

*"A Bad Trip:"*

*Therapeutic Theater with Adolescents in a  
Residential Drug Treatment Setting*

*Natasha Amendolara*

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## Abstract

## “A Bad Trip:”

Therapeutic Theater with Adolescents in a  
Residential Drug Treatment Setting

Natasha Amendolara

The purpose of this study is to explore the effects of using a therapeutic theater method of drama therapy with adolescents in a residential drug treatment setting. The design of the study is a descriptive group case study based on an eight-week therapeutic theater process, in which participants created an original piece of theater and performed it for the other residents of the facility. The data collected include the existent literature on both therapeutic theater and adolescent substance abuse, process and supervision notes, session material, and feedback from participants. This data was analyzed in order to discern the potential effects of the therapeutic theater process on the participants, with a particular focus on self-esteem, autonomy, and social skills as areas of potential change. The results of this study suggest that the therapeutic theater process had a positive effect on the self-esteem of the participants as well as their ability to communicate effectively with others and develop meaningful relationships. The implication of these results is that therapeutic theater is a useful therapeutic tool to be used with adolescents in a residential drug treatment setting.

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## Introduction

This research project uses a descriptive group case study approach to explore the effects of using therapeutic theater with adolescents in a residential drug treatment setting. The proposed results of this study are based on an eight-week drama therapy group process with five adolescents recovering from substance abuse. During this process, the group members created an original piece of theater to be performed for the other residents of the therapeutic community. The creation process involved the employment of various drama therapy techniques, such as storytelling (Lahad, 1992; Spolin, 1999), structured improvisation (Emunah, 1994) and role work (Landy, 1993).

Throughout this research paper, I will be focusing on self-esteem, autonomy, and social skills as areas for potential change. This is due to the fact that these are the primary psychosocial issues pertaining to adolescent substance abuse as well as some of the main goals of the therapeutic theater method. Because of this apparent link, it is assumed that the therapeutic theater method may be particularly beneficial to adolescents struggling with substance abuse.

This paper will begin with a review of the literature pertaining to adolescent substance abuse. It will include popular statistics, psychosocial issues, common treatment methods, and a brief overview of other creative arts therapies interventions that have been used with this population. The next section will review the current literature on the therapeutic theater method of drama therapy, including its goals, benefits, challenges, and unique characteristics. This will be followed by a description of the method employed during this particular research study.

The next section of this paper will describe the process that was undertaken. This will begin with an introduction to each participant and continue with a chronological description of the therapeutic process. The structure of this section is based on the various drama therapy techniques that were employed throughout the creation of the play, including storytelling, role work, improvisation, and character exploration. The last section of this paper will describe the therapeutic process following the creation of the play, including the rehearsal process, the performance, post-performance, and finally, a discussion of the outcomes of this research project.



## **Adolescent Substance Abuse**

### **Statistics**

According to the 2008 Canadian Alcohol and Drug Use Monitoring Survey conducted by Health Canada, 34.2% of individuals ages 15-24 reported having used illicit drugs in their lifetime. The rate of drug use among this age group is significantly higher than that of adults aged 25 and over: four times higher for cannabis use and nine times higher for use of any other illicit drug. Furthermore, 10.8% of individuals ages 15-24 reported having experienced drug-induced physical harm, for example, car accidents or alcohol poisoning, in the past year, which is approximately ten times higher than among adults aged 25 and over (Health Canada, 2008).

### **Psychosocial Issues**

One of the most common issues among adolescent substance abusers is a low sense of self-esteem. This has been found to be both a predictive factor (Essau & Hutchinson, 2008) as well as a subsequent effect (Semlitz, 2001) of substance use among this population. Greet Robijn (2000) found that a negative self-image is commonly paired with the use of drugs as a way to compensate for such feelings of inferiority. Furthermore, he has found that, for many adolescents struggling with addiction, feelings of rejection and a lack of appreciation are present from an early age. This not only has the potential to lead to substance abuse but also tends to exacerbate the addiction once it has been established. It is often the case that many adolescents who abuse substances have not had the opportunity to experience many successes in their lives, as drug abuse often leads to a decreased performance in school, the deterioration of relationships, and

problems with the law (Brook, 1996). This may also contribute to the low sense of self-esteem experienced by many.

One of the primary developmental processes that may be negatively affected by the effects of drug use is the ability to develop a sense of independence and autonomy (Brook, 1996). Adolescence is often the time during which individuals begin to develop and refine their self-management skills and mastery over their own inner experiences. However, for certain adolescents who experience their feelings, impulses, and sensations as unbearably threatening and overwhelming, self-management through the use of chemicals may seem like the only viable solution. The inherent paradox to such a solution is that affective states often become even more intolerable when coupled with drug abuse, which only tends to further decrease the adolescent's ability to develop self-management skills and autonomy (Muisener, 1994).

In addition to autonomy and independence, the development of adaptive social skills is one of the most common goals in the treatment of adolescents with a history of substance abuse (Bukstein, 1995; Nowinski, 1990). One of the major developmental tasks of adolescence is the cultivation of peer relationships, which is often halted by the use of drugs and alcohol (Feldstein & Miller, 2006). Robijn (2000) points to the fact that adolescents struggling with addiction are often so entangled in their own defense mechanisms and self-experience that they are incapable of developing and maintaining healthy relationships. Negative peer influence is one of the primary risk factors in adolescent substance abuse (Bukstein, 1995; Nowinski, 1990), which is why the development of skills necessary to build positive relationships is so crucial to the treatment of this population.

## **Common Treatment Methods**

The current literature points to three primary types of methods used to treat adolescents with a history of substance abuse as being most effective: cognitive behavioral therapy (CBT), motivational enhancement therapy (MET), and family based therapy (FBT) (Becker & Curry, 2008). In the context of substance abuse, a cognitive behavioral approach views the addiction as a series of learned behaviors sought to produce a desired result. The focus of this type of therapy is to identify specific thoughts and emotions that contribute to the precipitation of the addiction and develop alternative skills to modify them (Deas, Gray, & Upadhyaya, 2008).

Motivational enhancement therapy (MET) focuses on increasing one's motivation to change and is often used with this population, as it has been developed as a brief intervention and generally lends itself to cost-effectiveness and enhanced patient adherence (Deas et al., 2008). It is based on the assumption that intrinsic motivation is a necessary and often sufficient factor in instigating change.

Family-based therapy (FBT) has gained a considerable amount of attention in the current literature focusing on treatment methods for adolescent substance use disorders, as it has become widely recognized that the family environment has a significant effect on an adolescent's potential to engage in substance abuse (Hogue & Liddle, 2009; Liddle, 2004). This approach is based on the family systems theory, which posits that individual functioning occurs within the context of family functioning, which, in turn functions within the context of the larger social surrounding. Thus, "individual change requires contextual change, such as patterns of familial behavior and interaction" (Deas et al., 2008).

## **The Therapeutic Community**

The residential treatment setting at which this research study takes place follows the model of a therapeutic community (TC). This model was initially developed to treat substance abuse and follows the basic principle of treating the whole person through the use of the peer community. The TC presents the client with a microcosm of society, in which each individual is expected to contribute to the shared goals of creating a social organization with healing properties (De Leon, 2000).

Within the context of a community setting, there is an emphasis placed on the importance of honesty, self-disclosure, concern for others, responsibility, trust, and nurturance. It provides moral and ethical boundaries and expectations for personal development through the use of both positive reinforcement and consequences and the activities within the therapeutic environment provide the curriculum for learning about one's self and relating to others. The primary goal of the TC is to assist individuals in their re-entry from the sub-culture into the larger society; it aims at a new self-definition and a reconstruction of a lifestyle (De Leon, 2000).

## **Creative Arts Therapies Interventions**

There is a limited amount of literature on the use of creative arts therapies with adolescent substance abusers. However, art therapy has been used with this population in order to access emotions that may have otherwise been intellectualized with a technique known as incident drawings. In this technique, clients are instructed to create drawings of particular incidents that occurred during the time that they were abusing substances. The goal of incident drawings is to give clients the opportunity to gain insight into the unmanageability of their addictions (Cox, 1990).

Additionally, the use of live theater has been brought to high schools in order to initiate dialogue with at-risk adolescents about the implications of drug abuse. For example, the Chicago-based Music Theatre Workshop's (MTW) Under Pressure Program is a professional theater company that visits high schools and performs plays that focus on the problems and prevention of substance abuse. After the performance, students share their responses to the issues highlighted in the play through both role-playing exercises and discussion (Safer & Harding, 1993; Harding et al., 1996).

