

Playing to Strengths: A Study Examining Drama  
Therapy within the Context of Positive Psychology

Monica Sweeney

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**ABSTRACT**

Playing To Strengths: A Study Examining Drama  
Therapy within the Context of Positive Psychology

Monica Sweeney

This study examines and compares two emerging areas in the field of mental health: positive psychology and drama therapy. The positive psychology movement emerged out of the desire to balance research in the mental health field to include the study of human strength and positive functioning along with the study of mental illness, and to apply this knowledge in clinical practice. The creative processes used in drama therapy, which are inspired by theatrical tradition, can effectively promote positive mental health, as they facilitate the potential for skill-building and deeper personal discovery within the safety of a therapeutic environment.

Supporters of positive psychology are also working towards building a strong body of research focusing on human strengths and potential. Research collaborations with positive psychologists could benefit drama therapy as a profession, by communicating this modality's therapeutic effectiveness to a wider community.

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## Chapter 1: Introduction

The following chapter focuses on the purpose of this investigation, including research questions, goals, and assumptions. An organizational structure will also be provided, as well as operational definitions for commonly used terms.

### *Purpose of the Study*

The purpose of this study is to examine and compare two emerging areas in the field of mental health: positive psychology and drama therapy. As there is an apparent lack of literature establishing concrete links between these two fields, my aim is to provide a theoretical argument on how the use of drama therapy techniques could help advance the goals of the positive psychology movement, i.e. to help individuals develop their strengths and potential, as well as aid in the alleviation of mental illness (Compton, 2005; Duckworth, Steen, & Seligman, 2005; Linley & Joseph, 2004a; Seligman, 2002; Seligman & Csikszentmihalyi, 2000).

Because the area of human strengths and potential could include a wide array of topics, including "courage, interpersonal skills, optimism, authenticity, perseverance, realism...personal responsibility, and purpose" (Duckworth et al., 2005, p. 641), I have chosen to frame this investigation within the six areas of positive functioning

as defined by Marie Jahoda (1958) in *Current Concepts of Positive Mental Health*, which is considered (Compton, 2005; Duckworth et al., 2005) to be an influential text to the current positive psychology movement. These six concepts are:

- Positive attitude toward the self
- Personal growth
- Balance/integration
- Autonomy
- Perception of reality
- Environmental mastery

For each of these concepts, I will focus on the application of one of the nine dramatic process identified by drama therapist Phil Jones (1996) as being common to most drama therapy models. The six concepts I will be discussing are:

- Dramatic projection
- Dramatic play
- Role
- Personification and impersonation
- Interactive witnessing
- Life-drama connections

I will also provide examples of specific drama therapy models and/or intervention techniques to clarify how these processes can be applied in clinical practice.

Another goal of the positive psychology movement is to create a significant body of research on human strengths and well-being (Compton, 2005; Duckworth et al., 2005; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005; Snyder & Lopez, 2002). Therefore, I will also include a discussion regarding the potential for research collaborations between professionals from both fields, including possible positive and negative consequences for practitioners of drama therapy.

#### *Research Method*

The research method falls into the historical-documentary model. I will be drawing on literature from both fields to investigate possible connections and common goals of positive psychology and drama therapy. Although this study is framed within a theoretical construct, I believe the proposed connections discussed in this paper could serve as a base for more focused studies of positive psychology concepts and drama therapy techniques in relation to specific populations and clinical/investigative goals. Also, this research could serve to highlight a

"specific contribution to health care" (Johnson, 2000, p.14) that drama therapy could make for the advancement of a positive psychology in practice, which is to work within a therapeutic model that places "the healing aspects of the client rather than the psychopathology" (Meldrum, 1994b p.24) at the forefront.

#### *Research Questions, Goals and Assumptions*

*Primary research question.* How can drama therapy interventions be presented as viable methods to advance the goals of the positive psychology movement?

*Secondary research question.* How would contributing to the goals of the positive psychology movement benefit drama therapy as a profession?

*Primary research goal.* My primary goal is to present drama therapy as an effective model to promote healthy aspects of human functioning.

*Assumptions related to positive psychology.* My focus to examine drama therapy in the context of positive psychology indicates an assumption that mental health implies more than the absence of mental illness (Compton, 2005; Duckworth et al., 2005; Jahoda, 1958; Keyes & Lopez, 2002; Linley & Joseph, 2004b; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Sheldon & Lyubomirsky, 2004), and is a worthy area of research in

its own right. This study also reveals my assumption that human beings possess an inherent desire to develop their strengths and potential (Linley & Joseph, 2004b).

*Assumptions related to drama therapy.* The idea that drama therapy facilitates growth and change through a creative process highlights my assumption that human beings possess innate creative potential. However, in the context of this study, creativity is not necessarily synonymous with artistic ability or talent. Rather, creativity is associated with an individual's ability to be adaptive, flexible, and spontaneous when faced with novel situations and challenges (Garcia & Buchanan, 2000).

#### *Organization of Research Paper*

*Chapter 1:* Focuses on the purpose, goals, method, and organization of this study.

*Chapter 2:* Focuses on the evolution of the positive psychology movement in response to the dominance of the "weakness model" of mental health study.

*Chapter 3:* Focuses on the evolution of drama therapy as a distinct profession.

*Chapters 4 through 9:* Focus on the application of core processes in drama therapy to promote the six concepts of mental health as defined by Jahoda (1958).

*Chapter 10:* Focuses on potential implications of research collaborations between professionals in both fields.

*Chapter 11:* Presents a conclusion to this study, including limitations and possible future directions.

### *Summary*

The purpose of this chapter was to provide a framework for this research study as a whole. My goals for this investigation, including my research questions, were provided, as well as my assumptions regarding the topic. The study's organizational structure, including chapter outlines, was provided to further explain the areas to be covered.

### *Operational Definitions*

The following operational definitions have been included to clarify terms that will be used throughout this paper.

*Positive psychology:* The study of human strengths and potential (Snyder & Lopez, 2002).

*Drama therapy:* "The intentional use of [dramatic media and processes] towards the psychotherapeutic goals of symptom relief, emotional and physical integration, and personal growth" (Johnson, 1984, p.105).

*Dramatic reality*: A state between the "real" world and the world of the individual's imagination, described by Pendzik (2006) as a core element to the practice of drama therapy.

*Aesthetic distance*: A balanced level of distance that allows for the exploration of personal material, but also protects individuals from becoming too overwhelmed or too alienated by the process (Landy, 1994).

*Mental illness (or disorder)*: According to the American Psychological Association (APA) (1994), this can be defined as "a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress...or disability...or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom" (p.xxi). However, the APA also notes that "the concept of mental disorder, like many other concepts in...science, lacks a consistent operational definition that covers all situations" (p. xxi) and that "no definition adequately specifies precise boundaries for the concept" (p.xxi).

*Weakness model*: An expression used by Snyder and Lopez (2002) to describe the dominant focus in modern psychological study and practice, which emphasizes human

weakness and mental disorders. Seligman (2002) uses a similar expression, the disease model, to describe this.

*Positive mental health:* Beyond the absence of mental illness (Compton, 2005; Duckworth et al., 2005; Jahoda, 1958; Keyes & Lopez, 2002; Linley & Joseph, 2004b; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Sheldon & Lyubomirsky, 2004), positive mental health concerns the ability "to balance a number of personality factors... Because of this balance, [a] person can form healthy relationships with others and has the capacity to reach desired goals in life" (Compton, 2005, p.178). According to Jahoda (1958), positive mental health is indicated through the presence of the six factors listed below.

*Positive attitude towards the self:* Feelings of self-acceptance, based a positive yet realistic self-image. (Compton, 2005; Jahoda, 1958)

*Personal growth:* The active desire to discover one's full potential (Compton, 2005; Jahoda, 1958; Keyes & Lopez, 2002)

*Balance/integration:* "Integration of the personality...the relatedness of all processes and attributes of the individual" (Jahoda, 1958, p. 36).



*Autonomy*: "The ability to act independently of environmental pressures" (Compton, 2005, p.178).

*Healthy perception of reality*: "An ability to see the world and self accurately" (Compton, 2005, p. 178).

*Environmental mastery*: The combination of the "themes of success and adaptation" (Jahoda, 1958, p.53) in relation to "situational demands and expectations" (Compton, 2005, p. 178)

## Chapter 2: Positive Psychology - Overview

The following chapter presents an overview of positive psychology. Included are historical factors that gave rise to the dominant *weakness model* (Snyder & Lopez, 2002) of psychology, and the emergence of the positive psychology movement in response to this. Goals in research and clinical interventions related to positive psychology will be discussed. Criticisms of positive psychology will also be presented, along with responses from those professionals who support this school of thought. The chapter will conclude with a discussion focusing on possible future directions for the positive psychology movement.

### *The Development of the Weakness Model in Psychology*

The APA (2005) lists the following goals in its mission statement: "To advance psychology as a science and profession and as a means of promoting health, education, and human welfare" (About APA section, para.1). Over the past sixty years in North America, researchers and clinicians in the field have mainly focused on achieving these goals through the study and treatment of mental illness (Duckworth et al., 2005; Linley & Joseph, 2004a; Maddux, 2002b; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). One reason for this emphasis on illness was the needs of society at that time. After the

Second World War, it became necessary to focus on the immediate concern of assisting the many who had been impacted by the traumatic events of this era (Duckworth et al.; Seligman, 2002; Seligman & Csikszentmihalyi, 2000). Many professionals in the mental health field found employment at Veterans' hospitals across North America (Maddux, 2002b; Seligman, 2002; Snyder & Lopez). In 1947, the National Institute of Mental Health was formed in the United States, which provided funding for psychological research (Maddux, 2002b; Seligman, 2002; Seligman & Csikszentmihalyi, 2000). Despite its name, it has been argued (Maddux, 2002b; Seligman, 2002) that the bulk of this institution's financial resources was allocated to the study of mental illness, as opposed to promoting healthy functioning. This seems to support Seligman's (2002) claim that those working in the mental health field have been positively reinforced for focusing on weakness and illness over strength and well-being.

This emphasis would soon be reflected on the page, as well. In 1952, the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) was published, providing names and descriptions of approximately sixty different mental disorders for use in clinical practice (Wikipedia, Brief History section, para.2, 2006). The DSM

quickly became a major reference tool for those working in the mental health profession (Maddux, 2002b; Peterson & Seligman, 2004). Although the publication of the DSM helped to standardize terminology and diagnosis criteria for researchers and clinicians (Peterson & Seligman; Seligman, 2002), it has been criticized (Linley & Joseph, 2004a; Maddux, 2002b; Peterson & Seligman) for only providing information on the negative side of human functioning. Linley and Joseph (2004a) note that, as each revised version of the DSM has been released, new diseases and disorders have been named for inclusion in the manual. Maddux (2002b) has raised the following concern regarding this trend: "We are fast approaching the point at which everything that human beings think, feel, do, and desire that are not perfectly logical will be labelled as a mental illness" (p.18).

