as a response to this by mobilizing drama, dance, movement etc. in approaching the Bible (Krondorfer, 1992). Today, the practise of Bibliodrama is widespread throughout Europe, particularly in Germany where there is an International Bibliodrama Congress (Gesellschaft für Bibliodrama). This congress calls Pitzele's Bibliodrama: Bibliolog and uses Bibliodrama in predominantly educational contexts (Klatt & Bernhardt, 2012).

In 1984 Peter Pitzele, an American psychodramatist with a PhD in English literature began to coin his own Bibliodrama in the United States without prior knowledge of European Bibliodrama (Pitzele, 1998). Pitzele was asked to teach a course on leadership to rabbis in training at the Jewish Theological Seminary in New York.

Making use of his psychodrama skills, Pitzele asked the students to enrol as Moses and answer questions from Moses' perspective. The students remarked that this technique helped them understand Moses in a new way and also shed light on their own personal conflicts and concerns (Pitzele, 1998). Pitzele began to be invited to seminaries, synagogues, churches, classrooms, retreat centres and therapeutic communities to teach this biblical role playing method.

As a result, most Bibliodrama in North America and Israel refer to Peter Pitzele's (1998) format as outlined in his manual for Bibliodrama: *Scripture Windows: Toward a Practise of Bibliodrama*. In this handbook, Pitzele combines his expertise in psychodrama with his Jewish roots to essentially create a form of psychodramatic Midrash (Lukinsky, 1999). Midrash is defined as "biblical exegesis by ancient Judaic authorities" (Garland, 1989, p.275). It is a form of commentary, storytelling and interpretation of the Tanakh (Old Testament) (Pitzele, 1998). Pitzele (1998) presents his Bibliodrama as a method of encountering the Bible for the purposes of education, community building and personal healing.

Difference between European Bibliodrama and North American Bibliodrama (Bibliolog)

While both European and North American Bibliodrama are used for psychotherapeutic purposes, there are marked differences between both Bibliodramas. Pitzele's Bibliodrama emerged from a Jewish Midrashic perspective and European Bibliodrama emerged from a Chistocentric perspective. (Muchlinksky, 2002; Pitzele, 1998). Muchlinsky (2009) argues that Bibliolog, or Pitzele's form of Bibliodrama, is used

for larger groups such as entire congregations. Pitzele (2008) reports that he has run Bibliodramas with groups as small as fifteen and as large as six hundred. European Bibliodrama is conducted with smaller groups. Gerhard Marcel Martin, one of the originators of European Bibliodrama in the 1970s recommends that Bibliodrama groups consist of twelve to eighteen participants (Martin, 1992).

Structure of Bibliodrama

Pitzele (1998) sticks to a predominantly psychodramatic framework which consists of warm up, action and review. The **warm up** consists of two phases. During the first phase, the facilitator picks the text based on the group and the goals of the group. Then, Pitzele recommends coming up with an agenda and a list of interview questions for the characters (to help get the role play going). In the second phase the director casts the characters and lays out instructions and the agenda. The **action** begins when group members begin to speak as biblical characters, entering role play. For example, the director may ask one of the participants a question and he or she would answer in role as the biblical character. Finally, the group goes into **reviewing** which consists of the following parts: a) de-roling: participants shed the roles they played in the action b) sharing: participants speak about what it was like to play certain parts (speaking only of themselves to avoid speaking critically of others) c) exegesis: connecting the bibliodrama to the meaning of text d) consulting other sources: connecting with traditional or contemporary commentary, Midrash, or other sources of literature e) processing: talking about the way the Bibliodrama was conducted, esthetics/points of beauty, the energy of

the group etc. The structure of Pitzele's Bibliodrama remains the same whether it is used for educational or therapeutic purposes.

In contrast, European Bibliodrama has a more fluid structure and can include improvisation, meditations, relaxation techniques, role play, dream work, dance and/or movement exercises, deep reading and other techniques borrowed from drama therapy (Krondorfer, 2013). These Bibliodrama groups vary based on the goals of the group and the expertise of the facilitator. European Bibliodrama groups are facilitated with a wide range of groups including clergy leaders, families, and the general population (Krondorfer, 1992). Depending on the group leader and where his or her training lies, these groups can be more rooted and grounded from particular disciplines such as dance, play therapy, drama therapy etc.

Phil Jones' Therapeutic Core Processes

Bibliodrama contains three main elements: Biblical scripture, drama, and group participation. What makes drama therapeutic? Phil Jones (2007), a renowned dramatherapist from the United Kingdom evaluated therapy vignettes and interviews from dramatherapy clinicians to determine the therapeutic elements present in drama. Through this process, Jones identified 8 therapeutic core processes that are present throughout all drama therapeutic models. These processes are: 1) Dramatic projection 2) Playing 3) Role playing and personification 4) Dramatherapeutic empathy and distancing 5) Active witnessing 6) Embodiment 7) Life-drama connection 8) Transformation (Jones, 2007).

A hypothetical example of a European Bibliodrama conducted with a family will be used to illustrate these core drama therapeutic processes. This fictional family consists of father, mother and two brothers. A high level of family conflict is one of the reasons why this family has been referred to therapy. There is a particular conflict between the two brothers that the parents have difficulty managing. The following hypothetical scenario emerged during a warm up exercise in which the drama therapist laid out a variety of objects, encouraged each family member to pick an object, and create a collective story together. The family created a story about violence, anger and betrayal between brothers. Upon discussion of the story, it emerged that the play mirrored the conflict within the family. This is the dramatherapeutic process of *Personification*. It is using objects to represent people or aspects of people dramatically (Jones, 2007).