Despite the apparent lack of research focusing on the use of creative arts therapies with addiction and adolescents, there have been numerous creative arts interventions used to address adult addiction. These include the use of literature therapy (Daleen-Kay, 1995), dance/movement therapy (Milliken, 1990), and music therapy (Treder-Wolff, 1990). Lynn Johnson (1990) has worked extensively with substance abuse and the creative arts therapies, using poetry, art, drama, and dance therapy in an attempt to transform the addict's sense of shame through the use of creativity and self-expression. Furthermore, drama therapists Ramseur and Wiener (2003) have implemented their technique, Rehearsals for Growth (RfG), with substance abuse groups in order to develop the skills necessary to maintain a sober lifestyle through structured improvisational exercises.

Therapeutic theater has also been used with substance abuse and the general population (Moffett & Bruto, 1990; Mackay, 1996; Bailey, 2009). However, the current literature does not address the use of therapeutic theater with adolescent substance abusers within the context of a residential treatment setting.

## Therapeutic Theater

### What is it?

Although therapeutic theater is not a set format with one clear definition, it has been defined as “the therapeutic development of a play in which the roles are established with therapeutic goals in mind; the whole process of the play production is, in fact, a form of group psychotherapy; it is all facilitated by a therapist skilled in drama or a drama therapist; and, finally, the play must be performed for a public audience” (Snow, D’Amico, & Tanguay, 2003, p. 74). The play can either be based on improvisation, real-life experiences from the lives of the clients, an already existing play that has been adapted to the goals of the group, or an original play created by the drama therapist (Bailey, 2009). The term *self-scripted* in the context of therapeutic theater refers to an original play that has been created by the participants and the drama therapist, usually through the process of improvisation. The development of an original play is often very telling of the clients’ personal experiences, which can provide more access to the self, thus enhancing the potential for therapeutic benefits (Emunah & Johnson, 1983).

### Audience as Witness

An integral component of the therapeutic theater process, which distinguishes it from other drama therapy methods, is the emphasis on the product as well as the process. As Emunah & Johnson (1983) articulate, “In a performance group, the outside world (the audience) is a part of the group’s therapeutic context from the very beginning” (p. 236). The audience serves as a witness to the therapeutic product and thus can be seen as assuming the role of an actively receptive therapist (Mackay, 1996). This provides a validation for the group members based on the opportunity to share their story with

members of the community.

Jones (2007) identifies *active witnessing* as one of the core processes of drama therapy. He notes the potential of an audience to serve the client in a variety of ways: “the creation of safety; the enhancement of boundaries concerning being in and out of role or the enactment; the heightening of focus and concentration and the heightening of the theatricality of a piece of work” (p. 102). He also articulates the experience of being witnessed as the act of being recognized, acknowledged, and supported.

The therapeutic theater model may also be beneficial for adolescents because it is, as Emunah & Johnson (1983) note, “a planned crisis: one knows when it is coming, but no matter what one does to prepare, that frightening moment on stage in front of the audience is soaked in possibility” (p. 236). This aspect of performance gives individuals the opportunity to heighten their awareness leading up to the moment of crisis. The anxiety and fear leading up to the performance is, in most cases, inevitable but the cast has had the opportunity to prepare for success through their trust in one another as well as the final product.

### **Goals & Benefits**

As discussed earlier in this paper, some of the primary psychosocial issues faced by adolescents with a history of substance abuse are the development of greater self-esteem, autonomy, and social skills. In correspondence to this, many of the goals and benefits of the therapeutic theater process have been found to focus on these same issues.

The performance of a play within a therapeutic context can serve to increase the self-esteem of the client/actors in a variety of ways. As Bailey (2009) states, “performance is a wonderful way to experience positive attention” (p. 381). This is

especially important for substance abusers, as they are often accustomed to provoking and receiving negative attention from others. The self-confidence that one receives after performing a play is manifested as a result of not only being able to express oneself effectively, but also being positively affirmed for this self-expression by the presence of an audience (Mackay, 1996). The opportunity to expand one's role repertoire through the process of improvisation leading up to the creation of the play also serves to increase self-esteem and confidence in one's abilities (Emunah & Johnson, 1983). The National Association for Drama Therapy (NADT) articulates performance as a way to heighten the self-image of substance abusers, as "clients often act as the 'addict' role given to them by society, family, peers, and self. Through performance, they are reminded of their humanity, strengths, potential, and values" (National Association of Drama Therapy, n.d.). Another way that self-esteem may be enhanced through therapeutic theater, which is of particular significance to a population of substance abusers, is the ability to decrease the amount of stigma associated with this population. For example, it may help to break down the pejorative labels that have been placed on them by others through the act of presenting themselves as worthwhile individuals (Mackay, 1996).

The enhancement of independence and autonomy that results from the therapeutic theater process stems from the responsibility of the clients to commit to their individual roles as well as the process and performance as a whole. Clients develop a sense of autonomy from the process of becoming invested in their particular dramatic roles and the desire to assert themselves as integral components of the performance through the refinement of those roles (Emunah & Johnson, 1983). A sense of independence also arises from the amount of self-discipline required to create and rehearse a play (Bailey,



2009). The demands of showing up to rehearsals on time, memorizing lines by certain deadlines, and being focused and dedicated throughout the process may be particularly beneficial for adolescents with a history of substance abuse, making them better prepared to re-enter the world as sober individuals with the confidence to tackle other tasks requiring the same sort of self-discipline.

The development of an ensemble that is necessary to theatrical productions serves to increase the social skills of each participant. Steve Mitchell (1994) points out that “as the group works with developing theatre skills they are also developing basic interpersonal skills but within the frame of a theatre metaphor” (p. 49). Most individuals who have experienced being part of an ensemble express feeling as though they are part of a family because of the intimate connections formed between cast members on the basis of a supportive and caring environment (Bailey, 2009). The bonds that form among group members throughout this process can serve as an example of how to create and maintain healthy relationships in other areas of their lives.

### **Challenges**

Although the therapeutic theater model has its own unique benefits, given its marked difference from other forms of drama therapy, it also comes with its own set of challenges. One of the most common challenges is the occurrence of post-performance decompensation (Emunah & Johnson, 1983; Bailey, 2009). Clients may feel empty or alienated following the performance, which is often similar to actors in a non-therapeutic setting, after the realization that something that has been so built up through weeks or months of hard work and dedication has finally come to an end. Emunah & Johnson (1983) note the difficult therapeutic task of integrating one’s new, successful actor self

into his/her old, client self once the performance is finished. Social withdrawal, acting-out behavior, and the return of specific symptoms have been noted as potential effects of post-performance decompensation (Emunah & Johnson).

Although the potential is there for decompensation following the performance, it is not a guaranteed outcome and there are multiple steps that the therapist can take to mediate these effects once the performance is over. Firstly, it is important for the therapist to contextualize the actual performance “as one part of the overall process – a climax, not a finale” (Emunah, 1994, p. 296). In order to foster the integration of one’s new self into his/her old self-image, extra support should be provided to clients during the period of time following the performance. (Emunah & Johnson, 1983). This can be done through regularly scheduled group and individual meetings as a way to continue the therapeutic process and help group members assimilate what they have learned without feeling abandoned (Bailey, 2009). The focus of these post-performance sessions should be on sharing thoughts and feelings about the process and celebrating the group’s collective accomplishment. It has also been noted that tangible reminders of the group’s achievement, such as a videotape or photographs of the performance, are important as they provide the opportunity to concretize and preserve the experience (Emunah, 1994),

## **The Method**

### **Design**

The design of this research paper is a descriptive group case study to answer the question, “What are the effects of applying a therapeutic theater technique to adolescents in a residential drug treatment setting?” Its areas of interest will include self-scripted therapeutic theater using various drama therapy methods to create the play. These include storytelling (Lahad, 1992; Spolin, 1999) and improvisation (Emunah, 1994; Spolin, 1999; Lynn, 2004). These areas will be explored in relation to their potential impact upon and relevance to drama therapy treatment for adolescents with a history of substance abuse. The focus of this research is on the impact of this process on the experience of the participants.

### **Participants**

The research was conducted at a residential drug treatment setting for adolescents. Residents initially arrive at the facility in a variety of ways, including voluntarily or at the request/mandate of parents, social workers, or the court system. The typical recovery program at the rehab is roughly six months in length, with completion of the program based on the assessment of caseworkers and other staff members. The type of treatment employed at the center is based on the therapeutic community model.

