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Defining, Assessing, Exploring and Improving Self-Esteem Through Drama Therapy

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A Research Paper

in

The Department

of

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ABSTRACT

Defining, Assessing, Exploring and Improving Self-Esteem Through Drama Therapy

Danuta Lapinski

The following paper describes and summarizes my qualitative research study. The purpose of the research study was to observe and record the effectiveness of a personally developed drama therapy research method for two purposes: firstly, to discover whether the term “self-esteem” is a personally subjective phenomenon; secondly, to use the research process itself as a therapeutic tool to improve adolescent girls’ self-esteem. The drama therapy approach used in my study was adapted from an art therapy research method created by Mala Betensky. My approach involves a therapeutic application of guiding the participants to define, assess, explore and improve their own self-esteem.

The research paper includes a description of how the drama therapy method was adapted from the phenomenological art therapy research approach. It also contains a literature review that discusses current theories and approaches of improving self-esteem. In addition, the paper describes a newly developed drama therapy method of application and two case studies that demonstrate the process. Two adolescent girls voluntarily participated in the research study, by providing their artwork and voice recordings transcribed in the text. Finally, the paper concludes with the results of the study and a personal commentary.

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Chapter I: The Adapted Drama Therapy Research Approach

Phenomenological Research

Over the course of exploring various research styles, I have been drawn to the phenomenological research method. In particular, I have become quite interested in Mala Betensky's developed phenomenological approach, utilized in researching therapeutic art expression. Since I am a drama therapy student intending to pursue drama therapy research, I adapted Mala Betensky's phenomenological approach for two purposes: 1) to study the meanings linked to the phenomenon of "self-esteem." 2) to use the research on self-esteem as a therapeutic vehicle for improving self-esteem in female adolescents.

The phenomenological research currently employed amongst researchers pursues a course along the following lines:

a systematic analysis of the contents of conscious awareness including material object, immaterial 'systems' such as music and maths, and our experiences of thoughts, pains, emotions and memories. (Higgins, 1996, p. 39)

an analysis of what something is and not what causes it. In phenomenology we let things show themselves as they are in themselves. (Magee, as cited in Higgins, 1996, p. 40)

an open-minded enquiry into whatever area we direct our search, with a ruthless dissection of the assumptions we meet in ourselves and the field. Comparative anthropological viewpoints may assist us in testing our deepest assumptions. (Lewith and Aldridge, as cited in Higgins, 1996, p. 40)

In other words, phenomenological research studies a phenomenon. A phenomenon can be described as that which emerges to the senses, appears to light and sight, is viewed or observed, and as that which shows itself to the mind, comes to being

or a fact. It may also be the cause of that which is in question, that which one may assume to be so, or that which may appear as a proven deception (Higgins, 1996). I believe that “things are seldom what they seem,” and Mala Betensky’s phenomenological research method impresses me for this very reason. First of all, she views human beings as persons, not objects. “Each of them is a phenomenon with generally shared but individually colored innate qualities and propensities that make their relationships in their worlds highly individual (Betensky, 1995, p. xi).

Mala Betensky’s Art Therapy Research Approach

Betensky’s phenomenological approach in an art therapy can be summarized in the following:

Guided by a therapist who has no predetermined meanings in mind, clients untrained in art learn to look at their visual productions, and see in them the inner experience that guided their hands in the shaping of the art work. Seen serially, the art works become foci for therapy, part of which is change detected in the art works. (1995, p. xi)

Betensky’s phenomenological technique of art therapy can be used for the purpose of examining and seeking and understanding of a phenomenon. The following is an outline of Betensky’s art therapy research process that I have adapted for drama therapy research purposes:

- Sequence One: Pre-Art Play with Materials – direct experiencing
- Sequence Two: The Process of Art Work – creating a phenomenon
- Sequence Three: Phenomenological Intuiting
 1. Visual Display
 2. Distancing
 3. Intentional Looking to See
- Sequence Four: What - do - you - see? procedure
 1. Phenomenological Description
 2. Study of Structure, Interrelated Components and the Whole-Quality

3. Phenomenological Connecting and Integration (1995, p. 14-15).

The Adapted Drama Therapy Research Approach

Based on the four sequences, I adapted the art therapy research approach to drama therapy by replacing the art therapy sequence procedures with drama therapy processes. The following paragraphs describe each art therapy sequence and the drama therapy equivalents, in terms of their functions and methods of application.

In the pre-art play with materials sequence, Betensky proposes to engage the clients in sensory, emotional, and conscious experiences by experimenting freely with art materials. Betensky believes that the play will lead them to discover the materials and facilitate the process of getting to know the new clients. Betensky also believes that the direct experiences will arouse the clients' sensory feelings of art materials as well as a range of emotions and thoughts. In addition, any experiments the clients may do in their play would introduce the clients to the process of self-expression. Finally, the playful time with the art supplies would also provide opportunities for the clients to set up problems with art material and try to arrive at solutions (Betensky, 1995, p. 15).

For the purpose of adapting the first sequence with a drama therapy approach, I decided to substitute Betensky's pre-art-play sequence with drama therapy's embodiment play. Embodiment-sensory- play includes those pre-play explorations of the world through experiences of the immediate sensory world. This includes, taste, smell, touch, and sound (Cattanach, 1996, p.5). Instead of experimenting with art materials, the clients in drama therapy could experiment with body movement, objects and textures to feel and manipulate, sounds to listen to, scents to smell and flavors to taste.

The drama embodiment-sensory phase not only helps clients to self-express, bring up emotions and thoughts, and set up problems to resolve, but also to help them discover themselves and their personal interests. In addition, “many creative themes can develop from awareness about the body and the process of exploring the world through the physical self” (Cattanach, 1996, p. 22). Finally, the play facilitates “the clients discovery or creating access to their own spontaneity” (Jones, 1996, p. 195). Hence, the first sequence is a preparatory phase that gradually warms up the clients to begin exploring the phenomenon researched and the personal therapeutic journey that occurs as a result of this process.

Betensky’s second sequence, the process-of-art-work takes place when the clients begin to engage with their work. This is characterized by the following:

“concentration on the art work, purposefulness, involvement, excitement, inventiveness, problem creating, and at times problem solving” (Betensky, 1995, p. 16).

If the clients are faced with a problem while making their artistic expression, Betensky describes how she would respond:

I tend first to engage the client in taking a long look at the art project, to locate the area of the difficulty, and to describe it as precisely as possible. Then I help to specify the problem, and encourage attempts at solutions. Artmakers’ pleasure or displeasure with their art work process or with the product is often discussed with clients on the levels of their ability, skills, and possibly in relation to evident feelings. (1995, p. 16)

I adapted sequence two to drama therapy by using the projective phase of developmental drama. Dramatic projection can be described in the following:

Dramatic projection within drama therapy is the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalize inner conflicts. A relationship between the inner state of the client

and the external dramatic form is established and developed through action. (Jones, 1996, p. 138)

For example, individuals in drama therapy begin to project feelings, problems or concerns when they become concentrated on creating a story, a mask or begin to play with a specific puppet or a doll. Just like Betensky suggested in sequence two, I would guide the clients with questions that would help them observe, locate and describe any area of difficulty that they may perceive in their dramatic projection and help them reflect on ways of dealing with their problem. For example, if a client struggled to create his or her story, I would ask questions such as the following:

What is your story about? Who is the main character? What kind of problem does your main character face? What is your character's mission? What are some obstacles your character faces? What can your main character do to get out of the problem? Hence similar to Betensky, I would ask the individuals to specify the problem and encourage them to make attempts at finding solutions.

Apart from the therapeutic value of sequence two, its' primary aim is to access the client's understanding of a particular phenomenon. For instance, in my research study, the research intention is to discover the participants' understanding of self-esteem. Hence, during the second sequence, I would ask clients to project their understanding of self-esteem through their creations of stories, masks, body sculptures or fictional characters that represent the phenomenon of "self-esteem". Then I would ask the clients to describe their dramatic projections verbally, so that the clients and myself could make note of the words used to describe the term. In addition, I would ask them to state their general feelings associated with the phenomenon, whether it be positive or negative.

Betensky's third sequence, the phenomenological intuiting, involves "treating the completed art work as a phenomenon that has its own structure, expressive values, and meanings" (Betensky, 1995, p. 16). This procedure, similar to drama therapy, involves distancing the work from the client. In other words, the client and therapist step back from the art piece in order to look at it.

"Distancing helps not only the eye to see, it also creates a necessary measure of detachment for the client from his own production to view it with some objectivity, along with awareness of ownership" (Betensky, 1995, p. 16). In addition, Betensky believes that when clients take responsibility for the placement of his or her work, they symbolically take responsibility for their own problems (1995). The distancing process that involves intuiting is described in the following paragraph:

Intuiting is the process of intentional looking at the art expression to see all that can be seen in it. The art therapist may say to the client-turned-be-holder, 'take a good look at your picture, concentrate on it. When the picture is right in front of your eyes, you don't see it as accurately as you do when you gain some distance from it. So take a long look in silence and discover things that you have not noticed before'. In this process of silent intuiting, certain details or relationships 'eyed' at a glance may come forward, may become more important than other things in the field of vision. Soon the detail begins to matter and the viewer begins to make connections to some meaning. (Betensky, 1995, p. 17)

According to Betensky, the process described deepens and enriches the clients' awareness through new observations that trigger something in their mind. The goal of this intuiting process is for the client to notice relationships among the components of their artistic work (Betensky, 1995).

In drama therapy, I believe phenomenological intuiting is possible during the period that follows the dramatic projection of expression. The first step requires the

clients to distance their dramatic projections from themselves to attain greater perspective of their dramatic expression. This process already exists in drama therapy because after clients dramatically project their expression, such as placing roles onto puppets, masks or other objects, the expressions are employed for the purpose of identification, distancing and externalization (Lewis and Johnson, 2000).

For example, if clients write stories, the stories could be recorded and played back to the clients to achieve distance. If the clients make masks, the clients could be asked to place the masks away from themselves. If the clients decide to express themselves through their body, they could externalize their body poses by asking other individuals in their group to get into that stance. This process could also allow clients who use their bodies to express themselves dramatically and view how they appear in their bodies.

In terms of intuiting, the dramatic expression could be conducted in the same manner as Betensky proposes for art expression. However, instead of looking at artistic expression, the drama therapist could guide the clients to observe and comment on their dramatic expression. In art, “clients may discover relationships among the components of their art work, such as two colours meeting in contrast or harmony, or an odd location of a component, or a line striking because of its thickness, jaggedness, mildness, and so forth”(Betensky, 1995).

In drama, clients may discover relationships among the components of the dramatic projections. If the clients work with small worlds they could make observations of the figurines’ objects or dolls’ positions in relation to each other. Furthermore, the clients could make observations of the scenery or figurines picked. Observations could include noticing the various textures and sizes of the toys or perhaps similar textures.

Observations about masks could include noticing colours that match or contrast, noticing the various or similar sizes of the facial features, any odd location of materials applied to mask, or additional strange looking markings. Finally, observations can also be made from listening to any script or story that the clients choose or compose on their own.

These observations include making references to the relationships between the characters whether the client thinks they are in harmony or in conflict with each other. The clients might even notice repetitive words, unusual words or varied use of intonation as the story is listened to. In addition, the clients may find the characters in the story engaging in odd behavior or doing unusual things.

Hence, for the purpose of my research study, the third sequence facilitates individuals to make subjective associations and assumptions concerning their dramatic projections of the phenomenon self-esteem. Simultaneously, from a therapeutic point of view, the process of looking at dramatic expressions of self-esteem directs individuals to begin evaluating their own self-esteem.

Betensky's fourth sequence is the "what-do-you-see procedure." This procedure involves three crucial aspects that are based in the phenomenological approach:

One is the importance of the individual perception-what do you see: You, the art maker, so that the therapist can work from there, for the client's initial description leads to the client's inner reality. Another aspect is the client's feeling of being heard; a beginning of trust. And the third aspect is what do you see? This is all that is seen by the client in the art expression itself, not surmised or thought out from a pre-established theory when evidence is blurred by principles. When needed, therapists help the client to see things in the art expression that remained unnoticed, for the client's eye has yet to learn to see. These things are often components of structure: how the components relate to each other and how they relate to the overall structure; that is, what role they play in the whole of the picture.

