The Drama Hive: A Public Practice Drama Therapy Intervention

Cassandra Brennan

A Research Paper

In

The Department of

Creative Arts Therapies

Graduate Program in Drama Therapy

Presented in partial fulfillment

of the requirements for the degree of

Master of Arts

Concordia University

Montreal, Quebec, Canada

August 2019

THE DRAMA HIVE: A PUBLIC PRACTICE DRAMA THERAPY INTERVENTION

CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

By: Cassandra Brennan

Entitled: The Drama Hive: A Public Practice Drama Therapy Intervention

and submitted in partial fulfilment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Drama Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

Research Advisors:

Jessica Bleuer, MA, M. Ed, RDT, OPQ Psychotherapy Permit
Bonnie Harnden, MA, RDT

Department Chair:

Guylaine Vaillancourt, PhD, MTA

                                                        August, 2019

ABSTRACT

The Drama Hive: A Public Practice Drama Therapy Intervention

Cassandra Brennan

This research paper proposes a drama therapy intervention, the Drama Hive, using both an integrative literature review (Whittemore & Knafl, 2005) and the theoretical components of intervention research (Fraser & Galinsky, 2010). This paper intends to articulate / identify the ways in which public drama therapy practices may be used to reduce social isolation in community settings. The core processes of drama therapy (Jones, 2007) and the Art Hives network guide (Timm-Bottos & Chainey, 2015) have informed the development of this theoretical intervention. The Drama Hive draws attention to possibilities for drama therapists to expand their personal therapeutic practices and consider how to make their services more accessible in community settings.

ACKNOWLEDGMENTS

THE DRAMA HIVE: A PUBLIC PRACTICE DRAMA THERAPY INTERVENTION

TABLE OF CONTENTS

Drama therapy is a field of therapeutic practice that encourages psychological, emotional, and behavioral transformation, using theatrical process to support this journey (Emunah, 1994). Drama therapy integrates play and allows the client to influence the direction of the work through role play exercises, improvisation and other projective activities. While drama therapy is often facilitated with both individuals and groups in a wide variety of clinical and community settings, the field could also benefit from the development of public practice drama therapy interventions. Art therapy is a leader among the creative arts therapies in their exploration and formalization of Public Practice Art Therapy (PPAT). An example of a current PPAT intervention is the Art Hive (Timm-Bottos, 2017a).

The Art Hives network is a community of art studios that are open to the public and free for participants to make art using materials available on-site. This network was founded by Dr. Janis Timm-Bottos in Montreal, Quebec who is actively working to concretize public practices in art therapy around the world (Timm-Bottos & Chainey, 2015). Similar calls to action for innovation in facilitating more accessible and equitable approaches to drama therapy are emerging (Sajnani, Marxen & Zarate, 2017). Answering this call is the responsibility of creative arts therapists across modalities (Sajnani et al., 2017). Together, these fields must work to address the increasing mental health concerns in North America (Timm-Bottos, 2017a).

Hardships with maintaining one's mental health in the fast-paced society we live in is now being conceptualized as a collective and cultural concern. From the unparalleled number of Indigenous community member murders, to the plague-like levels of stress connected to many work spheres, our world is changing (Timm-Bottos, 2017a). The world is in need of new approaches to community care and third spaces (Watkins & Shulman, 2008). Third spaces are defined as community spaces that exist beyond one's workplace and one's home that ideally should not require payment for entry (Watkins & Shulman, 2008). It is time for the mental health service community to start creating ways to serve both high-risk clientele and those at lesser risk, as a means to establish more support services at a community level.

This research paper will work to answer this call by proposing a new, theoretical intervention for the field of drama therapy that will work to reduce social isolation in community settings. It will be guided by the core processes of drama therapy according to Phil Jones (2007), as well as by the community art studio framework used by the Art Hives initiative and network (Timm-Bottos & Chainey, 2015). These concepts will be explained further in the integrative

literature review portion of this paper. This student-researcher will then share her personal journey of developing and facilitating the Drama Hive intervention during her recent internship with the Art Hives network. It should be noted that this intervention has not been formally evaluated.

Chapter 1: Methodology

The primary research question this paper seeks to investigate is: How can the Art Hive intervention inform the creation of a public practice drama therapy intervention? This research seeks to propose an intervention model by using an integrative literature review (Whittemore & Knafl, 2005) and the first two steps of intervention research methodology (Fraser & Galinsky, 2010). This research paper will detail a proposed Drama Hive intervention. This proposed intervention will work to create resources to support drama therapists who are seeking to expand their practice and devise more accessible creative therapeutic services in their given communities.

Operational Definitions

It is important to operationalize the terms that will be used frequently throughout this research paper. The first of these terms to define is an *intervention*. According to Fraser and Galinsky (2010), interventions are carefully constructed approaches that intend to generate change. Interventions exist within all helping professions, including social work and the creative arts therapies.

Social isolation is a problem which this proposed intervention hopes to address. For the purposes of this study, the term social isolation will be defined as "a lack of participation in social relationships and/or a complete or near-complete lack of interaction with others and/or with society at large" (Marcus, Illescas, Hohl, & Llanos, 2017, p. 2). Social isolation can be either perceived by an individual-where they feel socially apart from others, or an objective experience-where they are physically isolated from others (Hawkley & Cacioppo, 2010). These different states of social isolation may be the choice of the individual to have limited social contacts, or may be the result of a lack of resources to support their social lives (Care Connect, 2018, para 3). *Loneliness* is a term often associated with, but separate from social isolation. For the purposes of this paper, loneliness is a reference to someone emotionally feeling alone, leaving them to feel distressed by an absence of social contact (Hawkley & Cacioppo, 2010).

These two concepts are separate, but are often used in conjunction with one another in the literature.

While the definition of *play* varies depending on the audience, this paper will use the definition proposed by Sissons, who suggests that play often involves having fun, while also working to maintain social connections with others, and strengthen feelings of safety (as cited in Weldon, 2016, p.186). It is often imaginative and spontaneous in nature, and welcoming in new ways of interacting with one's self and others (Jones, 2007). This definition does not limit play to take place with children only, but maintains that all may have a sense of play (Weldon, 2016).

The *playspace* is a term used to define a space established between the therapist and client in which social norms are adapted or abandoned, and playful encounters are nurtured (Jones, 1996). It has clear boundaries that are defined through entrance and exit structures that are established between the drama therapist and the client(s) at the beginning of each session (Johnson, 2013).

The next term to define is *Public Practice Art Therapy (PPAT)*. This approach to art therapy was formalized by Dr. Janis Timm-Bottos and works to create practices that are flexible and responsive to the expressive needs of the communities in which art therapists practice (Timm-Bottos, 2017). The term *Public Practice Drama Therapy* will be used in reference to PPAT, and exploring the possibilities of applying its principles to the field of drama therapy.

Timm-Bottos & Chainey (2015) define the *Art Hive* as an example of an intervention within this emerging field of PPAT. Art Hives are open community art studios without admission fees, in which community members are welcomed to share their creativity with one another in a self-directed manner. In an open community art studio, the general public is invited to use the art material and experiment with the unique supplies provided in each studio. This opportunity for creating art also welcomes possibilities to connect with one's own creative expression and with others who are also engaging in an artistic practice. All Art Hives are associated with a greater Art Hives network, that works to share knowledge, resources and opportunities among the Art Hives around the world. These studios all intend to work to "celebrate the strengths and creative capacities of individuals and communities" (Timm-Bottos & Chainey, 2015, p.4). For the purposes of this paper, an Art Hive will be referred to as an intervention.

The working definition of *community* used by Zautra, Hall and Murray (2009) will be used for the purposes of this paper. This group of researchers refer to communities as social worlds that are always transforming and shifting. This definition is pertinent in this research at hand because it includes geographical and social influences, as well as interest-based circumstances in which communities of people form.

The remaining term to define is a *core process* of drama therapy. This term refers to the elements of drama and theatre that are therapeutic and fundamental to the practice of drama therapy (Jones, 2007). Five of Jones' (2007) eight processes (those which work best to explain the role of the drama therapist in the Drama Hive) will be addressed in this paper.

Procedure/Intervention Design Methods

The methodology chosen to approach this work will be that of an integrative literature review and intervention research. An integrative literature review works to compile information to best inform developing practices in various helping professions (Whittemore & Knafl, 2005). Intervention research works to create tangible resources for working professionals to test and use in their given fields (Fraser & Galinsky, 2010). In this paper, the integrative literature review will work to compile information and create a foundation for the model drama therapy intervention to be built upon.

Fraser and Galinsky (2010) outline five steps for intervention research. Due to the scope of this research paper, this researcher will focus on Fraser and Galinsky's first two steps: 1) the identification of a problem and program theory and 2) the development of an intervention structure. These first two steps allow for a theoretical exploration of building a public practice drama therapy intervention. The first step in this research process is to identify a problem theory that names a process that "produces social and health problems" (Fraser, 2009, p.47). Fraser (2009) explains that when working with a problem theory, a proposed intervention must be developed around its ability to work towards solving this specified problem. This process of investigation includes the development of a program theory. Some key components to consider when developing a program theory are: Where will this intervention take place? Who is this intervention designed for? Within what social grouping is it intended to be implemented? Some examples of social groupings might include: families, institutional settings or community settings (Fraser & Galinsky, 2010). Once the problem is established and it is clear who the intervention is designed to work with, a program theory is developed to map out objectives for these

interventions in the specified setting (Fraser & Galinsky, 2010). Details such as rough target goals and some core activities, are pieces of a program theory that is developed to work to combat the existing problem theory (Fraser, 2009).

The second step in this procedure is to specify which structures will establish the design of the intervention itself. This step works to introduce principles for practice and progressive goals to achieve throughout the course of the intervention (Fraser & Galinsky, 2010). The design of the intervention is fully realized in this step and is eventually intended to create a concrete and usable resource for specified practitioners (Fraser, 2009). Beyond the scope of this research paper, Fraser and Galinsky (2010) recommend that once the intervention design is complete, participants, stakeholders, and scholars review the work and provide any feedback to the authors. Pilot tests may be completed based on the current state of the intervention to set the research team up for efficacy testing in step three (Fraser & Galinsky, 2010).

Fraser & Galinsky (2010) outline the third, fourth and fifth steps of intervention research. The third step in intervention research involves refining the intervention design by testing it in a controlled setting and adjusting the training materials accordingly. These tests are known as efficacy tests and they assist researchers in concluding which components of the intervention are relevant and which may be eliminated. The fourth step of intervention research encourages researchers to begin testing their intervention in less controlled settings with different populations and individuals facilitating the intervention. The fifth and final step in intervention research is the dissemination of the knowledge gained, either through a publication, printed manuals and/or the development of a certification process to administer the intervention.