Attendance of the group was on a voluntary basis and all residents were given the opportunity to choose whether or not to be a part of the group. The group was introduced as a “drama therapy performance group” and the residents were told that the process would consist of the creation and performance of an original play for an audience made up of staff members and fellow residents. Once the group was formed, it consisted of two

female and three male residents, all fifteen years of age. The group met twice a week for an hour and a half over the course of eight weeks. At the outset of the process, each group member was told of the proposed area of investigation and was given a detailed Consent Information sheet and Informed Consent Form, both of which are included in the Appendix. It was strongly emphasized that individuals were not required to give consent and reserved the right to withdraw said consent at any time throughout the process, without justification of any kind. For the purposes of confidentiality, pseudonyms will be used throughout this paper.

### **Data Collection & Analysis**

In addition to the existent literature on both therapeutic theater and adolescent substance abuse, the sources of data include process and supervision notes, the written work of group members, information gathered from personal files, verbal feedback from participants after the performance, and the video recording of the performance itself.

The data collected in this research will be analyzed in order to discern the potential effects of the therapeutic theater process on the participants. Focus will be placed specifically on self-esteem, autonomy, and social skills as areas of potential change. These factors will be measured on the basis of personal observations as well as verbal feedback from the participants.

The conclusions that will be drawn from this research study include any perceived effects that the process had on the lives of the participants as well as hypothetical implications for future applications of this approach with other members of the same population.

### **Limitations**

Due to the small, non-randomized sample, any possible findings will lack generalizability. Furthermore, given the qualitative nature of this research project, the subjective component will have to be balanced with some degree of objectivity. There will also be a limited degree of replicability for those who wish to verify the findings, as the nature of therapeutic theater, as defined in this study, is case-specific and impossible to recreate more than once. Lastly, in conducting this research at a practicum site, the researcher will be assuming multiple roles as therapist, director, researcher, and student. The researcher's unique role as director has heightened her level of involvement in and influence over the therapeutic process, as it has called for active participation in the creation and rehearsal of the play itself.

The conclusions that may be formulated based on this process will be strictly hypothetical, given that the nature of qualitative research is such that no concrete causal links can be made. This is especially true of this particular study, given the small sample size of participants and limited amount of time allotted to the process. There are also other variables that come into play, such as the voluntary basis on which the group was formed, the co-morbid diagnoses of certain participants, the role of psychopharmacological medications, and the fact that each group member is part of a therapeutic community, receiving varying levels of individual and group therapy on a daily basis.

## **The Players**

### **Melissa**

Melissa is a fifteen-year-old, Caucasian female with light brown hair and a style that might be referred to as “tomboy,” often wearing jeans, sneakers, and an oversized t-shirt or sweatshirt. She generally presents herself as withdrawn and somewhat reserved. Melissa loves to read, and is almost always clutching a mystery novel under her arm, immersing herself in it whenever she has a spare moment.

Outside the context of the therapeutic community, Melissa lives with her younger brother and her parents, both of whom admit to using drugs occasionally, although they feel as though they are not addicts and have their drug use under control. She entered the program due to her excessive drug use, which began to negatively affect her school, family, and social lives. Her drugs of choice are alcohol, cannabis, and ecstasy, the use of which steadily increased over time as her tolerance level grew. She has also experimented with various hallucinogens and crack cocaine. In addition to Substance Dependence, Melissa has been diagnosed with Bulimia Nervosa.

Upon entering the program, Melissa articulated her fears of not being accepted by the other residents and not being perceived for who she really is. In addition to dealing with her addiction, Melissa’s intervention plan created upon entering rehab includes improving her anger management skills, building a connection with her inner self, and forming healthy relationships. Upon the start of our performance group, Melissa was eighteen weeks away from finishing her program.

### **Rachel**

Rachel is a fifteen-year-old, shorter than average, Caucasian female with dark

brown hair. She generally presents herself as being energetic, enthusiastic, and fun loving. Rachel presents as very talkative and often laughing, singing, or dancing in her spare time.

Outside the context of the therapeutic community, Rachel lives with her parents, older sister, and two younger brothers. She entered the program due to her drug abuse, which was negatively affecting her school and family life. Her drugs of choice are cannabis and alcohol, both of which she began using at the age of eleven. Upon entering the program, she reported having been sexually and emotionally abused when she was younger, without divulging any more information about the subject. She also expressed that she was being negatively affected by her parents' marital problems. She expressed having a limited social network and exhibited self-mutilating behaviors, such as cutting. In addition to Substance Dependence, Rachel has been diagnosed with Bulimia Nervosa. Rachel's goals upon entering rehab were to address her addiction, form positive relationships, and repair her relationship with her parents. Upon the start of our performance group, she was eight weeks away from finishing her program.

### **Kevin**

Kevin is a fifteen-year-old male with long, dark hair that he wears pulled back in a ponytail. He dresses in baggy shirts and jeans. He presents himself as extremely energetic and passionate. He plays the bass guitar, listens to rock music, and also enjoys writing and playing baseball in his free time.

Outside the context of the therapeutic community, Kevin lives with his father and has little contact with his mother. He entered the program due to his excessive drug use, especially marijuana and ecstasy. Kevin's drug use led him to become involved in

criminal activity and he often found himself in dangerous situations. For a period of time, he left home and was staying with his aunt for fear of being attacked by a drug dealer. His goals upon entering the rehab program were to address his substance abuse and explore the issues that precipitated it. Upon the start of our performance group, he was eight weeks away from finishing his program.

### **Jeremy**

Jeremy is a fifteen-year-old, Caucasian male with short, blonde hair. He prides himself on his style, always wearing a fitted t-shirt and jeans with spotless white sneakers. He presents himself as somewhat soft-spoken and friendly. Jeremy loves hip-hop music and enjoys writing lyrics in his free time. He is also very athletic and plays hockey and soccer.

Jeremy was referred to the program by his parents due to his excessive drug use, which was negatively affecting his ability to perform well in school and maintain other responsibilities. His drugs of choice are marijuana and alcohol, although he has also experimented with various hallucinogens, including psilocybin mushrooms and Salvia. Outside the context of the therapeutic community, Jeremy has lived with a foster family since birth but maintains regular contact with his biological mother, who is a recovering cocaine addict.

In addition to Substance Dependence, Jeremy is diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD), for which he has been prescribed Atarol. Because of his ADHD, Jeremy has difficulty maintaining focus and becomes distracted easily. Upon entering the program, he expressed his personal goals of maintaining his creativity, staying focused, and developing a healthy relationship with his younger brother. Upon



the start of our performance group, he was eight weeks away from finishing his program.

### **Gregory**

Gregory is a fifteen-year-old male of Greek descent. He is slightly overweight with short brown hair. He was court ordered to attend the program, due to his excessive drug use and criminal activity. While in the program, Gregory had difficulty building relationships with other residents and often found himself in the middle of conflict.

During the sixth session, Gregory entered into an argument with one of the other group members and ran away, off property of the facility. Although Gregory was permitted to re-enter the program, he did not return to the drama therapy group.

## The Process

### Sessions 1-3: Storytelling

For our first group session, Melissa, Rachel, Jeremy, Kevin, Gregory, and I gathered in the boys' side dormitory. This is where we would continue to hold our groups for the remainder of the process. The common space in which our group was held contained two couches, an armchair, a refrigerator, a countertop with cereal bins and a microwave, and several stacks of plastic chairs. This was where the boys ate breakfast together and spent any free time they had throughout their days. There were also other groups held in this space on occasion.

While most of the group members seemed relatively excited, albeit somewhat apprehensive, about being there, Kevin was clearly upset when he entered the session. He expressed to me that he had just had a conversation with his mother over the telephone that had gone very badly. Kevin managed to sit quietly through the first ten minutes of the group before he got up and left, expressing that he was too angry and upset to be there.

To start the session, I asked the group members what they wanted to get out of this performance group, as they had, after all, volunteered to be a part of it. Melissa and Rachel both expressed that they hoped the group would give them a chance to bond with the other group members on a deeper level, outside the structure of the community. Jeremy and Gregory both expressed that they wanted to be able to expand their creativity through their participation in the group. After everyone had a chance to share their goals, Melissa expressed her gratitude that the drama therapy program was brought to that particular facility. She told me that the residents of the rehab community desperately

needed a positive outlet for their creativity and drama therapy seemed like a perfect opportunity for that. It was at that moment that the level of commitment of the group members to the therapeutic process became apparent.