Thus description proceeds to dynamics of structure and from there to structure of the art maker's inner experience which was the prime mover in the art work process that brought forth the visual art expression. Thus a circle comes to closure and that is the integrative aspect of the Fourth Sequence. (Betensky, 1995, p. 17-18)

The fourth sequence that is comprised of three steps in art therapy can also be adapted to drama therapy. In art therapy the art therapist may ask: "What do you see in this drawing, collage, sculpture etc.?" In drama therapy, the clients may be expressing themselves through the composition of stories, mask work, role-play, body movement, toys, figurines, and dance. Hence, to gather information about the dramatic expression, the therapist may ask questions, such as the following:

What can you see in this mask? What can you say about this character role? What are your impressions of this story you created? What kinds of observations can you make about this story? What can you see in this miniature scene you've created? What do you see in this body stance? What do you see in the dance steps you've created? All these questions relate to the clients' various forms of dramatic expression.

However, when asking questions about body positions or role plays, it may be helpful for another individual to imitate the dramatic expression of a group member, to offer the distance required for sufficient viewing and observation. On the other hand, sometimes in drama therapy, clients may make even more significant observations about their personal dramatic expressions while remaining present in their own body.

To facilitate the process of being in role yet externalizing a role for observational purposes, drama therapists may pursue the following course of action: they could first ask their clients to create their dramatic body movement or play the role they want to express. Afterwards, the therapists could de-role the individuals and ask them to describe

what it felt like to play the characters or be engaged in certain body movements or positions. Some of the questions that could be asked during this time include the following: How did you feel playing this role? What did you feel like when you wore this mask? How did you feel like when you engaged in this body movement?

When the clients begin describing their impressions, Betensky states that some individuals will only make observations about the content of the artistic expression. However, other clients may “treat the structural properties of the visual product and the relationships between these properties”(Betensky, 1995, p. 19). Betensky suggests that the therapist should simply follow the clients’ desire to describe the content. A little later in the process, the therapist could begin turning to composition if the client has not taken the initiative to do so (1995).

Similar to Betensky’s belief, a discussion concerning the organizational components of the work is more valuable than discussions around the content.

Clients’ reflections back to the development of an art work may lead to moments of integration as they look at the completed picture. They may comment on an original intention and actual outcome. While some parts or components of the completed picture may have been consciously decided upon, others might have arisen as if on their own, without a decision or awareness on the part of the art maker. (Betensky, 1995, p. 20)

Nevertheless, some individuals need some guiding questions to bring out their capacity to arrive at uncovering arrangements in their art that reveal personal meanings and self-discovery. Hence, Betensky suggests the use of several probing questions such as: ‘What about...?’ or ‘What else do you see?’ or ‘What comes to mind?’ She also suggests asking the clients about recurring elements of the art expression, or urging the client to see similarities and differences in his or her work over time. Eventually, these

questions will lead the client to make connections to some feeling or attitude expressed in the recognized element. (Betensky, 1995).

In drama therapy, similar questions may be addressed to dramatic expression as in the way Betensky applied to artistic expression. For example, if the clients are describing the content of a mask, such as the colour, texture of the material used, shapes and size and weight, I could ask further questions such as the following: What does this mask make you think of? What or who does this mask remind you of? What do the colors make you think of? How do you feel behind the mask? How did it feel making this mask? What is the mask's expression?

Similar to the questions asked in the third sequence, the fourth sequence is helpful in gathering subjective information derived from the dramatic expression. Thus, for my research study, it is useful for the purpose of collecting subjective associations concerning the term "self-esteem." Furthermore, the questions concerning the phenomenon of self-esteem serve as a therapeutic tool for exploring personal self-esteem and the means of gradually improving self-esteem.

Additional Suggestions for the Drama Therapy Research Method

At the end of the four sequences, Betensky suggests that termination should occur over two or more therapy sessions. The sessions are intended to display the client's art expressions. The clients decide how they would like to display them and the clients decide what they want to say about them. In drama therapy, the dramatic expressions would be presented. Hence, in drama therapy, it is possible that the client might offer to

read his or her stories, display his or her masks in what ever way he or she wanted, or play out the character roles expressed during therapy.

Apart from describing the phenomenological method, Betensky describes the necessary components and materials needed to conduct the therapy. One of the components is the art material used. According to Betensky, the materials should be derived from natural resources to challenge sight and touch in the clients. They also help the clients to get in touch with the world due to the fact that the materials themselves are derived from the world. Betensky also suggests that the clients should have a free choice of choosing the materials to evoke the most expression (Betensky, 1995).

When Betensky suggests using ‘natural resources’ my guess is that she means natural fibers, sounds and scents. However, I believe that for the purpose of drama therapy, objects existing in the individual’s direct environment would also be stimulating; objects that don’t necessarily have anything to do with nature. However, ideally, just as Betensky suggested, the clients should select the materials they intend to work with. For example, if clients arrive to a therapy session and start to hum I might ask if they like to sing. I could further the process by also asking what the clients are singing and what the song is about. Therefore, the clients’ initial inclination to sing could be serve as the basis of a more elaborate dramatic expression.

Betensky also discusses the importance of words and silence in therapy. Words are appropriate in phenomenology because the client’s ideas, thoughts and views need to be articulated to understand the phenomenon being researched. Words are particularly useful in the pre-art playful sequence when clients express excitement, fear, care and

other feeling-toned sounds. Words are also important in sequence four when the clients need to articulate descriptions of their art expression (Betensky, 1995).

In drama therapy, clients are often more verbal than in art therapy due to the nature of the media. Therefore, the clients are not only verbal in their embodiment-sensory play and during sequence four when they describe their expression. They are also verbal during sequence two when they engage in projective dramatic expression.

Opposite to what I may suggest to do in drama therapy, Betensky proposes to be silent in sequence two.

The second sequence-the art work process-may occur in silence. It is therefore, essential that the client be given sufficient time to do, and to examine, the art work silently. Thus, art therapists must learn the importance of silence, free themselves from the inner pressure to interrupt silence, and learn to be comfortable with silence. When the clients are absorbed in their work or when they are silently gazing at it, it is wise for the art therapist to listen to that silence, just as it is important to listen to words. (Betensky, 1995, p. 21)

In drama therapy, I believe silence should be used accordingly in all sequences of Betensky's phenomenological method. Drama therapy generally employs verbal communication. However, in all the sequences mentioned, an individual might be more or less verbal or quiet. The most important sequence for the drama therapist to remain silent occurs in Betensky's fourth sequence. When I would question the clients' perceptions and feelings, I think it is important to give them ample silent time to reflect on their response. If I was to direct questions, one after the other, the clients might find it difficult to focus on finding answers or making personal connections with their expressions.

Finally, Betensky offers a description of an art therapist's role that can be adapted to a drama therapist's role while conducting research.

Betensky suggests the following guideline for an art therapist that I believe applies similarly to a drama therapist:

Art therapists see realistically their personal role in relation to their clients. Just as the art therapist is a member of his or her world, so is the client a member of his or her world. Clients may be alienated from their worlds and the world at large. The effort of their therapists is to help them back by understanding and compassion, with the help of visual self-expression, and other basic philosophical and methodological tenets of the phenomenological approach. But the art therapist is not to rush a client into his or her own world, as that may obscure the client's way to return to his world as a participant, or to shape a new world for himself. Nor should therapists allow themselves to replace a client's mother, wife, father or husband or lover, and neither are they a better version of a parent, spouse, sister or brother. (Betensky, 1995, p. 23)

In addition to this suggestion to therapists, Betensky also offers advice on how to deal with a client's exaggerated feelings in art therapy. This may be done by "drawing the relationship in shapes and treating the picture phenomenologically" (Betensky, 1995, p. 23). Furthermore, when therapists feel too involved and assume that they can jump to quicker realizations than their clients, Betensky suggests discussing the clients' feelings with professionals to make appropriate decisions (1995).

In my opinion, a drama therapist can also help the client draw a relationship for him or herself in the text, the mask, or the scene, phenomenologically. In other words, the client decides what he or she may discover in his or her dramatic expression without being rushed or pushed to sum up quick conclusions.

Therefore, to conclude, Betensky's method can be easily adapted in my opinion to drama therapy practice. The core of the approach to doing research or therapy is viewing

the client's work, phenomenologically. Essential factors in the phenomenological method include the following:

The centrality of the artmaker is one of the most essential factors in the method. The clients in art therapy, whose first-hand experience goes into the artmaking, are the chief beholders of their own art expressions. They are the ones who then experience the process of looking at the self-made phenomenon as it appears to their senses and consciousness. Thus, the armakers themselves arrive at subjective meanings, not the art therapist (Betensky, 1995, p. 21).

The following chapters will describe how the adapted drama therapy research method assisted me in my research study. I have used the approach to discover the subjective meanings given to the phenomenon of "self-esteem" and to demonstrate the simultaneous effect of the process, to improve self-esteem in adolescent girls.

Chapter II: Psychological Theories, Assessment and Treatment Models of Self-Esteem

We have a fairly firm grasp of what is meant by self-esteem, as revealed by our own introspection and observation of the behavior of others. But it is hard to put that understanding into precise words. (Mruk, 1995, p. 5)

What is meant by self-esteem? How can one assess an individual's self-esteem or lack of it? Is an adolescent female's self-esteem different from that of a male adolescent? What is the cause of positive and negative self-esteem? What therapy improves a female adolescent's self-esteem? In order to answer these questions, I believe it is necessary to initially examine the phenomenon's theoretical definitions, psychological assessment styles and current models that attempt to enhance self-esteem.

Defining Self-Esteem

Interpretations of self-esteem flourish and vary. The challenge is to find an appropriate definition that applies to every human being. Some of the more universal descriptions of the term "self-esteem" include the following:

Self-esteem is the positive or negative attitude a person holds toward them self. (Rosenberg, as cited in Haist, 1999, p. iv)

Self-esteem is your worth as a person. (Moe, 1999, p. 84)

An individual's self-esteem is based upon a combination of objective information about oneself and subjective evaluation of that information. (Pope, McHale, Craighead, 1998, p. 2)

Self-esteem is the evaluative dimension of our self-concept. While our self-concept describes our perceptions, our self-

esteem evaluates these perceptions. In essence, it is the value we place upon the various dimensions of our general self-concept. (Silvernil, 1981, p. 9)

The definitions are unique yet comparable. Self-esteem appears to be made up of varying components including one's attitude, worth, self-concept, perception, or gathered information. However, each one of these elements is processed in a similar manner. An individual appears to personally evaluate his or her own attitude, worth, self-concept, perception or gathered information and categorize it as positive or negative self-esteem.

Numerous psychologists such as William James, Robert White or Seymour Epstein have attempted to summarize the meaning of self-esteem. These psychologists and others tried to address the issue of self-esteem through either psychodynamic, socio cultural, behavioral, humanistic or cognitive approaches (Mruk, 1995). Although the theoretical understandings of the term, "self-esteem," differ from one theorist to another, they all appear to point to a similar view of the phenomenon. "Self-esteem is a subjective, evaluative phenomenon which determines the individual's characteristic perceptions of personal worth" (Battle, 1982, p. 27).

Differences Between Positive and Negative Self-Esteem

Defining self-esteem is challenging, but the task of differentiating between positive and negative self-esteem is equally difficult to carry out. Currently, there are many diverse guidelines that dictate how to identify individuals with a positive or negative self-esteem. One particular source of literature states that an individual who possesses a positive self-esteem can be identified as possessing a number of specific qualities.

For instance, based on documented research, an individual characterized by having self-esteem should naturally feel autonomous and have the capacity to be self-sufficient. Ideally, the individual should also have the positive self-esteem feature of feeling competent to master new skills and make wise choices for him or herself. In addition, the individual considered having positive self-esteem should have the power to follow through on any projects he or she may undertake, and should always be true to her authentic self. Finally, an individual possessing a positive self-esteem should have the ability to feel valued by friends, family and society (Bingham, 1995).

Similar to literature sources that list the traits necessary for positive self-esteem, there are also various guidelines that describe how to identify individuals who are lacking self-esteem. For example, characteristics that are present in individuals with low self-esteem may be observed in individuals who withdraw from others and experience feelings of distress. These individuals may also appear passive in adapting to environmental demands and pressures. They tend to demonstrate feelings of inferiority, timidity, self-hatred and submissiveness. In addition, these individuals show higher levels of anxiety and depression than people with high self-esteem. Furthermore, individuals with low self-esteem lack resistance to social pressures, and confidence. These individuals also feel defeated and exposed in their real or imagined deficiencies (Mruk, 1995).

Additional features of low self-esteem include self-consciousness when talking to others and consciousness of inadequacies whether real or imagined. Low initiative and basically non-assertiveness is another common trait of low self-esteem. Moreover, individuals who worry about the future or individuals who are prone to employing

projection and repression are also characterized as having low self-esteem. Finally, obsessive-compulsive reactions, indecisiveness and self-defeating responses all may be attributed to an individual who lacks a positive self-esteem (Mruk, 1995).