With such an emphasis on uncovering illness and weakness, it has been suggested that clinicians could run the risk of contextualizing any positive feelings an individual may express of as a form of maladaptive defence (Sheldon & King, 2001), as well as inadvertently rewarding clients when they focus on their problems and perceived weaknesses (Ahmed & Boisvert, 2006; Compton, 2005). Ahmed and Boisvert (2006) also suggest that "the repetitive

stimulation...of...talking and thinking about deficits and problems in therapy sessions may also strengthen the underlying neural networks that support those symptoms" (p. 334), making it even more difficult for individuals to cope with their problems and/or take steps to change their behaviours. This seems to support Snyder and Lopez's (2002) argument that the dominant weakness model "can foster a passive and avoidant approach to life" (p.759).

#### *The Emergence of the Positive Psychology Movement*

Since the 1990s, this emphasis on illness and weakness has come under greater scrutiny. While those working within the weakness model has advanced the understanding and treatment of mental illness (Compton, 2005; Duckworth et al., 2005; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002), this dominant focus may have limited researchers' interest in studying human potential and positive mental health (Compton; Snyder & Lopez). This in turn, may have impeded the development of the skills required by practitioners to help clients work towards a greater sense of well-being beyond the relief of their presenting symptoms (Duckworth et al.; Maddux, 2000b; Seligman, 2002; Sheldon & Lyubomirsky, 2004; Snyder & Lopez). Keyes and Lopez (2002) add that, despite the large body of research focusing on

what can cause mental illness and dysfunction, people are still developing disorders and experiencing suffering, which seems to support Fineburg's (2004) argument that "a psychology that emphasizes diagnosing and treating illness is more equipped to deal with problems after they have afflicted patients rather than advising people how to avoid getting ill in the first place" (p. 201). For those individuals who seek psychological services, this could potentially translate into feelings of helplessness, or a lack of control over one's life (Peterson, Maier, & Seligman, 1993).

Despite these concerns, Linley and Joseph (2004a) note that many individuals do not succumb to feelings of passivity and helplessness, and manage to thrive despite being faced with obstacles throughout their lives. However, with little formal study into how and why such individuals flourish, researchers could only rely on "armchair speculation" (Park, Peterson & Seligman, 2004, p. 616) in these areas. In 1998, while serving as APA President, Dr. Martin E.P. Seligman publicly urged his colleagues to broaden their focus to include a more formalized study of human strengths and potential - or positive psychology (Compton, 2005; Duckworth et al., 2005; Kelley, 2004; Snyder & Lopez, 2002).

### *Goals of the Positive Psychology Movement*

Supporters of positive psychology do not intend to eliminate the weakness model from their field, nor do they wish to discount the important contributions made by those who have researched and reported on mental illness (Compton, 2005; Duckworth et al., 2005; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). Seligman (2002) credits those working within the weakness model for developing "pharmacological and psychological interventions that have moved many...mental disorders from 'untreatable' to 'treatable', and in a couple of cases, 'curable'" (p.8). However, supporters of the positive psychology movement (Compton; Duckworth et al.; Keyes & Lopez, 2002; Linley & Joseph, 2004b; Peterson & Seligman; Seligman & Csikszentmihalyi, 2000; Sheldon & Lyubomirsky, 2004) stress that a lack of mental illness does not necessarily mean the presence of positive mental health. Therefore, human strengths, potential, and factors that promote mental health and well-being need to be studied, researched, and measured just as thoroughly as diseases have been (Compton; Jahoda, 1958; Peterson & Seligman; Seligman & Csikszentmihalyi, 2000; Seligman, 2002; Snyder & Lopez). This could contribute to the goal of achieving a more

balanced understanding of human functioning (Compton; Fineburg, 2004; Seligman, 2002; Seligman et al., 2005; Snyder & Lopez) that can look at "repairing the worst things in life,...building positive qualities" (Seligman & Csikszentmihalyi, 2000, p. 5), and developing prevention strategies for those who may be "genetically vulnerable or [living] in worlds that nurture [psychological] problems" (Seligman, 2002, p.4)

Linley and Joseph (2004b) suggest that, in order to achieve such goals on an individual level, practitioners need to consciously work with their clients beyond 'curing' any perceived illness or damage, and towards the building their sense of well-being. One way this can be achieved is by focusing on skills and strengths of the individual, in order to "[expand] potentials and [cultivate] personal growth" (Compton, 2005, p. 12). This primary focus on building the positive aspects of the individual may help clients to feel more capable to address and work through problems (Keyes & Lopez, 2002) and/or cope with a diagnosis of a mental disorder (Ahmed & Boisvert, 2006). Just as Ahmed and Boisvert (2006) argue that a repeated focus on problems could impact neurological processes in a negative way, Isen (2002) proposes that cultivating a positive affect in individuals could expand their "cognitive



flexibility" (p.529), leading to increased and ongoing creativity, adaptability, and problem-solving capabilities. Nurturing such strengths could serve to protect individuals from developing mental illness in the future (Compton, 2005; Fineburg, 2004; Linley & Joseph, 2004b; Seligman, 1995, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002) or from experiencing re-occurrences of ones that have already manifested (Keyes & Lopez; Peterson & Seligman, 2004).

#### *Positive Psychology: Criticisms and Concerns*

*Revolution or repetition?* Although the positive psychology movement in North America has grown in popularity over the last decade, Bohart and Greening (2001), Kelley (2004), and Shapiro (2001) have all countered that this desire to strike a balance between human strengths and weaknesses is not new. They have suggested that positive psychologists have chosen to downplay similar contributions from other areas, particularly humanistic psychology (Bohart & Greening, 2001; Kelley, 2004; Shapiro, 2001). Shapiro notes that many positive psychologists have tended to look to one another, as opposed to their predecessors, to support their arguments. Seligman and Csikszentmihalyi (2001) have responded to these comments by suggesting that while

supporters of humanistic psychology have focused previously on maximizing human potential, not enough emphasis had been placed on research to determine how individual strengths could be further developed. Positive psychologists, on the other hand, are working towards "a rigorous science" (Snyder & Lopez, 2002, p. 752), which includes research and publication. For example, in 2004, Peterson and Seligman published their *Character Strengths and Virtues: A Handbook and Classification* (CSV). The CSV is meant to serve as a compliment to the DSM, which focuses on mental illness (Peterson and Seligman, 2004). Supporters of positive psychology are also making efforts to fund and train individuals in order to encourage future research efforts (Seligman et al., 2005).

Although Seligman and Csikszentmihalyi (2000) have argued that humanistic psychologists seemed unable to amass a body of research on human strengths and potential, they do acknowledge that this might have been due to bad timing in terms of societal demands. They also suggest that leaders of the humanistic psychology movement, such as Carl Rogers and Abraham Maslow, were "ahead of their time" (Seligman & Csikszentmihalyi, 2000, p.7). Previous lack of this type of support may have been a significant barrier to those who have shown interest in this area in the past

(Compton, 2005). Linley and Joseph (2004a) note that, by linking the study of strengths and potential under the umbrella term of *positive psychology*, the literature can now become unified, as opposed to scattered and isolated.

In terms of the criticism of ignoring past work on mental health, supporters of the positive psychology movement (Compton, 2005; Duckworth et al., 2005; Sheldon & King, 2001; Fineburg, 2004; Seligman, 2002; Seligman et al., 2005; Snyder & Lopez, 2002) acknowledge that interest in mental health has always been present in the field. It is interesting to note that the work of a Marie Jahoda, who wrote *Current Concepts of Positive Mental Health* in 1958, is credited as "the very premise of today's positive psychology movement" (Duckworth et al., 2005, p.631), and "the first systematic, cross-theoretical exploration of twentieth-century concepts of positive mental health" (Compton, 2005, p.178). Although the positive psychology movement has gained greater momentum since 1998, Snyder and Lopez (2002) suggest it has actually been building slowly over the past sixty years, in the shadow of the dominant weakness model. Supporters of the positive psychology movement credit the work of mental health professionals such as James, Jung (Compton; Linley & Joseph, 2004a), Erikson, Vaillant, Ryff and Singer (Seligman et al.), as

well as Rogers and Maslow (Linley & Joseph, 2004a; Seligman et al.), for paving the way for the current, more focused interest in the study of human strength and potential.

*A challenge of a dominant culture by the dominant culture?* Both Bacigalupe (2001) and Walsh (2001) have raised concerns that positive psychologists have narrowed their scope of study to the dominant culture of Western society. Lopez et al. (2002) do acknowledge the need for more cross-cultural studies in positive psychology, cautioning that researchers cannot assume that what is learned about members of a dominant culture will necessarily apply to others. Jahoda (1958) adds that what is considered mentally health and mentally ill often varies from culture to culture. Seligman and Csikszentmihalyi (2001) suggest that any discoveries from preliminary research with members of the dominant culture could be useful to determine both similarities and differences across populations. For example, Peterson, Park, and Seligman (as cited in Seligman et al., 2005) have initiated a study, surveying participants from 40 different countries, to determine strengths of character that appear to be universally valued (results indicate that kindness, fairness, authenticity, gratitude and open-mindedness are the most universally appreciated). Lopez et al. also

encourage researchers to learn more about communities who manage to thrive even under extreme difficulties, as this could uncover coping and growth strategies that may benefit other groups, as well.

*Is positive psychology already in practice?* While positive psychologists (Duckworth et al., Maddux, 2002b; Seligman, 2002; Sheldon & Lyubomirsky, 2004; Snyder & Lopez, 2002) suggest that those working in the field of mental health may not have received adequate training to see beyond treating illness, Kendall (2005) argues that "writers of psychological reports in the 1970s were taught to include in their psychological evaluations features of positive aspects of the client" (p. 1084). Compton (2005) also notes that, in terms of practice, professionals who focus on *counselling* psychology (as opposed to *clinical* psychology) are more likely to focus on strengths on their clients, who often seek services for assistance with problems they are experiencing, as opposed to a formal diagnosis they have received. Seligman (2002) acknowledges the probability that many practitioners are, in fact, helping clients to achieve a greater sense of overall well-being. Yet, there needs to be a greater need for these types of interventions to be documented and shared. Duckworth et al. (2005) also suggest that a focus on

clients' strengths is more likely developed through years of practical experience than the actual training most professionals receive. This argument regarding the lack of formal training is also reflected in Griggs and Mitchell's 2002 study (as cited in Fineburg, 2004), which found that topics related to positive psychology remain under-represented in introductory psychology textbooks used in American universities.

*Can the positive ever be the priority?* As previously mentioned, Jahoda's (1958) publication, *Current Concepts of Positive Mental Health*, is considered to be an influential text in positive psychology (Compton, 2005; Duckworth et al., 2005). It is interesting to note that this text also includes what can be considered the first criticism of the positive psychology movement, in the form of a commentary by Walter E. Barton, MD (1958), included in the afterword: "Mental illness is the primary threat to positive psychological health" (p. 119). Supporters of the positive psychology movement understand and appreciate the importance of continued research into the alleviation of disease (Compton; Duckworth et al.; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). However, Duckworth et al. (2005) argue that individuals "who carry even the weightiest

psychological burdens care about much more...than just relief of their suffering" (p. 630). What positive psychologists hope to achieve is a more equal balance between the negative and positive, in order to help individuals build strengths to face and overcome potential adversities. This will hopefully help to protect them from experiencing the suffering associated with the development of mental illness (Duckworth et al.; Linley & Joseph, 2004a; Seligman, 2002; Seligman et al., 2005; Seligman & Csikszentmihalyi, 2000; Sheldon & Lyubomirsky, 2004; Snyder & Lopez).