To begin the process of developing a play, I had decided to utilize storytelling exercises for the first few group sessions. This was a way to get the creativity of my group members flowing and ease them into dramatic enactment. During this first session, I introduced Spolin's (1999) Collective Story activity, in which group members create a story together, one sentence at a time. On their first try, the group was very frustrated because they didn't think their story made any sense. The story was about a girl who got in a fight with her mother, and then both were eaten by a tiger, who later disposed of them into a sewer. Just when the mother and daughter were getting used to living in the sewer, they were killed by an alligator, who later turned into a guitar. After much debate over the title of this story, the group finally decided on "The Story Behind the Guitar."

On their second attempt to create a story together, the group was much more pleased. They were proud of the story they had created together because they felt that it made sense and that all the parts connected. This story was a journal entry written by someone living in a psychiatric facility. The main character explains to his journal that nothing he thinks or writes makes any sense or connects. The group titled this story, "09/09/09," which was the date of the session.

The main theme of this session as expressed in the collective stories was a disconnection with reality. This was not the first time that the reference to being a patient in a mental hospital would appear during our sessions together. This reflected the feeling of being institutionalized and cut off from the outside world, which was a sentiment

expressed to me by various residents on several different occasions.

During the next session, I introduced Spolin's (1999) Poetry Building activity, in which each group member is given five slips of paper and asked to write a noun, pronoun, verb, adverb, and adjective on them. The slips of paper are then shuffled together and each individual is given one slip of paper from each category at random. Each group member then creates a poem using the five words that they have been given. Some of the main themes expressed through these poems were, once again, a disconnection from reality as well as a sense of longing.

During the third session, I introduced Lahad's (1992) 6-Part Story exercise. In contrast to the activities from the previous sessions, which had more to do with spontaneity and free association, the 6-Part Story exercise is very structured and allows for the creation of cohesive stories. In this exercise, group members create their own stories, one step at a time. The 6 parts of the stories consist of identifying a hero, a problem, things that help the hero deal with the problem, obstacles that get in the way, how the hero solves the problem, and what happens after the problem has been solved.

Both Jeremy and Melissa had a difficult time with this activity for different reasons. Jeremy had difficulty maintaining his focus and took a significantly longer time to complete each part than the rest of the group members. Because of this, he was constantly one step behind the others and, consequently, he became increasingly frustrated as the activity progressed.

Melissa's frustration toward this activity came from her insecurity about the quality of her own story. At each step, she expressed being embarrassed of her story because she felt that it was stupid and didn't make sense. In the end, she actually ended

up creating two versions of the same story and read them both to the group, asking the others which one they thought was better.

The themes of the stories created during this activity were power, alienation and inclusion. Jeremy's story was about a protagonist that feels isolated because everyone around him makes fun of him until he realizes that there are others like him, who help him to gain power and conquer his bullies. Kevin's story was about a boy who fights against a monster and a group of ninjas. He defeats the monster with a machine that he built, making him the new leader of the ninjas.

After the group members presented their stories, I offered the group the opportunity to bring one of them to life. This seemed to be an appropriate segue into the embodiment stage of our process. The group opted to act out Kevin's story and I gave Kevin the opportunity to direct it. I used this activity to begin introducing the group to basic theater skills that would be necessary later on during the performance. Firstly, I stressed the importance of planning out the enactment beforehand to prepare them for the creation of our play. We also practiced blocking and presentation, with actors waiting in the other room before coming on stage and making sure that they were visible to the audience at all times while on stage. Teaching basic theater skills as a part of the therapeutic process has several purposes. Firstly, it serves to provide the group members with a common vocabulary of expressive skills, which will give them the resources to develop their own personal piece of theater. It can also help foster self-expression, as the personal inhibitions that we carry around in our everyday life are usually the same as those that we encounter in the process of creative expression. Lastly, the development of theater skills can also help to build an ensemble and enhance group cohesion (Mitchell in

Jennings, Cattanach, Mitchell, Chesner, & Meldrum, 1994.). As a result of their newly acquired theater skills, the group members expressed pride in the quality of their enactment.

#### **Session 4: Roles**

During our fourth session, I introduced the concept of roles to the group. We explored roles in different ways, with varying degrees of distance. First, group members were paired off and took turns sculpting each other into various roles, including a teacher, doctor, policeman, homeless person, mother, child, grandfather, clown, and criminal. Although individuals inevitably sculpted their partners into their own interpretations of the roles, this approach was still relatively overdistanced, as it focused largely on stereotypical perceptions of roles that one may encounter in everyday life.

During this activity, the group members made personal associations with certain roles. Melissa, for example, became angry when another group member portrayed the role of a homeless person as a drug addict, as she thought it was an inappropriate assumption to make. Other group members, such as Kevin and Rachel, had strong adverse reactions to witnessing the role of a clown portrayed by their partners. They expressed that clowns had always been frightening for them and the image of their partners as a clown seemed to be haunting for them. Because of this, I gave the sculptures extra time to de-role from this, so that Kevin and Rachel could let go of the image and move on with the activity. The de-roling process consisted of a physical embodiment to represent the stepping out of role.

All of the group members seemed to particularly enjoy sculpting the roles of criminal and policeman, as if these were roles that they were especially familiar with. The

group dedicated the most amount of time to exploring these roles, and even took it upon themselves to bring the roles to life once they were sculpted. The policemen started to interact with the criminals and several small scenes were created that explored the interaction between the two. When I asked them why they enjoyed these roles in particular, certain group members expressed that the criminal reminded them of how they used to be. When the sculptors had the opportunity to step back and observe the different portrayals of the criminal role, several of them commented that they all seemed to be “on their image.” This was a commonly used expression within the rehab facility and one that they were all familiar with, referring to hiding behind the false exterior or image that one creates in order to appear a certain way, whether that be cool, aloof, or intimidating. This was the first time that the theme of facades came up in our process and would end up being the focus of the performance.

In order to explore the concept of roles in a more personal way, the group cast each other to be sculpted into different parts of themselves. One at a time, all four group members had a chance to direct this activity and presented each part of themselves with a statement beginning with, “This is the part of me that...” The director then instructs each role to come to life and start interacting with one another. After witnessing the different parts of themselves interact, the director then gets to take the place of each role.

The roles that Melissa chose to articulate had negative connotations; the part that steals, lies and cheats, the part that feels hurt, and the part that is scared. Rachel, on the other hand, separated herself into the part of herself that is happy and loving, the part that can do anything, and the part that has low self-esteem and hides behind a front. Gregory’s depiction was similar to this, articulating a “tough guy” self and a scared child self that

was abused. They all seemed to have a part of themselves that they used to cover up feelings of pain or insecurity; an armor of sorts that could protect them from the harsh reality of their past experiences.

At this point in the process, the group members were beginning to acknowledge the facades that they put on for the outside world. Whether it was to appear happy, strong, or tough, it was something that they used to cover up the loneliness or pain that they were feeling inside. Although the facades are necessary in a way, being that they are defense mechanisms to cope with the difficulties of life, the group had come to a point in the process where they felt comfortable enough to acknowledge them. I was not asking them to shed their protective skin, leaving them naked and vulnerable. The group members were slowly trusting one another enough to admit that there were other selves underneath the fronts.

### **Sessions 5-8: Improvisation**

During the second phase of the group process, we focused on improvisation as a means of exploring different characters and creating stories. The storytelling and role exercises that we had focused on earlier gave the group members the confidence and experience necessary to begin delving into the dramatic enactment that this phase would focus on. At this point, I was still unsure of what our play was going to look like, and I introduced improvisation as another means of exploring relevant themes through character and scene work. It was not yet clear to me whether the performance was going to manifest itself as a cohesive story or a montage of different scenes. However, I was confident that the group members would find their story through improvisation; they simply had to decide what story they wanted to tell. Once they had done that, I could help



them to flesh out the themes and characters, while also providing a structure for their play.

Before the group could get comfortable with engaging in improvisation, they had to learn the basic rules of the form. We started with exercises that focused on accepting offers, making strong character choices, and scene progression. During this early stage, Rachel showed a natural ability for improvisation. She had no hesitancy about performing in front of the group, displayed good comedic timing, and seemed to have an innate understanding of how to progress the scenes that she was in. She also worked well with her scene partners and effectively implemented the rules on which we had been focusing.