In summary, research indicates that the basic components of self-esteem imply competence and worthiness. A lack of these qualities result in a low self-esteem (Mruk, 1995). Given that my study focuses on female adolescent self-esteem, it is important to understand what aspects female adolescents value as competent and worthy in their lives and the reasons why they value these aspects.

Self-Esteem in Female Adolescents Versus Male Adolescents

Female adolescents value different skills, characteristics and qualities from males. Boys' self-esteem relates to "doing." They feel good about their accomplishments, and may state that their talents are what they like best about themselves. Meanwhile, girls' self-esteem is related more to "being": their looks and their agreeable personality. It's no coincidence that as physical appearance and popularity become more important to a girl, her self-esteem begins to decrease. Thus, the beginning of junior high is a crisis point. (Bingham, 1995).

Factors Causing Low Self-Esteem in Adolescent Females

Literature indicates that females' self-esteem or personal worth often revolves around appearance and body image (Pipher, as cited in Gaffney, 1999).

A teenage girl learns that, for women, appearance is one of the few things that count. "She opens a magazine and sees emaciated fashion models; she looks at her developing body and sees it as fat. She turns on MTV and sees Whitney Houston, she looks in the mirror and sees acne and braces. Her

self-esteem plummets. (Bingham, 1995, p. 163)

If the girl's outer look does not measure up to society's perfect woman, she can start to have an unclear body image and, as a result, lose her self-esteem (Gaffney, 1999).

The push for females to value appearance over all is based on cultural pressure. A healthy woman is defined by culture to be dependent, passive, illogical but attractive (Pipher, as cited in Gaffney, 1999). Girls are struggling with culture's mixed messages: "Be beautiful, but beauty is only skin deep. Be sexy, but not sexual. Be honest, but don't hurt anyone's feelings. Be independent, but be nice. Be smart, but not so smart that you will threaten boys" (Gaffney, 1999, p. 10).

Due to the fact that culture values women less and offers them fewer choices for their future, girls need to possess more self-esteem than boys in order to aspire to nontraditional professions (that is, ones not traditionally held by typical members of that sex) (Bingham, 1995).

Apart from cultural expectations, female self-esteem appears to improve on the same principal as male self-esteem, the experience of doing and succeeding. Through each concrete and observable triumph, self-esteem grows and new objectives can be taken on. Although females are not encouraged to succeed by "doing" such as males, studies show that excelling in solid tasks such as math and science may improve self-esteem. Studies show that young women who enjoy and succeed in math and science are generally more confident and also feel better about their appearance than any other group of either sex. Furthermore, they are less worried about being liked by others (Bingham, 1995).

Unfortunately, there are two factors that adolescent girls quickly recognize in our culture. At first, they learn not to flaunt their intelligence and not appear smarter than boys. Secondly, they should not disagree with or offend anyone else. These rules, combined with girls' insecurity about their new position and the fact that their opinions are questioned more than boys', direct them to doubt themselves. Any assertiveness, a quality necessary for achievement, is replaced with passivity and subordination (Bingham, 1995).

Hence, the causes of adolescent girls' low self-esteem are explored through a theory that holds culture responsible for encouraging adolescent girls to base their self-esteem on body image and personality, instead of academic or experiential self-esteem. The theory appears to summarize that in order for females to improve their self-esteem, the culture needs to encourage females to value their success in accomplishing tasks instead of only validating females for their physical appearance and social behavior.

Hence, if culture is blamed to cause low self-esteem in females, it is important to look at three areas that make up our culture and thus affect females' self-esteem. They may be categorized as: social, family, and global self-esteem (Pope and McHale, 1998).

The social area encompasses a girl's feelings about herself as a friend to others. Do other teenagers like her, value her ideas and involve her in their activities? In addition, does the girl feel satisfied with her interactions and relationships with peers? (Pope and McHale, 1998).

Quite often, the preadolescent girl is energetic, self-confident and enthusiastic. In adolescence, girls soon learn that these characteristics are not encouraged by their peers. A girl can remain true to herself, but she risks being abandoned by her peers, or she can choose to abandon her true self and become what is socially acceptable and, therefore, acceptable to her peers. (Gaffney, 1999, p. 9)

In the family setting, a girl reflects her feelings about herself as a member of her family. A girl who feels she is a valued member of her family, who makes her own distinct contribution, and who is secure in the love and respect she receives from family will have a positive self-esteem in this area (Pope and McHale, 1998). The parents' view of their daughter has an immense impact on the girl's self-esteem (Gaffney, 1999).

Finally, the global self-esteem is a more general appraisal of the self and is based on an adolescent's evaluation of all parts of herself. A positive global self-esteem would be reflected in feelings such as "I'm a good person" or "I like most things about myself" (Pope and McHale, 1998).

Psychological Assessment and Treatment for Self-Esteem in Adolescents

There are a large variety of scales that are used to measure and evaluate self-esteem in all adolescents. Most of the psychological assessments I found were presented in the form of self-report inventories. The most common tests I found to measure self-esteem include the Guttman scale, the Leary Scale, Rosenber self-esteem, Ziller's Social self-esteem Inventory and Gadzella's Student Self-Rating Scale of Excellence (Battle, 1982). The only scale that I found in my research that identified and focused on female self-esteem was Maslow's Social Personality Inventory for College Women (1982).

The measurement scales previously mentioned demonstrate the ability to assess various aspects of the self, but nevertheless are plagued by the major problem common in all self-report instruments, "the inability to effectively control for faking" (Coopersmith, as cited in Battle, 1982, p. 93-97).

Apart from assessing self-esteem, various enhancement programs, techniques and psychological therapies are currently being applied to improve adolescent self-esteem. The programs and methods are derived from humanistic, behavioral and cognitive approaches (Mruk, 1995). For example, one method that is widely used to improve self-esteem involves teachers implementing self-esteem programs in their classrooms. "The teacher is the most significant other affecting the self-esteem of children after they enter school"(Battle, 1982, p. 97). Tutoring is one of the approaches recommended for teachers to use because evidence shows that tutors' motivation, sense of responsibility, self-esteem, and attitudes toward school have created a positive change in the lives of adolescents (1982).

Another option for enhancing self-esteem exists in peer group programs. The long range, federally funded programs contract psychologists and counselors to develop curricula and to train others in the use of peer group techniques (Frank, 1996). The set of courses focus on goals that include the following:

1. Teaching youth how to manage peer group pressures
2. Teaching the students how to identify and get in touch with their feelings.
3. Teaching youth how to improve and ameliorate their self-esteem (1996, p. xiv).

Drama Therapy's Assessment and Treatment Models for Self-Esteem

Another form of evaluating and improving self-esteem is through the use of drama therapy. In assessing self-esteem, drama therapy utilizes various methods to determine a healthy or dysfunctional self-esteem. For example, role theory and socio drama identify the various roles individuals play intrapsychically and interpersonally through assessment.

Narradrama and psychodrama utilize an assessment founded on the identification of dominant themes, existing stories, scripts or narratives through the therapist's observation or interviews during the warm up period. Developmental Transformations employ interviews that take a social and developmental history in the initial assessment. Ritual drama makes use of projective assessment processes such as art, sand play and drama techniques when making an evaluation. Finally, the psychoanalytic and integrative model of drama therapy extract from observation of a client's dramatic play or developmentally-based interactional themes (Lewis and Johnson, 2000).

Using measuring tools such as self-esteem scales, case studies and participant feedback, there were reports of positive increases in self-esteem resulting from the experience of dramatic expression. The goals in drama therapy for females with low self-esteem include ameliorating areas such as ego-development, autonomous functioning and self-confidence (Harnden, 1995).

Many of the techniques are physically active and most are socially interactive. Individual and group skills are developed; these skills, in turn, promote self-confidence and self-esteem, along with an awareness of an appreciation for the qualities of co-participants. Phase One is based on a health model. The strengths and healthy parts of the client are elicited; in keeping with the humanistic paradigm, qualities such as expressiveness, playfulness, creativity, spontaneity, humor, and aliveness are nurtured. These qualities develop the clients' ego-strength, enabling them to tolerate the more regressive work, involving often painful self-examination, later in the treatment (Emunah, 1994, p. 35).

In summary, there are a variety of definitions, assessments and treatment methods to understand and improve self-esteem. However, for the purpose of this research study, I have chosen one of the following operational definitions of self-esteem selected from the literature review: "Self-esteem is a subjective, evaluative phenomenon which

determines the individual's characteristic perceptions of personal worth" (Battle, 1982, p. 27).

I am interested to discover if the participants offer similar or opposing characteristic perceptions of personal worth. As a phenomenological researcher, I am open to receive any meanings associated with self-esteem. If the definitions of the term self-esteem differ, it will become evident that the operational definition is valid.

Chapter III: Drama Therapy's Phenomenological Research Method/Treatment Approach for Self-Esteem

Assessment of Self-Esteem

The assessment component of the research study will be an ongoing process that will take place throughout the whole duration of the study. Both the researcher and participants will take part in the overall evaluation of the study.

The researcher will assess whether or not the participant is able to personally define, explore and improve his or her own self-esteem. Meanwhile, the participants will be doing most of the evaluation because they will be the ones to personally discover and determine whether or not they have a negative self-esteem in the first place. In addition, they will be the ones to identify the personal approaches in improving their own self-esteem and assess the results of their personal strategies.

Guiding Participants in Defining "Self-Esteem"

In my opinion, participants in drama therapy are able to improve their own self-esteem through the process of personally defining and exploring the phenomenon's definition. It is the responsibility of the drama therapist to guide his or her participants to define the phenomenon of self-esteem for themselves and to uncover the perceptions, attitudes or other information pertaining to the phenomenon. In order for a drama therapist to seek an understanding of his or her participants' personal interpretations of a phenomenon, they must begin by giving instructions for participants to dramatically project their definitions of self-esteem. In other words, the participants need to create and

externalize personal dramatic expressions representing “self-esteem” through various media.

However, before the instructions are given, it is essential that the participants follow through the drama embodiment-sensory phase that is aimed at warming the participants up to feeling comfortable, spontaneous, creative, concentrated and reflective. In addition, the phase is intended to help the participants begin the process of self-expressing and projecting. In drama therapy, these exercises include experimenting with body movement, objects and textures to feel and manipulate, sounds to listen to, scents to smell and flavors to taste (Cattanach, 1996).

It is also important to verify that the participants are familiar with the term, “self-esteem.” If the drama therapist feels the participants are unable to offer any information about the given topic, the therapist should refrain from pursuing an inquiry of the phenomenon.

Once the therapist is ready to offer instructions, the participants are given an option to respond to the verbal directions verbally, visually, in written form or demonstrated physically through body movement. It is up to the therapist to dialogue with his or her participants and decide what form of expression would be most suitable for the participants to offer their views freely and with ease.

Hence, for a therapist to use the method of defining a phenomenon, it is necessary for the participants to meet the following criteria:

1. The clients need to have some idea or pre-conceived notion of the phenomenon looked at.
2. The clients should be able to express their answers either orally, physically,

visually or in written form and the drama therapist needs to consider which form of expression will help the clients demonstrate their views most meaningfully. Hence, if the clients express an interest in expressing themselves using their bodies, the drama therapist may ask them to create dramatic body sculptures.

3. The clients need to feel comfortable and warmed-up to express themselves and to share their personal perceptions of a phenomenon with the drama therapist and possibly with other clients.
4. The clients need to possess the capacity to verbally reflect on their expressions and have the ability to make connections to their own lives.

Once the drama therapist has guaranteed the guidelines mentioned, he or she may follow through with the instructions for clients to dramatically project their definitions.

Dramatic projection within Drama therapy is the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalize inner conflicts. A relationship between the inner state of the client and the external dramatic form is established and developed through action. The dramatic expression enables change through the creation of perspective, along with the opportunity for exploration and insight through the enactment of the projected material.

The projection enables a dramatic dialogue to take place between the client's internally held situation or material and the external expression of that situation or material. Both through the expression and the exploration a new relationship to the material can be achieved by the client. From this, the reintegration of the material can occur, within the new relationship. (Jones, 1996, p. 101-102)

There are many ways for a drama therapist to use dramatic projection in order to direct an individual to personally define and understand the phenomenon of "self-esteem". The drama therapist's task is to guide participants with instructions that will allow them

to dramatically project onto a metaphor and then externalize it. This may be a character from a story, a figurine, a puppet, an object, the human body, or a mask. Artistic expression may also be used but with the assumption that it will be later incorporated to facilitate dramatic expression to further define and explore the phenomenon.

The following six statements are personally designed examples of guided instructions that may be used to facilitate dramatic projection of a phenomenon such as self-esteem. They were developed with the help of media that is typically used in drama therapy such as story making, fictional characters, masks and body movement.