Data Collection/Analysis

The data for the literature review portion of this research has been collected using the Concordia University Library resources, including electronic databases such as PsycInfo, ERIC and PubMed, as well as print sources. Some of the print sources used included: *Drama as Therapy* (Jones, 2007), *Play in Healthcare for Adults* (Tonkin & Whitaker, 2016) and *Towards Psychologies of Liberation* (Watkins & Shulman, 2008). Outside of library resources, readings from the summer of 2018 rotation of the Community Art Studio (CATS 631) class taught by Dr. Timm-Bottos at Concordia University have been used to inform the literature review portion of this paper. These readings included online resources accessible on the Art Hives network website (Arts Hive, n.d). Conversations within the Art Hive network with both facilitators and

participants also greatly influenced the selection of keywords, concepts, and the content of this theoretical model.

A combination of the following keywords were used in the selection of the literature: "public practice art therapy," "open group therapy," "public drama therapy," "brief psychotherapy," "art hive," "social isolation," "social isolation and drama therapy," "loneliness," "participant collaboration," "intervention research," "play therapy," "non-directive therapy," "core processes," "psychologies of liberation," "Mark Fraser," and "Janis Timm-Bottos". These terms were organized in an ongoing document that acted as a record of note taking. Emerging themes in the research were noted by the researcher.

Position of the Researcher

The development of the Drama Hive model will be affected by the researcher's different cultural locations. The student researcher identifies as a white, able-bodied female master's level student. This research has been constructed and written on stolen land, Tiohtiá:ke/Montreal. These experiences inform this researcher's work, and what she deems to be relevant, while also influencing that which is absent.

The researcher is privileged to have worked in community settings for most of her professional career. She was formerly an employee with the Art Hives network, making the connection to this research both a personal and academic exploration. Working as a drama therapist in-training, in a public practice art therapy setting, has brought many questions and concerns to the forefront of the proposed Drama Hive model. The primary assumption made is that an adaptation to public practice is possible between all creative arts therapy modalities in unique and different ways. The researcher's work in the Art Hive network has also led her to make the assumption that Art Hives are accessible settings that are creating inclusive environments for people of diverse cultural backgrounds.

Reliability and Validity

According to Leavy (2015) arts-based research is most often used in a "problem-centered" research context that seeks to "describe, explore, discover and problem-solve" (p.21). The development of the Drama Hive intervention falls in-line with this approach, as it seeks to embrace new opportunities in the field of drama therapy to reduce social isolation. The nature of public practice creative arts therapies is that they respond to the environments and communities in which they exist. Such practices allow for communities to be appropriately supported based on

their own needs. The Art Hives network has made their manual accessible on their website, which increases the replicability of their intervention. This researcher intends to create a supplemental addition to this manual for those seeking to replicate this proposed intervention and facilitate a Drama Hive in the future.

Chapter 2: Literature Review

The intention of this literature review is to draw attention to the implications and challenges that social isolation poses to society's mental well-being and to explore how both private and public practice creative arts therapies are working to address such challenges. Using the Art Hive intervention as guidance, drama therapy literature will be reviewed to help support the development of a proposed intervention that will be hereby referred to as the Drama Hive.

Collective Concern Around Multicultural Content in Drama Therapy Work

The creative arts therapies represent social institutions that are influenced by their environments (Hocoy, 2007). Therefore, the practice of the creative arts therapies will look different in each region (Hocoy, 2007). Each creative modality can be influenced by cultural understandings of the world and the viewpoints of the region in which it is being practiced (Hocoy, 2007). To best address collective concerns, creative arts therapists must remain vigilant and critical about the systems in which they are working. It is not enough to support clients in adjusting to unjust systems. Junge, Alvarez, Kellogg, and Volker (1993) encourage art therapists to question their own involvement in injured mental health systems and stress the importance of engaging as both activists and therapists in their work.

Drama therapists are also working to challenge these injured systems. Nuanced social, cultural and institutional racism are often experienced in subtle ways over time, potentially heightening feelings of isolation for people of colour (Greene & Blitz, 2011). Williams (2016) provides tools to support drama therapists in challenging "their own assumptions, stereotypes and biases" (p. 20) to better serve their clients and deepen their own understanding of their own worldview. Mayor (2012) uses developmental transformations (DvT) to explore the social construction and performance of race in session and beyond. Mayor (2012) encourages therapists to discuss race more in session, as it is often an overlooked element in therapy.

Powell (2016) addresses how multicultural assessments must be present in drama therapy training to support students in developing their capacity to reflect on their own intersectional identities. Powell creates a drama therapy multicultural identity assessment that uses role

method, and suggests that in practicing these self-assessments, students will be better equipped to understand and consider the oftentimes numerous oppressive forces that are present in both their clients' and possibly their own lives.

The standards being set at the training level influence the trajectory of cultural humility in practicing drama therapists (Powell, 2016). Beauregard, Stone, Trytan & Sajnani (2016) These standards are encourage calls for more training centered around drama therapists who are working with lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) and gender non-conforming (GNC) communities (Beauregard, Stone, Trytan, & Sajnani, 2016). The North American Drama Therapy Association (NADTA) has similarly called for more training, reflection and advocacy around dismantling white supremacy. Bleuer & Stevens have led a *Drama Therapists Against White Supremacy Campaign* under the auspices of the NADTA's Cultural Humility, Equity and Diversity Committee (CHDEC) (NADTA Diversity, 2019), that provides drama therapists with resources about dismantling the pervasive system of racism.

Greene & Blitz (2011) advocate that training be experiential in nature. According to Wang (2008), this experiential approach to training encourages therapists-in-training to connect with people of colour and communities beyond the ones in which in which they were raised in order to deepen their understanding of oppressive social constructs like racism. Emotional reactions that arise in training on multicultural issues in society are an essential and challenging component of this experience (Zembylas & Papamicheal, 2017). Both educators and students must strive to hear similar and different views on social issues to locate their own emotional resistances and learn how to move past them with empathy (Zembylas & Papamicheal, 2017). Educators must often challenge themselves to be both witnesses and participants in potentially emotional classroom discussions (Wang, 2008). These dynamics of discomfort and empathy continue to be present beyond training and into the work that therapists do in their own practice (Wang, 2008).

Secure Attachment Theory

Critical pedagogies around inclusion and exclusion are essential when exploring social isolation. Human beings are largely motivated by their own need to belong in the society they live in and that this drives behaviors and one's mental well-being (Baumeister & Leary, 1995). This need for acceptance and love from others is echoed in Maslow's (1968) hierarchy of needs which identifies the basic need of love and belonging at the center of the hierarchy. According to

Maslow (1968) one's self- esteem and ability to self-actualize is compromised when they do not feel that they belong.

The paramount importance of love and acceptance dates back to the very first relationship that all humans have: the relationship with their primary caregiver. Schore (2012) writes that secure attachment is rooted in the physical gaze shared between a mother and child, or child and their primary caregiver. This visual interaction informs the development of their relationship, and later the child's own sense of being (Schore, 2012). The mother and child are in a constant state of attuning and missattuning with one another, thus modelling for the child the possibilities of repair in relationships (Schore, 2012).

According to Chasen (2014), the act of imitation is also an essential element in a child's life. Children observe caregivers connecting with the world and items within the home, and from this, begin to use those ideas in their play. This behavior is the result of the mirror neuron systems within the human brain, which cause humans to mirror what they see. Mirroring is one of the earliest human behaviors, which serves to develop a person's understanding of their own self in the context of others around them. Drama therapy acknowledges the human need for healthy attachment by providing a platform for social interaction, mirroring and attunement. These processes will be explained in further detail below.

Social Isolation/ Loneliness in Adult Populations

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being" (David, n.d., para. 1) thus articulating a link between the different forms of well-being involved in one's overall health. Social isolation, whether perceived or objective, as well as feelings of social loneliness, interrupt our well-being and cut off critical social connections with others that are integral to our health (J. T. Cacioppo & Cacioppo, 2014). Living conditions, age and ability, are also recognized as factors which may influence one's capacity and desire to interact with others (Hortulanus, Machielse, & Meeuwesen, 2006). A potential result of our attachment needs, however, is that humans have a tendency to group together, be that to unite with a lifelong partner, connect with one's family, or create recreational groups (Arewaskiporn, Davis, & Zautra, 2013). A need for social connection is evident in the way in which human perpetually search for the other (Arewaskiporn et al.,2013).

Baumeister & Leary (1995) found that high levels of belongingness and strong social bonds with friends, family members and/or community members are associated with positive

emotions. In line with this, deprivation in social connection has an influence on both mental and physical illness, sometimes resulting in a range of health challenges. Some of these challenges might include: emotional distress, lower functioning of the immune system, substance abuse, and higher stress levels (Baumeister & Leary, 1995; Hari, 2018). In order to feel like one belongs in a given space, individuals must feel as if they are an essential component in that setting (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992).

Social isolation occurs as a result of the culmination of many factors that influence one's ability and desire to interact with others (Nicholson, 2009). Cornwell and Waite (2009) divide social isolation into two different parts: perceived isolation and social disconnectedness. This emphasizes that each individual's own subjective feelings of loneliness may influence their perception of their isolation from others (Cornwell & Waite, 2009). Nicholson (2009) proposes that social isolation is "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships" (p. 1346). Nicholson (2009) also indicates a number of antecedents that lead to social isolation in older adults including: low levels of social activities, lacking social support exchange, loneliness, low morale, and living alone.

Loneliness is an internal state that thrives on perceived or tangible aloneness which has consequences for both one's mental, and physical health (J.T. Cacioppo & Cacioppo, 2014). In a study conducted between 2002-2008 with American adults over the age of 50, researchers found self-rated feelings of loneliness to be an indicator of higher rates of depressive symptoms, morbidity and mortality (Luo, Hawkley, Waite, & Cacioppo, 2012). This study moved from interview-based data collection, to self-administered data collection, as researchers observed that the term 'lonely' or 'loneliness' may have been stigmatized among participants thus leaving participants more hesitant to discuss these concepts with researchers (Luo et al., 2012). In the conclusion of their research paper,, Luo, Hawkley, Waite, and Cacioppo (2012) noted that as the study progressed, rates of loneliness also increased. From this, Luo et al. (2012) hypothesized the increased rates of loneliness in participants in the latter portion of the study may have been the result of the survey shifting from being interview- based, to being self-administered.