The other group members seemed to have more difficulty engaging in the improvisational exercises. Gregory appeared to be very self-conscious while performing in front of the rest of the group and would constantly take himself out of a scene in order to comment on his own performance. Melissa, on the other hand, seemed to enjoy the activities but there was something that was obviously holding her back from engaging. Earlier in the session, Melissa had become argumentative with Rachel after Rachel commented that Melissa was not fully participating. This made Melissa angry because she perceived Rachel to be talking down to her in a condescending manner. Although I had stepped out of the room with Melissa and given her a chance to decompress, her frustration and anger toward Rachel lingered throughout the rest of the session and prevented her from fully engaging in the improvisational activities.

During the next session, Gregory entered feeling frustrated about issues within the community that existed outside the context of our particular group. When Gregory

brought his frustrations to the other group members, the conversation quickly escalated into an argument. As the intensity of the situation rose, Gregory became less able to keep his composure and eventually got up and left. Shortly after this, we were informed by a staff member that Gregory had run away from the facility.

After losing Gregory from the group, the dynamics shifted dramatically. The overall energy of the group became much more positive and the bond among the remaining four group members started to grow. They all expressed their relief that Gregory was no longer a member of the group, since he was often at the center of conflicts and difficult for other group members to trust. Although the group members may have been recruiting Gregory as the scapegoat for their own difficulties, they did feel more comfortable sharing their personal feelings and experiences with each other after Gregory was no longer a member of the group.

For the next three sessions, the group explored a variety of different themes through both structured and unstructured improvisational activities. One of the activities included an improv game called Freeze Tag (Lynn, 2004), in which two players start a scene and at any point, another group member yells, "freeze!" At this point, the players freeze and that group member taps one of the players out and assumes their exact physical position. The new player then initiates a different scene based on that physical position. In another activity, two players initiate a scene and throughout the scene, audience members take turns shouting out random words. The players within the scene attempt to incorporate the words while maintaining the cohesiveness of the scene.

The themes that emerged throughout the improvisational exercises focused heavily on relationships, including peer, sexual, romantic, and family relationships. Other

themes included drug use, violence, trust, and secrecy. Throughout our group discussions at the end of each session, group members began to make connections among the themes that they were exploring within the improvisation and their experiences living at the rehab facility. They expressed finding it difficult to trust any of the other members of the community and not being able to create meaningful relationships because of it. They also shared their anxiety about leaving the program for fear of not being able to relate to anyone “on the outside.” Also, the theme of secrecy led to a discussion about the false selves that they have created in order to protect themselves from appearing vulnerable and getting hurt. Many of them attributed their drug use to maintaining those false selves in order to escape from their own fears and insecurities.

During the improvisation, certain group members were able to strengthen their relationship with one another within the context of different scenes. Melissa and Rachel, for example, had a difficult time up until this point relating to one another and developing a bond because Melissa reacted defensively to Rachel’s criticism. Rachel was further along in her program than Melissa at the time and would often try to give her advice by pointing out her maladaptive patterns and behaviors. Melissa became easily defensive when Rachel approached her in this way and perceived it as though Rachel was talking down to her. They had had numerous conflicts stemming from these interactions. When their characters interacted with one another, however, they were able to develop more of an empathetic and understanding relationship while in role, which eventually began to translate to their relationship outside of the dramatic reality.

In the improvisational scene with Melissa and Rachel, Melissa played a mother who was accompanying her daughter to an abortion clinic. While in the waiting room, the

mother was attempting to comfort her daughter by explaining that she had also gone through the same thing when she was her daughter's age. She assured her daughter that everything was going to be okay, even though she was feeling nervous and scared. During this scene, Melissa was able to display empathy toward Rachel, whom she previously spent a great deal of time criticizing and fighting with. Emunah and Johnson (1983) comment on this phenomenon by noting, "As one weaves in and out of numerous characters, relationships, and situations, rigidity of self-conception and behavioral response is confronted" (p. 233). Within the context of the scene, the power dynamics of the girls' relationship became altered and they both had the opportunity to experience their relationship through a different perspective.

Another instance in which Melissa and Rachel had the opportunity to experience their relationship in a new way through the improvisation was during a scene in which Rachel's character encountered a homeless person, played by Melissa. Rachel's character invited the homeless woman out to dinner and confessed to her that she had once been homeless herself and knows how difficult it is. Within the context of the scene, Melissa and Rachel were able to relate to one another. After these experiences, their relationship became notably stronger and they developed a bond that had not been present up until that point. On numerous occasions, I observed them spending time with each other outside of the group and providing support for each other at difficult moments during their rehab programs.

It was during one improvisational exercise in particular, that the group discovered the topic of their play. The activity is called Hidden Conflict (Emunah, 1994), in which two players enact a scene but are individually given hidden motives by the therapist. In

our scene, Melissa and Kevin played a husband and wife eating breakfast together. Although they were unaware of the other's motive, the wife wanted to get her husband out of the house because she was expecting another man and the husband wanted to stay home from work. While Melissa and Kevin were involved in the scene, Jeremy asked me if he could enter as the wife's visitor. It was clear to me that there was a lot of energy around this scene and I was enthusiastic about allowing them to explore it further.

When Jeremy entered the scene as the wife's visitor, he confronted the husband about the fact that he had been cheating with his wife. Melissa's character reacted by pretending not to know who he was. When the husband realized that his wife was lying to him about having an affair, an argument ensued between the three characters. At that point, Rachel decided to enter scene as the husband's mistress. At the sight of another woman, and a much younger woman at that, Melissa's character became enraged with her husband. While the married couple were arguing and accusing each other of lying and being hypocritical, the characters played by Rachel and Jeremy noticed each other. As soon as the two of them came face to face, they identified themselves as father and daughter. The scene naturally ended at this point when the group members burst out in laughter and excited cheering. They immediately began talking about how good the scene was and how they wanted it to be incorporated into the performance. Four weeks into the process, they had found their story; it was now a matter of developing it into a performance.

### **Sessions 9-10: Character Exploration**

Now that the group had developed a basis for their play, I introduced the idea of character exploration. In order to flesh out the story of these characters, the group

members needed to understand them on a deeper level. To this end, I introduced a number of different hypothetical situations that these characters might find themselves in and the group members entered into improvisational scenes in order to explore them. Although the actual content of these scenes would not be included in the performance, this was a way for the group members to learn more about the lives and inner experiences of their characters.

In order to explore the relationship between Kevin's character and Rachel's character, I set up a scene with the two of them at a bar meeting for the first time. Within this scene, it was established that Rachel's character, was much younger than Kevin's character. They were both alone, sitting next to each other, and Rachel's character kept ordering drinks. Kevin's character finally approached her and asked her if she would like to go to a motel room with him and offered to pay for the room. She responded by asking him how much he was going to pay to have sex with her and he seemed to be extremely uncomfortable with this idea. When the scene ended, Kevin expressed that he did not want his character to pay for a prostitute because it is not something that Kevin would ever do in real life. During this character exploration, Kevin and Rachel were beginning to identify the similarities and differences between themselves and their characters. Rachel, for example, had had a problem with alcohol in the past, similar to her character within the scene and Kevin made a point to note that he wanted his character to share his own personal values. Giving clients the opportunity to play characters that are similar to themselves allows them to explore personal issues in a safe and distanced way. Through role work and character exploration, clients are given the chance to view particular

patterns or behaviors that they share with their characters from a new perspective (Bailey, 2009).

Another scene that was set up was intended to explore the relationship between Kevin's character and Jeremy's character. The group decided that the two men should know each other, so I established a scene for them in a restaurant in order to explore the nature of their relationship. Over the course of this scene, we found out that the two men know each other from rehab, as they are both recovering drug addicts. It also became clear that Jeremy's character has started to use again and tries to hide this from his friend. During our discussion after this scene, Jeremy expressed that he did not want his character to be a drug addict. He felt that his life had been defined by drugs up until that point and he wanted to move away from the identity of an addict and get the opportunity to experience something other than that. Bailey (2009) comments on the value of clients having the opportunity to play characters that are different from themselves. She writes, "Casting actors in roles as characters whose issues contrast with their own help clients expand their role repertoire by challenging them to try out new behaviors, thoughts, or emotions in a safe situation. New roles or new ways of playing old roles, once practiced, become available for clients to try out later in their real lives (p. 378). The opportunity for Jeremy to play a character unlike himself allowed him to explore a role that he had been removed from for quite a while.