1. Tell me about a pop star or a character from a story or a film that you believe has self-esteem. Describe this person or character to me physically and what role they play. Externalize this character for me through a drawn image, sculpture, mask or physical embodiment.
2. Is there anyone you know in your life that has self-esteem? Describe this individual physically, how you know them, what they do etc. Embody this character for me through a picture, sculpture, mask, or physical embodiment.
3. Write down any words or images that come to your mind when you think of the word, "self-esteem."
4. Pick an image from a magazine or a figurine that symbolizes self-esteem for you.
5. Paint or construct a mask that depicts self-esteem.
6. Physically stand, sit, walk, talk and interact with other group members as if you were an individual that embodied self-esteem.

There are many other instructions that the drama therapist may give to attain

projected information from the participants concerning the phenomenon self-esteem. However, it is up to the therapist to decide which communicative dramatic medium is most useful and suitable for the participants. Once the participants bring forth their projected definition of self-esteem, they may be ready to personally explore the phenomenon being researched.

Guiding Participants in Exploring “Self-Esteem”

The definition of self-esteem is personal, subjective and highly individual. In order for the participants to explore their definitions of self-esteem, the drama therapist needs to guide the participants to at first reflect on the externalized representational words, images, fictional/ real characters or body movements that define self-esteem. Afterwards, the drama therapist needs to help the participants strive for a deeper personal understanding and connection to their dramatic projections. This process of exploration takes place through the aid of the drama therapist who facilitates the exploration process through guided instructions, questions and dramatic exercises.

To begin the process of exploration, the drama therapist must first ask the participants to distance the personal projections from themselves and to look at, or listen to them for a moment. This process is intended for the participants to begin self-reflecting on their projections. If the participants draw an image or write words to represent self-esteem, they need to place the words and images at a short distance from themselves and look at them. This also applies to a mask, figurine, puppet, sculpture or any other objects. If the participants physically embody a fictional or real character to represent self-esteem, they need to ask another individual in the group or therapist to

role-play the character identically. In this manner, the participants who embodied self-esteem may gain perspective to self-reflect on their externalized projections at a distance.

Once the participants are given time to process their dramatic projections, the therapist begins to ask questions that take the form of an interview. The verbal inquiry consists of guiding questions that help the participants reflect and make connections to their own lives. However, at first, the drama therapist may facilitate a conversation about the content of the dramatic expression. The questions the drama therapist may ask are: “What do you see?” or “What is happening here?” The participants describe the projections verbally in terms of content and physical description. This may include: colors, shapes, sizes, weight, textures or any other descriptions. Furthermore, any words written down are read out loud and the body movements are explained (e.g. “chin is up,” “legs are apart,” “head tilted,” etc.).

When the clients have finished describing the content of their dramatic projections, the drama therapist may start asking questions that will help participants uncover components of structure(s) and the relationships between these components. The questions are also supposed to guide the participants to recognize recurring themes or elements and to recognize similarities and differences in their work as time goes by. The overall goal of these questions is to help the participant make associations to some feeling or attitude expressed in the identified elements (Betensky, 1995).

Therefore, the drama therapist may ask questions referring to certain aspects of the dramatic expressions that were not mentioned by the participants. The participants may also be asked to point out similarities in their work or themes. Furthermore, the drama therapist may ask the participants questions that aid participants to project onto

their dramatic expression to attain fuller personal exploration. Finally, participants may be gently urged to make connections with their dramatic expression to their personal lives. A part of the exploration is the basis for the treatment of improving self-esteem that will follow in therapy. Two samples of questions that may help participants to explore various dramatic expressions of self-esteem include the following :

1. (*Body movements and voice*): When you see the body moving this way, what does it make you think of? Do you know people who move in this way? How does an individual feel moving this way? Have you ever been in a situation where you moved this way? Tell me about it. Where and when does an individual feel comfortable to move in this way fully and why? What are the common traits that you can pick out from all the sculptures and body movements you have created and observed that depict self-esteem? What are the factors that threaten one's self-esteem and why?
2. (*Fictional Characters*): Why does this character stand out for you as having self-esteem? What other character(s) that you have created share similar qualities of self-esteem? Do you know of any individuals in your life that are similar to your self-esteem characters? What does the character say or do that represents having self-esteem? Have you ever acted in a similar fashion? Tell me about the situation. What kind of environment does this character feel comfortable to demonstrate his or her self-esteem and why? What type of environment threatens his or her self-esteem and why?

The direct questions may be answered in straightforward verbal answers. However, if the participants experience difficulty replying, the drama therapist may guide them to create pictorial, written or oral stories and act out improvisations or role-plays to help the participants get in touch with their feelings, attitudes and expressions that revolve around their dramatic projections of self-esteem.

Role-plays also help the participants draw directly from one's real-life experience. "Whether fictional or actual, the playing out of a multitude of roles serves to expand one's role repertoire, foster an examination of the many aspects of one's being, and increase one's sense of connectedness with others"(Emunah, 1994, p. 12).

Guiding Participants in Improving "Self-Esteem" Through Drama Therapy

Once the dramatic expression has been sufficiently explored by the participants through guided questions and exercises, they are ready to begin the process of improving their own self-esteem. Following the exploration process, the goal is for the participants to have a personal understanding and connection with the term self-esteem. Furthermore, they should also be able to identify the problem that threatens their self-esteem while exploring their dramatic expression and projections. Hence, at this point of the process, the drama therapist should direct the participants with further questions and exercises to help them arrive at solutions that would improve their self-esteem. The questions refer to the dramatic expressions and are then aimed at bridging a connection between the dramatic projection and the clients' real life. Examples of such questions include the following:

1. In your dramatic expression, how does the individual or other symbolic

metaphor representing self-esteem, maintain self-esteem when faced with threatening or challenging situations?

2. What do you think your dramatic representation of self-esteem needs to maintain his/her/it's self-esteem?
3. Similar to your dramatic projection of self-esteem, have you, or somebody you know ever been in a situation where it was difficult to maintain self-esteem? How did you, or the individual you know handle the situation positively? What do you, or the individual you know, need to overcome situations that threaten self-esteem?

Once the participants are able offer personal solutions to improve self-esteem they may begin practicing the application of these solutions through drama therapy. Drama therapy has many different methods of working towards improving self-esteem, however, in essence, all dramatic play, whether it be puppetry, storytelling, improvisation and role taking establishes an important therapeutic function in improving self-esteem.

Dramatic play symbolically conveys and solves various internal battles, integrates reality, aids participants to master a sense of control, express pent-up feelings, discover ways to manage damaging impulses through imagination, let go of unaccepted parts of the self, work through problems and explore solutions. In addition, symbolic play serves as practice for real-life events, helps participants to state their hopes and desires; and to play with new roles and develop a sense of self (Emunah, 1996).

Apart from dramatic play, psychodrama classes have also been found effective for increasing self-esteem. The majority of undergraduate students who participated in a psychodrama course reported "positive changes in the area of self-regard and self-

acceptance” by means of scores on the personality Orientation inventory (Kranz & Houser, as cited in Haist, 1999, p.xxiv).

“Improvisational activity might seem like a game, but it builds self-esteem” (Concordia’s Thursday Report, 1999, p. 6). In drama therapy, the creative-expressive model helps people explore their creative potential through the forms of play and improvised drama with an emphasis on communication both verbal and non-verbal. This method of working enhances confidence of the individual while the nurturing power of the group can build self-esteem for people who have a limited experience of drama (Cattanach, 1996).

Theatrical production in drama therapy is also used to treat low self-esteem. The self-image of the participant is reconstructed through various media of drama, including the closing performance and a cool down phase. During the construction of the performance, wounded self-image is put in contact with a story or archetypal image (Snow, as summarized in Lewis and Johnson, 2000).

There is an intention to help balance the relationship of ego and archetype, either by “working through” an embodied archetype or by using an archetypal role as a catalyst to assist the client in developing a more positive self-image. (Snow, as cited in Lewis and Johnson, 2000, p. 228-229)

Hence, similar to the other therapies, drama therapy is able to improve self-esteem. The therapy offers clients the opportunity to participate in a series of role building sessions where they can take on new roles rather than repeat old ones. Finally, a lack of self-esteem is overcome by the achievements in drama therapy because the new skills in body and voice provide them the means to express new confidence (Jennings, 1998).

Chapter IV: Two Case Studies

Description of the Institution

The research study on self-esteem in female adolescents took place at the *Montreal Children's Hospital*. The multipurpose hospital serves children up to the age of 18 in greater Montreal, surrounding areas of Quebec and abroad. Currently, I am part of a *Consultation-Liaison Team* in the psychiatric department of the hospital.

The team members of the *Psychiatric Consultation-Liaison Team* consist of one full-time psychiatrist, one half-time psychiatrist, a part-time drama therapist, and a part-time secretary. The team serves all inpatient wards including medicine, surgery, neurology, neurosurgery, cardiology, hematology and oncology. I have joined the team for one scholastic year as a drama therapist-in-training.

The main areas of psychiatric consultation include psychosomatic illness; conversion disorder; acute and chronic pain management; non-compliance with treatment; coping problems related to medical illness; psychosis (under age 13); depressed and suicidal ideation (under age 13); post-traumatic symptoms related to physical trauma and physical or emotional abuse; behavioral problems; anxiety disorders; parental coping problems; multicultural issues. Additional services provided by the team involve evaluating pre-bone marrow consultations, eating disorders and pre-natal transplantation consultations.

There were two volunteers participating in my research study who were referred to the *Psychiatric Consultation-Liaison* by a nurse from the hospital's GI team (Gastro

Intestinal). Both of them took part in a drama therapy group that took place from November 2001 to April 2002.

Profiles of the two Research Participants:

The two participants in the research study are both female adolescents referred to drama therapy by a nurse from the GI team from the Division of Gastroenterology and Nutrition. .

I met with the girls individually to assess their needs, their interests, personal reasons for attending therapy and therapeutic goals. I also assessed whether or not the two girls would work well together in a group setting. The two adolescents came on separate occasions with their mothers.

Marie

Marie is a quiet yet verbal girl who is fourteen years old. She is from a Montreal suburb and lives with her parents and sister. She has been referred to drama therapy for abdominal pain. Marie has been experiencing the pain for the past year accompanied with feelings of nausea. Recently, she has been diagnosed with an inflammatory bowel disease. The medication she has been receiving includes Losec and Asacol.

When I met with Marie for the first time, she expressed feeling often worried and confused and believed it had something to do with her health problem. She expressed a need to understand why she experiences pain and how she could stop feeling the pain. Marie also mentioned that she often feels sick before going to school and during school.

Marie expressed an interest in art and drama and said she felt comfortable to talk about her pain and personal stories with the other group members. She also appeared

surprised that other adolescents experienced similar pain to her own. Marie said she looked forward to meeting other group members who experience her problem. Her mother described her daughter as a very sensitive individual. Marie agreed with her mother.

Willa-Jo

When I met Willa-Jo she appeared to be a very quiet and withdrawn fourteen year old girl. Willa-Jo is from a Montreal suburb and lives with her parents and four siblings. She was diagnosed with Oesophageal and abdominal pain. The abdominal pain began developing a few months earlier. The treatment prescribed to her at the time included a special diet, with Motilium and Prevacid. Willa-Jo also has asthma and has experienced bouts of bronchitis in her life.

During the individual drama session, Willa-Jo described feeling nauseous in the morning before going to school. She also mentioned that she worried a lot. She said that she worried about school and that her abdominal pains and nausea made her feel embarrassed and frustrated. She expressed an interest in finding the reasons that were causing her pain and possible treatment for curing the pain she was experiencing.

Willa-Jo expressed an interest in art and appeared enthusiastic in participating in a drama therapy group. She also mentioned that she did not mind talking about her pain to the rest of the group or about her worries. In fact, she appeared shocked to learn that other individuals similar to her, experienced pain as well. Willa-Jo's mother described her daughter as outgoing, but not very verbal about her problems.

It was established that both female adolescents and one male adolescent of the same age would attend drama therapy once a week, for an hour and half, for the duration

of six months. All three participants agreed to be part of the research study on self-esteem but over the course of therapy, the adolescent male participant had to unexpectedly leave the therapy group for personal reasons. Thus, this research study will focus on the therapeutic process of the two female adolescents mentioned: Willa-Jo and Marie.

Psychological/Behavioral Considerations

The two individuals referred to drama therapy were experiencing similar symptoms of discomfort. Both of them were feeling extreme pain in the abdomen for some time, accompanied by the feeling of nausea and heartburn. Both of them were also on similar medications.