Does introducing more people through various social networks necessarily reduce social isolation? Cacioppo, Hawkley, Hughes, Thisted, and Waite (2006) maintain that attaining intimacy with others is centered around the quality of the encounter, and less about one's

quantity of encounters. Cacioppo et al. (2006) further suggest that when connected encounters do not take place, feelings of loneliness begin to prevail. In research conducted with children, adolescents, middle-aged adults and older adults, social isolation and loneliness have been connected with depressive symptoms, negative emotions, and in some cases suicidal ideation (Cacioppo, Hawkley, Hughes, Thisted & Waite, 2006; Schinka, van Dulmen, Mata, Bossarte, & Swahn, 2013). Western society is now faced with a time where some may rather be hospitalized than remain at home, in order to be in closer proximity to others (Kar-Purkayastha, 2010).

Across different cross-cultural contexts, the concept of social isolation may look different. In western understandings of the self, the focus is often person-centric and less on the importance of interactions with family and community (Oatley, 2015). Oatley (2015) cautions that the self must be thought of as a *holon,* a Greek term which implies that each person is a part of a greater whole. Contemplating the concept of social isolation in terms of how it negatively impacts the individual (and not society as a whole) may feel "narrow and incomplete" to some (Arewasikporn et al., 2013). Arewasikporn, Sturgeon and Zautra (2019) propose that individuals with social anxiety and feelings of isolation may benefit from focusing on and engaging in shared experiences, in order to create more opportunities for social inclusion for both themselves and others.

Non-western societies often place more of a focus on maintaining social ties within their families and communities to create a more interdependent social network (Murray & Zautra, 2011). This ability to support and be supported by others may create a dynamic of *community resiliency* (Murray & Zautra, 2011). This has beneficial aspects when considering *the need to belong*, as community and family bonds are protective factors in reducing feelings of isolation (Baumeister & Leary, 1995). Interdependent family relationships, however, may also have adverse effects when considering certain cultural expectations around the importance of each member bringing honour to their family (Panter-Bick & Eggerman, 2012). While cultural expectations may vary, an emphasis on connection and relationship has the potential to support those with mental health challenges and affect positive change in their emotional state (Yalom, 1991).

Individuals with psychiatric disorders are often faced with multiple social challenges (Davidson et al., 2004). Some of these challenges might include: loss of social roles, stigma around discussions about mental health and social impairments that may accompany the

disorders themselves (Davidson et al., 2004). Others may help those with psychiatric disorders overcome such difficulties by creating opportunities for socialization in supported settings on a monthly/ regular basis, within which volunteers or other personnel are present to assist this population in their social encounters as needed (Davidson et al., 2004).

Loneliness in Childhood/Adolescence

Loneliness is a normal part of development, with moments of feeling lonely occurring throughout life from childhood into adulthood (Margalit, 2010). Children understand the concept of loneliness around age 5, as proven in their ability to name negative emotional reactions that arise from feeling left out in various playground-related activities (Asher & Paquette, 2003). A child's understanding of social dynamics may be situation-specific, meaning some children are able to regulate themselves in dyadic settings or small groups, but may become dysregulated and overwhelmed in larger group settings (Margalit, 2010). This preference in group size may continue or even develop later in life as a coping mechanism to manage one's social connections (Margalit, 2010).

In some cases of childhood loneliness, this feeling is unrelated to group dynamics and instead is an internalized low self-perception, derived from feeling a lack of appreciation from others and/or doubts about their own competence (Tsai & Reis, 2009). As children progress into their adolescence, concerns such as feeling powerless and controlled by external forces may emerge, leading them to feel lonely and more socially isolated (Brennan & Auslander, 1979). Moore and Schultz Jr. (1983) note in their study on loneliness in adolescence, that youth who identify as feeling lonely have higher levels of anxiety and depression, and lower levels of overall happiness and life-satisfaction.

Cossa (2006) encourages the use of action techniques, such as role play, psychodrama and other dramatic enactments when working with teenagers. This is because this population is experiencing many dramatic changes in their physiological and social environments, leading them to require an expressive outlet. Cossa also speaks to the importance of working in a peer group setting with adolescents, to foster sharing and trust within the group. Loneliness in adolescence can also extend beyond such individual characteristics and be the result of peer context, such as low levels of social acceptance and victimization- rendering group work an effective approach to reconfigure peer contexts for adolescent clients (Vanhalst, Luyckx & Goossens, 2014).

Social Isolation and Drama Therapy

Various current drama therapy interventions demonstrate the way in which drama therapy can be used facilitate social connection within community settings. The Animating Learning by Integrating and Validating Experience (ALIVE) program in New Haven, Connecticut is an example of drama therapists bringing drama therapy into school settings (Sajnani, Jewers-Dailley, Brilliante, Puglisi, & Johnson, 2014). This program has been designed with the intent to provide students from elementary to high school levels with the support they need to improve their engagement in school (Sajnani et al., 2014). It also works to build strong relationships with the school community and maintain a culture within this community that is open to discussions about trauma and its many effects. In this program, therapists work directly with students between or after classes to support them in processing stress-related events from their day. This focus on the relationship between the student and therapist, as well as the school community, create an opportunity to build feelings of social inclusion among the student population (Sajnani et al., 2014).

There are also many efforts in the drama therapy community to combat social isolation by creating opportunities for inclusion and dialogue. Augusto Boal (1979), the founder of an applied theatre method commonly used in drama therapy called *Theatre of the Oppressed* (TO), created tools for drama therapists and other trained TO practitioners to create spaces for participative theatre. This form of theatre creates a dynamic in which spectators may liberate themselves from being powerless audience members and instead join the action onstage. The interchangeable nature between performers and spectators, creates an environment in which all involved may rehearse for real life events and investigate possible solutions to challenging encounters. The meaningful opportunities created for exchange throughout these exercises may help facilitate social integration and combat social isolation.

Shaw and Gammage (2011) used an adaption of Boal's *Mirroring exercise* (Boal, 1992) which they called *The Distorted Mirror*. This exercise was used with groups of practicing drama therapists, and involved the group splitting into dyads in which one partner would mirror distorted impressions of the movements of the other (Shaw & Gammage, 2011). Shaw and Gammage (2011) prompted the distorted mover to spontaneously turn around and stop engaging with their partner at a moment of their choosing in the exercise. In response to this the remaining partners reported feeling "lonely," "humiliated," and "desperate" for the attention of their partner

(Shaw & Gammage, 2011, p.139). This exercise is a powerful example of how drama therapy can be used to illuminate the impacts of how shameful and undesirable the feeling of loneliness can be.

Shame and loneliness are often themes that are explored in conjunction (Shaw & Gammage, 2011; Valadas, 2018). In his article *From Isolation Towards Intimacy: Healing Emotional Wounds in HIV+ Gay Men*, Valadas (2018) shares his experience of leading a drama therapy group with HIV positive gay males. This group was designed to support their well-being following their diagnosis through the use of improvised body and movement techniques (Valadas, 2018). The use of such interpretive movement allowed the group to often bypass their own defenses and avoid rationalization in their self-expression (Valadas, 2018). These techniques made space for group members to explore the shame and judgment they perceived socially and to share their emotional reactions (Valadas, 2018). Through these body-based exercises, group members found connection with others in place of feeling isolated and alone. Valadas (2018) emphasizes the importance of the relationship in both therapy and social settings on the journey to healing and acceptance.

Drama Therapy with People who have Intellectual Disabilities

Individuals with learning disabilities, Autism Spectrum Disorder (ASD) and other intellectual disabilities are often socially isolated as a result of the behavioral and social challenges that accompany these disabilities (Orsmond, Shattuck, Cooper, Sterzing, & Anderson, 2013). Individuals with ASD and Asperger's Syndrome both have "social interaction deficits" (Mitchell, Regehr, Reaume & Feldman, 2010) which can make navigating conversation with others difficult. Children with these disorders often experience bullying, anxiety, peer rejection and social isolation as a result of their communication challenges (Mitchell et al., 2010). This lower level of social engagement influences the quality of life of individuals with learning disabilities (Verdugo, Navas, Gómez, & Schalock, 2012).

Group settings are useful when working with this population, as they encourage/ support socialization, while also imitating for participants social scenarios which may occur in their lives beyond the group (Mitchell et al., 2010). Group drama therapy in particular has been proven to provide opportunities for positive social interactions and to reduce symptoms like hyperactivity over time (D'Amico, Lalonde and Snow, 2015). This form of therapy allows participants with ASD to externalize their internal feelings through dramatic improvisation and enactment

(D'Amico et al., 2015). Furthermore the drama therapeutic process of externalization has the potential to improve communication skills and reduce social isolation (D'Amico et al., 2015).

Chasen (2014) is a drama therapist based in New York who uses drama therapy techniques in both his practice and as a teacher for young children and youth with ASD. In his book, *Engaging Mirror Neurons to Inspire Connection and Social Emotional Development in Children and Teens on the Autism Spectrum: Theory Into Practice Through Drama Therapy* (2014) he provides readers and drama therapists alike with tools to use to support young people with ASD. He details a 30 session plan in which he makes use of role plays, mirroring activities and improvisation with puppets among many other techniques, to teach social skills and emotional regulation to children with high-functioning ASD. Each session has designated time for free play to encourage a balance of structured support and individual autonomy for each child, building their capacities for interacting with others in social settings (Chasen, 2014).

Drama therapy's capacity for making use of mirror neurons through mirroring, role play, and other drama therapy techniques, is prominent when working with individuals with various learning disabilities and behavioral conditions (Chasen, 2014; D'Amico et al., 2015; Oon, 2010). This is largely because drama therapy thrives on the relationship between the therapist and the client engaging together in dramatic play (Emunah, 1994). This relationship develops throughout the course of treatment with interventions and spaces designed to facilitate expressive, embodied interaction. In developing the capacity to communicate with others, clients are increasing their social skills and rehearsing their use in session, to ideally apply in their life outside of session (D'Amico et al. 2015).

Oon (2010) speaks to the power of using the playspace when working with children who have selective mutism as they engage with the world through play, and create sounds in this space- even though this behavior may be limited in the context of their home. In this article, Oon (2010) refers to one client in particular who moved from being mute throughout most sessions to expressing herself verbally while playing with her therapist. These social skills that are learned in the playspace can create opportunity for the selectively mute child to express themselves and communicate with others.