Another relationship that was explored through improvisation was that of the Kevin's character and his wife, played by Melissa. The scene was set at the breakfast table and they were discussing the idea of having kids. Throughout the improvisation, it became revealed that the couple disagreed completely on this issue; Melissa's character

had a strong desire to have kids but her husband did not. Kevin's character was concerned about making enough money to support a child while his wife expressed feeling lonely and alienated because all of her friends had children and she did not. As the scene progressed, Melissa's character confessed to her husband that she was already pregnant and had been scared to tell him up until that point. Upon hearing this news from his wife, Kevin's character reacted with shock and anger. He agreed to support the child, although he did not know how they were going to be able to, given their current financial situation.

The father/daughter relationship between Rachel's character and Jeremy's character was also explored through improvisation. The scene was set within their house and Rachel's character was in her room drinking and doing drugs while trying to hide it from her father. Throughout the course of this scene, it became clear that Jeremy's character was a very absent-minded father and that his daughter had a dangerous drug habit. Their living conditions were very bad, as Jeremy's character had not had a job in a while. The relationship between the two of them seemed distant and the few interactions that they had were awkward and uncomfortable.

In order to further explore the four characters, Rachel suggested that each group member write a monologue that expressed the inner experience of his/her character. The group decided that they would like these monologues to be incorporated into the final performance. Group members worked tirelessly on their monologues, both during and outside of the sessions. They supported each other throughout this process, giving feedback and suggestions when they asked for it. They had become personally invested in their characters, which was apparent through the content of their writing.



The monologues that the group members created tell stories of escape, secrets, lies, and hopelessness. Each monologue reads like a confession. The lives that the characters presented on the outside were nowhere close to what they were experiencing internally. This also seemed true of the group members; they had previously used drugs as way to escape their difficult emotions and without that escape, they now had to build protective walls around themselves.

In Rachel's monologue, she expresses being tired of pretending that she has the perfect life. On the outside, she appears cheerful but behind closed doors, she has a drinking problem and is involved in multiple sexual relationships with older men. The idea of presenting a carefree exterior to the outside world is not something that Rachel is unfamiliar with. She tries hard to maintain her fun-loving and outgoing personality when she is around others, always full of energy and laughing. Underneath that, however, is a fragile and traumatized fifteen-year-old girl who started drinking and using drugs at a very young age in order to escape the pain she felt inside, which she had expressed on occasion during our group discussions.

Melissa's monologue tells the story of a young woman who is searching for love. She feels as though she has lost herself and worries about her own future. She is desperate for someone to love her but admits that she doesn't know how to love someone in return. One of her lines is, "I'm only twenty-seven and I feel so...alone." This could easily be spoken by Melissa by substituting fifteen for twenty-seven. She expressed numerous times within the group that she feels as though no one understands her and she feels completely isolated from the rest of the community.

Kevin's monologue tells the story of a life that has spun completely out of control. He is desperate for a way out of the downward spiral he has fallen into. This depiction is strikingly similar to Kevin's own life before rehab. Although his means of escape was different from that of his character, they both found themselves in the midst of a destructive lifestyle, turning their backs on the people they cared about the most, and finally realizing that they needed to break free.

Jeremy's monologue describes his daily activities, which are humorous at first glance but actually very sad. He doesn't clean his house, hasn't done laundry in weeks, and is too lazy to get a job. At the end of his description, he confesses that the only reason that he's able to live with himself is that he just doesn't care. It seemed as though the humor of the monologue allowed Jeremy to look at the situation with some distance. After rehearsing this monologue for a while with Jeremy, he started to describe his life before rehab. He described his typical day, which consisted of getting high as soon as he woke up in the morning, before school, after school, and before he went to sleep at night. He would wake up and repeat this cycle every day, which made him extremely lazy and unmotivated. He lacked the energy to get up and eat, let alone engage in any sort of extra-curricular activities. Although Jeremy made it a point to create a character that was not a drug addict, there were still marked similarities between Jeremy's life before rehab and that of his character.

### **Sessions 11-15: Rehearsal**

Now that the play had been created and the characters fleshed out, it was time to rehearse. There would be an audience present in three weeks and, although we now had a clear vision of what the play was going to look like, it was still far from being ready for

an audience in terms of aesthetics. We had decided as a group that the play would begin with the scene at the breakfast table and the actors would freeze at the moment when Jeremy and Rachel's characters come to face to face with each other. Then, each character would step forward one by one and deliver their monologues. The group had decided that the theme of the play was that nothing is ever what it seems on the outside. To further enforce this, I added a short scene at the end of the play, in which the characters go back to their picture perfect lives and the play ends with each character looking out into the audience with big smiles on their faces.

During our rehearsals, we focused on things such as blocking, entrances and exits of characters, and the delivery of lines. During the monologues, many of the group members had difficulty delivering their lines with conviction. We spent a great deal of time reading through the monologues together and trying to find ways to make the words come to life. Once the actors were relatively comfortable with the texts, they were able to deliver them in a more authentic and believable way. When they finally reached this point, the group members expressed feeling more emotionally connected to their characters' inner experiences.

Throughout the rehearsal process, there was still no title to our play. Finally, I sat the group members down and dedicated a significant block of time out of our rehearsal to brainstorm ideas for a title. I knew that it was going to be difficult for all of the group members to come to an agreement but it was a necessary element that had been missing up until this point. I also felt strongly about allowing the group members to come up with the title on their own, as a way for them to have a sense of agency over their creative product. After about an hour of brainstorming ideas for a title, the group came up with,

“A Bad Trip.” It was a unanimous decision; everyone thought that it was a perfect title for the play. They thought it accurately described the experiences of the characters. Everything that could have gone wrong for these characters did, and the facades that they had worked so hard to maintain had come crumbling around them. This was also a title that all of the group members, as well as all of the audience members could relate to. Although the play itself was not necessarily about drug addiction, choosing a title that came from their own, familiar vocabulary was another way for the actors to own their creation.

During the rehearsal process, with only a few weeks before the performance, Melissa began to experience performance anxiety. This is a typical aspect of the therapeutic theater process, as “The self is not only contending with its relationship to the group, its relationship to the product or play, but the realization that outsiders, the audience, will soon be entering the picture” (Emunah & Johnson, 1983, p. 236). Melissa expressed her anxiety to the group on two different occasions. First, she asked if we could videotape the performance instead of performing it live for the rest of the audience. The second time was when I brought up the idea of anticipating the audience’s reaction to certain moments in the play. I did this so that the group members would not be totally caught off-guard during the actual performance if the audience reacted to something in a way that they weren’t expecting. This was also a way for the group members to continue making sense of the process and their experience within it. When the group members starting imagining the different reactions that the audience might have during particular moments, Melissa appeared notably anxious and said that she didn’t want to do the performance anymore. However, with the support of the other group members, who

reaffirmed her abilities, Melissa's anxiety was reduced and she was able to move forward with the process. By encouraging group members to share their feelings and offer support to one another, the drama therapist can help participants explore their own performance-related fears and anxieties in order to work through them (Emunah & Johnson, 1983).

It seemed appropriate that Melissa might experience performance anxiety more intensely than the other group members. While Kevin, Jeremy, and Rachel would all be finished with their programs by the time the date of performance arrived, Melissa still had three months left. During those three months, she would have to face the potential criticism from her peers without the support of the other group members. This was something that she expressed to me as one of her primary concerns about the performance and its potential aftermath.

What I offered Melissa in her moment of fear was the idea that performance anxiety is a normal thing and something that every actor experiences. However, I knew that the support of her fellow group members was going to be more valuable to her than anything I could have said to her in the moment. So, I opened it up to the group and they expressed to Melissa that the hours of hard work and dedication that she put into this process was ultimately more important than any criticism they might receive from the other residents. This reminded Melissa of the value of her commitment to the process and all that she had gained from it up until that point. As we were nearing the end of our time together as a group, it was important for them to take the process into their own hands. The support that they gave Melissa in that moment was one way for them to do that.

The strong bond that the group members had developed became evident throughout our rehearsal process. They gave each other honest and constructive feedback

in regards to the scene work and monologues, which was, in turn, received openly. When one group member was feeling nervous or insecure about their abilities, the others provided positive reassurance. They had come to trust one another throughout this process and develop a support system unlike anything they had with the other residents of the facility. This became apparent to me as I started observing them spending a significant amount of time with one another outside the context of our group sessions.

## The Performance

On the day of the performance, the group members met one hour prior to show time in order to set up the room and have one final run-through. Kevin, Jeremy, and Rachel had finished their programs the week before the performance and traveled from their homes back to the facility in order to perform. This display of commitment from them seemed to be a reflection of their engagement in the therapeutic theater process as well as their recovery in general. When everyone finally arrived, the nervous energy and excitement in the room was palpable. In order to maintain the focus of the group, I presented them with the task of setting up the room for the performance. Emunah (1994) notes that enlisting the help of group members with various aspects of the production can help to constructively channel performance anxiety.