The drama therapist then picks the story of Cain and Abel from Genesis 4 for the family's Bibliodrama. The story is chosen to enable the drama therapeutic process of projection to occur and to help the family further explore this conflict. *Projection* refers to placing aspects of oneself within the drama and therefore bringing out internal conflicts (Jones, 2007). As the family members pick their roles, they have the opportunity to play out an aspect of their conflict.

The family is then encouraged to enter *Role play,* another drama therapeutic process which involves taking on a persona or character (real or imagined) and acting it out (Jones, 2007). The mother takes on the role of Eve and enters role play by starting to speak (improvising) about her feelings about her son's rivalry (in role). In this role play, projection also occurs as the mother identifies with Eve and the struggle Eve has with her sons.

Another drama therapeutic process may occur called *playing* in which the client can work through blocks in his or her life in a safe, imaginary reality, gaining mastery over the situation (Jones, 2007). Through *playing* the role of Cain, the brother may have the opportunity to identify, understand and work through his anger towards his brother and practice new behaviors.

Dramatherapeutic empathy refers to an emotional connection with the dramatic work resulting in empathy with the role and towards fellow group members (Jones, 2007). For instance the brother playing Cain may be asked to switch roles and play Abel; possibly gaining empathy for how it feels to be on the other side.

Distancing enables the participant to confront their personal issues indirectly through the metaphor of the drama (Jones, 2007). Playing out the story of Cain and Abel may allow the brothers to work through potentially unconscious rageful urges towards one another through the distance and metaphor of the drama. Rather than addressing these potentially overwhelming feelings directly, the siblings would be exploring the material through Cain and Abel's lives. Dramatic distance supports the exploration of unconscious issues or topics that may be too difficult to speak about directly to the family at first.

Active witnessing refers to watching the dramatic process and being watched (Jones, 2007). Participants can gain equal value from either engaging in the drama or actively watching the drama. Both processes may produce insight through evoking strong levels of emotion, dramatic projection and dramatherapeutic empathy (Jones, 2007). Within Bibliodrama, participants are encouraged to choose if they wish to be a witness or if they want to be witnessed and engage in the drama (Pitzele, 1998). For example, the

brothers may wish to watch the mother speak as Eve or they might decide to join in and role play with her.

In order to participate in Bibliodrama, the players use their bodies. *Embodiment* refers to how participants relate to their bodies in the "here and now" of the play (Jones, 2007). This could be manifested for the mother during her role play as Eve. Perhaps she may project her own stress, worry and anxiety onto Eve and play her hunched over and constantly running back and forth. This body language coming from the embodiment of the role and may provide the player (the mother) and the witnesses (the family) with insight about how the conflict is affecting all family members. Embodiment may improve the client's relationship with his or her body and increase self-esteem (Jones, 2007). This personal connection and insight regarding the body contributes to overall wellbeing.

Life-drama connection is relating what was encountered in the drama to the reality of one's life (Jones, 2007). This could mean, during the review section of the Bibliodrama, as the family is sharing their thoughts and feelings about the play, the brothers might speak about how their conflict is similar to that of Cain and Abel's, that one brother feels jealous of his father's attention of the other brother for example.

Finally, *transformation* refers to the changes that occur within the participants through the drama (Jones, 2007). This could be illustrated by the brothers feeling differently about each other after role playing the opposing perspective and hearing his brother share his point of view. The brothers may also have a greater understanding or empathy for their mother and therefore may respond differently to her attempts to mediate the conflict. Any other number of transformations could have also occurred.

The Therapeutic Factors

In his book *The Theory and Practise of Group Psychotherapy* (1995), American psychiatrist Irvin Yalom categorized the essential properties that constitute therapeutic change into eleven "therapeutic factors". This book was first published in 1967 and at that time, the therapeutic factors were called the curative factors (Yalom, 1995). Yalom claims that these therapeutic factors often accompany the healing process. The therapeutic factors emerged through research by Yalom to answer the question "How does group therapy help patients?" (p. 1). Yalom and other group therapists gathered data through patient evaluations, therapist evaluations and questionnaires. The end result was the identification of particular recurring factors that had therapeutic benefits. Yalom categorized and named these phenomena as eleven therapeutic factors. These eleven factors are: 1) Instillation of hope 2) Universality 3) Imparting information 4) Altruism 5) The corrective recapitulation of the primary family group 6) Development of socializing techniques 7) Imitative behavior 8) Interpersonal learning 9) Group cohesiveness 10) Catharsis 11) Existential factors .

The following section will explicate the definition of each factor. The *instillation of hope* refers to faith that the therapeutic group will be effective and healing will take place. *Universality* is a sense of shared humanity and emphasis that group members are not alone in their struggles. *Imparting information* refers to education about the problem and can be put into the categories of didactic instruction (psychoeducation) or direct advice from the therapist or other group members. *Altruism* is the act of group members giving to one another which can take the form of support, reassurance, suggestions, insight and sharing. *The corrective recapitulation of the primary family group* refers to

the group representing a microcosm of a family in which participants are able to identify their maladaptive familial patterns and achieve a reparative experience within the group. The *development of socializing techniques* is the improvement of social skills and learning how to communicate effectively. Group members also practise *imitative behavior* in which they model the behaviors of the therapist and their fellow group members in order to build their recovery skills. *Interpersonal learning* is gaining knowledge about oneself and the members of the group as well as working through transference and experiencing a corrective emotional experience. *Group cohesiveness* refers to group members valuing the group and feeling comfortable, accepted and supported. *Catharsis* involves expressing genuine emotional affect. Finally, *existential factors* contain five items: 1) understanding that life can be unfair and unjust 2) understanding that the experience of death and pain is inevitable 3) recognizing that though one may achieve intimacy with others, one must ultimately face life alone 4) facing the inevitability of mortality and living life accordingly and 5) taking responsibility for one's own life.