Public Practice Art Therapy (PPAT)

In the field of art therapy, PPAT has been developing to meet the needs of many communities and provide services that private practices cannot accommodate (Timm-Bottos,

2012). In utilizing open community art studios as a mutual meeting place, there is hope for dialogue to take place between people ranging in economic status, age, cultural background, gender, sexual orientation, and profession. Art materials act as a moderator in these spaces, to create room for people to come together and share skills in art making practice (Timm-Bottos, 1995). Coming together through art making, however, dates back so far that no formal name has been given to this tradition in many cultures. Folk art, beading, and other culturally specific art making activities have stayed with us and bring with them connections to one's homeplace (Belenky, Bond, & Weinstock, 1997).

Selected Social Movements that have Contributed to Public Art Practice

  Settlement house movement. Attempts at creating public homeplaces or spaces in which all, regardless of cultural differences, may feel welcome and safe, have been evolving for many years (Belenky et al., 1997). The settlement house movement emerged in an effort to find ways to educate and integrate new immigrants into American society (Belenky et al., 1997). The intentions behind this initiative were to equalize the experiences of those who came to such houses, to create spaces in which all visitors could learn from one another, blurring traditional roles of teacher and students. This movement is considered to be one of the founding pillars of social work (Lundblad, 1995).

  Jane Addams and Ellen Gates Starr were founders of the Hull House, a settlement house in Chicago, Illinois. The Hull House worked to act as a space for new immigrants and low-income women, to develop autonomy and life skills to support themselves in their search for employment and independence. In the early years, settlement houses often had open art studios, and in the case of the Hull House even a theatre, to provide residents and community members with spaces to express themselves creatively, problem solve, and have the economic opportunity to sell their work (Belenky et al., 1997).

  Art Hives network. The Art Hives network is an embodiment of public practice work being continued in a modern context. The Art Hive works to connect community members to art making resources through the development of open and free community art studios around the world (Timm-Bottos & Chainey, 2015). The Art Hives network has evolved over the course of many years through the work of Dr. Janis Timm-Bottos and her team, and began with a project called ArtStreet in Albuquerque, New Mexico (Timm-Bottos, 1995). This project was hosted in a space provided by the Albuquerque Health Care for the Homeless, and welcomed people to

make art as a way of connecting with others, regardless of the personal background. This project also received funding to welcome artists who were experiencing homelessness to teach workshops and classes in the space to participants. The OffCenter (Timm-Bottos, 2006), the Kitchen Table Arts Project (Timm-Bottos, 2011) and the Children of the Seams youth collective (Timm-Bottos, 2011) proceeded Albuquerque Health Care for the Homeless and influenced the opening of La Ruche D'Art, a community art studio and science shop in the Saint-Henri area of Montreal. La Ruche D'Art has since hosted weekly Art Hives, classes from Concordia University and closed groups for marginalized populations (Timm-Bottos & Reilly, 2014).

These Art Hive studios are now a part of a network that shares resources and skills with one another, and hosts workshops pertaining to the sustainability of the studios themselves. This network openly shares their how-to guide, as a free resource on their website, which addresses many technical considerations when working to open a hive. They also share several academic articles pertaining to the subject of PPAT (Art Hives, n.d).

The art studios themselves, often referred to as "Hives", emerge in different communities for different reasons. According to Timm-Bottos and Chainey (2015), an Art Hive is a space for "creative inquiry"(p.26) about art materials, oneself, about each other and about the world. The Art Hives network encourages those who are seeking to start their own Art Hive, to set an intention for the project, as an artist might (Allen, 1995). This intention may then inform the type of Art Hive one wishes to open, be that a pop-up Art Hive that is mobile and can move to different locations, or an Art Hive within an institutional setting like a school or a museum (Timm-Bottos & Chainey, 2015). Art Hives may also emerge to serve certain populations or marginalized groups, some examples that have emerged at La Ruche D'Art include: a seniors group, a cancer patient support group and a group for Indigenous parents (Timm-Bottos, 2017b).

In their *Art Hive How-to-Guide*, (Timm-Bottos & Chainey, 2015) six methods are listed to support those who are seeking to start an Art Hive in their community. These methods all inform Art Hive studios being non-clinical, therapeutic spaces in which participants grow and transform in relationship with one another. The first of these methods addresses ways in which one might host a *non-juried art exhibit*,. Timm-Bottos and Chainey (2015) model social inclusion and emphasize that each artist should be valued equally in an Art Hive, regardless of their experience or talent level with the art. The second method is known as *Each One Teach One* encourages an exchange of knowledge and skill-sharing in the Art Hives. *Each One Teach*

One was formalized by low-income housing activist Ron Casanova (1996), to bring awareness to the skills that already exist within each community. In this model, participants take turns being both the teachers and the students at different times.

The third method is *positive kind regard*, which works in an Art Hive to create a space to practice peaceful encounters with one another (Timm-Bottos & Chainey, 2015; Arbinger Institute, 2006). Peace is referred to as a method in this guide because choosing peace over war resembles how complex relationship building can be and the importance of developing an awareness of one's capacity for choosing peace. The fourth method named is *radical hospitality,* which references the neuroscientific research of Schore (2003). His research on attunement between infants and their primary caregivers has influenced the importance of encounters with others in the Art Hive model (Timm-Bottos & Chainey, 2015). These encounters can make a space feel welcoming to a diverse range of participants.

The fifth method detailed is that of *solidarity vs. charity,* which names Art Hives as a solidarity model that fosters the capacities and skills of community members (Timm-Bottos & Chainey, 2015). This encouragement of using and appreciating the human resources available within each Hive draws attention to forms of wealth that exist beyond financial forms. The final method listed is *consensus decision making*. This decision making model asks for each member of the community to contribute to collective decisions (Timm-Bottos & Chainey, 2015).

Core Processes of Drama Therapy

While Timm-Bottos and Chainey (2015) outline six important methods for Art Hive facilitators and team members, Phil Jones (2007) proposes eight core processes that are critical elements in drama therapy work. These core processes according to Jones (2007) include: "dramatic projection, dramatherapeutic empathy and distancing, role playing and personification, embodiment: dramatizing the body, playing, life-drama connection, transformation and active witnessing" (p.81). The following five core processes have the potential to effectively support the integration of drama therapy into an Art Hive model: active witnessing, embodiment, dramatherapeutic empathy & distancing, transformation, and play (Jones, 2007). This does not mean that all eight core processes do not present themselves in the Drama Hive, but rather that these five appear to fit best into the relational qualities that encourage social inclusion in an Art or Drama Hive facilitator. Each of these processes will be explained below.

Active witnessing. In the context of a theatrical relationship, there is always an audience to a performance (Jones, 2007). Jones proposes that drama therapy provides something similar to clients, in that they may come to observe their own selves and progress in therapy as witnesses. They may also witness the progress of others in group settings. These possibilities are all plausible in the Hive setting when considering the spontaneity of an open studio. According to Jones (2007), witnessing naturally provides experiences of validation, confrontation, and/or support for those who are engaged in a dramatic act. Johnson (1992) identifies the role of the witness as an essential component of a drama therapist's work with clients. The witnessing drama therapist serves to reflect feedback, images, and/or feelings back to their clients, as if they were a mirror. Such reflections allow clients to feel supported and acknowledged by another being (Jones, 2007).

Embodiment: dramatizing the body. Human bodies are vessels of communication that are constantly responding to the world around them. The concept of the self is one that is largely processed with one's body, as the understanding of the self is largely connected to the very skin one wears (Oatley, 2015). Embodiment in drama therapy refers to physical expression with the body in a dramatic reality setting (Jones, 2007). In dyadic or group settings, human bodies can transcend spoken language and have non-verbal conversations with the world around them. This may allow people to express themselves and their emotions to others through the use of gesture, movement and mirroring.

Dramatherapeutic empathy and distancing. The development of empathy between participants and facilitators is essential to form connections and relationships with others. The development of empathy between facilitators and participants encourages people to relate to one another in the space and build real, human connections (Jones, 2007).

The advantage of a drama therapist facilitator in a Hive setting, is their ability to support clients in negotiating distance. Distance in drama therapy refers to someone's capacity to connect with their emotions, while remaining able to observe them as well (Glass, 2006). One may be over-distanced, which implies being removed and possibly detached from their personal narratives and associated emotions, or under-distanced, a state which leaves individuals flooded by their own experiences (Glass, 2006). Negotiating distance may prove useful in public practice settings, in which therapists may be unable to interact in an in-depth way with any one individual due to the potential large number of people in the space. A more distanced approach in the Hive

setting could be useful, to avoid emotional overwhelm in participants and maintain a manageable public sphere for all involved.

Transformation. Transformation is a core process of drama therapy that addresses changes in state experienced through engaging in dramatic activities in a drama therapy setting (Jones, 2007). Johnson (2013) explains that this process works to help individuals address instabilities in life which may challenge feelings of comfort, as well to help individuals cope with ambiguity. The ability to transform events, characters and plots in the playspace away from their original state, may demonstrate a client's capacity to adapt to instabilities in their own lives.

Play. Play and drama therapy are inherently intertwined, as one rarely exists without the other (Gil & Dias, 2014). Jones (2007) explains that play is a core process of drama therapy that can be used as a universal language that transcends verbal communication. An individual's play language is unique to their self and is learned in experience through encounters with their self and others. Play is considered a foundation in drama therapy as it is the first contact most humans have with meaning-making practices. Children's play is their way of exploring the complexity of their personal worlds, through the use of toys or other play objects. Cohen (2001) writes that play offers adults the ability to connect on a human level to someone else, especially with children.

While play may look different for adults than it does for children, it remains equally important (Tonkin & Whitaker, 2016). Playful encounters have the potential to boost morale and motivation in adults, whether they are parents or not. Adults can engage in leisure-related play such as organized sports, structured games/activities, or integrating a playful state of mind into their daily routine. The key differences between adult and child's play are often found in the deliberateness of the action. Children often engage in play without prompting, while adults must seek out opportunities themselves (Robinson, Smith, Segal, & Shubin, 2018). Employers in North America are now beginning to consider 'playfulness' and 'fun' in their workplaces to assist with productivity and the emotional well-being of their employees. (Robinson, et al., 2018).

Drama Therapy & Other Psychotherapeutic Approaches That Can Contribute to a Drama Hive Model

Child-centered play therapy (CCPT). Non-directive approaches, like child-centered play therapy (CCPT), offer possibilities when considering the facilitation of drama therapy in

open art studios. One of the main principles in this method involves creating permission for children to play how they wish in the therapeutic space, with the exception of limitations enacted to protect the child, the space, and the therapist (Landreth, 2012). This permissive energy makes space for children to express themselves and communicate in ways that are more accessible to them than verbal language (Landreth, 2012). Play provides therapists and facilitators with tools to curate playful connections with others and welcome different energies into a space (Jones, 2007).