The boys' side dorm was completely transformed that night by the cast of "A Bad Trip." The usually stark and somewhat bland room became a theater, or as much of one as we could manage. We covered the back row of lights and the emergency exit signs with garbage bags so that the audience would be dark. We set up rows of seats, tacked curtains over the doorways of the "wings," and taped a lamp to the wall in order to provide a spotlight for the actors. Enhancing the aesthetics of the performance in this way served to heighten the theatrical experience for both actors and audience members.

By the time we had the space set up for the performance, there wasn't enough time for a full run-through so we rehearsed the breakfast table scene one last time. Although I had taped the scripts to the table and provided a copy of the monologues to each individual because the actors understood that memorization was not necessary, it became clear that they had taken it upon themselves to memorize their lines, including

their monologues. This was proof to me that they were fully invested in the process and committed to putting on the best performance that they could.

Prior to meeting with my group members, I had asked Gregory, who had returned to the facility, if he would assist us by videotaping the performance. I felt that it was appropriate to bring him back into the process in some way. It was important for me to give him a role in the process since he was once a member of the group and, with the okay from my other group members, Gregory came to help us set up the space, watch the final run-through, and scout out the ideal location for him to videotape.

As the audience members were filing in, I met with the actors in a back room in order to give them a few last words of encouragement. I reassured them that they were more than ready to perform and reminded them to take it slowly and to relish in the moments that they were to have on stage in front of their peers.

Before the play began, I greeted the audience and introduced the show. The room was filled with all of the other residents of the facility along with one staff member who accompanied them. The energy in the audience was very high and, although I politely instructed them not to talk during the performance, I knew that the likelihood of them complying was extremely low. In order to prepare the audience members for the experience, I preempted the performance by explaining that this was a product of the drama therapy group and was written and created by the members of the group. I then waited for Kevin and Melissa to take their places on stage and I turned the spotlight on, which was their cue for the show to begin.

Throughout the performance, the audience was very verbal. They laughed, shouted, and commented on what they saw. The verbal outbursts coming from the



audience were appropriate to the content of the show and reflected their engagement with what was happening on stage. At the moment when Rachel's character addresses her father and it becomes clear that they are related, the audience erupted. This threw off the actors a bit, as it was evident that they did not anticipate such strong reactions from the audience. During several moments throughout the performance, the fourth wall was broken and the actors couldn't help but to address the comments of the audience. At one point, Jeremy even broke character, looked at the audience and said, "It's okay to laugh!" Although this type of dynamic would be taboo in a more formal theater setting, it provided a unique and powerful dynamic to the performance. The audience members had become a part of the show. Without the knowledge of theater etiquette, the audience members felt comfortable breaking the fourth wall at certain moments and outwardly expressing their reactions to what was happening on stage. This served to heighten the impact of the story being told by the actors and brought the performance to life.

With the exception of a few distractions from the audience, the play was executed seamlessly. The actors delivered their lines and monologues with conviction and at the end of the play, their hard work and dedication was acknowledged by loud cheering, whistling, and an explosive round of applause. After the actors took their bows, they asked the audience if they had any questions about the process. The immediate response was, "Can you do it again?" This was followed by a loud chant of, "Encore, encore!" The performance was received better than anyone had expected.

### **Post-Performance**

Immediately following the performance, I asked the actors to stay for a brief meeting and share their thoughts about the experience. I also knew that I would not be seeing Kevin, Rachel, or Jeremy after this, so it was my only opportunity to get their feedback about the process as a whole and say my goodbyes to them. Ideally, the group would have met for several weeks following the performance in order to process their experiences and receive continual support. However, the circumstances did not allow for that to happen and the hour following the performance was the last time we would be able to be together as a group. I had prepared the group members for this since the beginning of the process, so that they would be able to anticipate the fact that we would not have a significant amount of time to process the experience together as a group. They were also encouraged to identify outside support systems with which to further process their experiences.

During our group discussion, Melissa, Kevin, Jeremy, and Rachel excitedly spoke to each other about memorable moments during the performance, including the moments during which the audience reaction was the loudest. They were all surprised and happy that the play was so well received, as they did not know what to expect from their peers. As their therapist/director, I took this opportunity to tell them how proud of them I was for their accomplishments and how impressed I was with their commitment to the process and their significant display of creativity and spontaneity throughout. I also verbalized my observation of each of their individual growth throughout the process and the support that they showed each other.

Being that it was the last time I would see most of them, I asked the group members for their thoughts on the process and what they might have gained from being a part of this group. Kevin enthusiastically expressed that he had discovered a new talent and passion through his participation in the group. He shared that the group allowed him to expand his creativity and discover something that he never knew he could be good at. He was so inspired by this that he had made up his mind to join his school's improv troupe as soon as he could. Similar to this, Rachel expressed feeling good about discovering a new talent and gaining confidence because of it. Jeremy expressed that his favorite part of the process was being able to bond with the other three group members on a more intimate level, as they did not usually get the opportunity to be part of small groups such as this one. When I asked Melissa to share her thoughts about the process, she expressed that, prior to this experience, she did not feel as though she was able to be a part of a group. According to her, the drama therapy performance group gave her a newfound confidence in herself, as she got the opportunity to experience herself as a valuable member of the group as a whole. She also said that she never thought she would be able to perform in front of other people and that she conquered one of her greatest fears by following through with the performance.

In the weeks following the performance, I had the opportunity to continually check in with Melissa about how she was doing with her program and how her experience in the group had affected the remainder of her time in rehab. She expressed to me that she had gained the ability to be more assertive with her peers through her experience playing the character of Jenna. On one occasion, she excitedly told me, "I can yell at people like I yelled at Kevin's character!" Prior to her experience in the drama

therapy group, Melissa had difficulty asserting herself and standing up to other individuals. Through her connection to her character, however, she was able to find that voice inside of herself that could openly express her needs and concerns. She also expressed that her relationships with other residents had greatly improved because she felt less isolated and was now able to see herself as a member of the community. Twelve weeks after the performance, I attended Melissa's graduation ceremony from the program. As I was saying my final goodbye to her, she once again expressed her gratitude for the opportunity to engage in the therapeutic theater process. Before she left, she told me that her experience being a part of our group was one that she would never forget.

## Discussion

As this study is entirely qualitative, it is impossible to make causal connections among this specific therapeutic theater process and the effects that were observed and reported both during and following the experience. However, there are many hypothetical conclusions that can be drawn, given my observations throughout the process and the feedback that I was given from my participants.

At the beginning of the process, the group members displayed a notable degree of insecurity with themselves. This was displayed through their hesitancy to perform in front of one another and their self-criticism both during and after engaging in dramatic work. As our group progressed, however, all of the group members began to show increased confidence in themselves and their ability to express themselves creatively. They also showed an increase in their ability to show vulnerability through their exploration of difficult themes within the improvisation.

Another concern that was expressed by the group members at the beginning of the process was a feeling of isolation from their peers. Melissa, in particular, appeared to have difficulty managing her anger and connecting with others. It was apparent that she had a particularly difficult time relating to Rachel, which they were able to explore and transform within the context of the drama. Throughout the process, the group as a whole began to develop a bond with one another that extended beyond the context of our sessions. This experience of having allies within the therapeutic community may have created an atmosphere that was more conducive to them advancing within their own programs.

After a close analysis of my process notes, observations, and feedback from the participants, I can hypothesize that the therapeutic theater process had a positive effect on the self-esteem of my participants as well as their social skills and level of autonomy. In terms of social skills, the ability to communicate effectively with others and develop meaningful relationships were particular aspects that were strengthened. Given this information, it can be posited that the therapeutic theater method is a useful therapeutic tool to be used with adolescents in a residential drug treatment setting.

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## Appendix A

## The Script

## “A Bad Trip”

Characters

Randy/Husband: Kevin

Jenna/Wife: Melissa

Jim/Father: Jeremy

Riley/Daughter: Rachel

(Husband and Wife are sitting at breakfast table eating pancakes)

Wife: So, I heard you come in last night at around 4 am. Where were you until so late?

Husband: (*nervously*) I was just out at the bar with a couple friends.

Wife: Oh, so, who were you with?

Husband: Uhh, you know...I was out with Jim, like always.

Wife: (*suspiciously*) Ohh, Jim, really? Are you sure you were out with Jim?