#### *Conclusion*

The positive psychology movement developed out of the desire to balance research in the mental health field to include the study of human strength with the study of mental illness, and to apply this knowledge in clinical practice. While this means challenging a long-dominant set of attitudes and beliefs in current North American psychology (Maddux, 2002b), positive psychologists believe that the key to achieving these goals is to place a greater focus on strengths and potential. Although mental health professionals have focused on the importance of the development of human potential in the past, Peterson and Seligman (2004) believe that the positive psychology movement will make significant contributions to this area

through "the science that develops around it, as well as the thoughtful interventions that nurture...strengths in the first place or get them back on track if they have gone astray" (p. 9). In order to accomplish this, Duckworth et al. (2005) recommend "the collection and testing of new positive psychology interventions" (p. 645). As positive psychology is a relatively new school of thought, it may need to look outside its borders to methods that currently focus on developing potential as well as healing damage, such as drama therapy (Anderson-Warren & Grainger, 2000; Courtney, 1981; Emunah; 1994; Jennings, 1998; Johnson, 1984; Jones, 1996; Landy, 2000, 2006; Langley, 1983; Lewis, 2000; Meldrum, 1994b; Pitruzella, 2004), which will be discussed in the next chapter.



### Chapter 3: Drama therapy - Overview

The following chapter presents an overview of the field of drama therapy. Included in this chapter are examples of the use of drama and theatre to facilitate healing, growth, and change, as well as the development of drama therapy as a distinct profession. Unique features of this modality will also be discussed, along with criticisms and concerns, and possible future directions.

#### *What is Drama Therapy?*

"Drama therapy can be defined as the intentional use of [dramatic media and processes] towards the psychotherapeutic goals of symptom relief, emotional and physical integration, and personal growth" (Johnson, 1984, p.105). Drama therapy draws on the notion that all human beings have the creative potential to imagine and experiment with new solutions to problems (Feldman, Collins, & Green, 2001), and "combine new experiences into new situations and behaviours" (Heatherington, Parke, & Schmuckler, 2003, p. 423). By using a variety of creative techniques (Jones, 1996; Pitruzella, 2004; Silverman, 2006) such as storytelling, improvisation, and role-play, drama therapists assist their clients in accessing their creative potential through the encouragement of spontaneous

expression (Donovan, 1996; Emunah, 1994; Johnson, 1999; Lewis, 2000; Silverman).

It is through this creative process that growth and healing occur. Individuals can use these dramatic techniques to explore unresolved issues and their accompanying emotions. Through this experimentation, individuals can gain insight into their own experiences, understand themselves better, and build the confidence to apply creative solutions developed in drama therapy sessions to their everyday lives in order to facilitate growth and change (Andersen-Warren & Grainger, 2000; Courtney, 1981; Donovan, 1996; Emunah, 1994; Jennings, 1998; Jones, 1996; Landy, 1994, 2006; Lewis, 2000; Meldrum, 1994b; Pitruzella, 2004; Silverman, 2006).

#### *Drama as an Agent for Healing and Change*

The connection between drama and healing can be traced back to ancient rituals from a number of different cultures (Bailey, 2006; Emunah, 1994; Jones, 1996; Jennings, 1998; Landy, 1994; Shepherd, 1992; Snow, 2000). Bailey (2006) credits the Greek philosopher Aristotle as being the first to theorize on the healing aspects of drama in *The Poetics*, which is believed (Brockett & Hildy, 2003) to have been written between 335-323 B.C. Although dramatic healing rituals continue to be performed throughout the world

(Jennings; Snow), this relationship seems to have diminished in modern, Western society, where commercial theatre is predominately looked at as a form of entertainment (Landy, 1994) and/or escape from reality (Brockett & Hildy). However, throughout the 20th century, a number of influential theatre artists have continued to work towards creating connections between performers and the audience/community in order to harness the transformative power of drama (Brockett & Hildy), as influenced by both ancient and modern dramatic rituals (Jennings; Snow).

Perhaps one of the most well-known theatre artists of the 20<sup>th</sup> century was Russian director Constantine Stanislavski, who strove to present realistic performances to which his audiences would be able to relate (Brockett & Hildy, 2003). In order to achieve this, Stanislavski developed a technique in which actors were directed to recall events from their own lives, or imagine how it would feel to be in a certain situation, and use the accompanying emotions and reactions while playing their character on stage (Andersen-Warren & Grainger, 2000; Bailey, 2006; Brockett & Hildy; Courtney, 1981; Emunah, 1994; Jones, 1996). By projecting these genuine emotions onto a fictional character, Stanislavski aimed to create a sense

of empathy from audience members, who could potentially see themselves in the characters struggles' and triumphs (Emunah).

While Stanislavski strove to establish an emotional connection through his work, German theatre artist Berthol Brecht developed alienation techniques to prevent his audiences and actors from becoming so closely involved, such as directing actors to refer to their characters in the third person, speaking directly to the audience, and ending scenes mid-action (Brockett & Hildy, 2003). For Brecht, it was critical to maintain a sense of distance between the art and the audience, so that those observing remain in a position to think critically about what they were seeing and relate it to their own personal and socio-political challenges, as opposed to becoming lost in the spectacle (Brockett & Hildy; Courtney, 1981; Jones, 1996; Silverman, 2006).

While the methods developed by Stanislavski and Brecht appear to be on opposite ends of the theatrical spectrum, both were working towards engaging their audiences as active members of the dramatic process. Throughout the 20<sup>th</sup> century, other theatre artist would work within this range, with similar goals of establishing connections between artists, audiences, and dramatic material, in order to

create the potential for change. For example, in his *Theatre of Cruelty*, French dramatist Antonin Artaud placed the main emphasis on his audiences by using a confrontational style of presentation, framed within spectacular productions with ritualistic influences. Artaud believed that this type of experience could help his audiences members confront and resolve issues in their own lives (Brockett & Hildy, 2003). While Artaud sought to facilitate change through this concentration on the audience, Polish director Jerzy Grotowski chose to focus on the relationship created between the actor and audience. In his *Poor Theatre*, Grotowski attempted to eliminate all dramatic elements that might distract from the experience of participating in a dramatic process (Brockett & Hildy; Emunah, 1994). Grotowski compared this experience to being part of a modern, secular ritual, whereby the participants could expand their individual potential through their connection with one another. American theatre artist Richard Schechner also believed that the relationship between actors and audience was at the core of the theatrical experience. Believing "theatre" could take place anywhere as long as these two groups were engaged with one another, his *Performance Group* mounted their work in non-traditional venues in order to heighten this connection.

Like Artaud and Grotowski, Schechner also considered the ritualistic aspects of his productions, believing that the participation in a performance (as actor or audience) could be a potentially transformative experience (Brockett & Hildy).

While many artists have seen the potential for drama to create awareness and change for their audience members on a personal level, the theatre has also been used as a catalyst for social change. For example, in his *Theatre of the Oppressed*, Brazilian theatre artist and activist Augusto Boal (1995) would dramatize the actual struggles his audience members had experienced with those oppressing them (e.g. government institutions). Boal encouraged these individuals to participate as actors, as well, in an attempt to unite communities, identify common issues, and work towards change. Boal would later adapt this technique while working with individuals who felt oppressed by their own internal, psychological struggles, creating another example of the use of drama for healing, growth, and change.

#### *The Development of Drama Therapy as a Profession*

As theatre artists continued to explore drama's potential for healing and transformation, this concept also began to gain acceptance in modern clinical settings in

Europe and North America. Johnson (2000) credits Dr. J.L. Moreno as the first medical professional to incorporate dramatic processes into North American hospitals, during the 1930s. Moreno developed an intervention technique, called *Psychodrama*, in which clients were encouraged to "use role play and improvisation to help them find solutions to...problems which they faced" (Bailey, 2006, p. 218), within a supportive group.

This paved the way for dramatic activities to be introduced as part of occupational therapy programs in hospitals after the Second World War (Bailey, 2006; Johnson, 2000; Jones, 1996; Landy, 1994), the same period of time that the weakness model began to dominate traditional psychology (Duckworth et al. 2005; Linley & Joseph, 2004a; Maddux, 2002b; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). This led to a heightened interest in focusing on the therapeutic value of drama *itself*, as opposed to the inclusion of dramatic processes as activities in other programs (Jones, 1996). Although the term *drama therapy* was first used by British dramatic educator Peter Slade in 1939 (Jones, 1996; Slade, 1995), it was in the 1960s that professionals studying the healing capabilities of drama in both North America and Europe began communicating their ideas more formally with

one another (Jones, 1996). In 1964, the first formal drama therapy training program was established at the Sesame Institute in London, England (Bailey, 2006; Johnson, 2000). The 1970s saw the first published articles by drama therapists about their work (Johnson, 2000). In 1976, The British Association of Drama Therapists (BADth) was established (Bailey; Jones, 1996). In 1979, a similar professional body, The National Association of Drama Therapy (NADT), was founded in North America (Emunah, 1994; Johnson, 2000). These developments helped to establish drama therapy as a distinct profession, with drama therapists working in various clinical, educational, and community settings (Jones, 1996; Landy, 1994; Silverman, 2006). Since 1964, a number of drama therapy training programs have been established, including three Masters-level university programs in North America (Johnson, 2000).

#### *Drama Therapy: Distinguishing Features*

Because drama therapy draws on techniques from the theatrical tradition (Bailey, 2006; Courtney, 1981; Emunah, 1994; Jones, 1996; Landy, 1994, 2000; Silverman, 2006), the methods used by individual drama therapists are as diverse as this tradition itself (Courtney; Meldrum, 1994a; Radmall, 1995). However, there seem to be some core concepts that distinguish drama therapy from other modes of



healing, regardless of the particular philosophy or the interventions applied.

*Action and embodiment in drama therapy.* Bailey (2006) notes that "drama therapy is, in the simplest terms, the use of action techniques...in the service of behaviour change and personal growth" (p. 214). By involving individuals in an action-oriented experience, they are provided the opportunity to embody, or "physically [express] or [encounter] material" (Jones, 1996, p.114) within the therapeutic setting. This can serve to heighten an individual's understanding of a particular issue beyond the cognitive level (Jones, 1996). This also creates the potential for individuals to express themselves through body language. This could lead to the discovery and/or reinterpretation of issues and capabilities that one would normally articulate, or not articulate, verbally (Andersen-Warren & Grainger, 2000; Courtney, 1981; Langley, 1983). Slade (1995) also highlights the value of drama therapy's active, participatory nature, noting that "the client can experience himself [or herself] in action" (p. 26). This could increase the feelings of importance and value one may assign to his/her personal material (Jones, 1996).

The process of embodiment also provides the additional benefit of developing new strengths and skills. For

example, it can serve to increase an individual's confidence in his/her physical abilities, as s/he can experiment with his/her body's capabilities within the safety of a therapeutic setting (Jennings, 1998, Jones, 1996). The potential for increased confidence in one's problem-solving abilities also exists within this process. Because the client is an active participant in drama therapy, it is s/he who is actively working towards solutions and growth (Andersen-Warren & Grainger, 2000; Bailey, 2006; Courtney, 1981; Emunah, 1994; Jennings; Jones, 1996; Landy, 2006; Slade, 1995), as opposed to taking a passive stance to personal change by expecting the therapist to provide all of the solutions (Landy, 1994, 2006).