According to Gullickson and Ramser (1996): "Yalom's text has long been the standard work on group therapy, garnering critical acclaim and clinical use throughout the field" (p. 1). The therapeutic factors have been tested for their validity through the development of the TFI (Lese & MacNair-Semands, 2000). This scale was developed through a series of questionnaires, interviews and self-scale reports to affirm the presence of the therapeutic factors within a group (MacNair-Semands, Ogrodniczuk, & Joyce, 2010).

However, Joyce, MacNair-Semands, Tasca and Ogrodniczuk (2011) claimed that the eleven therapeutic factors could be condensed into fewer more global factors. Yalom (1995) himself writes: "…the therapeutic factors are arbitrary constructs, we can view them as providing a cognitive map…No explanatory system can encompass all of therapy" (p. 2). The relevance and importance of the factors will vary depending on the group (Yalom, 1995).

The therapeutic factors have been used to assess therapeutic prevalence and/or value. For instance, in an inquiry regarding how self-revelatory performance could be transformative for the audience, Bleuer (2009) coded audience questionnaires and found Yalom's therapeutic factors to be present in audience responses about their experience watching the self-revelatory performance. Dubin (1996) also found these factors to be prevalent amongst sixteen college career decision making groups and found that the importance of each factor varied over the time and progression of the group. Finally, Colmant and Merta (1999) used Yalom's therapeutic factors to determine the therapeutic potential of the Navajo sweat lodge ceremony among Navajo youth with behavior disorders. After conducting the ceremony with the youth, the authors compared the ceremony with Yalom's therapeutic factors which were indeed found to be prevalent in the ceremony; labelling it as a potential form of cultural group therapy (Colmant & Merta, 1999).

This paper will attempt to understand what makes Bibliodrama therapeutic by identifying the potential for Yalom's therapeutic factors inherent in the Bibliodrama. This will be accomplished by combing seminal texts on Bibliodrama for explicit and implicit

evidence of the therapeutic factors within vignettes as well as descriptions of Bibliodrama structure.

This literature review has demonstrated that the church has a unique opportunity to care for its members who struggle with mental health. Research has shown that these members of the church will turn to their congregation for help first (Bornsheuer et al., 2012; Crosby & Bossley, 2011; Gaston, 2000; Smeltzer, 2005; Stanford, 2007). However, churchgoers often face stigma and clergymen often lack the specialized training to counsel those with mental health issues (Gaston, 2000). This study proposes that Bibliodrama is a therapeutic tool which can be employed in churches to help remedy this situation. Bibliodrama has a history of being performed in churches either for educational purposes, therapeutic purposes or both. This paper will attempt to demonstrate the therapeutic elements of Bibliodrama. This will be accomplished by performing a qualitative content analysis of two seminal texts about Bibliodrama.

Method

The question under analysis is: What makes Bibliodrama therapeutic? After a thorough search of the literature, no academic research emerged identifying or evaluating the therapeutic methods found in Bibliodrama. The literature on Bibliodrama itself is limited. Much of it is specifically on educational Bibliodrama and many of the European Bibliodrama articles are not written in English. Therefore, this study is a qualitative content analysis of the literature concerning Bibliodrama to inductively deduce the therapeutic elements of Bibliodrama. Content analysis is defined by Hesse-Biber and

Leavy as: "systematically analyzing texts" (2011, p. 253). The following study is a

relational analysis as it is coding specifically for the existence of Yalom's 11 therapeutic

factors and Jones 8 core processes rather than for frequency as a conceptual analysis

(Saunders, White, & Palmquist, 1994). The two most widely known and cited texts on

Bibliodrama in North America are Peter Pitzele's (1998) instructional manual *Scripture

Windows: Toward a Practise of Bibliodrama*, and Bjorn Krondorfer's collection of

mostly European Bibliodrama articles: *Body and Bible* (1992). Due to the prominence of

these texts and the lack of Bibliodrama literature, these two texts alone were coded

explicitly and implicitly for Irvin Yalom's (1995) 11 therapeutic factors and Phil Jones'

(2007) 8 therapeutic core processes. Bibliodrama's structure was also examined for its

potential to use therapeutic factors and dramatherapeutic processes. Explicit terms refer

to obvious, easily recognized factors and processes in the text (Saunders, White, &

Palmquist, 1994). This includes Bibliodrama texts with similar or identical wording as

the therapeutic factors or dramatherapeutic core processes. The implicit terms have been

inductively deduced by the author. Explicit terms were located predominantly in

vignettes of conducted Bibliodramas in the two texts. Implicit terms were often found

through looking at Bibliodrama's structure and the author's explication of the

Bibliodrama process.

It is important to provide a context about the two texts that were used for this

content analysis. The two texts that were coded present Bibliodrama as a potentially

therapeutic or educational method depending on the intent of the facilitator (Krondorfer,

1992; Pitzele, 1998). As mentioned in this paper, Pitzele's (1998) book is a manual on

how to conduct Bibliodrama. It defines Bibliodrama and Bibliodrama techniques and

processes and contains three vignettes of Bibliodramas conducted by Pitzele. Although the intent is to teach the reader how to conduct Bibliodrama, Pitzele (1998) maintains that hands on training is also needed.

Krondorfer's (1992) text *Body and Bible* is an anthology of articles about Bibliodrama (including articles written by Krondorfer himself). Krondorfer is a European Bibliodrama facilitator and a professor of religious studies who did his dissertation on the interpretation of biblical narratives (1990). The articles in *Body and Bible* stem from European Bibliodrama school of thought and range from Bibliodrama history, Bibliodrama with a focus on dance movement, clinical case studies, Midrash as a form of approaching the Torah, and Bible performance as an intrinsic method of personal discovery. An article of particular significance is written by group therapist Evelyn Rothchild-Laeuchli (1992) who discusses her clinical work using the dramatization of biblical stories, complete with a clinical vignette. This vignette and its commentary by the author were largely linked with concordance of the therapeutic factors and drama therapeutic processes.