The doctors, psychiatrists and nurses felt that there were psychological factors that might have been causing the abdominal pain in the two girls referred to me. They felt that the drama therapy group could address these factors including a suppression of feelings and high levels of anxiety and stress. Stress plays a big psychological factor causing abdominal pain.

Stress is an inescapable reality of modern life that has been linked to many disorders ranging from allergies to asthma, from stomach problems to heart disease. In fact physicians estimate that at least 80% of the patients have stress-related symptoms. (Gottlieb, 1995, p. 517)

The individuals expressed that the feelings of stress and anxiety in their lives played some role in their abdominal pain. Hence, part of the goal of understanding the root of the girls' abdominal pain was accomplished by exploring and resolving the underlying feelings that might have influenced the occurrence of abdominal pain.

In order for the girls to find the resourcefulness and skills to explore and find coping strategies for their feelings and problems, I believed that self-esteem also needed to be enhanced in participants' therapy. It is only after the healthy sides of the participants emerged in the therapy process that the participants were able to uncover their internal nurturing parents to work through their problems (Emunah, 1994). Hence, the goals for therapy included exploring and coping with the feelings that contributed to the participants' abdominal pain and, most important for the study, improving self-esteem.

Rationale for the Use of Drama Therapy

The participants were asked to join the drama therapy group to address underlying unexpressed feelings and to improve self-esteem. The creative therapy group provides a safe and non-threatening space that allowed participants to put forth their feelings and issues without judgment. The exploration of the participants' feelings took place through the forms of embodiment, projected and symbolic play, improvised drama and drawings with an emphasis on both verbal and non-verbal communication.

Drama therapy also allowed participants to express themselves more personally in order to help them make deeper connections and find coping strategies for their own life problems. This process occurred through exploring and reflecting on personal issues and problems through metaphors. The individuals not only maintained their privacy through the metaphor, but also contained their pain while reflecting on means of coping with it through a protective and distancing process.

Social skills are developed through communicating and playing together in a group. This way of working together also builds up the confidence of the individual because the nurturing power of the group enhances self-esteem for people who have a limited experience of drama. The creative force of drama that often empowers individuals in gaining self-confidence enables the participants to also show skills and imaginative ideas that may have lain hidden (Cattanach, 1996).

Drama therapy helps the individuals to practise these newly uncovered skills needed in everyday life by role-playing social situations that are unfamiliar. In other words, drama therapy provides a space for the participants to expand their role repertoire (Cattanach, 1996). An expanded role repertoire helps the participants to deal with a broader range of life situations, to cope with new tasks, and to respond to old tasks and situations in new and creative ways (Emunah, 1994).

In summary, the reasons for participating in a drama therapy group include the following:

1) Fosters insight to lessen anxiety and conflict; 2) offers problem solving to gain control (not just relief) of the symptom; 3) helps the participants' recognize and handle their feelings; 4) improves social skills; 5) reduces social anxiety; 6) increases self awareness; and 7) forges a stronger sense of identity. The overall goal is to help individuals develop more positive feelings about themselves, bringing about positive changes in their personality. (Lewis & Johnson, 2000, p. 28)

Synopsis of Early Therapy Sessions:

During the first five weeks of drama therapy, my principal aims for the sessions were to prepare the participants to feel comfortable within the group and to guide them to express their feelings and issues through dramatic or artistic expression. To attain these goals, I stayed in the pre-play stage of therapy. I engaged the clients in a series of

dramatic exercises and playful games that focused on developing trust, comfort, cooperation and spontaneity in the group. I also guided the participants through several sensory and embodiment activities that were intended to stimulate their imagination, curiosity and creativity when directing them to try out their first dramatic and artistic expressions. Once I felt they were ready, I began encouraging the participants to explore symbolic and projective play to learn about their feelings and issues that pertained to their personal lives.

Throughout the first five sessions, I observed and assessed if the aims were being met. I looked to see whether or not the individuals were ready to start the phenomenological process of defining, exploring and improving self-esteem. During the first three sessions, the two participants sometimes appeared shy, withdrawn and nervous to talk personally about themselves to the rest of the group. I also felt that they were a little anxious in regards to me and the approach to new games and activities I offered for their exploration. Questions were seldom asked and volunteering for exercises appeared to be challenging for them. Statements such as “I can’t do this,” or “I don’t know” were often heard from the participants.

However, on the other hand, I observed that the participants were able to identify their physical pain and share similar complaints with each other about the difficulties they experienced. In addition, despite the occasional appearance of doubt and fear on their faces and in their voices, they always participated for the complete duration of the sessions and were capable of fully carrying out each exercise; laughing, talking out loud and moving with ease.

During the fourth and fifth sessions, the participants appeared more relaxed with one another. They laughed and joked with each other and myself as their leader. They began asking each other questions and started to volunteer more freely and spontaneously. The participants also started to identify and explore different feelings, especially dominant feelings that they felt contributed to their physical pain.

The feelings the participants associated with their physical pain were identified as “worry” and “confusion.” The participants were able to symbolically externalize and project these feelings onto art and, later, embody these feelings as characters with personalities of their own. Through a dramatic projection process, the participants were then able to observe their externalized feelings, reflect on them and, then, metaphorically, explain how their feelings came about, the personal issues in their lives that provoked the feelings to grow out of proportion and the personal helpers that would guide them in coping and diminishing these feelings.

After evaluating the progress of the five sessions, I was able to conclude that the participants began feeling comfortable with the group members and the various drama therapy processes. I also deduced that the participants had the capacity to identify and explore their own abstract feelings and to project them into dramatic and artistic expressions. Furthermore, I was able to recognize the participants’ ability to observe, reflect and make personal connections with their dramatic and artistic expressions. Finally, I began to discover that the clients had the capacity to find personal solutions to their problems.

Hence, after the first five sessions I believed that the clients were ready to proceed with the phenomenological drama therapy process of defining, exploring and improving

their own self-esteem. A goal intended to further assist the participants in resolving their issues associated with feelings.

Participants' Process Sessions of Defining and Exploring Self-Esteem

Once I felt that the participants were warmed up to expressing themselves dramatically and artistically, I felt I could proceed to the goal of helping the participants in focusing on their self-esteem. I initiated the process by engaging the participants in a discussion on self-esteem. First, I asked them if they knew what the term meant. Both participants said they did. Then, I asked them to define the term by asking them to write down words or draw images that they associated with the term self-esteem. I also asked them to think of the word that stands out the most for them when they think of "self-esteem." The following paragraphs describe the participants' definitions.

Marie: In this picture the individual with self-esteem is raising his arm to the sky with a gold star in his hand. The individual is standing on the top building. He feels good about himself. He says: "I rock." The other guy doesn't feel good about himself. The words that stand out for me are: happiness, self-respect and respect for others. The word that stands out for me the most is "confidence." (Fig 1)

Willa-Jo: There is this person that is deciding whether to buy the green shirt that everyone else has or the purple shirt that he likes. The words that make me think of self-esteem are confidence, courage, and bravery. The word that stands out the most for me is "courage." (Fig 2)

Afterwards, I asked the two participants to choose one figurine from a pile of several toy figurines that stood out for them as embodying self-esteem. Willa-Jo chose a mermaid and Marie chose a mouse. I asked the girls to place the figurines in front of

them and describe to me the features that they believed defined their toy figurines as possessing self-esteem. The following describes the participants' perceptions:

Willa-Jo: I think the mermaid has self-esteem because of the way she sits. She looks like she doesn't care what people think of her.

Marie: I chose the mouse because he looks like a super hero. You can see he has self-esteem because he stands confidently. He is also confident in his eyes and facial expression.

Once the individuals described their figurines' physical characteristics that portrayed self-esteem, I asked the participants to embody self-esteem themselves in their own bodies. In order for the participants to see their own body movements, I asked the girls to observe each other's body motions and then repeat them for each other for observational purposes. Willa-Jo observed and reenacted Marie's interpretation of an individual with self-esteem standing and walking. Marie observed and reenacted Willa Jo's interpretation of an individual with self-esteem sitting and walking. While Marie and Willa-Jo observed their own body movements reenacted, I asked them to describe exactly what they saw and what it made them think of. The following contains the girls' verbal descriptions:

Marie's Embodiment of Standing and Walking:

When the individual is standing, the feet are apart, back is straight, proper, chin up, eyes are confident. She looks like she's a very experienced person. When the individual is walking, it is always toe to heel, chin always a little bit raised. It makes me think she's confident like a business woman walking down the street who is super confident wearing a leather jacket, high heels, crocodile skin bag, always saying "I'm the queen of the world, I rock."

Willa-Jo's Embodiment of Sitting and Walking:

When the individual is sitting the feet are on the ground, legs together, straight and not cross legged or anything, sitting at the back of the chair, and her back is straight up. One arm rests on the other, neck is tall. It appears like she is doing what she wants to be doing. When the individual is walking, it is as if she is in the school hallway. Lots of people are scrambling to get to class, walking straight, good posture, holding her books not looking at anyone, just walking like no one else is there.

Once the individuals demonstrated they could define self-esteem and embody the definition of the term “self-esteem” in their bodies, I guided the clients to further explore the term by asking them to draw their characters in the environment they felt they had the most self-esteem. Willa-Jo drew the mermaid in an ocean of sea creatures (Fig 3). She said the mermaid felt comfortable there because all the creatures were similar to the mermaid since they lived in the ocean like her.

Marie drew her character mouse away from earth, at battle, in a spaceship (Fig 4). She said the mouse felt most comfortable there because he knew what he was doing and was good at it. Afterwards, I asked the participants to describe a situation where the character’s self-esteem felt threatened. Marie drew her mouse attending a fancy party (Fig 5). Everyone was nicely dressed including the mouse that wore a tuxedo despite his discomfort. Marie said that the mouse felt uncomfortable because the music and people were very different from himself.

Layne drew her mermaid at a party where there were different groups of people who looked very different from her (Fig 6). The mermaid did not know anyone and felt afraid to go up to anyone to make friends.

Once the participants described situations where their characters’ self-esteem felt threatened, I asked them to describe how their characters with self-esteem dealt with the

threatening and uncomfortable situations. The following is an account of the participants stories:

Willa-Jo's Story of the Mermaid with Self-Esteem

There's this girl Marla and this party that she had to go to. She's new in town and her mom made her go to meet the neighbors. In the room there are all these groups of people that belong with each other. People that think they're so great, all the nice friendly ugly people and then the people that talk about work. Marla thinks she's all alone and different but she decides who she thinks would be interesting and then she goes and just introduces herself to them. She goes up to the nice people group and says: "Hi, I'm Marla, I just moved here, can I talk with you?"

Marie's Story of the Mouse with Self-Esteem

Mighty mouse was invited by the Queen of England because he won some award. So he stood around and didn't know what to do because everyone else was proper and elegant while he was so different because he was just a mouse. So he just said "O.K. whatever" and decided to go up to talk to someone and eventually became friends with them.

Once the stories were told, I asked the participants if they knew someone in their own lives or other fictional characters that related to the ones in the stories they made up. I asked them to name the individual or fictional character and describe why they felt the characters or people related to their story characters. The following describes these individuals/characters:

Marie

The character who I also think has self-esteem comes out from the book Time for Andrew. There's this guy from the past I read about seven times. This kid from the past was very confident about himself because he thought he could do anything, and in that way he could do anything because he thought he could. He had the confidence, he walked with confidence and when people spoke to him in a way he didn't like or disrespected him he told them that he didn't like that, he was ready to stand up for himself all the time, and he was very cocky about it too.

Willa-Jo

I think my mom has self-esteem like the mermaid. She'll be singing in the grocery store and I'll say "mom you're embarrassing me" and she'll say: "I don't care what others think. I'm doing what I want." My mom will also wear really big boots and I'll say: "Mom, they're ugly" and she'll say: "I don't care, they keep me warm."

Participant's Sessions of Improving Self-Esteem

Once the participants brought forth examples of other characters or people from their lives, I asked them to identify the factors that contribute to the characters having self-esteem. Marie said:

The characters don't take any shit from anyone. They don't let people tell them they're not good because they know that people like that are not worth their time. Obviously, people who say such mean things don't have self-confidence themselves and that kind of gives them a bad image. The characters simply don't worry what the people think of them. They just say "I'm me, and I know who I am."

Willa-Jo said:

The characters are not shy. They always approach people and start conversations. They also say what's on their mind out loud. If something is bugging the characters they'll say it. They'll just get it out.

When the participants listed the personal traits that depicted self-esteem in the characters they brought forth, I asked them if they would like to share a story about themselves that depicted the same self-esteem traits as observed in their fictional characters. I also asked them to rephrase the key factors that helped them get through their personal challenging situations.