*Dramatic reality to create aesthetic distance.* In drama therapy, the environment in which the dramatic action takes place is as important as the action itself. Just as theatre artists such as Grotowski and Schechner strove to create dramatic environments that would allow for connection and transformation in their theatrical pieces (Brockett & Hildy, 2003), a key task for drama therapists is to engage their clients to work within the environment of *dramatic reality* (Pendzik, 2006). Pendzik (2006) refers to dramatic reality as a core element of drama therapy,

describing it as a state between the "real" world and the world of the individual's imagination.

Exploration within dramatic reality has a number of benefits. For example, it can allow individuals to concretize their inner worlds by enacting them (Courtney, 1981; Jones, 1996; Pendzik, 2006). Because dramatic reality is neither completely real nor completely imagined, it can facilitate a greater sense of safety for individuals to examine their issues (Andersen-Warren & Grainger, 2000; Jennings, 1998; Emunah, 1994; Jones, 1996; Landy, 1994; Lewis, 2000). Working within dramatic reality also creates an environment for healthy risk-taking. The element of pretending and playing may encourage individuals to express thoughts and feelings that they may feel are not socially acceptable elsewhere (Johnson, 1998; Pitruzella, 2004).

While this type of separation within the dramatic reality could be seen as a way for individuals to detach themselves from their personal material, Grainger (2004) notes that the concept of distancing differs from that of alienating oneself through the intention: "to experience our involvement more intensely" (p.5). It is the task of the drama therapist to introduce creative interventions within the dramatic reality to adjust the level of distance accordingly, to protect individuals from becoming too

overwhelmed (under-distanced) or too alienated (over-distanced), based on the personal material presented. This balance is referred to by Landy (1994) as *aesthetic distance*. Aesthetic distance can be achieved through the use of various dramatic processes. For example, an over-distanced individual may benefit from participating in a process inspired by Stanislavski (Andersen-Warren & Grainger, 2000; Bailey, 2006; Brockett & Hildy, 2003; Courtney, 1981; Emunah, 1994; Jones, 1996), and work toward embodying and experiencing his/her emotions related to a particular event. However, with an under-distanced individual, the drama therapist may choose to employ techniques similar to those used by Brecht (Brockett & Hildy; Courtney; Jones, 1996; Silverman, 2006) in order to assist in individual in gaining a greater sense of clarity by "stepping back" from his/her issue. Aesthetic distance can also be achieved through the use of role, metaphor, projective tools (e.g. puppets, masks), dramatic play (Jones, 1996), stories, myths and fairy tales (Silverman), scripted texts and theatrical presentations (Landy, 1994; Jones, 1996; Snow, D'Amico & Tanguay, 2003).

Another benefit to working within dramatic reality is that it allows individuals the flexibility to re-enact and come to terms with unresolved issues (Andersen-Warren &

Grainger, 2000; Emunah, 1994; Johnson, 1992; Landy, 1994; Lewis, 2000; Pitruzella, 2004). Such resolution could "assist people to move on, rather than perpetually delve into an unhelpful past" (Jennings, 1998, p.41). The dramatic reality also presents the potential for individuals to imagine "possible worlds" (Pendzik, 2006, p. 274). This, in turn, can help individuals to develop feelings of optimism (Jennings, 1998) and hope for the future (Slade, 1995), both of which could contribute to a more overall positive sense of mental health (Compton, 2005).

#### *Drama Therapy - Criticisms and Concerns*

*Flexibility or lack of focus?* In chapter 2, it was noted that positive psychology has been criticized for ignoring its predecessors (Bohart & Greening, 2001; Kelley; 2004; Shapiro, 2001). Drama therapy, on the other hand, has been viewed as being too diverse in its influence, causing the field to appear unfocused (Burleigh & Beutler, 1997; Courtney, 1981; Meldrum, 1994b). Burleigh and Beutler (1997) have raised concerns that drama therapy's "anything-goes attitude" (p. 379) could potentially expose clients to a greater risk of harm, since they may be asked to participate in untested interventions. However, Radmall (1995) credits this "anything-goes" (p.20) approach as one

of drama therapy's strengths, as it allows clients greater freedom for personal discovery. Courtney (1981) adds that this diverse influence creates the potential to expand the field, as it provides practitioners and researchers more material on which to base new assessment and intervention methods. Meldrum (1994b) also points out that drama therapy is not the only field to display diversity in thought and practice, noting the more traditional field of psychology also includes multiple schools of thought. Regardless of the specific interventions used, the needs, safety, and well-being of the client are the drama therapist's priority (Emunah, 1994; Johnson, 1984; Jones, 1996; Landy, 2000), and dramatic techniques are to be chosen to best facilitate the therapeutic goals (Courtney; Meldrum, 1994b). The participation in the creative interventions themselves can generate a sense of safety for clients, as their confidence to examine difficult issues may be strengthened along with their dramatic skills (Courtney; Emunah). Jennings (1998) adds that this sense of safety can be further developed through the repetition of various interventions throughout the course of therapy - for example, in opening and closing each session - to obtain what she refers to as "a balance of ritual and risk" (Jennings, 1998, p. 122) throughout the therapeutic process.

*An uncertain future for drama therapy?* Although drama therapy has been established as a distinct profession, some leaders in the field have raised concerns over its growth (or lack thereof) in recent years. Landy (2006) has criticised the drama therapy community for being "too small and too insular" (p. 139). He adds that, among the creative arts therapies modalities, literature pertaining to drama therapy remains under-represented (Landy, 2006). Johnson (2000) argues that the "field will remain a temporary one unless...we are able to articulate our specific contributions to health care" (p. 14). This could invite criticism from those both within (Johnson, 2000) and outside of the profession (Landy, 2006). However, it could also create further opportunities for drama therapists, by facilitating collaborations with professionals from other fields who share common goals (Landy, 2006; Meldrum, 1994a). While Jennings (1998) has cautioned that drama therapy, which emphasizes the growth potential as well as the damaged aspects of individuals, seems at odds with the current, traditional medical models, Landy (1994) suggests that drama therapists "need to discover a new or more comprehensive model which reflects the creative, expressive nature of drama therapy" (p. 46). Landy (2006) recently noted that "the concept of wellness, a new buzzword in the

field of mental health, works well within the philosophy of drama therapy, which has always looked at ways to enhance strength-based competencies and view individuals holistically" (p. 139). Based on this argument, it seems that a collaborative opportunity for drama therapists has presented itself with the continuing growth of the positive psychology movement, which was born out of a desire to achieve a more balanced understanding about what it means to be human (Compton, 2005; Fineburg, 2004; Seligman, 2002; Seligman et al., 2005; Snyder & Lopez, 2002)

### *Conclusion*

Over the course of the 20<sup>th</sup> century, drama therapy has emerged as a distinct profession in the mental health field. Inspired by examples in theatre history, this modality stresses "the involvement in drama with a healing intention" (Jones, 1996, p.6), as practised by individuals who are formally trained to employ such creative interventions within the safety of a therapeutic setting. For the field to continue its growth, it has been suggested (Johnson & Lewis, 2000; Landy, 1994, 2006; Meldrum, 1994a) that drama therapists may wish to collaborate with those in other areas of mental health. This could help to both advance theories from other areas through the use of drama therapy (Johnson & Lewis) as well as establish greater



credibility for the modality itself (Landy, 1994, 2006; Meldrum, 1994a). The following chapters will focus on this task, by presenting drama therapy within the context of positive psychology.

## Chapter 4: Drama Therapy and the Promotion of a Positive Attitude Towards the Self

The following chapter presents drama therapy as a tool to promote a positive attitude toward the self, with a focus on the concept of self-acceptance. The concept and value of a positive, accepting self-attitude will be discussed, as well as how the use of dramatic projection, a core process in drama therapy (Jones, 1996) can be used to develop this aspect of positive functioning.

### *The Concept of a Positive Attitude Towards The Self*

A positive attitude towards the self can be described as feelings of self-acceptance, based on a positive yet realistic self-image (Jahoda, 1958; Compton, 2005). "Self-acceptance implies that a person has learned to live with [him/herself], accepting both limitations and possibilities [s/he] may find within [him/herself]" (Jahoda, 1958, p.24). Jahoda (1958) notes that terms such as "self-confidence, self-reliance...self-esteem, and self-respect" (p.24) have often been used interchangeably to describe this concept.

A healthy sense of self-acceptance does not mean that an individual should deny any personal weaknesses or challenges, as this could lead to unrealistic and unattainable personal standards (Schwartz & Ward, 2004), a sense of denial in terms of environmental circumstances

that are beyond one's control (Thompson, 2002), and difficulties in coping with one's inevitable failures (Seligman, 1995). However, a balanced sense of self-acceptance can assist individuals in personal decision-making (Jahoda, 1958), setting realistic yet challenging expectations (Peterson, 2000), confront and/or learn from difficult circumstances (Compton; Seligman, 1995), and "feel positive about [one's] past life" (Keyes & Lopez, 2002, p. 49). Realistic feelings of self-acceptance can also positively contribute to the development of a healthy sense of identity, or a "globally benevolent view of the whole self" (Jahoda, 1958, p. 29).

*Promoting a Positive Self-Attitude Using Drama Therapy and the Process of Dramatic Projection*

Supporters of the positive psychology movement emphasize the importance for individuals to develop a realistic view of themselves, their strengths, and their personal limitations (Peterson, 2000; Seligman, 1995). Jahoda (1958) notes that, in order to accomplish this, individuals need to possess an "ability for detachment" (p. 27), in order to view themselves with some degree of objectivity. With drama therapy, this could be encouraged by working within dramatic reality (Pendzik, 2006), in order to achieve aesthetic distance (Landy, 1994). The use

of dramatic projection, considered by Jones (1996) as a key process in drama therapy interventions, could also serve to heighten this experience for individuals.

While the concept of projection is typically viewed as a maladaptive defence in traditional psychotherapy (Courtney, 1981; Silverman, 2006), this process is used in drama therapy to assist clients in projecting "an aspect of themselves...into...dramatic materials or into enactment and thereby externaliz[ing] inner conflicts" (Jones, 1996, p.101). Examples of these dramatic materials include puppets, masks, and art work. This use of projection can help the drama therapist and client achieve the proper level of aesthetic distance for individuals to examine their personal material (Landy, 1994; Lewis, 2000; Silverman, 2006). This distance can provide individuals a sense of safety in examining some "weaker" aspects of themselves that they may be fearful to share with others (Andersen-Warren & Grainger, 2000; Pitruzella, 2004). The use of dramatic projection may also prove beneficial for individuals who have difficulties "articulating their inner worlds" (Linley & Joseph 2004a, p 363), or who are not consciously aware of some issues that may be causing them distress (Johnson, 1998). By projecting an aspect of oneself onto a tangible object (or another person within

the dramatic reality), individuals have the opportunity to discover parts of themselves they may not have through strictly verbal communication (Jones, 1996).