Limitations and Delimitations

This paper will not address how Bibliodrama is used with specific mental disorders such as bipolar disorder or schizophrenia. A science vs. theology debate exists within the church regarding the nature and cause of mental health and mental disorders in particular. This topic will not be discussed, rather the position is only taken that these individuals are suffering and are in need of an intervention.

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Also, this study will not be evaluating the therapeutic effectiveness of Bibliodrama; rather, it will deduce which therapeutic elements may be present in the Bibliodrama process. Due to sparse academic literature on Bibliodrama, this paper will not differentiate between European Bibliodrama and North American Bibliodrama but will refer to both as each includes the main elements of dramatizing biblical scriptures in a group context for therapeutic purposes.

The logistics of Bibliodrama being used as a therapeutic avenue for the church will not be discussed. Therefore decisions about having open versus closed Bibliodrama groups or the division of groups based on specific mental health issues, diagnosis, gender etc. will not be explored.

While coding the two texts for therapeutic factors and drama therapeutic processes, certain therapeutic factors and core processes emerged more often than others. However, this may have been because the coding was limited to two seminal texts (which already presented the bias of their respective authors). Yalom (1995) emphasizes that the emergence of the therapeutic factors varies depending on the group. Therefore, the coded vignettes were subject to this phenomenon.

The author acknowledges that the coding of implicit terms suggests a high level of subjectivity and therefore is a topic that requires further inquiry. Also, due to the sample size of texts used within this study, two, the results of this content analysis are not generalizable and requires further research.

Assumptions

This study agrees with Pitzele (1998) that professionals with psychotherapy training such as drama therapy should be the sole facilitators of Bibliodrama for therapeutic purposes within church settings. This study also assumes that Bibliodrama will be appropriate for all Christian denominations which may be determined on a case by case basis. Each individual congregation; whether Pentecostal, Baptist, Messianic Jewish etc., will have to decide if Bibliodrama will fit their specific family of believers.

Validity for this study was determined by receiving feedback from the church population through the reading of this paper. Expert review was also conducted via supervision of this paper by a practitioner and instructor of Drama Therapy who uses the bibliodrama process in her therapeutic work.

Results and Discussion

Bibliodrama can be broken down into three elements: drama, Bible and group dynamics. All three of these elements (separately and/or together) contribute to the prevalence of Yalom's therapeutic factors and Jones' dramatherapeutic core processes within Bibliodrama.

The following section will often link therapeutic factors with dramatherapeutic core processes. In Bibliodrama, these interconnections may occur in multiple combinations and are not restricted to the examples given in this paper.

Explicit Therapeutic Factors and Dramatherapeutic Core Processes Found in the Literature

The following factors and processes were found to be explicitly expressed (by authors or group participants) through coding the content in the examined texts.

The therapeutic factor of universality. Universality is the sense of shared humanity and common human experiences within a therapeutic group (Yalom, 1995). Yalom writes of universality: "…the disconfirmation of a patient's feelings of uniqueness is a powerful source of relief…There is no human deed or thought that is fully outside the experience of other people" (p. 6). Conversely, the antithesis of universality is social isolation stemming from an experience of feeling alone in one's suffering. This may lead to difficulty in achieving intimacy in relationships which contributes to poor mental health (Yalom, 1995).

The Bible emphasizes this phenomenon of universality. 1 Corinthians 10:13 reads "The temptations in your life are no different from what others experience" (New Living Translation). The Greek word here for temptations is "peirasmos" which also means adversity, affliction, trouble or trial (Blue Letter Bible, 2013).

Pitzele (1998) writes:

…texts for a Bibliodrama contain life cycle events- births, marriages, deaths, or moments of initiation and life change that can evoke similar moments in our own development…To play out a significant moment in the biblical narrative is, almost inevitably, to play into significant moments in our own lives (pp. 112- 113).

In other words, dramatizing the universal stories in the Bible enables us to work through our own personal life stories. This universality may work to combat the stigma

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surrounding mental health issues as it is a factor that emphasizes common humanity and places the group on an equal human level.

The therapeutic factor of universality through the dramatherapeutic process of projection. Through the drama therapeutic core process of projection, universality is accessed. Group members are able to find aspects of themselves in the story (through projection) and feel that some part of their experience has been validated. For example, while working with the story of the destruction of Sodom and Gomorrah (Genesis 18-19), one of the group members in Rothchild-Laeuchli's psychiatric group said "This is a horrible story. Why would God put such a terrible story in the Bible?" Another group member answered "It's the story of my life. Somehow I feel better that it's in the Bible" (1992, p. 192). By using the dramatherapeutic process of projection, the second participant was able to connect to the universal parts of her experience, and felt better as a result.

In projection, group members: "…project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalize inner conflicts" (Jones, 2007, p. 84). It is a process in which group members identify personally (consciously or unconsciously) with the dramatic material (seeing themselves and their issues in the drama). Through this projection, unconscious material emerges (Jones, 2007). Projection may also provide a sense of safety to explore issues that may be too difficult to express blatantly (Jones, 2007). For instance, the difficult topic of rape may be safer to explore through the metaphor of a story rather than talking about it in first person. The Bible contains a wide range of universal human stories to project onto

and identify with. This includes isolating human experiences such as incest (Genesis 19:30-38; 2 Samuel 13), rape (Genesis 34) and cutting (1 Kings 18:24-29, Mark 5:2-5).