Husband: Yeah, why?

Wife: Oh, nothing...I just thought I saw him somewhere else yesterday.

Husband: Nope, it must have been someone else because he was with me all night.

Wife: I think you're gonna be late, you should probably get to work. I've got a lot of stuff to do around the house.

Husband: Actually, I was thinking of taking a day off today. Why don't you relax today and treat yourself to a day of shopping with your girlfriends?

Wife: Taking a day off?! What?! No no no I really think you should go. Like I said, I have a lot of stuff to do around the house and I don't think we can afford for you to take a day off.

Husband: No, it's fine, I've put in a lot of overtime so it won't matter if I take a day off. I'm going to stay here and you should go out for the day. Here, here's some money, go shopping, have lunch, get a manicure, pedicure, just spend the day with your girls. (*with fake sweetness*) You deserve it, honey.

Wife: No, no, no, I can't take that money. There's just SO much to do around the house, I'd feel guilty going out with my girls. I've got all these....dishes to do. And....laundry! Yeah, laundry.....not to mention the....lawn! Yeah, I've gotta mow the lawn! Now go, just go, you're already late and you don't want to get in trouble.

Husband/Wife: No it's fine, just go out with your girls/No, really, I think you should take a day off, you deserve it/Just take the money and go relax with your friends/I could use some alone time, honey, just go to work, you're going to be late, I really think you should go.

Husband/Wife: Are you trying to get rid of me?

Husband/Wife: No no, of course not/why would I trying to get rid of you?/I just thought you could use a day off.

*(In the middle of arguing Jim comes out of the bedroom, yawning. He is wearing only two pillows)*

*(Randy sees Jim. Randy is shocked and Wife is terrified)*

Husband: JIM?! What are you doing here?! And why are you naked?! Wait, are you two  
– *(looks back and forth between the two of them)* You're supposed to be my friend! How  
could you do this to me?? After everything we've been through together?!

*(Jim is speechless)*

Husband: *(to wife)* You've been cheating on me with my best friend this whole time?!?!  
No wonder you wanted me out of the house so bad. I can't believe you could do this to  
me.

Wife: Look, I'm sorry! But you never pay any attention to me, we don't even have sex  
anymore! What did you expect me to do? I have needs, Randy!

Jim: *(back toward the bedroom)* Sorry about your pillows, man. I'm...just...gonna...wait  
in the bedroom.

*(While Husband and Wife are arguing, Riley, wearing Randy's suit shirt, walks in the  
front door)*

Riley: Hey, I still have your shirt from last night...

Wife: Who the hell is that?!?!?

Husband: Uhhh...I've never...seen her before?

Wife: Oh my god!! You lied to me! And you have the *nerve* to get angry with me for  
sleeping with your best friend when you're doing the same thing with this...this...little  
child!!! So you WERE trying to get me out of the house! I can't believe you, Randy!!!

Husband: I don't know what to say...I guess I was just as lonely as you were this whole  
time.

Wife: *(overwhelmed. Sits down)* Just don't talk to me.

Daughter: *(noticed Jim)* Dad?

*(Husband and Wife look at each other in shock. Everyone Freezes. Lights down.)*

Monologues

*(Lights up. One by one, actors step forward and recite their monologues)*

**Riley:** I can't believe it. My dad knows my deepest, darkest secret.

I don't really know why I drink so much and sleep with a guy that's so much older than me.

It all started when my mom died, I was thirteen. School and everything started going really downhill.

I don't know what to do, I feel so disgusted.

My whole life is falling apart, and I just want my mom.

Whenever my dad takes me out to dinner with extended family or friends, everyone thinks I'm so perfect.

Perfect little Riley. With perfect papa Jim.

I'm so sick of how phony that is. So sick of this front. So sick of feeling so alone.

My dad's a wreck, and a total idiot. How could anyone mistake *him* for being perfect?

When will I ever get out of this exhausting downward spiral?

My life is made of alcohol, cigarettes, coffee, and sex.

And I know nothing in anyone's life is ever what it seems.

**Jim:** My wife died and I've been having sex with my best friend's wife.

I have a cold but I don't even care if I get Jenna sick.

I'm keeping the Jenna thing from my daughter because I fear that she won't understand.

Sometimes, I sneak into Jenna and Randy's house at night because my own bed at home is full of empty pizza boxes that I haven't picked up yet.

My daughter can't even sleep in her own bed because my dirty laundry has been on it for a month straight.

Sometimes I sleep in the backyard because I don't to hear my daughter crying.

I do my groceries at the deppaneur because I'm too lazy to travel.

Due to me not doing my laundry for a month straight, I wear the same clothes every day.

I hate my daughter because she's taking space in the house that belongs to the cat.

I'm fat, bald, full of chest hair, and I have a plumber's crack.

I wonder why I grow hair on my chest but not on my head.

I'm too lazy for a job, so I think of selling pot.

But then again, I'm too dumb to grow a plant.

In order to live, due to me not having a job, I pawn everything that my daughter has for herself, and the things that my wife has left behind.

But, surprisingly, I'm able to live with myself because I just don't care.

**Randy:** I'm always stressed out, with work and things at home.

My wife always wants me to go to work all the time and always wants me out of the house.

My wife doesn't even want to have sex with me anymore.

I've been sleeping with this girl I met at a bar just to escape the feelings of misery.

Not to mention, my best friend is sleeping with my wife.

I can't believe this is happening to me.

Everything is falling apart all because I let myself get caught up in work and completely neglected the one person that is the most important to me.

I just want it to stop.



**Jenna:** I can't make my relationship work. My husband's always out or at work.  
He won't even look at me anymore.

I need love.

I'm pregnant and I don't know what to do. I don't even know who the father is.

What have I become? What life do I have ahead of me?

I'm only 27 and I feel so...alone.

When did I lose myself? Where did Jenna go?

I hide behind a front. Coffee, pancakes, and perfume...sounds like a happy wife.

But inside I feel hopeless. I feel fake.

I just want to be loved... just want to feel less alone.

But how can I be loved if I can't even love?

*(Lights up on Riley and Jim)*

Riley: Bye, Dad! I'm going to school!

Jim: *(Puts his arm around Riley)* Have a great day, honey!

*(Lights up on Randy and Jenna)*

Riley: Mmm, something smells delicious in here!

Jenna: I'm making pancakes, just for you, honey! I love you.

Randy: I love you, too.

*(Actors freeze with big smiles, looking toward audience)*

*(Blackout)*

## Appendix B

## Consent Letter of Information

**Drama Therapy Student:**

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**Background Information:**

One of the ways creative arts therapy students learn how to be drama therapists is to write a research paper that includes session material and examples of creative work produced by clients during the drama therapy session. The purpose in doing this is to help them, as well as other students and creative arts therapists who read the thesis, to increase their knowledge and skill in giving drama therapy services to a variety of persons with different kinds of problems. The long-term goal is to better help individuals who enter into therapy with drama therapists in the future.

**Permission:**

As a student in the Master's in Creative Arts Therapies program at Concordia University, I am asking you for permission to use session material and selected creative work in my research paper. I am also asking for your permission to consult your file for a period of one year (or until I have completed my research paper). A copy of the research paper will be bound and kept in the Concordia University Library, and another in the Department's Resource Room. This paper may also be presented in educational settings or published for educational purposes in the future.

**Confidentiality:**

Because this information is of personal nature, it is understood that your confidentiality will be respected in every way possible. Neither your name, the name of the setting where your drama therapy was given, nor any other identifying information will appear in the research paper. Any example of your artistic work will be completely anonymous and your identity will not be revealed.

**Advantages and Disadvantages:**

To my knowledge, this permission will not cause you any personal inconvenience or advantages. Whether or not you give your consent will have no effect on your involvement in drama therapy or any other aspect of your treatment. Also, you may withdraw your consent at any time before the thesis is completed with no consequences and without giving any explanation.

## Appendix C

## Consent Form

Authorization for video-recordings, access to files and permission to use information in written work related to Creative Arts Therapies.

I, the undersigned

\_\_\_\_\_ authorize

- To take video recordings ( ) yes ( ) no
- To have access to my file ( ) yes ( ) no
- To use non-identifying information and to utilize them for educational purposes, provided that reasonable precautions are taken to conserve anonymity ( ) yes ( ) no

*Video recording of performance may be used as an educational resource in the future.*

However, I make the following restriction(s):

\_\_\_\_\_  
\_\_\_\_\_

Name of Participant (please print)

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Date \_\_\_\_\_