Willa-Jo's Story of Triumph

My friends would always ignore my feelings. I would say, I want to

go home, I'm not feeling well and they would say: "Just stay, you're fine." These friends asked me for a sleepover and I said: "I don't know, I don't think so." I hate sleepovers I'm afraid of getting sick, and I really didn't want to go. They said: "Just call your parents and come over." I asked my dad what to do and he said: "Do what makes you feel comfortable." So I called my friend who said: "Come over!" I started to cry and she hung up but in the end I didn't go. I did what I wanted to do and not what they wanted me to do. I was proud of myself that I wouldn't go and put myself through that evening even though they wanted me to.

Marie's Story of Triumph

I used to have really bad friends. They were horrible because they would always cut me down and when I was with them they would always treat me like their little puppy, insulting me and treating me anyway they wanted to. I stopped hanging around them after a while. One day I was on the train with them because I didn't have anyone else to sit with. They asked me: "Why haven't you been hanging around with us lately? I said: "Why didn't you come to my locker anymore? Why don't you come to see me? Why do I always have to come to you to be insulted? Why do I have to take your shit all the time? I don't do that to you. Why should you do that to me?" It was hard to say that and it took a year to be able to say that. They started defending themselves by saying: "You never asked us to come over." I said: I shouldn't have to come over. If you were my friends then YOU would. In summary, I told them to 'fuck off.'

After hearing the personal stories of self-esteem in action, I asked the participants what they believed their fictional characters used in their lives to sustain their self-esteem. Both girls said: "positive self-talk." In an earlier session, the girls also mentioned time and experience as other helpful elements of maintaining and improving self-esteem. Based on their assumption that positive self-talk helps to maintain self-esteem, I asked them to write down both the positive and negative thoughts of their fictional characters. Both Marie and Willa-Jo wrote separate sections containing thoughts titled "bad" and "good" (Figures 7 and 8).

Once they heard the voices out loud, Marie said her fictional character's voice seemed stronger where as Willa-Jo said the negative voice that belonged to her fictional

character seemed more powerful. I asked the girls if they also experienced positive and negative voices. They both said yes. Therefore, I proceeded with an exercise of guiding them to externalize their own positive and negative voices symbolically. Marie viewed her “good voice” (Fig 9) as a star and her “bad voice” as a “crud” (Fig 10). Meanwhile, Willa-Jo viewed her “good voice” as a badge (Fig 11) and her “bad voice” as tank (Fig 12). Afterwards, I took them through various exercises so they could identify what the voices say, where they stem from and how they could be strengthened or weakened during difficult times.

The rest of the sessions focused on guiding the participants to identify and improve situations that made them feel confused, worried, stressed or physically ill. Based on their character models, personal reflections and positive and the negative voices they created, personal means of coping and overcoming challenges in their own lives became possible. The participant’s self-esteem was being improved through drama therapy via the clients themselves, through their personal process of defining and exploring the phenomena. In return, their skills in improving self-esteem helped them in the process of resolving their personal issues and the problems they brought to therapy.

Participants’ Self-Esteem Used to Understand Abdominal Pain

After working for several sessions, exploring abdominal pain and self-esteem using fictional characters, the participants were directed to put their recognized internal coping skills and resourcefulness to the test. I asked the participants to focus on themselves and identify the physical sensation of abdominal pain. Both girls identified the feeling of being burnt inside by a fire. When I asked them to draw an outline of their

bodies and locate their personal fires, Willa-Jo painted a volcano erupting inside of herself (Fig 13), while Marie painted a bonfire blazing inside of her body (Fig 14).

I asked the girls to observe their painted images of fire in their bodies and imagine being doctors looking at patients with abdominal pain. I also asked them to describe how the fires started and how they could be tamed in their patients. The following represents the dialogues that took place:

Therapist: Thank You for coming doctors, I was wondering if you could tell these girls what is wrong with them? why do they have this problem? and what they could do to help resolve their physical painful ailments?

Willa-Jo: Hi Willa-Jo, I'm a doctor and you have a volcano erupting inside of you. It's caused by pressure that has been bottled up and building up over some time. The pressures include worry, sadness and stress. You need to talk to someone about what's bugging you, and it's O.K to cry! Crying is good for you it gets some of the pressure out.

Marie: Hi Ashley, don't cry, it's O.K. You have a bonfire inside of you that's fed by logs of worry, anger, stress and confusion. You need to talk to someone about these feelings to get the logs out. You also need to get your anger out more. Be careful not to hurt anyone with your words but make sure you express your anger and let others know that you are angry.

The exercise showed that the participants were able to develop enough internal capability and resources for resiliency that they could understand the roots of their abdominal pain and identify the coping strategies needed to work through their health problems.

The Participants' Journey in Drama Therapy

The overall progress of the two female participants in drama therapy appeared to be successful. The clients attended all the drama therapy sessions and were able to meet their therapeutic goals and work through the various stages of the drama therapy process. In addition, the two female participants completed the research study component on self-esteem that was integrated into their therapeutic program.

The therapeutic objectives met by the participants include: 1) identifying the causes and implications of the underlying feelings that were connected to the abdominal pain (anxiety, stress, anger and sadness). 2) exploring new and existing personal coping strategies. 3) enhancing resilience, self-confidence and self-nurturance.

The two participants also worked through the stages of drama therapy's developmental process, including embodiment play, projective play and role-play. In embodiment play, the participants were able to engage in pre-play explorations of their environment through the immediate sensory stimuli such as touch, smell, visual and auditory. In projective play the participants were able to make explorations and symbolic personal connections to objects, toys, materials and drawings that were external to themselves. Finally, in role-play, the participants were able to enact a role with freedom, flexibility, spontaneity, and ease.

In addition to progressing through the drama therapy developmental stages, the individuals were able to improve their self-esteem through the phenomenological process of defining and exploring the phenomenon "self-esteem." The process of reflecting on personal dramatic expressions of self-esteem was displayed through art, body movement, story telling and role- playing. The result of the exercises, and other physically and

socially active dramatic techniques, led the participants to access their internal coping strategies, personal strengths, and positive qualities that became appreciated and nurtured by the group. The qualities included expressiveness, playfulness, creativity, spontaneity, humor and aliveness.

According to the humanistic paradigm, the strengths and healthy qualities elicited in participants develop the participants' ego-strength and enable them to tolerate the more regressive work, often involving painful self-examination, and the challenging task of actively resolving personal problems (Emunah, 1994). In the case of the two female adolescents, both showed interest and courage to walk on the path of personal healing through earnest self-reflection and active realization.

Currently, the two participants are still completing their therapy. They are currently in the process of practicing their personal coping strategies and enhancing their self-esteem. Future goals and expectations for both Willa-Jo and Marie include continuing the path of maintaining self-esteem and practicing the application of coping strategies to express and decrease the feelings of anxiety, stress, anger and sadness. Relaxation techniques such as meditation or yoga would also be helpful in calming the participants' nerves and stress levels.

I believe that caregivers and teachers also play a vital role in helping adolescents with issues of anxiety and self-esteem. For example, caregivers and teachers could validate their children's accomplishments and focus more on their children's strengths instead of their weaknesses. In addition, it is my opinion that caregivers and teachers could help children by encouraging them to express themselves and talk more openly about those personal experiences that cause negative feelings to build up inside of them.

Finally, I believe that caregivers and teachers could aid children by teaching them how to speak up for themselves and guiding them to face the daily challenges head on with loving support and recognition.

It appears that the overall journey for the participants has been filled with laughter, insight, personal awareness, emotional growth, friendship, courage and hope. The participants have opened up themselves to one another and let out the dark heavy ghosts of the past to let the lighter internal spirits emerge from within. Both girls are clearly on a positive road to the resolution of those feelings that have contributed to their physical pain and discomfort.

Chapter V: CONCLUSION

Research Study Results

The drama therapy sessions described in the case studies illustrate two findings. First of all, the drama therapy phenomenological research approach unveiled the validity of the operational definition used in this study. The results of the study demonstrate that self-esteem is a truly a “subjective and evaluative phenomenon which determines the individual’s characteristic perceptions of personal worth” (Battle, 1982, p. 27). Secondly, research findings indicate that the female adolescents use of the research process served as a personalized therapeutic vehicle for identifying their personal requirements for self-esteem improvement.

Although both girls identified confidence as a trait belonging to personal worth, the other features they mentioned differed from one another. For example, whereas one

girl stated her personal value of self-respect and respect for others, the other girl identified her value of courage and bravery. It was interesting however, that both girls viewed self-esteem as threatened when faced with a situation of unfamiliarity. An example of this could be seen in the study, where both participants blamed foreign social environments for putting their fictional characters' self-esteem at risk.

The girls met the requirements of the research study. They were able to vocalize views concerning personal characteristics of self-worth pertaining to self-esteem. However, in addition to fulfilling the needs of the research, the participation helped the participants to simultaneously use their perceptions of self-esteem to explore, assess and find ways of improving their own self-esteem. This occurred throughout the entire drama therapy research approach, as it was specifically adapted from Mala Betensky's art therapy research approach.

Summary of the Drama Therapy Research Approach

The art therapy approach guides individuals to externalize their artistic expressions and then go through a process of observing, intuiting and inferring. Meanwhile, the adapted drama method directs individuals to externalize their dramatic expressions through embodiment, observation, projection and the integration of roles. Although the processes differ in application, I believe that both approaches may be used for the purpose of examining subjective material and in aiding individuals to discover the factors that are personally essential for the enhancement of self-esteem.

Self-Esteem Enhancement through the Phenomenological Therapy Process

The solutions for self-esteem improvement reveal themselves on their own through the phenomenological process of defining and exploring the phenomenon self-esteem. I believe that this process occurs naturally, because individuals who are guided to identify and examine their personal shortcomings have a better chance of recognizing the requirements needed to overcome their personal lacks. The phenomenological therapy method directs this process to occur, since the approach steers individuals towards making personal connections with their artistic or dramatic expressions. Once the individuals are able to point out the observed personal associations, they can develop personal insights or realizations that may help them in identifying individualized tactics of resolving their problematic issues in life.

In the case of the two research participants, both identified what they personally needed to improve in regards to their personal self-esteem. They both stated that they required work on positive “self-talk”, practise and time to increase their self-esteem. Based on these observations, it is my opinion that therapists need to help individuals find ways of meeting such personally identified requirements. Drama therapy techniques allowed the girls to practise positive self-talk and role-play allowed the girls to have experiences that challenged and strengthened the personal traits that they believed pertained to their self-esteem.

For example, when Marie stated that respect for herself and others was one of the important characteristics of self-esteem, I believe the statement reflected the worthy qualities she desired to possess in her own life. Hence, in Marie’s therapy, I guided her in dramatizing scenes that highlighted and strengthened her personal understanding of respect for herself and others. Due to the fact that Willa-Jo stated “bravery” as one of the

traits that characterized self-esteem, I directed her to dramatize scenes that underlined her experience of courage.

Questioning Participant's Ability to State Personal Treatment Requirements

The participants' ability to verbalize their requirements for treatment made me question whether individuals are able to make better judgments concerning the state and treatment of their own self-esteem, if just given the right environment for self-reflection and personal analysis. I believe many humans undermine their ability to reveal personal problematic issues and feelings experienced, and rely too extensively on standardized measurements that dictate predetermined criteria for assessment and treatment. However, this belief, is not openly embraced by the current therapeutic community.

The phenomenological method of assessment and treatment is in sharp contrast to other methods of improving self-esteem where the therapist is designated the authoritative role of making interpretations and declaring which aspects of the client's personality requires modification. It is difficult to know which suppositions are valid since "each interpretive method focuses upon different objects for analysis, varies in scope and method, and has different assumptions about the human being, knowledge and reality" (Franklin, 1992, p. 164).

In the creative arts therapies, it is especially difficult to arrive at conclusions.

Training programs, often in an uneven way, have educated their students on the subjects of symbolism, interpretation and diagnosis through art. The variety of methodologies used appear to cover a wide range of diverse viewpoints. The result is a group of professionals, all focused toward the same goals, but with different strategies to arrive at those goals. Diversity, which is healthy,

can also create situations for concern. As the very nature of a symbolic image is its dimensionality in terms of potential multiple meanings, we must ask ourselves if our approach to understanding artwork is faithful to the complications inherent in this basic premise (Franklin, Michael , & Politsky, as cited in *The Arts in Psychotherapy*, 19, 163-175).

Hence, I believe it is even more critical for creative art therapists to avoid making biased interpretations of artistic and dramatic expressions. In the creative arts therapies, many therapy participants possess the capacity to self-reflect, verbalize their thoughts and to express themselves creatively through either drama, art, dance, writing or music and, therefore, to have a better chance of stating their needs, goals and strategies for therapy. It is up to the creative arts therapists, however, to guide their participants to discover their often hidden personal problems and the means of coping with these difficulties.