The therapeutic factor of altruism and the dramatherapeutic process of empathy. The therapeutic factor of altruism refers to group members giving to one another through "support, reassurance, suggestions, [and] insight" (Yalom, 1995, p. 12). Serving the other is one of the largest themes of the New Testament (John 13). Galatians 6:2 reads: "Carry each other's burdens, and in this way you will fulfill the law of Christ" (New International Version). Jesus said of Himself: "the Son of Man did not come to be served, but to serve" (Matthew 20:28 New International Version).

Within Bibliodrama, this altruism is encouraged through the dramatherapeutic process of empathy. This core process of empathy is emotional identification with the drama to the extent of feeling empathy for others (Jones, 2007). Experiencing high levels of emotion together as a group, may lead to stronger group dynamics, including greater prevalence of altruism (Yalom, 1995). Pitzele recounts this phenomenon in the following vignette. Two participants were dramatizing the story of Rebecca leaving the home of her mother in Genesis 24:

> …the woman who played the mother, and who has been quite silent and pensive
> through this reviewing, tells us of having had her daughter move back to Japan
> two years earlier. "It was very hard then, and it all came back to me now. I wanted
> to hold on and never let her go." The woman who played Rebecca speaks up at
> this point. "I felt that at first when you hugged me, and I wanted to pull away. I
> was thinking, 'This is going to make it harder to say goodbye,' but then I felt for

you. I understood, and I wanted to take care of you. Maybe your daughter felt that

way too." "Maybe…yes, I think so". (1998, pp. 88-89)

The participant's high emotional attachment to their roles (through dramatherapeutic

empathy) enabled a greater understanding of the situation and each other. The woman

who played Rebecca would not have received this insight unless she had allowed herself

to emotionally attach to the role. This vignette demonstrates how the therapeutic factor of

empathy also incited the factor of altruism when Rebecca states her desire to give to and

support her fellow group member. Jones (2007) claims that the dramatherapeutic process

of empathy also increases the participant's capacity for empathy outside the dramatic

playspace.

Altruism and the dramatherapeutic process of role playing. Role playing is

the dramatherapeutic process of playing or dramatizing a character (Jones, 2007). In

taking on a character, one must become other focused. Similarly, it can be understood

that in order to be altruistic and to give to another, one must become other focused. As

we saw in the vignette above, through role play, the woman playing the daughter became

concerned for the woman playing the mother both in role and out of role. Yalom (1995)

claims that personal change comes from being other focused:

Many patients who complain of meaninglessness are immersed in a morbid self-

absorption, which takes the form of obsessive introspection or a teeth-gritting

effort to actualize oneself. I agree with Victor Frankel that a sense of life meaning

ensures but cannot be deliberately, self-consciously *pursued*: it is always a

derivative phenomenon that materializes when we have transcended ourselves,

when we have forgotten ourselves and become absorbed in someone (or

something) outside ourselves. The therapy group implicitly teaches its members

that lesson and provides a new counter-solipsistic perspective (p. 13).

Roleplay enables one to become other focused naturally (through play) without

necessarily consciously pursuing it. Thus, role playing provides an opportunity for group

members to look beyond the self to experience dramatherapeutic empathy which may

lead to altruism.

The therapeutic factor of the corrective recapitulation of the primary family

group. The factor of the corrective recapitulation of the primary family group allows

participants to recognize maladaptive familial patterns and have reparative experiences

within the group (Yalom, 1995). This is based on the premise that participants will

inevitably bring unresolved family issues to the group (Yalom, 1995). Rothchild-Laeuchli

describes this process in Bibliodrama: "From the stories, one gains insight into family

and personal dynamics, and there is the ability to accept and experience feelings that have

previously been threatening or overwhelming" (1992, p. 197).

The Bible presents many families with a myriad of dynamics to choose from and

play out. A non-exhaustive list includes sibling rivalry (Genesis 4:4-9; Genesis 27;

Genesis 37:4), adultery (2 Samuel 11), death of a child (2 Samuel 12), fleeing war

(Genesis 19:16-26), losing a home/all possessions (Genesis 3:23) etc. Rothchild-Laeuchli

writes about how one of these stories can be used:

> The Prodigal Son is a good model for patients about to begin family therapy. The
>
> split between the 'good' child and the 'prodigal,' the tensions between father and
>
> older brother, and the absence of the mother's voice can create recognition about
>
> one's own family dynamics. The prodigal son's inability to separate from his

family and to establish himself in his own life successfully is an important key to underlying issues. It also gives insight into other family member's behavior and vulnerability (Rothchild-Laeuchli, 1992, p. 199).

This passage demonstrates how a Bible story can enable a family to play out their family dynamics in a safe way (or distanced way as will be explained below) to gain insight and understanding.

The corrective recapitulation of the primary family group and the dramatherapeutic processes of play and distancing. The therapeutic factor of the corrective recapitulation of the primary family can be demonstrated in one of Pitzele's Bibliodramas. As the group was playing out the story of Joseph's marriage to Asenath in Genesis 41, one of the actors playing Jacob (Joseph's father) spontaneously stepped out of character to act out the situation that occurred in his own family:

Joseph, this is your father talking to you. Don't do it. You should marry a nice Jewish girl like your mother, or even your aunt. An Egyptian wife. Oy vey. What will you do on Friday night? Will your children be bar mitvah'd? Your mother, may her name be a blessing, would roll over in her grave (Pitzele, 1998, p. 182).