One projective technique used in drama therapy to assist individuals in discovering and communicating different parts of themselves is *mask making*. Johnson (1998) notes that the process of creating art work (in this example, a mask) can often assist individuals to clarify and assign meaning to their hidden, personal material, as they are building a concrete object to represent it. Once these hidden parts have been externalized onto this dramatic material, clients can then use the masks in dramatic work to embody, experience, comprehend, and accept these parts of themselves on a conscious level (Silverman, 2006). The distance provided by this projective tool could also help individuals to resolve past issues they have been contributing to a current, distorted self-image, and transform it into one that is more accurate, (Andersen-Warren & Grainger, 2000), thus facilitating a "heightened self-awareness (and)...realistic appreciation of the self" (Lewis, 2000, p. 446).

The process of dramatic projection is not limited to helping individuals address their personal limitations and unresolved past issues. Dramatic projection can also assist

individuals in the discovery of hidden strengths and potential (Andersen-Warren & Grainger, 2000; Jones, 1996), which Linley and Joseph (2004a) believe to be a key element to positive psychology in practice. As Jones (1996) explains, donning a mask can often be a liberating experience for individuals, as they can safely experiment with new behaviours while remaining hidden behind this type of costume. An example of this can be found in the therapeutic model *Narradrama*, developed by drama therapist Pamela Dunne (as cited in Dunne & Rand, 2003). Dunne uses the mask making process as a way of assisting her clients to explore areas of "personal agency" (Dunne & Rand, 2003, p.43). Clients are then encouraged work with the projective tools they have created to develop a stronger appreciation of their strengths, realize how these have been used to overcome past adversities, and experiment within the dramatic reality with how these newly-discovered abilities can be applied to life's future challenges.

### *Conclusion*

Self-acceptance and a realistic self-image are considered to be key elements in the promotion of a positive attitude towards the self (Compton, 2005; Jahoda, 1958). In drama therapy, these concepts can be developed through the use of dramatic projection. This process can

assist individuals in discovering and working through issues that may be impeding their ability to see themselves clearly (Andersen-Warren & Grainger, 2000; Johnson, 1998), as well gain a greater appreciation of their positive qualities (Andersen-Warren & Grainger; Dunne & Rand, 2003; Jones, 1996). This chapter focused on the use of masks as a tool to for dramatic projection. However, this process could also be facilitated though the use of other dramatic media, such as puppets, stories, or art work, based on what would best provide individuals with the distance required to develop a better sense of their personal strengths and limitations (Jahoda).

## Chapter 5: Drama Therapy and the Promotion of Personal Growth

The following chapter presents drama therapy as a tool to promote personal growth. The concept of personal growth will be discussed, as well as how the use of drama therapy, with a focus on the core process dramatic play (Jones, 1996) can help individuals to achieve their growth potential in order to engage more fully in their lives.

### *The Concept of Personal Growth*

Personal growth can be defined as the active desire to discover one's full potential (Compton, 2005; Jahoda, 1958; Keyes & Lopez, 2002), or a desire for *self-actualization* (Maslow, 1955, as cited in Jahoda, 1958). Compton (2005) adds that this can also include one's awareness "that he or she is growing psychologically, and the direction of that growth indicates progress as an individual" (p. 185). While the concept of a positive self-attitude, discussed in the previous chapter, focuses on how an individual perceives him/herself, the concept of personal growth places a greater emphasis on behaviour, such as the participation in activities that are "not restricted to sheer survival" (Jahoda, 1958, p.34), indicating an "investment in living" (Jahoda, 1958, p.34). This seems to reflect a goal of positive psychology to work beyond treating illness and



towards helping individuals reach their full potential (Compton; Duckworth et al., 2005; Linley & Joseph, 2004a; Seligman, 2002; Seligman & Csikszentmihalyi, 2000).

Keyes and Lopez (2002) note that individuals who feel they are moving in the direction of personal growth tend to feel competent about their personal capabilities, leaving them "open to new experiences" (p. 49). Such individuals also tend to be intrinsically motivated to explore their potential (Ryan & Deci, 2000). Linley and Joseph (2004a) add that when individuals strive towards what they refer to as "optimal functioning" (p. 6), they develop a greater sense of well-being, both personally and globally, which seems to reflect Maslow's (1955, as cited in Jahoda, 1958) argument that individuals who work towards a process of self-actualization seem to be more aware of how they contribute to society as a whole.

*Promoting Personal Growth Using Drama Therapy and the Process of Dramatic Play*

A demonstrated ability to act spontaneously can be considered an indicator for personal growth (Lewis, 2000; Silverman, 2006) as it "allows for an adequate response to a new situation and a new response to an old situation" (Moreno, 1953, as quoted in Garcia & Buchanan, 2000, p. 172). Compton (2005) notes that many current interventions

that focus on personal growth seem to work toward creating environments that "tap into [one's] creative potential...[to overcome] self-imposed limits" (p. 183). In drama therapy, this can be achieved through the core process of dramatic play (Jones, 1996).

Jones (1996) and Slade (1995) argue that participating in play can often produce a therapeutic effect on its own, noting that children will often naturally use play to organize and internalize the events and feelings they experience. However, Blatner (1994) suggests that, for most individuals, this sense of play "becomes stifled in the ordinary course of development" (p. ix). Assisting individuals in re-connecting with their sense of play is a common goal in most drama therapy interventions, as this can help to increase one's sense of spontaneity and creativity (Courtney, 1981; Emunah, 1994; Jones, 1996; Lewis, 2000, Pitruzella, 2004), which on its own could enhance an individual's confidence in his/her personal capabilities (Courtney; Emunah). This sense of play can be further heightened within the dramatic reality, as individuals are not limited by the rules of the "outside world" (Johnson, 1998; Pendzik, 2006). This, in turn, can encourage an "enlargement of [one's] imagination" (Lewis,

2000, p.443), and feelings of personal growth and expansion (Emunah; Lewis).

Play in drama therapy can take the form of structured, therapist-directed games inspired by those from improvisational theatre (Bailey, 2006; Emunah, 1994), a more free-flowing interaction based on themes that have emerged throughout the therapeutic process (Johnson, 1999), or interventions falling somewhere between these two examples, based on the level of aesthetic distance needed by the individual. Regardless of the level of formalized structure, the play itself can serve to provide a sense of safety for clients. As Johnson (1998) notes: "The unique component of the play space [in drama therapy]...is a *constraint against harm*...[that] differentiates play from... actual event[s], where there is no protection against pain" (p.93).

Joseph and Linley (2004), as well as Ryan and Deci (2000), note the importance of a supportive environment for individuals to develop a greater sense of spontaneity. Drama therapist Renée Emunah (1994), who uses the process of dramatic play as the foundation of her *Integrative, Five-phase Model of Drama Therapy*, creates such a supportive environment by initially introducing structured theatre games which she describes as "failure-proof"

(Emunah, 1994, p.36), where participation is valued over skill or ability. The intention is to provide early experiences with success to build confidence and encourage spontaneity. This creates a sense of safety for the client, as well as the confidence to work through more personal, and possibly distressing, material as the therapeutic process progresses (Emunah, 1994).

Engaging individuals in enjoyable, playful activities can also serve to lower resistance (Emunah, 1994; Jones, 1996; Lewis, 2000), which could be impeding an individual's growth potential (Compton, 2005). Within the dramatic reality, it becomes possible to *play with the resistance itself* in order to engage individuals in the therapeutic process (Emunah; Johnson, 1998; Lewis; Mitchell, 1996). For example, the drama therapist could encourage an individual to continue "acting" resistant within the dramatic reality. Such an intervention can serve to facilitate participation, while at the same time respecting an individual's initial need to fight the process (Johnson, 1998). Playing with an individual's resistance can also help to uncover "the issues that give rise to it" (Mitchell, 1996, p.82). For example, the drama therapist could chose to mirror back a client's resistance in a humourous and exaggerated way (Emunah; Johnson, 1992; Lewis), thus challenging and

empowering the individual to confront and find a successful solution to his/her own personal barriers. Individuals can then apply these creative, new solutions in applicable life situations (Courtney, 1981; Jones, 1996, Silverman, 2006). This could contribute to an individual's "openness to new experiences" (Keyes & Lopez, 2002, p.49), which is an indicator of ongoing, personal growth.

### *Conclusion*

Personal growth can be defined as an active desire to reach one's full potential (Compton, 2005; Jahoda, 1958). One indicator of personal growth, spontaneity (Lewis, 2000; Silverman, 2006) could be developed through participation in drama therapy, which engages clients in a process of self-exploration on a playful level (Blatner, 1994; Courtney, 1981; Donovan, 1996; Emunah, 1994; Johnson, 1998; Jones, 1996; Lewis). This, in turn, can encourage individuals to try new things and reach their individual potential, thus indicating their "investment in living" (Jahoda, 1958, p.34) and ongoing growth.

## Chapter 6: Drama Therapy and the Promotion of Balance/Integration

The following chapter presents drama therapy as a tool to promote a sense of balance, or integration. The concept of balance/integration will be discussed, as well as how the use of role, a core process in drama therapy (Jones, 1996), can help individuals to develop this aspect of positive functioning.

### *The Concept of Balance/Integration*

Balance can be defined as "integration of the personality,...the relatedness of all processes and attributes of the individual" (Jahoda, 1958, p. 36). Jahoda (1958) notes that an individual's sense of balance can stem from the successful internalization of a positive self-attitude and realization of one's growth potential, concepts discussed in chapters 5 and 6. A sense of balance, or integration, can assist individuals in developing a sense of ownership in regards to their life experiences (Compton, 2005), and a clearer sense of personal meaning in regards to them (Jahoda, 1958). A sense of balance may also assist individuals in becoming more consciously aware of their emotions and action (Linley & Joseph, 2004b; Seligman, 1995), as well as adopting a more flexible

attitude, which could prevent against the development of maladaptive coping patterns (Jahoda).

Promoting a sense of balance and integration can assist people in knowing their whole selves. In drama therapy, this type of exploration can be facilitated through the core dramatic process of role (Jones, 1996).

*Promoting a Sense of Balance/Integration Using Drama Therapy and The Process Of Role*

From a theatrical standpoint, "an enacted role is a dramatic persona assumed by an [actor]" (Jones, 1996, p. 196). In drama therapy, an individual's personality is often described as his/her role repertoire (Emunah, 1994; Landy, 1994, 2000; Lewis, 2000), or the number of roles s/he plays in everyday life. The more roles an individual can successfully access and play, the more capable and flexible s/he will be in managing the often contradictory nature of the human experience. An individual's sense of well-being can become threatened if s/he is limited to playing only one role, or a number of similar roles, as this limits the individual's ability to adapt to different situations (Landy, 1994, 2000). Lewis (2000) notes that a "fundamental goal of the majority of drama therapy approaches" (p. 445) is to assist clients in expanding their role repertoires. This expansion can assist

individuals in achieving a sense of personal balance, as well as discovering untapped areas of their personality (Landy, 1994, 2000).

Although interventions related to role and role-playing can be found in other therapeutic models (Jones, 1996; Landy, 1994), Johnson (1992) notes that drama therapists have a unique advantage, as they are trained to "intervene while in-role" (p. 120) themselves. This can help to maintain any potential role exploration within the dramatic reality, providing individuals with the aesthetic distance they may need to confront aspects of their personality, or roles, that are difficult for them to accept (Johnson, 1992). The dramatic reality also opens up the potential for individuals to assume roles they may not have the opportunity to play in their own lives, which could lead to the discovery of underdeveloped skills and strengths (Jennings, 1998; Jones, 1996; Landy, 1994, 2000; Pitruzella, 2004). This could foster a more spontaneous and flexible adaptation style, which is an indicator of healthy integration (Jahoda, 1958).