Developmental transformations (DvT). Johnson (2013) believes that play offers adults the same realm of discovery that it provides for children. DvT-based therapy places an emphasis on the encounter between the therapist and clients in the playspace. DvT thrives on interaction and playful improvisation between participants. Through this play subliminal therapeutic content has space to emerge using both the body's expression, as well as art materials depending on the clientele and therapist (Rosen, Pitre, & Johnson, 2014).

An important tenet of a Developmental Transformation session is the entrance and exit structure, as it supports both clients and therapist in establishing the playspace and developing a mutual, repeated ritual (Johnson, 2013). Pendzik (2008) addresses these opening and closing rituals as gates between the dramatic reality encountered in the playspace and life outside of such imaginative places. This structure supports clients by giving them a framework to set clear boundaries between the imaginative world created in session and their personal reality outside of session (Pendzik, 2008). Some of these rituals include pulling back an imaginary curtain in order to leave the concrete world and enter the play world, singing a certain song, walking through an imagined door, or lowering a magic box from the ceiling, among innumerable other creative alternatives developed between client and therapist (Pendzik, 2008; Johnson, 2013).

De-roling. Embodied work is best supported by both therapist and clients having a clear understanding of boundaries within the work they do together (Ogden & Fisher, 2015). In some cases, clients immerse themselves in the dramatic reality that takes place in a session to a point of losing connection with reality outside of the playspace (Pendzik, 2008). While entrance and exit structures can support clients in this capacity, so too can the process of de-roling, or the symbolic letting go of one's character and experience in their embodied encounter with a therapist (Landy, 1983). De-roling processes can assist in creating space between a made-up character and the self-acting as a transition between two worlds (Jones, 2007).

Use of Human Touch in Drama Therapy

Consensual touch may be integrated by a therapist into a therapy session with a client, if an appropriate therapeutic motivation for using touch is present (McNeil-Haber, 2004; Westland, 2011). Safe touch in a therapy session has been shown to make clients feel less alone in vulnerable moments by presenting a physical cue to the client that someone is with them and witnessing their expression (Westland, 2011). This refers to a *socially motivated* form of touch in a therapy session, as the intention of using touch is to establish a connection with a client by making contact (Matherly, 2013). Human touch has healing properties and is closely tied to attachment development (Schore, 2003). Touch is often attributed to one's development and understanding of their own sense of self (Brody, 1997). The Association for Play Therapy (APT) in the United States (2015) refers to touch as an essential element of being human and fundamental to our ability to communicate. This Association provides useful considerations for "Non-Clinical or Unanticipated Touch" (p.2) in their work entitled: *Paper on Touch: Clinical, Professional and Ethical Issues* (APT, 2015). Play therapists in this example are encouraged to utilize touch only when they have a clinical reason to do so and with an awareness of their strength compared to the other (APT, 2015).

Drama therapists are often faced with important considerations when working with the human body. The use of touch in drama therapy has been a widely discussed topic amidst training and working professionals in the field. Dafni Milioni (2008) notes that the challenge that often accompanies touch in drama therapy is its use when working with vulnerable populations, like sexual abuse survivors or children. Psychodynamic therapies also often isolate themselves from touch in talk therapies, as it is believed to be inappropriate and a possible threat to clients who prefer to talk in a therapy session (Milioni, 2008). Choquette (2015) proposes an ethical decision making model for drama therapists to use when deciding if touch is appropriate. This model poses questions to practicing drama therapists around their own comfort with touching a client in session and whether they have appropriate supervision in place to review their encounters (Choquette, 2015).

Open Group Therapy. An open group therapy experience integrates both new and returning group members to each session (Keats & Sabharwal, 2008). Art Hives operate in a similar manner to an open therapy group when considering participants' freedom to attend as many sessions as they desire, and stay for as long as they choose in each session (J. Timm-

Bottos, personal communication, July 2018). As such, the facilitation of Art Hives benefits from knowledge about open group therapy literature.

Open group structure offers potential benefits to all members by creating an environment in which they can challenge their discomfort around ambiguous and anxiety-inducing circumstances (Keats & Sabharwal, 2008). These discomforts, while difficult, provide participants with opportunities to practice sharing personal narratives and to utilize social skills in their lives both in and beyond the session (Yalom, 1995). Open groups can give members feelings of hope, as they can create a tangible feeling that one is not alone in their struggles (Yalom, 1995).

In the context of open groups, it is helpful for therapists to think about each session as a stand-alone occurrence and less about long-term goals due to inconsistent attendance (Keats & Sabharwal, 2008). In this session, confidentiality should always be encouraged, while understanding that it is difficult to attain due to the turnaround in group membership (Keats & Sabharwal, 2008). Open groups are often considered brief psychotherapeutic services and can recommend clients appropriate referrals to local mental health care services when necessary (Keats & Sabharwal, 2008).

Therapists and counsellors who are leading open group sessions must also be mindful of their own presence in the group. Oatley (2015) cautions therapists to not over-stimulate or appear too distant from clients in open group settings, as both will likely deter them from returning. He emphasizes instead that the therapist must be aware of their sense of self in the therapy space and consistently be the calm "other" for group members. Oatley (2015) also notes that group therapy is not the right fit for everyone and that it can be overwhelming for some to be exposed and vulnerable in front of other people. Group leaders must be flexible and able to move with their clients in many directions to work towards building a trusting therapeutic relationship (Keats & Sabharwal, 2008).

Chapter 3: Intervention Design

In the following chapters, potential intervention approaches are discussed in the context of this researcher's experience as both an Art and Drama Hive facilitator. Hence, the remaining sections will be presented in a first-person format.

Problem Theory

The first step in developing a problem theory, is to define and outline the problem I hope to combat with my proposed intervention. The definition of social isolation outlined by Marcus, Illescas, Hohl, & Llanos (2017) states that social isolation is "a lack of participation in social relationships and/or a complete or near-complete lack of interaction with others and/or with society at large" (p.2). From this the proposed Drama Hive will seek to create opportunities for meaningful social interaction and the creation of social relationships through engaging with dramatic techniques. This intervention works to target those who seek a creative community in which they may connect with others and collectively curate a space to express themselves.

These structured creative communities are intended to be inclusive to a range in ages and populations. Social isolation, as well as feelings of loneliness, have been proven to be present in childhood (Asher & Paquette, 2003; Margalit, 2010). Asher, Hymel, & Renshaw (1984) note that 10% of elementary school children in a "moderate-size midwestern city in the United States" (p.1457) feel lonely "always" or "most of the time" (p.1458). In this same study, nearly 20% of children report feeling left out of activities and dissatisfied with their social lives (Asher, Hymel, & Renshaw, 1984). If childhood loneliness endures for more than 4 years, it may increase risks for depressive symptoms in adolescence and later adulthood (Qualter, Brown, Munn & Rotenberg, 2009).

The feeling of loneliness has emerged as a contributing factor to accelerating the physiological aging process (Hawkley & Cacioppo, 2010). The process of one becoming socially isolated also contributes to cognitive decline and later in life, to dementia (Hawkley & Cacioppo, 2010). These issues of social isolation and loneliness are becoming so pressing that the United Kingdom recently appointed a *Minister of Loneliness* to address the problem of nearly nine million British people self-identifying as feeling lonely in the recent *Jo Cox Commission on Loneliness* (as cited in Yeginsu, 2018). This intervention is designed to reduce social isolation and hopefully as a result, reduce feelings of loneliness as well.

In order to address this problem effectively, risk factors must be considered and challenged by corresponding change strategies outlined in a program theory (Fraser, 2009). A primary risk factor with this intervention involves the name of the intervention itself. The terms 'Drama' and 'Hive' both attract a limited audience. The word drama has a tendency to make some feel uncomfortable, as if there may be a perceived pressure to perform in a theatrical

manner. Thoughts about one's capacity to act or speak in front of others may emerge, which may deter some from participating. The second part of this intervention name (Hive) is commonly known by many within the arts community in Montreal, Quebec, but few outside of the birthplace of the Art Hive movement know its origin. This title refers to the intervention being associated with the Art Hive network and its methodology.

Beyond the name of the intervention itself, several other risk factors threaten its ability to solve the problem it seeks to address. The following risk factors were named as antecedents to social isolation by Nicholson (2009) in his meta-analysis of social isolation. While these antecedents were named with an older adult population in mind, they are relevant across the lifespan and will be applied in a larger context. According to Nicholson (2009), people at risk for social isolation tend to engage in lower levels of social activities, as well as lower levels of social engagement, which often creates barriers for those seeking social integration (Nicholson, 2009). Therefore, if there is a shortage of social activities at a community level, it becomes difficult for people to find settings in which they can meet others or form casual relationships (Nicholson, 2009). With this, low levels of social engagement may pose a challenge for an open studio setting. If participants express a discomfort around social settings, then a studio accessible to the general public may not be appealing.

This is where protective factors work to ensure applicability is possible for this intervention. Protective factors are influences that have the potential to positively impact a community and offset risk factors where possible (Fraser, 2009). The founding of a Drama Hive within the context of a previously established Art Hive may serve as a protective factor for the Drama Hive, as it provides the Drama Have with essentials such as physical space, materials, advertisement, and additional opportunities for funding. This connection also creates more opportunity to bring the Drama Hive to communities with low levels of social engagement by collaborating with the social network established with the given Art Hive. These two Hive models being hosted in the same space can potentially encourage participants to nurture their creative expression by exploring a new medium, or indulging a curiosity, while developing the Art Hive model. This playful space of mutual discovery with others in an open studio, can create moments of meaningful exchange and interaction between participants.

Participants are not required to prepare in any way for a Drama Hive, which also serves as a protective factor for this intervention. The knowledge that all of the supplies and material

that may be used throughout the Hive will be present on-site alleviates pressure for participants to prepare something beforehand. Should participants choose to do so and supply their own materials for their art, this could be seen as a measure of their investment in the Hive and the activity they bring to it.

A community resource exchange system is strongly encouraged in an open community studio to ensure art supplies are present and that there is a range of materials. This system also facilitates an investment in participants who donate their time and/or material, and take pride in their contribution's support to the Hive's functioning. A stance to reduce waste and share resources is taken by the community, creating a space of mutual benefit. Such systems have been proven to facilitate positive community development and resilience, as they create a tangible connection between community members through the materials themselves (Husock, 1992).