During sharing, this player admitted that he was playing out his own family dynamics and that he had gained insight about this from the role play (Pitzele, 1998). Jones (2007) claims that play is the dramatherapeutic process in which participants re-create psychological trauma or blockages and work through them by the drama. These traumas or blockages often come from early childhood experiences within the primary family (Jones, 2007). In the above vignette, the participant entered a playful reality to master the reality in his own life. He also employed the dramatherapeutic process of distancing in

which the client creates space between himself and emotionally difficult material to make it easier to manage and engage with (Jones, 2007). The group member particularly employed the dramatherapeutic process of distancing by using humour to connect with a difficult, emotionally charged topic.

   The therapeutic factor of interpersonal learning and the dramatherapeutic process of witnessing and life-drama connection. The therapeutic factor of interpersonal learning is gaining insight about oneself and learning about others in the group (Yalom, 1995). Within Bibliodrama, group members can gain insight about themselves and learn about others in the group through various dramatherapeutic processes of role-play, witnessing and the drama-life connection. Jones (2007) writes of life-drama connection:

> …in a role play of a specific life event, or the improvisation of an
>
> experience…issues might arise spontaneously which connect to their own
>
> life…An activity might involve a change in the way they respond to a situation, or
>
> the way they feel about an issue. This change might not be made overt within the
>
> session or even conscious (pp. 118-119).

Thus, the drama helps group members learn about themselves and other group members by making connections between the drama and real life. As Jones (2007) writes, this can be an unconscious process or it can be explicitly expressed to the group. Rothchild-Laeuchli describes how this emerged in her group:

> People tell stories of memories that have come up during the play. Some cry in
>
> relief and sorrow for their new understanding of themselves. Others give support

to the players and express appreciation for what they have been given…Everyone

is supported. Each person's experience is validated (1992, p. 197).

This quote demonstrates Bibliodrama fostering self-understanding. Through personally

relating to the drama and discussing this with other group members, interpersonal

learning occurs. As the passage speaks of the group giving to one another and supporting

each other, it also demonstrates the therapeutic factor of altruism and group cohesiveness

(which will be discussed in further detail below).

The therapeutic factor of interpersonal learning and the dramatherapeutic

core process of distancing. The core process of dramatherapeutic distancing also

contributes to developing the factor of interpersonal learning. Distancing refers to

engaging with difficult personal material through the metaphor of the drama. This allows

the client to work through issues in an indirect manner, creating a safe space to engage

with difficult emotional content. Jones (2007) claims:

In some situations, the use of a distancing approach can help a client create

perspective on themselves or an issue – the capability to develop such a response

may be the therapeutic work in itself. For example, clients who feel emotionally

overwhelmed may, within the therapy, try to develop a more distanced

perspective on a life situation or ways of dealing with their feelings (p. 95).

As clients project themselves in the drama, they are able to gain interpersonal insight.

This phenomenon was confirmed by a participant in Rothchild-Laeuchli's Bibliodrama

group:

A patient once stopped me in the cafeteria to tell me that she had finally figured

out why playing stories was so helpful and powerful for her: 'I got it! This play

allows me to see as much of myself and my problems as I can tolerate. Then when

it's too much, I can say that it isn't me-that it's only the character that I am

playing (1992, p. 195).

Through distancing, this group member was able to work through her issues at her own

pace under the protection of the drama. Bibliodrama creates a safe space to explore

personal issues within the realm of play and to share this process with the group. As

Pitzele (1998) writes: "Bibliodrama can touch on personal feelings and issues…We have

not only been learning about the Bible, we have also been learning about one another" (p.

202).

      The therapeutic factor of group cohesiveness. Group cohesiveness refers to

the interpersonal dynamics within the group. Yalom (1995) maintains that cohesive

groups are not only supportive, accepting and encouraging but also enable the expression

of negative affect and conflict. Working through conflicts together leads to greater

intimacy and higher group cohesion (Yalom, 1995). This group cohesiveness is also

largely encouraged and reinforced in the Bible (Galatians 6:2; Hebrews 3:13, 1

Thessalonians 5:11; Hebrews 10:24-25). For example, Colossians 3:13 reads: "Bear with

each other and forgive one another if any of you has a grievance against someone" (New

International Version).

      The collaborative nature of Bibliodrama facilitates the development of group

cohesiveness. Group members create the drama collectively and therefore must work

together (Pitzele, 1998). Each person's participation influences the creation and direction

of the story. Pitzele also encourages group cohesiveness by directing observers (group

members watching the drama) to help players that slip out of role. This enables the group

to work together and build therapeutic relationships. This is demonstrated in the Sodom and Gomorrah (Genesis 18-19) Bibliodrama conducted by Rothchild-Laeuchli:

> A medical resident was playing Lot's wife (who fled Sodom when it was completely destroyed) speaking as Lot she says: "'I see people crying in pain, suffering without relief or reason. I want to believe that they deserve this so that it will all make sense' [The therapist] interrupt[s] at this point to push it further. 'Have you ever seen a child die?' She begins to weep. It was only the day before this group that she experienced the first death of a child in her care. 'I did everything I knew how. Her injuries were too severe…She was little…Her parents were so desperate.' [Rothchild-Laeuchli explains:] The group begins to mourn with this young physician. There is a bond that grows as the group supports her and struggles to carry her vision and sorrow. Tears are being shed for so many losses and for once we can mourn and be comforted, not alone but as a community" (1992, p. 196).

The participant was able to be authentic and express genuine emotions within the session which was supported and held by the group. This demonstrates how the group helps the individual on his or her journey of healing with their support and encouragement. The dramatherapeutic core process of projection has taken place as the group member has placed herself within the story and has made a life-drama connection.

The therapeutic factor of catharsis through the dramatherapeutic core processes of projection and distancing. Catharsis refers to the expression of authentic affect within the group. The vignette above demonstrated the factor of catharsis as the participant was releasing genuine, pent up affect. Yalom (1995) maintains that group members who can

express genuine emotion in regards to self and others and work through these feelings will develop greater group cohesiveness. Drama intrinsically contains the potential for catharsis. It is an art form of human expression. Jones (2007) writes:

> The process within the role work may be playful and improvisational – trying out, not really developing along a particular story; working towards a release, or insight or feeling of resolution – some people use the word 'catharsis' to represent these areas (p. 192).