Phenomenological therapy allows such a process to occur through the therapist's encouragement of his or her participants to describe their work in therapy in as much detail as possible, thus helping therapists to arrive at more accurate conclusions that include the individual's perspective (Franklin, 1992).

Drama Therapy's Role in the Phenomenological Approach

Fortunately, drama therapy and other creative arts therapies offer numerous opportunities to engage participants in therapy that takes on the phenomenological perspective. The creative arts phenomenological therapy allows the therapist to implement an investigation that focuses on the fullness of the participants' subjective experiencing of 'things,' while moving away from preconceived or inferred theories about them (Betensky, 1987). Drama therapy is one type of creative arts therapy that

encourages the process of participants' subjective experiencing to take place through symbolic play and projection.

“Symbols play a crucial role in the way our unconscious mind relates to the outer world; it represents ‘a sort of courier service which passes between the carriers of the internal fantasy life of the mind, and all that goes on out there’ (Miller, as cited in Jones, 1996, p. 222). In drama therapy, symbols are expressed unconsciously, through play, using associations, puppets, characters, objects etc. It is seen as a message communicated that expresses issues, concerns, and repressed problems. The participant may not know what the symbol represents for him or her at the time of revealing his or her symbol. However, through a process of further communication, exploration and clarification, the client may achieve insight about the significance of his or her symbol, which leads to his or her therapeutic change (Jones, 1996).

Similar to symbolic play, dramatic projection also enables participants to access and verbalize their internal conflicts and problems. This occurs through a dramatic dialogue that occurs between the client's internally held issues and the external expression of those issues. There are many projective techniques in drama therapy that allow the participants to take personal meaning from experience. These techniques include play with objects, sculpting, improvisation in movement and character, puppetry, script and mask work. All the dramatic expression brought forth by the participant allows change through the construction of perspective, along with the change for personal exploration, expression and insight through the enactment of the material projected (Jones, 1996).

Hence, based on the research study findings and personal belief, it is my opinion that the phenomenological drama therapy research method acts not only as an excellent tool for pursuing phenomenological research of subjective material. It also serves as a powerful therapy by which participants can reflect upon, examine, evaluate and identify their problems and find personal solutions to overcoming their difficulties.

The Drawbacks in Pursuing Phenomenological Research

Although I have grown fond of pursuing phenomenological research, I am aware that the research therapy method cannot be applied to every population. Individuals who cannot express themselves verbally or are unable to engage in a process of self-reflection are excluded. In addition, I am conscious that there is no phenomenological research that can be carried in an absolutely fulfilling manner.

Human research uncovers the co-researcher's presuppositions as persons, and since no person can be exhaustively researched, and in as much as existential significance refers to spiraling and ever expanding horizons, then the point can never be reached where all of the co-researchers' presuppositions, which guide research at every phase, can be uncovered and dealt with, or where the full assessment of existential significance is achieved (Colaizzi, as cited in Valle and King, 1978, p.70).

Final Note from the Research Student

In terminating my research study, I have come to believe that a phenomenon is defined only through subjective perspectives that vary from one person to another. Based on my conviction, I am more inclined to avoid making hasty assumptions and interpretations when working with future participants in therapy. Through the process of my

research, I have also discovered for myself that individuals definitely have the potential to express their own problems and to discover solutions for overcoming their difficulties.

Due to this latter observation, I am more willing in the future to abandon the assumed role of a “therapist expert.” Instead, I intend to engage capable participants in listening to, and observing their own words, behaviors and associations. As a result of this approach, I hope to hear more participants uncover and identify their ailments, therapy requirements, and be able to describe them to me in their very own words.