For some, it is neither the art materials, nor the playful enactments that emerge in the space that ignites their interest in participating in an Art or Drama Hive. Instead it may be the very presence of others that attracts them to the Hives. While art creation is always encouraged at the Hive, there are some participants who prefer to remain on the periphery and observe others making art. This highlights the innate human need for interaction, community, and connection (Schore, 2012).

Program Theory

Now that risk and protective factors have been outlined for the Drama Hive, it is important to address how these factors will be used and addressed. The intention of a program theory is to clarify the practitioner's reasoning behind their intervention as the solution to the specified problem (Fraser & Galinsky, 2010). This is done using a logic model, which dissects the inputs that make the intervention possible, the outputs or plan of how to produce the intervention and lastly, the outcomes that are expected from the successful intervention (Fraser, 2009). Clearly indicating these factors also increases the likelihood for replication by other practitioners (Fraser, 2009).

The inputs needed to make the Drama Hive possible are largely human driven and have been largely informed by my personal experience detailed further in the '*Learning by Doing*' portion of this paper. This intervention is intended to provide support on a community level, which may encompass participants of varying ages from neighbourhoods, families, and local institutions (schools, libraries, theatres, community centres, senior centres, museums, etc). The

number of participants that the Drama Hive might hold depends on the capacity of the space that is available to the Drama Hive. In most cases, hives may welcome between 20-30 participants at a time. Drama Hives have the opportunity to be tailored to serve certain age groups (i.e., a group for children, adolescents, or seniors) or populations (i.e., families, cancer survivors, people with psychiatric disorders, etc.) depending on the needs in the community. This intervention requires a team made up of minimum two drama therapists, volunteers from the community in which the Drama Hive exists, and 20-30 participants of all ages. This facilitation team design has been influenced by observing the Art Hive model during my own experience as an Art Hive employee. A space is needed that can host the Drama Hive on a weekly basis, ideally an existing Art Hive. This space must have a washroom, as well as be accessible to participants with physical disabilities. This space should also provide participants with plentiful art materials, costumes, mask template options and other drama-based materials. This intervention is intended to be free for participants, which involves seeking out funding for the project through grants and possibly other sponsored financial support as needed.

Financial support acquired will enable the hiring of two drama therapists to facilitate the Drama Hive. They will work alongside volunteers and participants to plan the themes of each Drama Hive and debrief together after each Hive is complete. There is no set guideline for how many Hives should take place, as this intervention would ideally occur each week. Local communities will be invited on a weekly basis to the Drama Hive to engage in a range of dramatic activities at their own pace. Such activities may include, but are not limited to: costuming, mask making, dance/movement, playwriting or miniature world construction. Some ideas and suggestions are named in the '*Learning by Doing*' portion of this paper.

The Drama Hive would be considered successful if it were able to create a space in which participants feel safe enough to connect with others and/or express themselves through dramatic techniques. This intervention is designed to encourage spontaneity and play between participants to create more opportunities for human connection. The open, drop-in style of the intervention will test the comfort zones of many, while making space for unexpected social and creative encounters with others.

Purpose and Design

Structural Elements

Space. In my experience, I have found that the Drama Hive benefits from co-existing with an Art Hive's physical setting for both practical and artistic reasons. While an Art Hive and a Drama Hive operate independently from one another, the co-existence of these two modalities in the same space provides opportunities for both modalities to influence and affect participants and the facilitation team in different ways. By partnering with existing Art Hives, Drama Hive facilitators acquire a physical studio space, along with all the materials in it to host this intervention. Advertisements can be shared in this space to better promote the Drama Hive. A standard set of supplies that would be useful in the space include, but are not limited to: fabrics, various stationery, markers, paints, hot glue, scissors, recycled objects, blank mask templates, puppets and a designated stage/performance space where possible. These art materials will support Drama Hive participants in the possible creation of props, costumes or any other art making they feel supports their dramatic engagement. Tables and chairs must be available in the space to accommodate participants with different levels of physical abilities. These basic structures must be arranged with an awareness of wheelchairs or other supportive equipment to ensure that all participants will be able to navigate the space safely. This may also include a ramp at the entrance of the Drama Hive space. An accessible sink is useful for cleaning supplies and possibly integrating into activities as needed. Participants should have access to gender inclusive, wheelchair-accessible washrooms to use throughout the course of open hours.

Time. It is recommended that a Drama Hive be open for 2-3 hours at a time. This timing has largely been influenced by the fact that most Art Hives typically run for 3-4 hours. The difference in proposed hours for a Drama Hive considers the amount of energy required to facilitate a spontaneous, theatrical, and engaging space. Drama Hives can be adapted based on the interests and thoughts of their participant community, as well as the capacity of the facilitation team.

Entrance/exit structure. In essence, once the doors are open to the Hive, the intervention begins. Emunah (1994) emphasizes that developing rituals around entering and exiting a drama therapy space help to differentiate experiences held in the group from outside experiences. It is important that each Drama Hive establish their own entrance and exit structure for participants to pass through as they arrive and before they leave. These structures are in place

to support participants in transitioning from their personal lives, into a more imaginative space. In drama therapy, this space if often referred to as the playspace or a dramatic reality. Having structures around these spaces in place can help some participants create boundaries in which it feels more safe to be creative or imaginative (Pendzik, 2008). Some examples of this might include: creating an imaginary door for participants to walk through, asking participants to put on their 'special Drama Hive uniform' or finding a creative alternative in collaboration with participants. Alternative options using art materials must also be accessible to provide participants an alternative to expressing with their bodies. For some, drawing a door on a paper on the wall may feel easier than miming one with a stranger. Each case will be unique, but it is important for facilitators to make an attempt to create an entrance structure with each participant. These structures have the potential to welcome an artistic and curious energy, which will serve any who are entering a Drama Hive. The exit or goodbye structure would ideally mirror the entrance or welcome structure. This allows participants to develop rituals in the space and separate their life experiences from experiences within this space.

Activities that embrace one's personal narrative and individual expression, may lead some participants to feel emotionally overwhelmed, or under-distanced from their experience (Glass, 2006). Distancing is a concept in drama therapy that refers to the negotiation between one's logical thought and their emotional thought patterns (Landy, 1983). At times, one may feel more affected by their emotions and react accordingly. In other circumstances, individuals may feel more distant from their own experience. The goal of the Drama Hive is to find the middle ground, known as *aesthetic distance*. This place is the most safe for participants, but challenging to obtain in an open group setting as it looks different for each participant (Glass, 2006). The entrance and exit structures create an opportunity for all participants to distance themselves from the activity in the Drama Hive, which may be especially important if participants become emotional at any point during the Drama Hive. The exit structure in place creates a transition for participants between the dramatic reality that may have been present in the Drama Hive and their lives outside of the Drama Hive.

Role of Facilitator

It is expected that participants will engage with the space at their own pace, and that at least two facilitators should be present to support participants in their creative expression while at the Drama Hive. It is recommended that the facilitators in this space be drama therapists,

ideally ones who have completed training in PPAT, as this training works to build a more grounded understanding of best practices in a public setting. In such situations where a PPAT course is not available or accessible, one must thoroughly read the *Art Hives How-to-Guide* e-book (Timm-Bottos & Chainey, 2015) and seek supervision with fellow public practice creative arts therapists or leaders of local community organizations. Training, accountability, and support, both as a practicing therapist and community member, are key components for the successful facilitation of the Drama Hive.

The role of the facilitator is also to be adaptable in attending to the needs of the community in which they are serving. This is especially relevant when considering working in different cultural contexts. Drama Hives must seek to use the curiosities and interests that participants bring and challenge themselves to find ways to incorporate these ideas into the activities hosted in the Hive's open hours. This requires flexibility and attentiveness in the facilitation of Drama Hives - noting what participants are responding to and probing for what they might be inclined to discover and bring to the Hive.

The core processes of drama therapy may be used as both a language and a guide to adjust to different circumstances as needed. The facilitators may refer to core processes when describing events or developing strategies regarding how to best engage with participants in the Drama Hive. The use of this language during open hours may also welcomes exchanges between participants and the facilitators about the meaning of these terms, and examples of their use in the practice of drama therapy. These exchanges offer an opportunity for advocacy and education on behalf of the facilitation team for the practice of drama therapy.

According to the *Art Hives How-to-Guide,* it is important for the facilitator to be aware of their body in the Hive space and the impact it has as a "witness, sender and receiver of relational information" (Timm-Bottos & Chainey, 2015, p.9). In the Drama Hive setting, facilitators must hold an awareness that they may be observed by participants as a model for how to behave appropriately and engage with others in a dramatic reality setting, much like primary caregivers being observed by children (Schore, 2012). This modelling of behavior is a consistent source of encouragement for facilitators to express themselves creatively in the Drama Hive alongside participants.

Little setup is required, as participants are encouraged to navigate the space based on their own sense of curiosity. An important element in the space is to have designated team

members modelling art-making. These designated members may be volunteers or facilitators, but there should always be one person making art - be it with visual arts or through dramatic embodiment or character work. These actions set a precedent for newcomers to feel more comfortable to immerse themselves in creation. This may take the form of using objects/props to share a story, playing the role of a character or dancing to music in the space. It is useful for the facilitators to remember that they too are participants along with all others in the space. This modelling of relational, playful behavior is the very heart of the Drama Hive and an essential component of its facilitation.

The facilitation team

Just as a bee hive is built by many bees working together, so too is a Drama Hive. An optimal facilitation set-up for a Drama Hive would involve two drama therapist facilitators and two to three volunteers for each Hive. These numbers are informed by my personal experience as a former employee with the Art Hives network and supported in the *'Learning by Doing'* section in this paper below. All members of the team should keep in mind that they too are participants in the space and it would be beneficial for them to engage with the dramatic activities and art making as needed. Volunteers may be sought from within the community, or may join the team out of their own interest in the project. While facilitators interact with participants and contain what emerges, volunteers are needed to complete different tasks. These tasks may include, but are not limited to: greeting participants, modelling activities, set-up/clean-up related tasks, organization of space, socializing with participants, and promoting the Hive within the community.

During the open hours of the Drama Hive, the team works to focus on the experience of the participants and creating a space that is as socially inclusive as possible through dramatic and artistic processes. After each Drama Hive is complete, it is useful for the team to take time to come together and discuss their own residual thoughts and feelings from the session. As is a common practice in some Art Hives, note taking and art responses from all team members are encouraged during the debrief of the Drama Hive to guide a discussion in sharing what was learned in the space, and working together to find solutions to any challenges that may have arisen. This summary at the conclusion of each Hive works to validate the experiences, emotional reactions, and social needs of the team itself. The amount of time devoted to debriefing processes are the decision of the team.