The drama within Bibliodrama creates an appropriate venue to express genuine affect through the dramatherapeutic core processes of projection and distancing. Projection enables the client to see aspects of themselves in the drama and distancing creates the safety to be able to express all of how they feel within the moment. This is demonstrated in a Bibliodrama of Joseph's arranged marriage to Asenath (Genesis 41) conducted by Pitzele. At the end of the action phase (after they had finished actively role playing), the players were asked "… just before we step out of role, tell me, any one of you who played Asenath, what is one thing you did not say to Joseph in your dialogue with him?" (Pitzele, 1998, p. 193). In response to this question a woman playing the role of Asenath began to express how she felt:

> I did not tell him how much I felt like him, an outsider, someone with a life no one could really understand. I didn't say to him, 'Joseph, I, too, feel like I live in the land of my affliction.' I also…" And here the speaker, a woman, begins to weep." (Pitzele, 1998, p. 193).

Through the safety of the role (dramatherapeutic distance), the participant projected herself into her role and was able to be honestly express her emotions to the group, experiencing catharsis.

The therapeutic factor of existential factors. Existential factors involve group members facing realities of life and death, personal responsibility, solitude and intimacy (Yalom, 1995). These factors are key for the client's personal growth as they enable one to come to terms with the inescapable realities of life and the ability to practise coping methods (Yalom, 1995). These existential factors emerge naturally in Bibliodrama. As Pitzele (1998) writes:

> …the Bible is full of grief, of loss, death, separations, exile, and wandering. The Bible has in it more outcasts than inheritors, more sinners than saints, and even its exemplary figures suffer from their own frailties as well as from an inscrutable fate. So too, our lives. When our personal stories resonate inside the mythic stories, deep call out to deep, and the hidden wells of feeling in us are opened through our giving voice to what is lying just below the surface (p. 194).

Hence, the Bible contains a surplus of existential content from which group members can project onto and make life-drama connections. From the story of creation to scripture about heaven and hell, the reality of life and death is very real in the Bible (Erlenwein, 2002).

Through the enactment of Biblical scripture, existential factors emerge. In the following vignette written by Pitzele (1998), a participant playing Joseph spontaneously responds to a group member performing a monologue as Abraham:

"Father Abraham," says Joseph, "you at least heard God speaking to you. But I

have never heard God speak to me. God may be with me, but sometimes I cannot

see or feel it. I feel I am a stranger in this strange land." [Abraham answers] "It is

a feeling every man feels, Joseph. We can feel alone" [Pitzele goes on to

explain]…the themes this gambit allows us to entertain are significant: marriage,

intermarriage, the dead mother, the absent father, the foreign life, the lonely son,

the distant kin, the silent God, the questions we all have about choice and purpose

and meaning. The existential vitality of this particular narrative moment in the

Bible intersects with our own experience (pp. 186-187).

In the vignette above, we can see the participants expressing their existential questions

and frustrations through the play. These questions inevitably arise through the existential

content of the Biblical scripture.

Implicit Therapeutic Factors and Dramatherapeutic Core Processes Found in the

Literature

The following factors and processes were not found to be explicitly expressed

through coding the content in the examined texts; rather they were inferred by the

researcher.

The therapeutic factor of the instillation of hope. The instillation of hope

refers to the participant's faith in recovery by the therapeutic group (Yalom, 1995). For

those who believe the Bible is the word of God, the messages given through the Bible can

incite hope. As stated in Romans 15:4 (NIV): "For everything that was written in the past

was written to teach us, so that through the endurance taught in the Scriptures and the

encouragement they provide we might have *hope*." Therefore, through the exploration of the Biblical scripture within Bibliodrama, the Christian may experience the instillation of hope.

The therapeutic factor of imparting information within the Bible and the structure of Bibliodrama. The therapeutic factor of imparting information refers to teaching clients about mental health as well as providing suggestions or instruction from the therapist or other group members (Yalom, 1995). Within Bibliodrama, the Bible can be used as a tool for imparting information. This is because Christians believe that the instructions for life are written in the Bible. 2 Timothy 3:16 states:

> All Scripture is inspired by God and is useful to teach us what is true and to make
>
> us realize what is wrong in our lives. It corrects us when we are wrong and
>
> teaches us to do what is right (New Living Translation).

Thus, teaching the meaning of the biblical scripture could also produce the therapeutic factor of imparting information because Christians believe that the Bible is instruction from God. Bibliodrama enables these instructions to be actively embodied, discussed and taught.

The therapeutic factor of the development of socializing techniques. The development of socializing techniques enables group members to learn "basic social skills…to help to serve these patients well in future social interactions" (Yalom, 1995, pp. 15-16). Group members learn how to articulate and express their feelings, observations and concerns to the group (Yalom, 1995). Within Pitzele's (1998) Bibliodrama, the sharing component is highly conducive to building these social skills. In sharing, participants tell other group members how they were personally, emotionally and

spiritually affected by the Bibliodrama. Thus the structure of sharing enables the individual to develop the language to talk about their feelings about a particular situation as well as their experiences of other people.

The therapeutic factor of imitative behavior and the dramatherapeutic process of active witnessing. Imitative behavior is modeling or mimicking the behaviors of the therapist or other group members (Yalom, 1995). Christians are no stranger to imitative behavior as our goal is to imitate Christ (1 John 2:6; 1 Peter 2:21; Galatians 3:27; 1 Corinthians 11:1).