Perhaps the most comprehensive drama therapy model to highlight the use of role to promote balance/integration is drama therapist Robert Landy's (2000) *Role Method*. This model also incorporates other dramatic processes, such as



storytelling and improvisation, to help individuals consciously assume and name all the different roles in their personal repertoires, including what Landy (2000) describes as one's counter-role(s). A counter-role is not necessarily the opposite or negative side of the original role. It may represent an aspect of an individual's current role system s/he is unable to articulate, consciously or unconsciously, thus limiting his/her potential for self-acceptance and discovery.

A drama therapist working within Landy's (2000) *Role Method* does not attempt to rid an individual of any of his/her current roles, but assists the client in playing with aspects of his/her personality to create a new relationship with roles that may be under-developed, or over-used to the point of becoming maladaptive. For example, in the case of a maladaptive role, the drama therapist may intervene by taking on the role him/herself, in order to challenge the individual to try another role (or behaviour within a rigid role) a technique referred to by Johnson (1992) as *joining*. Through the de-roling process, individuals are given the opportunity to reflect on such role plays and make connections to their own lives (Jennings, 1998; Landy, 2000).

Linking all of an individual's roles and counter-roles together is the guide. Landy (2000) describes this guide figure as an internal force that helps the individual obtain a sense of balance by accessing the role s/he needs to adaptively manage in any given situation. At first, the drama therapist serves as the client's temporary, external guide to provide a structure and a sense of safety in the process. The internalization of the guide is an indication of a healthy integration of a variety of different roles (including contradictory ones) that make up an individual's personality. This process seems to reflect the idea that an individual with a healthy sense of balance/integration has a conscious awareness of the different parts of him/herself, but also "a unifying outlook on life" (Jahoda, 1958, p.36).

### *Conclusion*

A healthy sense of balance/integration can increase an individual's flexibility and confidence in dealing with the often contradictory nature of the human experience, based on a positive self-attitude and a desire to strive toward personal growth (Compton, 2005; Jahoda, 1958). In drama therapy, this aspect of positive functioning can be developed through the core process of role. Not only can this dramatic process help individuals become more aware of

the roles they currently play (Emunah, 1994; Landy, 1994, 2000; Lewis, 2000), the skills of the drama therapist, as applied in dramatic reality, can assist individual to expansion of an individual's role repertoire (Johnson, 1992). This could translate into a more consciously adaptive and flexible range of behaviours, as well as a clearer sense of direction in their lives.

## Chapter 7: Drama Therapy and the Promotion of Autonomy

The following chapter presents drama therapy as a tool to promote a sense of autonomy. The concept of autonomy will be discussed, as well as how the core dramatic process of personification and impersonation (Jones, 1996) can be used to develop this aspect of positive functioning.

### *The Concept of Autonomy*

Autonomy can be defined as "The ability to act independently of environmental pressures" (Compton, 2005, p. 178). Autonomous individuals tend to "evaluate [themselves] by personal standards" (Keyes & Lopez, 2002, p.49), and are less concerned with doing what they think others might expect of them (Maslow, 1955, as cited in Jahoda, 1958). However, autonomy is not synonymous with individualism or selfishness (Ryan & Deci, 2000). Autonomous individuals are aware of societal expectations, and can conform to them when appropriate or necessary (Riseman, 1950, as cited in Jahoda, 1958). However, autonomous individuals are also capable of "resist[ing] social pressures to think and act in certain ways" (Keyes & Lopez, 2002, p.49) on a conscious level (Jahoda, 1958).

Schwartz and Ward (2004) argue that autonomy "is absolutely essential to well-being...[as]...healthy people want and need to direct their own lives" (p.86). This seems to

reflect the notion that feelings of personal control can protect individuals against developing mental illness (Seligman & Csikszentmihalyi, 2000; Seligman, 1995, 2002; Snyder & Lopez, 2002; Thompson, 2002). However, separating oneself from overwhelming societal expectations (Schwartz & Ward, 2004) or negative, and possibly damaging, individual influences (Johnson, 1998) could prove difficult for individuals. In drama therapy, this separation could be clarified through the core dramatic process of personification and impersonation (Jones, 1996).

*Promoting Autonomy Using Drama Therapy and the Process of Personification and Impersonation*

In drama therapy, personification involves assigning a role or characterization to an object (e.g. a puppet) to be used by an individual throughout the therapeutic process. With impersonation, it is the individual him/herself who embodies and plays out the role. An impersonated or personified character can represent a person, or composite of people, affecting an individual's life. It can also represent an aspect of the individual (e.g. an overwhelming emotion) that s/he wishes to frame within the boundaries of a separate role or character as a means of facilitating aesthetic distance (Jones, 1996). The individual and drama therapist can then play with these personified or

impersonated characters within the dramatic reality. This could serve to clarify an individual's current (and possibly problematic) relationship with the represented "character". The individual and drama therapist can then experiment with ways to redefine, or transform, this relationship (Jones, 1996; Lewis, 2000; Pitruzella, 2004), into one that represents a healthier functioning.

The process of personification and impersonation does contain similarities to that of dramatic projection. For example, both allow for the externalization of an individual's personality onto a dramatic property (Jones, 1996). However, the process of dramatic projection is often related to issues about which an individual may not be consciously aware or able to articulate (Johnson, 1998; Jones, 1996; Silverman, 2006). With the process of personification and impersonation, individuals tend to begin with a more conscious awareness of the person, emotion, or aspect of themselves with which they feel the need to play (Jones, 1996). The use of the creative interventions creates a potential for discovery and understanding one may not achieve on a strictly verbal level (Andersen-Warren & Grainger, 2000; Blatner, 1994; Courtney, 1981; Langley, 1983).

The use of personification and impersonation within the dramatic reality could serve heighten an individual's sense of autonomy, as s/he can be provided with the opportunity to safely challenge people (or societal influences) who may be impacting his/her sense of personal freedom. An example of this potential can be found in interventions developed by theatre artist and political activist Augusto Boal (1995). As discussed in chapter 3, Boal developed his *Theatre of the Oppressed* as a means of facilitating social change. He later adapted his method for work with individuals fighting internal oppressors. This model, which Boal calls *The Rainbow of Desire*, contains techniques that can be adapted for use in drama therapy. In one group exercise, for example, the drama therapist encourages a participant (called the protagonist) to re-create a situation from his/her life where s/he felt powerless or unsure what to do. The protagonist is then instructed to direct other group members to verbalize all of the thoughts and emotions s/he was experiencing at the time, including those that may have limited his/her feelings of personal control over the situation. In this case, it is the other group members who become the personified "objects" (Jones, 1996), assuming characters representing the "cops in the [protagonist's] head" (Boal,

1995, p.8) within the dramatic reality. Once all of these internal "cops" have been externalized and personified, the protagonist is given the option to name them, based on people from his/her own life. This may provide a greater insight in terms of the possibly oppressive influence they have over his/her actions.

Other voices in the protagonist's rainbow could also include wishes that may have run through his/her mind. Once all of these influences and wishes have been personified, the protagonist is encouraged to reject the ones s/he no longer wishes to influence him/her (Boal, 1995), indicating "conscious discrimination by the individual" (Jahoda, 1958, p.45) required for autonomous action. In this intervention, the protagonist is also encouraged choose which expressed wishes s/he can play out within the dramatic reality (Boal). This power of choice can also contribute to greater feeling of personal autonomy (Schwartz & Ward, 2004), as the individual has the opportunity to play "the author of [his/her] own destiny" (Pitruzella, 2004, p.70), an experience that might not always be present in his/her own life.

Although a conscious ability to act independently of external influences is an essential element to a healthy sense of autonomy (Compton, 2005; Jahoda, 1958; Keyes &



Lopez, 2002), this aspect of positive individual functioning should come at the expense of the well-being of others (Compton; Ryan & Deci, 2000). While personification has been presented as a dramatic process to help individuals separate themselves from potentially negative influences, impersonation provides the opportunity for individuals to embody these roles themselves (Jones, 1996) in order to experience an issue from another's (imagined) perspective (Langley, 1938; Lewis, 2000). One intervention that can be used to facilitate this experience is *role reversal* (Eminah, 1994; Garcia & Buchanan, 2000; Johnson, 1992; Jones, 1996; Landy, 1994; Lewis). With this technique, the individual can begin by "playing" him/herself. The drama therapist (or another participant in a group situation) can then assume the role of a person or persons the individual wishes to confront within the dramatic reality. Once this scene has been established, the two players are directed to switch roles, and continue the scene. The drama therapist can direct further reversals, in order to work towards resolution and or/transformation of the issues or conflict at the core of the scene. This use of role reversal, with its focus on impersonating the other, provides individuals with the opportunity not just to imagine, but *embody*, events from another person's point

of view (Boal, 1995; Jones, 1996; Jennings, 1998; Langley, 1983; Lewis). This understanding could have a positive impact on one's ability for autonomous decision making, as it could help individuals to seek a clearer understanding of why certain external/societal demands exist as they choose which ones to accept or reject (Jahoda, 1958). This may include making conscious decisions not to act in a manner that could negatively impact others (Ryan & Deci, 2000).

Although a sense of autonomy is considered a factor in positive functioning (Compton, 2005; Duckworth et al., 2005; Jahoda, 1958; Keyes & Lopez, 2002), many individuals may find themselves in situations and societies where such autonomous actions could prove impossible (Boal, 1995; Schwartz & Ward, 2004; Thompson, 2002). In such circumstances, the process of personification and impersonation can provide individuals with the opportunity to experience themselves exerting their autonomy, within the safety of the dramatic reality (Emunah, 1994; Johnson, 1998; Pendzik, 2006; Pitruzella, 2004). For example, an individual can assume the role or use an object to represent an aspect of him/herself (Jones, 1996), such as the part that wishes s/he could change his/her oppressive circumstances. Although one's environment may prevent the

application of this new behaviour outside of the dramatic reality, the experience could serve to increase an individual's sense of his/her potential to act differently under less limiting conditions (Thompson, 2002), leading to more positive feelings about one's capabilities (Maddux, 2002a), as well as their ability to survive under adversity (Thompson).

### *Conclusion*

Autonomous individuals possess the ability to act independently (Compton, 2005; Jahoda, 1958; Keyes & Lopez, 2002) as well conform to external demands when appropriate and/or necessary (Riseman, 1950, as cited in Jahoda). The core dramatic process of personification and impersonation can help individuals further develop in both of these areas. While personification can help individuals separate themselves from potentially negative influences (Johnson, 1998), impersonation can assist them in gaining a greater sense of another's point of view (Jones, 1996; Jennings, 1998; Langley, 1983; Lewis, 2000), which are both factors in positive, autonomous functioning (Schwartz & Ward, 2004; Ryan & Deci, 2000)

## Chapter 8: Drama Therapy and the Promotion of a Healthy Perception of Reality

The following chapter presents drama therapy as a tool to promote a healthy sense of reality. The concept of a healthy perception of reality will be discussed, with an emphasis on the development of empathy and interpersonal relationships. The use of drama therapy, with a focus on the core process of interactive witnessing (Jones, 1996), will then be presented as a means to develop this aspect of positive functioning.