Learning by Doing

In the Fall of 2018, I received a student internship award that afforded me the opportunity to experiment with the concept of the Drama Hive in practice. I facilitated three editions of the Drama Hive between September 2018 and January 2019. Each session lasted two hours and had a different theme to help guide the participants in the Hive. I structured each session differently in an attempt to test which drama therapy tools would be optimal in a public setting. I had an incredible team of collaborators and volunteers from the Montreal theatre and Art Hives community supporting me. The following description will focus on what I learned as a facilitator throughout this process.

The theme which guided the facilitation of the first Drama Hive was *Mask*. The second Drama Hive was based on the theme of *Costume*, and the third Drama Hive was guided by the theme of *Miniature worlds*. These themes represented strategic intersections between drama therapy, theatre, and visual arts. This culmination between mediums was intended to give participants options to choose their own preferred forms of expression. The dynamic of this intersection between art and drama modalities was adjusted in each session to test which combinations were most effective in engaging participants in dramatic expression.

Mask Drama Hive

Structure. This Hive was facilitated by both myself and an undergraduate theatre student. *Mask* in this Hive was defined to participants as a creation that obscures their own face with the intention of transforming themselves into a character. Art materials were set up on one table, with sample masks and mask-making instructions on another table. Soft music was played in the background. The session took place in two parts: mask-making for the first hour and character development/embodied play for the second hour. This division required the facilitators to take a directive role in the Hive. During the first half of the Hive, both facilitators modelled mask-making by intentionally using different mask-making techniques and speaking with participants about their process. After the first hour, I indicated to the group that it was time to find a way to either wear their masks or hold them for the remaining time.

The second half of the Hive was designed to support participants in the exploration of their newly blossoming characters. I invited participants to mingle with other characters by prompting them to introduce themselves to one another. After this mingling, these characters were all asked to take the group on an improvised tour of their imagined homes. The Hive

became a playspace and was transformed into vivid, mysterious worlds by the participants. They described features of their imagined homes and why they had designed their house in a certain way. These details were accompanied by walking tours that required participants to embrace their creative imagination and see the whimsical features of the imagined homes of others. At the two hour mark, I announced that the Hive was over and invited participants to partake in a debrief session to share any feedback that they wanted to share.

Challenges. This directive approach was demanding of the facilitators in many ways. A unique concern that arose in the space was how to integrate and welcome newcomers who had expressed curiosity in the project after the session had begun. It became clear that my co-facilitator and I were unable to balance the roles of greeters, active participants and directors simultaneously. The directive facilitation approach in this instance impeded on our ability to welcome curious potential participants into the Drama Hive as both facilitators were continuously occupied. This challenge also highlighted the importance of having volunteer support, as a volunteer could have taken on the greeting responsibility in moments where the facilitators are engaging in dramatic action.

I had also felt some discomfort around holding the emotional weight of some of the characters that were created. It became clear that some characters were deeply personal and challenging for some to address. Concerns around feeling overwhelmed were shared with me following the conclusion of the Hive in the debrief portion and I realized we did not make enough space for participants to distance themselves from their characters towards the end of the Hive. We had briefly mentioned de-roling and "shaking off" characters to participants but did not clarify why letting go of a character is an important practice, especially in mask work (Jones, 2007). Overall, the demands on the facilitators from the use of a directive approach in the Drama Hive without a support team became excessive, and therefore did not lend itself well to public practice drama therapy.

Strengths. While this approach was challenging for the facilitators, the energy in the space was vibrant. Rich characters with thoughtful histories emerged in the space and many interacted with one another in the second portion of the Hive without prompting from the facilitators. Many participants were from the creative arts therapies community, which likely influenced their ability to improvise with one another. The tour of each character's home was unplanned and emerged from a participant's suggestion that the group all agreed to. This

spontaneous event was a highlight for me from this Hive, as it was a reminder of how beautiful it can be to let go of my plans and follow where participants lead me.

The playful nature of engaging in improvised character work generated a great deal of laughter in the space. There were a number of people who had heard the group laughing from down the hallway and decided to join the Drama Hive, or inquire about its purpose. The experience of hosting this project in a university setting allowed for students that were experiencing high levels of stress to come to the Drama Hive, where they played for a few minutes or hours. Being a graduate student myself, the knowledge that laughter and play was enabled through the Drama Hive with a primarily university student population brought me great satisfaction.

Costume Drama Hive

Structure. A more non-directive approach was attempted for the Costume Drama Hive, to incorporate the feedback that both facilitators and several participants shared after the Mask Drama Hive. For the purposes of this edition, a *costume* was described as any form of garment or accessory that was intentionally constructed to modify a participant's appearance. This meant that as a facilitator, I was more focused on modelling costume making and interacting with others as a character that I had been actively creating throughout the Hive. This meant that I was often oscillating between presenting myself as my constructed tree-like character and presenting as my student researcher self, while continuing to facilitate. I had facilitated this Hive by myself with the help of three volunteers who assisted with greeting responsibilities, and photo taking, as well as modelled costume making and character development.

This Hive had four different stations set up: one station for fabric/costume building, one for make-up, one for photography and one for de-roling. Tables were all set up with donated fabrics and other art materials laid out. Learning from the feedback about the first Drama Hive feeling emotionally overwhelming for some participants, this Hive provided options for more and less distanced approaches. Creating a costume that would be worn on the body could create a less distanced approach, as embodiment is one of drama therapy's under distanced tools (Jones, 2007). Creating a costume for an object outside of oneself, however, could be more distanced emotionally. Participants were reminded that they could make costumes for themselves if they wanted, or they could make costumes for dolls, or other inanimate objects if that felt more comfortable. This station encouraged reflective questioning from both myself as the facilitator

and the volunteers towards the participants. The facilitation team had asked questions to participants about the characters that were evolving to assist in their process of creating new characters and later embodying them. This may have involved movement, sound or colour exploration with participants to find options that best suited these emerging characters.

Another table had make-up supplies, several mirrors, alcohol sanitizer (to spray the make-up after use), and make-up removal wipes. The make-up station provided an underdistanced approach to costuming as participants could engage with make-up on their own bodies. The camera station was set nearby with a camera on a tripod facing a blank wall. This station was intended to allow for participants to photograph themselves and others in their costumes. The de-roling station consisted of a poster on the wall asking participants to say aloud: "I am not (their character), I am (their name)" and to remove their costume before leaving the Hive.

Challenges. A costume can be intimidating to those who do not feel connected to it in some way. Many participants who attended spoke of their background with costuming professionally or through cosplay experiences (costume role plays of popular fictional characters) (Rahman, Wing-Sun, & Cheung, 2012). While this made the Costume Drama Hive a welcomed experience for those individuals, this Hive may not have been as appealing to those without a connection to costuming. In the later portion of the Hive, some who were passing by and interested, mistook it for a play in development upon seeing the costumes. This made the volunteer role of greeting especially important as they clarified that this was a public event and anyone was welcome to join in.

Another challenge that arose was the management of confidentiality in a public practice setting. The photography station became popular and brought many participants together to take pictures in groups. I came to realize I did not have any strategies in place to address confidentiality in this instance. In the future, developing a consent and/or disclosure form may be a useful and ethical addition to a station with a camera in the Drama Hive.

Strengths. This non-directive approach allowed me to connect more with participants and their creative process, as well as to my own creative process. I created a costume and sought assistance from participants about my new character that was developing throughout the session. Through being fully immersed in the action of the Hive, I was able to model a way of being that welcomed unfinished costumes and playful interactions with others both in and out of character.

I found that participants were just as engaged in the art making as the Mask edition, but the non-directive approach left space for them to problem solve their designs and seek help when it was needed.

Of all the stations present in this Hive, the camera station stood out to me the most. While I had ethical concerns, as mentioned in the challenges portion above, I noticed that participants connected through the use of the camera. They provided prompts for poses to one another and played with their characters in each photograph. I was surprised to see multiple participants who were strangers to one another before the Hive began, bonding through taking pictures for one another. This station was re-visited by many participants throughout the Hive and it captured the gradual development of both their costume and, at times, the character wearing it. I placed a sheet near the camera inviting people to record their names, e-mails and costume descriptions so that I could send them digital copies of their photos. Following up with participants to share their photos with them was a great way to connect after the Hive and receive feedback on their experience.

Miniature Worlds

Structure. The non-directive approach realized in the Costume edition Drama Hive greatly influenced the Miniature Worlds edition as the final Drama Hive in this internship series. A miniature world is an imaginative, scaled-down version of an environment created by participants. Jones (1996) refers to the *Lowenfeld world technique* (Lowenfeld, 1939) in which clients are given a wide range of figurines and materials to create their inner world in a sand tray setting. In lieu of a sand tray, art materials from the Art Hive were used. This concept was also greatly inspired by and reminiscent of my previous work as a set designer and the models I used to enjoy making. I believed that it might offer containment to participants, as a chance to focus on creating small details in their imaginative worlds. Use of imagination is integral to the creation of a miniature world just as it is to the practice of drama therapy (Jones, 2007). These miniature worlds could be used as an opportunity to escape to another world for a few minutes or hours for participants in need of stress relief. For this edition, I was the only facilitator with three volunteers that supported me by greeting newcomers and curious people passing by, modelling art making and socializing with participants. My main role in this edition was to engage with the miniature worlds that were being created and encourage spontaneous interactions between the worlds of participants where possible.

This Hive had three stations: one for the art making, one with a stationary camera/backdrop for stop-motion animation making, and one with a table for 'completed' miniature worlds to be staged in relation to one another. The art making table had many small vessels like boxes and other containers for participants' use. The animation station was brought to life mainly by participants who were interested in using the camera, while I offered support when needed. The completed miniature worlds table was where I spent most of my time and would ask participants questions about their world. Participants were informed that they were welcome to take their worlds home with them or leave them on-site.

Challenges. The initial instructions of this theme were difficult to communicate to participants at first. To some, creating a miniature world sounded like an arduous task that they did not feel that they had the skills to partake. Over the course of the Hive, the volunteers and I improvised a possible solution to this obstacle. We all agreed to make simple miniature worlds to show others, to demonstrate that the worlds themselves had no requirements for quality. This brought to my attention that modelling art making and character development may also need to involve the facilitators/volunteers creating projects that feel attainable for newcomers. I became responsible for monitoring my own desires to be meticulous with details in my world, and instead focus on making a world that might empower others with creative simplicity.