Observation is a large component of imitative behavior:

In group therapy it is not uncommon for a patient to benefit by observing the therapy of another patient with a similar problem constellation-a phenomenon generally referred to as vicarious or spectator therapy…it may help to unfreeze the individual enough to experiment new behavior (Yalom, 1995, p. 16).

This observation is called witnessing in drama therapy. Jones (2007) claims that watching others engage in the drama (and hence participate in the therapy) can result in therapeutic change. Similarly, Yalom (1995) claims imitative behavior enables individuals to identify and practise new and better ways of being. Thus, as group members witness fellow group members taking risks within the drama and trying out new patterns of behavior, they may imitate this behavior themselves.

The dramatherapeutic core process of embodiment. The dramatherapeutic core process of embodiment refers to the participant's experience of their body within the therapy (Jones, 2007). This is based on the premise that the unconscious and the body are linked and expresses itself one through the other (Jones, 2007; Koch, 2006). Erfer (2011)

claims: "Changing movement behaviors on a body level brings about changes in the psyche". In drama, embodiment is inevitable because the physical body is the artistic instrument. Embodiment is particularly encouraged in European Bibliodrama which often employs dance and movement (Krondorfer, 1992). Pitzele's (1998) Bibliodrama also encourages embodiment through its use of roleplay.

Throughout church history, the presence of the body has been taboo along with the presence of the arts (Branigan, 2007; Krondorfer, 1992). However, Biblical scripture suggests that the whole person is encouraged to show up before God (2 Samuel 6:14). Newport writes:

> Biblical theology reminds us that God is a dynamic, moving God—not static and placid. The human being is to be seen as a psychosomatic unity. The body is not evil in itself. We are not suspicious of the body as were the ancient Gnostics. God incarnated Himself in human flesh. We are not just rational creatures. If God cannot be expressed in the body then He does not have all of us (1983, pp. 75-76).

Thus, the Bible encourages the dramatic process of embodiment and Bibliodrama is a method that can be employed in churches to encourage embodiment and to build healthier relationships between self and body.

Recommendations and Further Research

Further studies must be conducted to confirm the prevalence of the therapeutic factors and dramatherapeutic processes within Bibliodrama. The TFI, which is used to detect the presence of the therapeutic factors in groups, can be used in further studies to corroborate the validity of this exploratory content analysis. As Yalom (1995) reminds

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us the relevance and importance of the factors will vary depending on the group, and this may account for why some dramatherapeutic processes were found in higher levels than others through this content analysis. Continued research conducted through facilitating Bibliodrama focus groups can use first person testimony to further explore some of the questions left unanswered by this paper.

This paper did not address the issue of Bibliodrama with specific mental health issues. This is a topic is in need of greater exploration. It has been demonstrated that the Bible contains a universal range of human experiences; therefore Bibliodrama may be well suited to encourage the therapeutic factors and dramatic processes that lead to therapeutic change for use with specific mental health issues. Further studies can be conducted to learn how the Bibliodrama technique may specifically address what Rogers et al. (2010) have found to be the top six issues of church members struggling with mental health "1) Knowing what we can do together to make a difference for others 2) Depression, mental illness 3) Developing a strong marriage 4) Managing money 5) Handling conflict and anger 6) Coping with crises" (p. 308). Moreover, will it be most beneficial for the groups to be composed of people experiencing a particular mental health difficulty, or a combination of different difficulties? How will the members of the group be selected? Would it be more advantageous for the group be opened or closed? How do the elements of education, community building and therapy support each other's objectives in Bibliodrama? And can Bibliodrama address through its therapeutic factors and dramatic processes mental health stigma which plays a barrier in people seeking support? These are all questions for further research.

Conclusions

This paper has found that both Yalom's therapeutic factors and Phil Jones' core therapeutic processes are highly present within the method of Bibliodrama.

The therapeutic factors that this researcher found explicitly cited in the text (in both vignettes and author's explications) were: universality, altruism, the corrective recapitulation of the primary family group, interpersonal learning, group cohesiveness, catharsis and existential factors. The dramatherapeutic core processes that this researcher found were explicitly demonstrated in the texts (both vignettes and author's explications) were: role play, projection, dramatherapeutic empathy, playing, dramatherapeutic distancing, transformation, witnessing and life-drama connection.

The therapeutic factors found implicitly by the researcher through the coding of the text were: instillation of hope, imparting information, development of socializing techniques and imitative behavior. These implicit finding were inductively deduced by the author through coding texts about Bibliodrama structure. Embodiment was the only dramatherapeutic core process found implicitly (the rest were all found explicitly).

It is possible that in addition to supporting church-goers mental health, Bibliodrama processes may also support further engagement within the church. Statistics show that church attendance has been declining (Lindsay, 2008). This may be indicative that church member's needs are not being met. Magorrian (2001) writes:

> Both in the theatre and the church, there are often debates over why attendances are falling and why interest and prestige is decreasing. Often the argument centers on "truth" - either "the church isn't preaching the right message" or "the theatre is doing the wrong sort of plays". The church must wake up to the fact that so much

of what it does inside its building is frankly boring and out of touch with society

(Conclusion section, para. 1).

Perhaps employing more creative methods will help engage church members in a more

fulfilling manner.

If Christians believe that God is the Sovereign Creator of all things; then He is the

Great Artist. If we are made in His image, (Genesis 1:27) then we are artists too and it

could be argued that our tendency to be creative must be inborn and intrinsic. Perhaps

engaging in creative or artistic endeavors is a form of play with our creator (Felix-Jager,

2013). A form of communion. If it is communion then it is being in His presence. And in

His presence, Psalm 147:3 says "He heals the broken hearted and binds up their wounds"

(New International Version).

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