### *The Concept of a Healthy Perception of Reality*

A healthy sense of reality can be defined as the "ability to see the world and self accurately" (Compton, 2005, p.178). Mentally healthy individuals can be described as possessing a perception of reality with a "relative freedom from need-distortion" (Jahoda, 1958, p.51), or the tendency to distort and/or deny their outer environments to suit their inner views. While Jahoda (1958) notes that a mentally healthy individual will frequently "test reality for its degree of correspondence to [his/her] wishes and fears...one lacking in mental health will assume such correspondence without testing" (p.51).

The concept of a healthy perception of reality is not limited to one's relationship to his/her environment. "The

major requirement of the healthy person in this area is that [s/he] treat the inner life of other people as a matter of worth of [his/her] concern and attention" (Jahoda, 1958, p. 52). This seems to reflect the importance stressed by supporters of positive psychology (Compton, 2005; Keyes & Lopez, 2002; Linley & Joseph, 2004b; Maddux, 2002a; Niederhoffer & Pennebaker, 2002) of cultivating strong, positive relationship with others to increase an overall sense of well-being. It also highlights the notion that "the happiness and well-being of any given individual should not be at the detriment...to others" (Linley & Joseph, 2004b, p.720). Therefore, it is not only important for individuals to develop a realistic sense of how they fit within their environments (Linley & Joseph, 2004b) and the capacity to share that perception with others (Niederhoffer & Pennebaker), but also a sense of empathy towards others in order to increase their *interpersonal competence* (Foote & Cotrell, 1955, as cited in Jahoda, 1958). In drama therapy, this could be achieved through a focus on the core dramatic process of interactive witnessing (Jones, 1996).

*Promoting a Healthy Perception of Reality Using Drama Therapy and the Process of Interactive Witnessing*

Boal (1995) notes that theatre is an art form intended to be performed in front of others. Therefore, no dramatic

process can truly take place in isolation. Grainger (2004) adds that, even if no audience is physically present, an interaction is implied through the actions of the performer. As discussed in chapter 3, theatre artists throughout history have viewed this interactive element as a key element to the transformative potential of dramatic art (Brockett & Hildy, 2003). Drama therapy also focuses on this interactive element, as a means to help individuals develop a better sense of their own feelings, as well as who they are "in relation to other people" (Jennings, 1998, p. 22). Jones (1996) refers to this process as interactive witnessing, or "being an audience to others or to oneself within a context of personal insight or development" (p. 110).

The process of witnessing is constantly taking place in drama therapy, either in an overt or implied manner (Jones, 1996). In group process, for example, individuals can take on the formal role of an audience member as they watch another participant perform a scene related to some personal material they wish to explore. This, in itself, displays the ability of "treating the inner life of individuals as a matter of worth" (Jahoda, 1958, p. 52). This also creates the potential for identification with the role being played by those performing. Such an experience

could facilitate the development of greater empathy for others (Andersen-Warren & Grainger, 2000; Emunah, 1994; Jones, 1996; Langley, 1983), which could contribute to one's ability to develop healthy, positive relationships (Keyes & Lopez, 2002).

For the individual being witnessed in this case, the possibility exists to gain the audience's perspective of what was enacted (Jones, 1996; Pitruzella, 2004), which could also provide a clearer, and more realistic interpretation of the individual's reality (Niederhoffer & Pennebaker, 2002). This could be achieved through a discussion process inspired by the sharing phase in *Psychodrama*, where audience members are encouraged to articulate how they identified with the dramatic action they have witnessed (Garcia & Buchanan, 2000). As the creative nature of drama therapy also allows for non-verbal expression (Andersen-Warren & Grainger, 2000; Courtney, 1981; Langley, 1983), this type of sharing could also be facilitated through dramatic means. For example, those playing the role of audience members could create a group sculpture (Emunah, 1994), to express their response and support.

It is interesting to note that the above example also incorporates the technique of role reversal (Emunah, 1994;

Garcia & Buchanan, 2000; Johnson, 1992; Jones, 1996; Landy, 1994; Lewis, 2000), as the original performer has now taken on the role of audience member to witness the creative response of other group members. Role reversal can also be used more formally to facilitate the witnessing process. For example, in a one-on-one setting, the drama therapist can take on the role of the client, mirroring his/her actions as a way for him/her to witness him/herself (Emunah; Jones, 1996). This can serve to support the client, and, when necessary, facilitate a "confrontation with the self" (Johnson, 1992, p. 117) as a way to examine an individual's perception that may not reflect the actual environment. Such a process of witnessing the self could also be achieved through projective techniques such as video or photography (Landy, 1994), based on the amount of aesthetic distance required by the individual, in order to "develop the capability to engage differently with themselves and life events" (Jones, 1996, p. 111), so that they can accept and function in their environments (Jahoda, 1958).

### *Conclusion*

Individuals who display a healthy perception of reality possess the ability to clearly interpret their environments, based on their own perspectives and the



perspectives of others (Jahoda, 1958). The interpersonal aspect of positive functioning can be developed through the interactive witnessing process in drama therapy, as it provides individuals to opportunity to identify and empathize with others, as well as examine their own relationships with the world around them (Jones, 1996).

## Chapter 9: Drama Therapy and the Promotion of Environmental Mastery

The following chapter presents drama therapy as an effective method to promote environmental mastery. The concept of environmental mastery will be discussed, as well as the potential for drama therapy to build skills to facilitate and life-drama connections (Jones, 1996) can develop this aspect of positive functioning.

### *The Concept of Environmental Mastery*

Environmental mastery combines the "themes of success and adaptation" (Jahoda, 1958, p.53) in relation to "situational demands and expectations" (Compton, 2005, p. 178). Individuals with a positive sense of environmental mastery "feel competent and able to manage complex environments...[and]...choose or create personally suitable contexts" (Keyes & Lopez, 2002). This second aspect may be of great importance when an individual finds him/herself in a situation that requires maladaptive behaviour. In this case, an individual with a healthy sense of mastery may have greater success in creating a solution or compromise that will allow him/her to manage the experience (Jahoda, 1958). This could increase an individual's sense of perceived control, or one's confidence in his/her ability

to meet challenges and achieve one's goals (Thompson, 2002).

Jahoda (1958) notes that, at the time she was writing *Current Concepts of Positive Mental Health*, environmental mastery appeared to be the most agreed-upon concept by psychological professionals in terms of healthy functioning. The concept of mastery remains important in the contemporary positive psychology movement. Seligman (1995) argues that providing individuals with opportunities for mastery could actually serve to protect them from developing feelings of helplessness and depression. Such opportunities tend to involve challenge in order for individuals to develop their skills and strengths. This could initially involve failure. However, if given the time to try again and test different solutions until they are successful, individuals will increase their skills as well as internalize a stronger sense of their own capabilities (Compton, 2005; Maddux, 2002a; Peterson, 2000; Ryan & Deci, 2000; Seligman, 1995).

*Facilitating Mastery Experiences Using Drama Therapy and the Process of Life-drama Connections*

Although the types of experiences described above can heighten an individual's sense of mastery by providing "tangible evidence of...[one's] success" (Maddux, 2002a,

p.282), Seligman (1995) acknowledges that these types of opportunities are often not available. In drama therapy, however, such opportunities can be created within the boundaries of the dramatic reality (Pendzik, 2006), and then repeated, or rehearsed, as a way of reinforcing the individual's new skills and/or knowledge (Emunah, 1994; Jones, 1996; Johnson, 1992; Pitruzella, 2004). The drama therapist can also guide individuals in establishing life-drama connections (Jones, 1996), in terms of how their new skills and knowledge can be applied to their everyday lives (Andersen-Warren & Grainger, 2000; Courtney, 1981; Emunah; Jennings, 1998; Jones, 1996; Landy, 1994, 2006; Lewis, 2000; Meldrum, 1994b; Pitruzella; Silverman, 2006).

This type of intervention can be framed as a very specific "rehearsal for life" (Emunah, 1994, p.39), based on an individual's need to practice for an upcoming and perhaps anxiety-provoking situation, or experiment with different behaviours in relation to an ongoing personal issue (Garcia & Buchanan, 2000; Jones, 1996). Such a situation can facilitate healthy risk-taking, as any potential failures have taken place within the safety of the play (Emunah, 1994; Jennings, 1998; Johnson, 1998; Langley, 1983; Pitruzella, 2004). The drama therapist can also introduce different creative interventions to assist

the client in imagining different solutions. For example, the technique of *exaggeration* (Lewis, 2000) could be used to encourage experimentation with every possible scenario, no matter how unrealistic, reinforcing the idea that all possibilities played out within the dramatic reality will be respected (Andersen-Warren & Grainger, 2000; Emunah). Through the technique of doubling, (Emunah; Garcia & Buchanan, 2000; Lewis) the drama therapist can act as a "side coach" (Johnson, 1992, p. 114), to assist the client in expressing him/herself, or offer alternatives that the client can choose to try (or not). The client could also be encouraged to name, and then personify onto a puppet, someone s/he knows (e.g. a friend, teacher) who would not be surprised to see the success s/he is experiencing within the dramatic reality. This type of life-drama connection could increase a client's confidence in applying his/her new skills outside of the dramatic reality, by helping the individual to identify those people in his/her "real life" who would likely support these new behaviours (Dunne & Rand, 2003). It is also the responsibility of the drama therapist to work with the client as to determine how his/her new skills can be realistically and effectively applied in other aspects of his/her life (Emunah).

The examples described above highlight the possibility for overt life-drama connections of mastery experiences, based on practising certain skills for specific situations. However, because drama therapy engages individuals in a creative process, this skill-building process is inherent, and life-drama connections could be incorporated into an overall change in terms of how an individual approaches day-to-day challenges (Courtney, 1981; Emunah, 1994; Lewis, 2000; Pitruzella, 2004; Silverman, 2006). As mentioned in chapter 5, the process of play in drama therapy can facilitate an environment that encourages spontaneity (Courtney; Emunah; Jones, 1996; Lewis; Pitruzella). This can develop an individual's creativity (Garcia & Buchanan, 2000), which could transfer to more effective and adaptive problem-solving abilities (Feldman et al., 2001), as well as increased feelings of mastery in individuals (Maddux, 2002a).

### *Conclusion*

The concept of environmental mastery appears to be a much-agreed upon factor in positive functioning (Jahoda, 1958). However, environments that provide mastery experiences are not always available to individuals (Seligman, 1995). In drama therapy, such opportunities can be facilitates within the dramatic reality (Pendzik, 2006).

A sense of mastery can then be heightened through the development of creativity as well as the practice, or rehearsal, of new skills. The process of life-drama connections facilitate the transfer of these newly-discovered discovered and strengthened skills outside of the therapeutic setting (Jones, 1996), which could lead to an increased capacity and confidence in one's ability to tackle life's challenges.

## Chapter 10: Drama Therapy and Positive Psychology - Possible Implications of Research Collaborations

The following chapter focuses on the possibility for research collaborations between the fields of positive psychology and drama therapy. Stances on research in both fields will be discussed, as well as possible benefits and concerns regarding such potential associations.