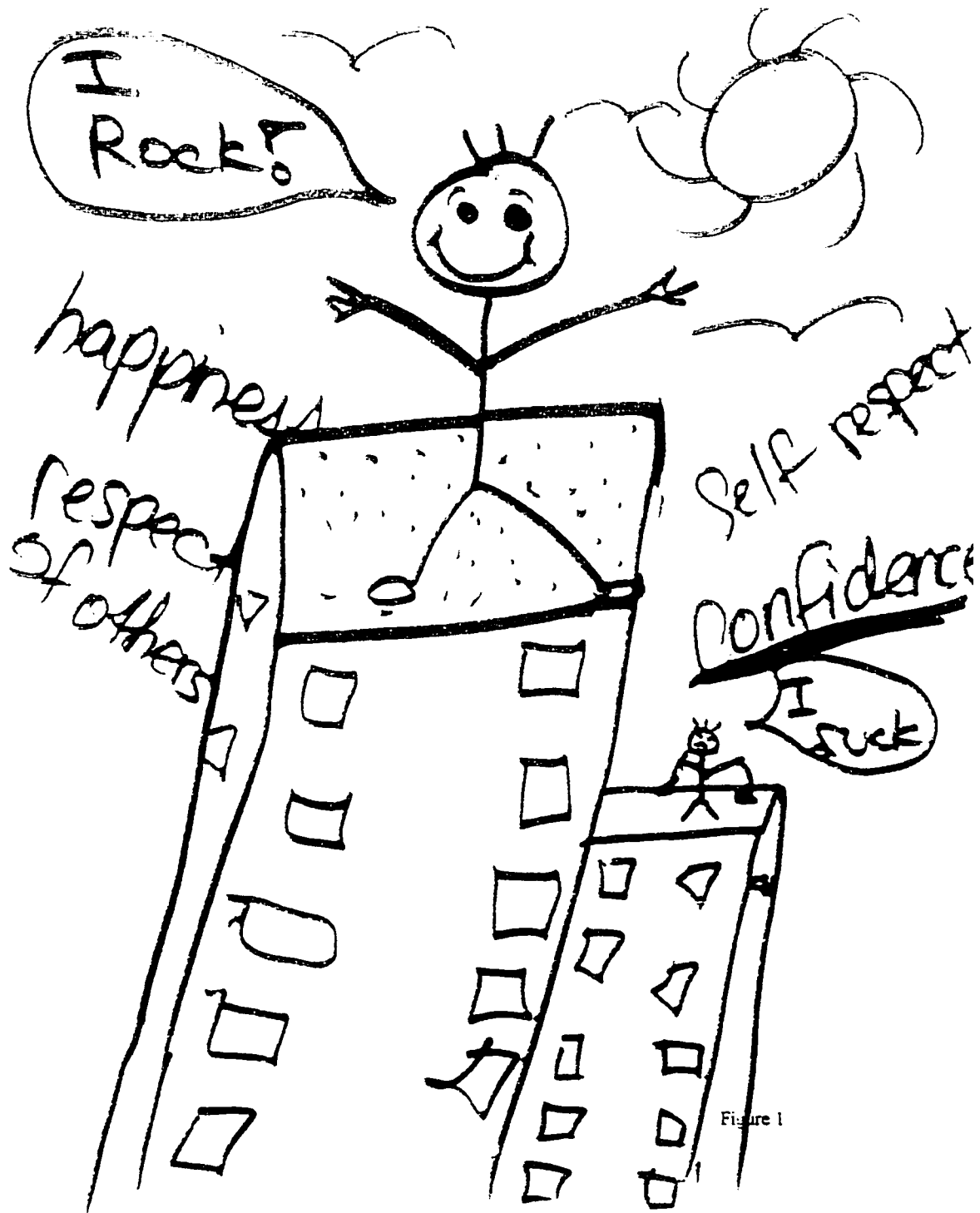


Figure 1



Figure 2



Figure 3

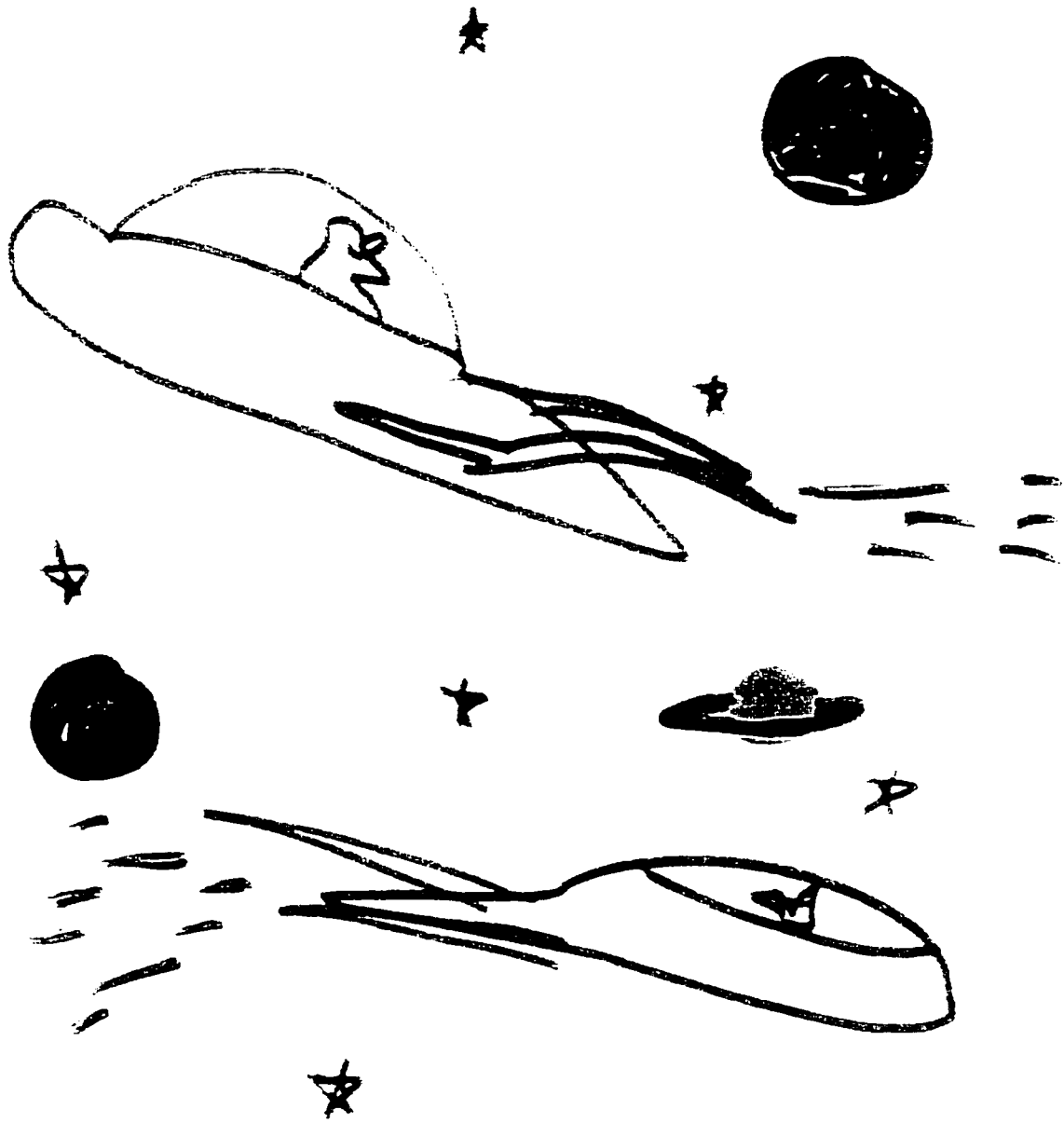


Figure 4



Figure 5

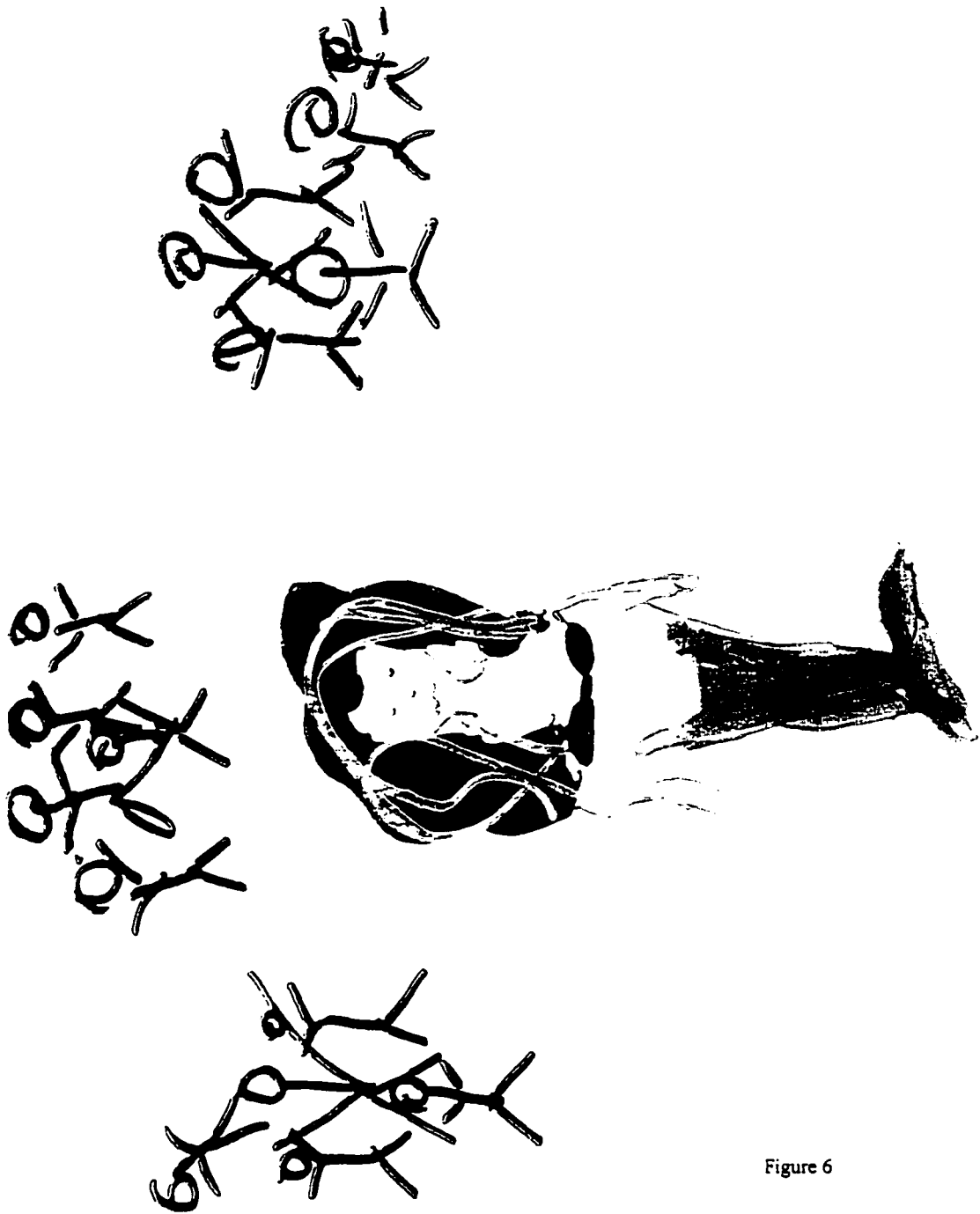


Figure 6

Bad:

- I'm so different
- every one else knows each other except me.
- What will people think of me?
- I feel so out of place.
- What should I do? I can't go to a group and just say hi!

Good:

- If I don't do it, I will never know.
- ~~It~~ it won't hurt to try
- Who knows they might be nice?
- I'm just sorta go up to them and pretend I'm better than them.

Figure 7

- What will they think of me?
- What if they don't like me?
- What if I don't fit in?
- I look so different from everyone else.
- (BAD) - What if they judge me because of what I look like?

- It doesn't matter what I look like, I will always be me.
- Even if they do judge me, it won't matter because what is important is what I think of me, not what they think.

GOOD

Figure 8

GOOD Voice

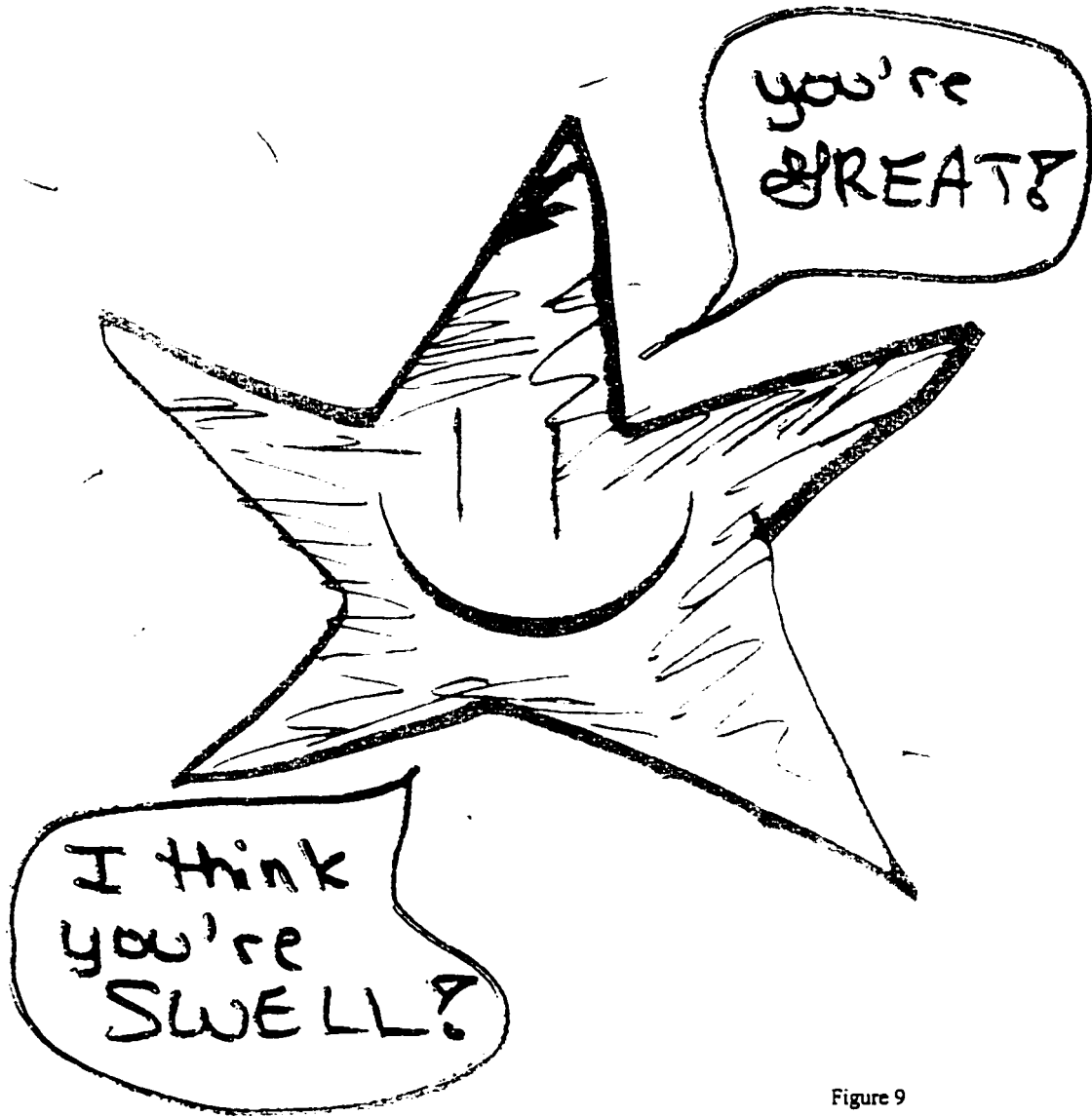


Figure 9

BAD VOICE



Figure 10

Good voice

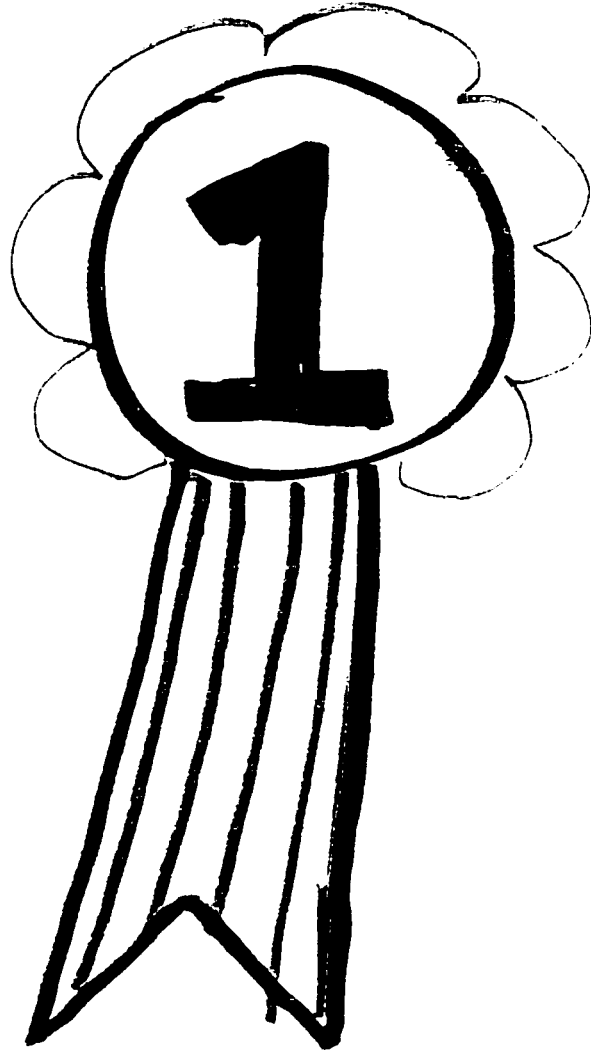


Figure 11

Bad voice

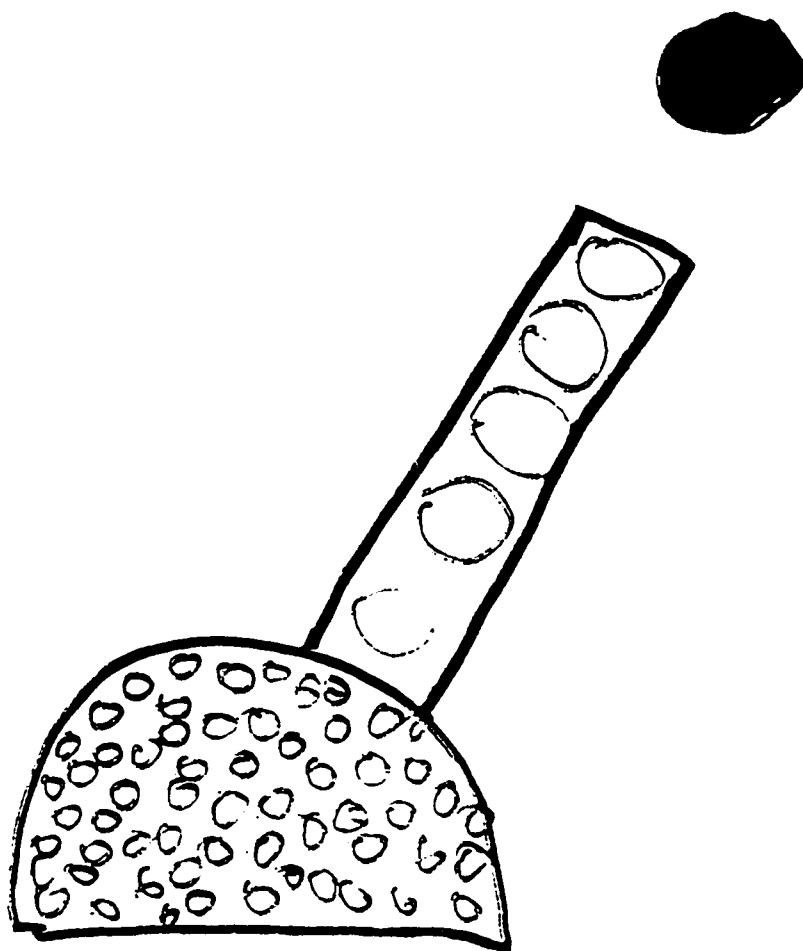


Figure 12



Figure 13



Figure 14

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Appendix

Consent Form

Drama Therapy Research Paper
Danusia Lapinski, Student
Magistrate in Creative Arts Therapies Programme
Concordia University

I _____, undersigned, give permission to Danusia Lapinski to photograph and/or videotape examples of my artistic work for inclusion in her Master's Research Paper in the Creative Arts Therapy Program at Concordia University.

I also give Danusia Lapinski permission to have access to my medical and social service files for the purpose of writing her research paper.

I understand that both my name and the setting where my drama therapy sessions took place will be kept strictly anonymous and that no identifying information will be given in the research paper. I also understand that I may withdraw my consent any time before the research paper is completed, without explanation, simply by contacting Danusia Lapinski or her Supervisor, _____. This decision will have no effect whatsoever on my drama therapy or any other aspect of my medical treatment.

I have had an opportunity to ask questions about the implications of this consent and I am satisfied with the answers I received.

I have read and understood the contents of this form and I give consent as described above.

Signature: _____

Date: _____

Witness: _____

Date: _____