### *The Importance of Research to the Positive Psychology Movement*

As discussed in chapter 2, one of the goals of the positive psychology movement is to amass a unified body of research on the positive aspects of human functioning (Compton, 2005; Duckworth et al., 2005; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Seligman et al., 2005; Snyder & Lopez, 2002). Seligman and Csikszentmihalyi (2001) believe that this dedication to formal inquiry is what distinguishes the positive psychology movement from other attempts in the mental health field to increase the focus on human strengths and potential. Such a dedication to research could help to clarify what factors contribute to positive mental health (Jahoda, 1958). This could lead to the development of clinical interventions designed to assist individuals in accessing their "immense storehouse



of remarkable talents and skills" (Snyder & Lopez, 2002, p. 759).

Although supporters of the positive psychology movement (Duckworth et al. 2005; Linley & Joseph, 2004a; Maddux, 2002b; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002) have criticised the illness-dominated weakness model, Seligman and Csikszentmihalyi (2000) note an intention to follow similar scientific, empirical practices used to successfully advance theories within this paradigm, arguing that, "considering how successful researchers and practitioners have been working within the [weakness] model, there is no reason to doubt that the field will be successful doing the same when the focus is re-shifted to strengths and potential" (p.7).

#### *The Importance of Research to the Field of Drama Therapy*

Although drama therapy has been established as a distinct healing modality since the 1970s (Bailey, 2006; Emunah, 1994; Johnson, 2000; Jones, 1996), Barham (2003) argues that that it "is [still] an emerging profession, which requires...[drama therapists] to be articulate practitioners. This includes being able to analyze and write about our practice in sophisticated ways" (p.4). This, in turn, could clarify the effectiveness and unique benefits of drama therapy to other professionals, as well

as potential clients (Jones, 2005). However, Landy (2006) notes a lack of published literature and research available to drama therapy practitioners to support the effectiveness of this modality, which could impede its ongoing growth. Johnson (2000) echoes this concern, noting that continued research is an essential step for drama therapy's growth as a legitimate profession.

One way for drama therapists to facilitate this growth is through collaborations with other areas of the mental health field, as a way of providing a "common language" (Meldrum, 1994a, p. 206) from which to work. Landy (1994) suggests that drama therapists need to take the responsibility to seek out other areas of the field that can be seen as complimentary to the goals of drama therapy, recently (2006) noting that the renewed interest in the study of what he referred to as "wellness" (p.139) could provide such a fit. It could be argued that Landy may have been referring to the emergence of positive psychology, which is actively promoting the study of positive functioning (Compton, 2005; Duckworth et al., 2005; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Seligman et al., 2005; Snyder & Lopez, 2002).

### *Implications for Research Collaborations*

The fields of positive psychology and drama therapy seem to have common goals in practice, i.e. to facilitate growth and healing. However, potential research collaborations could be a topic for debate. Jennings (1998) argues that drama therapy, which encourages creativity and spontaneity, does not fit into the dominant mode of current, measured, scientific research, a model that Seligman & Csikszentmihalyi (2000) encourage positive psychology researchers to follow. As the core component to drama therapy is the "intentional use of drama" (Jones, 1996, p.6) in the therapeutic setting, drama therapists have the responsibility to explain how use of this art form can facilitate growth and change (Barham, 2003; Grainger, 1999; Jones, 2005). Therefore, while collaborating in research to advance studies in human strengths and potential could facilitate drama therapy's continued growth in the competitive field of mental health (Grainger, 1999) by sharing its effectiveness with a wider audience (Landy, 2006; Meldrum, 1994a), professionals must be careful not to diminish the modality's core aspects - either the therapeutic or the artistic ones - in an effort to conform to a more dominant model of inquiry (Jones, 2005).

While this apparent clash could be seen as a detriment for potential collaborations between drama therapists and positive psychologists, Johnson and Lewis (2000) argue that that "contrary to popular belief, the scientific model does not only subscribe to controlled, quantitative studies" (p.21). Linley and Joseph (2004b) add that "some questions are not reducible to empirical methodologies that fit neat, experimental methodologies" (p. 725), and that the supporters of positive psychology should seek modes of inquiry that will best serve to illuminate their research goals, as opposed to potentially limiting them. This seems to reflect the spirits of both positive psychology and drama therapy, which focus on the expanding of human potential. Compton (2005) notes that "one way that positive psychology may change the entire field of psychology is presenting new ways at looking at old problems in more established research areas in the field" (p.23). This creative approach to the research process seems to reflect Jennings' (1998) argument that scientific inquiry is a creative process in itself, as engagement of the imagination is required to "form a hypothesis" (p. 117) from which to begin.

## *Conclusion*

One way positive psychologists seek to advance the study of strengths and potential is through the creation of a significant body of research on positive functioning (Compton, 2005; Duckworth et al., 2005; Peterson & Seligman, 2004; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Seligman et al., 2005; Snyder & Lopez, 2002). Research collaborations with positive psychologists could benefit drama therapy practitioners, who need to share their modality's therapeutic effectiveness with a wider community in order for their profession to continue evolving (Landy, 1994, 2006; Meldrum, 1994a). On the surface, the creative process involved in drama therapy may not fit the scientific research goals suggested by positive psychologists. However, the spirit of both fields suggests the potential to work within and/or develop new methods of inquiry, in order to gain greater insight into the capabilities of creativity and growth in individuals.

## Chapter 11: Conclusion

The following chapter provides a review of this research study. Conclusions regarding the initial research questions will be presented. Limitations of the study will also be discussed, as well as possible future directions.

### *Conclusions Regarding the Primary Research Question*

*How can drama therapy interventions be presented as viable methods to advance the goals of the positive psychology movement?* In terms of the primary research question, examples of specific drama therapy models and interventions were provided to argue how the intentional use of drama in a therapeutic setting could effectively promote positive functioning. Distinguishing features and core processes reflecting the influence of theatre history on drama therapy were also presented to further clarify the unique advantages this modality can provide in advancing the goals of developing strengths and potential. For example, engagement within a dramatic reality creates an essentially limitless potential of opportunities and scenarios for individuals to discover strengths, overcome challenges, and develop problem-solving skills that could be transferred to their everyday lives. This could contribute to feelings of personal mastery and ongoing personal growth. The use of dramatic processes within the

therapeutic setting also facilitate the aesthetic distance needed to examine more difficult issues, leading to a more balanced and realistic self-concept, as well as allow the individual to see him/herself and his/her surroundings more clearly. The interactive, action-oriented, and embodied nature of drama therapy was also shown to intensify these discoveries, thus heightening the potential for personal growth.

#### *Conclusions Regarding Secondary Research Question*

*How would contributing to the goals of the positive psychology movement benefit drama therapy as a profession?*

In terms of the secondary research question, it was argued that collaborations with professionals in positive psychology could benefit the field by exposing the effectiveness of drama therapy to a greater number of mental health professionals through an increased body of research. The fit of such collaborations were highlighted through the common desire to work with all aspects of the individual, as well as the view that, by helping individuals develop their strengths, they will be better equipped to work through problematic issues.

By framing the effectiveness of core processes of drama therapy processes (Jones, 1996) within Jahoda's (1958) conceptualization of positive mental health, this

study has demonstrated how a common language between these two fields could contribute to the growth of drama therapy as a profession, as it can clarify to professionals outside of the modality, as well as potential clients, how participation in drama therapy can benefit them.

#### *Limitations of this Study*

This paper is limited to the theoretical model of the study. Therefore, the arguments presented did not address these concepts and interventions in relation to different populations. Also, as the focus of this study was the promotion of positive functioning, an exploration of how these concepts could be applied with those living with a diagnosed mental illness, either as a compliment or alternative to a current intervention, was not included.

As the this study focused on the areas of drama therapy and positive psychology, the influences of other schools of thought in the mental health field may have been acknowledged, but not elaborated upon. This paper's design, structured to explore core drama therapy processes in relation to six separate concepts of positive mental health as defined by Jahoda (1958), limited the study to providing an overview of each of the topics presented.



### *Possible Future Directions*

Although the purpose and scope of this study may not have provided the opportunity for in-depth analysis of positive psychology concepts and drama therapy interventions, the proposed connections discussed could serve as a base for more focused research in the future, involving specific groups and/or individuals.

One possible area of focused study would be to further clarify the links between individual creativity, developed throughout the course of drama therapy (Donovan, 1996; Emunah, 1994; Johnson, 1999; Lewis, 2000; Silverman, 2006), a focus on the positive, and the potential for increased cognitive flexibility (Isen, 2002). This could compliment current research focusing on the relationship between neurological processes and psychological problems (e.g. in Ahmed & Boisvert, 2006). Such collaboration could advance one of the goals of the positive psychology movement by providing a more balanced understanding of this aspect of human functioning (Compton, 2005; Fineburg, 2004; Seligman, 2002; Seligman et al., 2005; Snyder & Lopez, 2002). By focusing on how the involvement in a creative process can positively affect one's cognitive flexibility, a potential to highlight drama therapy's "unique contribution to the

field of healthcare" (Johnson, 2000, p.14) could also present itself.

Another interesting area of future study could be the design of drama therapy models with the *specific* goal of prevention. It has been noted (Duckworth et al., 2005; Seligman, 2002; Seligman & Csikszentmihalyi, 2000) that the needs of society in the past have influenced mental health practitioners to focus on treating mental disorders. It can be argued that effective prevention strategies have become an immediate concern in contemporary society, as individuals continue to suffer from psychological problems, despite the vast body of research on mental disorders (Keyes & Lopez, 2002). For example, the steady rise in the prevalence rate of depression over the past fifty years means that "school-aged children today are ten times more likely to experience...[this illness] than children born just three generations ago" (Klerman & Weissman, 1989, as cited in Herman, Merrell, & Reinke, 2004, p. 763), indicating a need to develop strategies to "immunize" (Seligman, 1995, p.4) individuals against this growing trend, by building on their strengths and potential.

While Landy (2006) argues that drama therapy has always contained this aspect of growth potential, drama therapy designs that *specifically* highlight the potential

of strengthening a positive attitude toward the self, personal growth, balance, autonomy, a health sense of reality, and environmental mastery (Jahoda, 1958) could help to clarify to institutions and community organizations how this modality can be used in a preventative fashion. The playful aspect of drama therapy could also be highlighted in such a design. Emunah (1994) notes that the element of playing often engages individuals in the therapeutic process. This could potentially translate into greater participation in a community's prevention efforts, highlighting another "unique advantage" (Johnson, 2000, p.14) drama therapy can offer in comparison to other therapeutic models.

### *Summary*

This chapter has revisited the present study's initial research questions. A summary of the viability of drama therapy processes and interventions to advance the goals of the positive psychology movement has been presented. The benefit to the profession of drama therapy was framed through the potential of greater exposure of this modality, through collaborations with supporters of positive psychology who share common goals. Limitations of the study were presented, along with ideas of for future interest that could further elaborate on the initial research

questions, i.e. how drama therapy can contribute to the study of growth and potential, and the potential benefit to the profession as a result of this participation. As a whole, this brief study has demonstrated the potential value of the interface of drama therapy and positive psychology, in terms of both clinical practice and research.

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