Strengths. The non-directive approach in this edition created a space for participants to feel empowered to lead in the Hive. This non-directive technique seemed to create a space that encouraged participants to help each other in the animation of each other's world, as well as tell stories that incorporated all of the miniature worlds. In this Drama Hive, I actively sought opportunities to offer leadership roles to participants, in an effort to empower them, while working to better manage the space and connect with more participants as a facilitator. I also noticed that repeat participants who had attended other Drama Hives seemed more autonomous, no longer seeking prompts from me and instead acted on their own creative impulses. Some even grew to become models for newcomers to the Drama Hive. I was surprised by how well this approach worked and it seemed to produce more social encounters between participants. Due to this being the third Drama Hive in this series, it is not clear if this was a result of the technique itself or the building comfort level amongst participants who had participated in a Hive more than once.

Thoughts and Takeaways

Playful facilitation techniques were critical in working to develop a functional structure for the Drama Hive intervention. My drama therapy and DvT training supported me in integrating spontaneous responses throughout these different editions and in adapting the moment to the needs of the community. I understood after the third edition of the Drama Hive just how indispensable play is when asking others to interact in a dramatic manner. All of the implied pressure for performance that accompanies the word "drama" was able to be broken down by being playful. I witnessed participants slowly open up to one another over time as they found comfort in their own expression.

The support I received from community members as volunteers, peer supervisors and participants was an essential element that made these Drama Hives possible. Their encouragement highlighted the importance of being a part of a community and feeling connected to others. I was privileged to witness the power of their care and investment in this project. At times they would help others build their costumes, speak in funny voices to strangers or be the photographer for the more shy participants. It was through witnessing this team in action that I decided to design this intervention to address the problem of social isolation. I was able to see clearly how the relational qualities of dramatic play have the potential to bring a group of strangers together.

Chapter 4: Discussion

Role of Facilitator in Relation to Core Processes

In running these experimental Drama Hives, I was able to reflect on how fundamental the core processes of drama therapy are in creating a new intervention. Approaches to the Drama Hive will differ among communities, but the tools of the drama therapists running them will be similar. These processes encourage drama therapists to use a wide range of tools to approach their work. These tools then allow them to be flexible and adaptable to what emerges in a session, or in this case, in a public practice setting. Each drama therapist's own set of skills, strengths, and expertise inform their facilitation style in the Drama Hive.

Active witnessing. The drama therapist as a facilitator in the Drama Hive must be a witness to many moving parts. Their engagement as a witness will be based on the responses of the participants around them. This may involve the facilitators acting as models who participants

look to as guides of how to behave in the Drama Hive. Facilitators may wear costumes, make art or develop characters themselves in the space. These are efforts to increase feelings of safety for participants, by seeing the facilitator creating in the space alongside them.

In other moments, a witness may manifest as a more passive role. This may entail facilitators empowering participants by observing them as they engage in dramatic activity. The simple acknowledgement of the other is a fundamental component of witnessing and in making others feel welcome. This process is influenced by Schore's (2012) findings on the paramount importance of the physical gaze between mother and child. While facilitators cannot replicate the mother role for participants, they can work to have participants feel seen and their presence be validated in the Drama Hive.

The facilitator's witnessing of participants may also bring them to notice if a participant arrives to the Drama Hive appearing emotionally dysregulated on a regular basis, or in a state of crisis. In these moments, Drama Hive facilitators are encouraged to find the safest way possible in that moment to support this individual and share appropriate community resources for them to investigate. Discussing crisis management as a facilitation team is an important conversation so all have a mutual understanding of how to best support a participant in need, without leaving other participants to feel abandoned.

Dramatherapeutic empathy and distancing. This core process is complex when considering the potential number of people for a facilitator to manage in the space. It would be nearly impossible for facilitators to help all participants achieve aesthetic distance, as the attentiveness with each individual participant is less than in private practice settings. To work to reduce the likelihood of participants becoming under-distanced in the Drama Hive, facilitators will need to introduce activities that would likely be considered over-distanced. Participants will be expected to interact with and engage in activities as it suits them best, but by starting with an over-distanced activity, this creates the opportunity for participants to alter their involvement based on their individual needs. This ability to moderate their own distance, with this assistance of the facilitating drama therapist if needed, highlights the strength of this process in assisting with emotional regulation (Landy, 1983). Participants may be better equipped to soothe themselves in the Drama Hive knowing they can adjust an activity as they choose, or even leave the Hive if they feel this would support their management of distance.

This is not to say that activities that are typically perceived as under-distanced, such as mask work, must be avoided by facilitators. If, for example, curiosity arises from the community about mask-making practices, the facilitators must work to find a way to present this in the safest way possible for the group. In some cases, this may involve a more directive approach in the Hive. In these cases, it is also strongly encouraged to include an exit structure that allows for the removal of the mask and for participants to let go of their characters.

Embodiment. The facilitators of a Drama Hive become a metaphorical projection screen for potential participants. The body language of the facilitators in moments when they are alone and interacting with others in the Drama Hive will be interpreted continuously by participants, much like an actor being looked upon by an audience (Jones, 2007). They must work to be aware of their bodies in the Hive space, especially the messages their body language may be communicating to others. In this context, *embodiment* is referring to the facilitators' capacity to interpret, connect with, and respond to body-related cues of fellow participants in the Hive setting. There must be a readiness to engage with others as themselves, or possibly as a character, to involve both the body and the mind of the other.

This engagement will hopefully create opportunities for relationships between participants to build as well, outside of the presence of the facilitator. Once facilitators establish ways for their community to connect to one another, they may slowly step back and encourage participants to connect more autonomously. This works to create more opportunities for social inclusion among participants in the Drama Hive and empower participants to strengthen their social bonds in the Hive setting where possible.

Play. This is the core process which binds all others together in relation to the Drama Hive. Without a feeling of play, there can be no Drama Hive.

Play in the Drama Hive refers to the development of a unique relationship to the constraints of everyday life. Start and end times do not change, yet make-believe worlds may materialize and ask facilitators to live through many years in a matter of minutes with their participants. The facilitator is responsible for demonstrating a playful state in their interactions during Hive hours to represent playful norms. Playfulness in facilitation can also make way for the space to transform into another universe with a simple act of imagination. Rules and boundaries are still in place, but only those intended to protect the safety of the participants and the preservation of materials/supplies in the Hive space.

These opportunities to play and connect with other participants and facilitators, offer Drama Hive participants moments in which they may deeply connect with others. Powis (as cited in Jones, 2007) speaks of play being a bonding experience between people, a reminder of a shared humanity. This playful state of being invites facilitators and participants to create shared memories and healing moments of laughter together.

Transformation. The Drama Hive is a space for social engagement and unplanned encounters with others. Dramatic activities that take place in the Hive often bring with them spontaneous and unexpected moments shared with others. These moments of spontaneous encounters with others create unpredictable outcomes and transformation in action as a result. There are transformations in both the artwork and performances that are made in the Hive, as well as potentially in the participants themselves. Art materials may transform into a miniature world that resembles a participant's favorite place, improvised character exchanges may transform participants' relationship to one another- these moments are all made possible with this core process.

Participants may be challenged at times to comprehend the social and creative practices of others in the space. They may have to share a space they had hoped to occupy themselves, or encounter someone they have avoided; these are all spontaneous scenarios that could take place in the Hive. This unpredictability often causes discomfort. A facilitator's role is to encourage transformation in the space and support those who communicate their discomfort. This may involve a conversation about the uneasiness that can arise in social situations and normalizing social anxiety, or collaboratively finding a constructive solution to managing social dynamics in the Hive. These conversations are important to have among the group, to work to reduce stigma around having conversations about social interactions, mental health influences, and general discomfort. The stress that emerges from these challenges can ideally be mitigated over time by naming transformations and transitions as an element of life that is always present, and often difficult to accept. In naming these concepts, facilitators are better able to support participants in addressing them in their own lives.

Cultural Humility in the Drama Hive

Drama therapists who work to pursue utilizing the Drama Hive intervention must also work with *cultural humility*. Cultural humility according to Tervalon and Murray-García (1998) is "a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in

the [therapist-client] dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations" (as cited in Gallardo, 2014, p.123). This implies that the therapist is continuously focusing on the interpersonal dynamics in the space, while remaining humble and other-oriented. This approach will be essential when working to welcome participants from various cultural backgrounds and working to find ways to make the space as safe and inclusive as possible for these participants. Therapists and mental health professionals are frequently working across difference. It is common to share many different social locators with one's clients that may include race, sexual orientation, gender, ability, social economic realities, size, religion or spirituality and other salient identities. When working with clients from culturally different backgrounds, drama therapists must work to build an alliance based in mutual humility, not claiming any expertise in that participant's cultural experiences (Hook, Davis, Owen, Utsey, & Worthington, 2013).

Key components of the Drama Hive—namely play, spontaneity, relational encounters, self-expression, and social interaction—are all informed by a Western understanding of what an open creative arts therapy group is. Social isolation as the problem in question itself will be viewed differently based on one's cultural relationship to this idea. The drama therapist who chooses to use this intervention must work with an awareness of what best suits the community they are working in, as these key elements will look different. This requires facilitators to be flexible and responsive to their participants, respecting and encouraging the boundaries/limits participants need to feel culturally comfortable in these spaces.

Human touch is an example of a practice that requires the flexibility of facilitators. Touch and personal space are culturally mitigated. Facilitators should be aware of this and be ready to create interventions that have options for different levels of physical contact and no level of physical contact. If participants voice concern about touch or express that in their culture touch is not acceptable among strangers, facilitators must work to respect such choices made in the space and provide alternatives so that all participants feel included. Negotiations such as these require diligent self and other-oriented awareness on behalf of the facilitation team. Facilitators must become aware of their own impulses regarding touch in the Drama Hive. Impulses such as placing a hand on someone, assisting with a costume, offering greeting gestures such as hand shakes, hugs, etc. can all be boundaries for participants in the Hive and not for the facilitators and vice-versa. This awareness fuels the facilitators' way of being in the space: noticing their

impulses, acknowledging them and then deciding if those actions are suitable in that space with the participants who they may know very little about. Conversations about touch are delicate as they rely on the norms of the areas in which the Drama Hive exists. This can create a subtle push to culturally assimilate participants to accept and integrate a given region's social norms, such as comfort/discomfort with touch, in place of their own norms from their own life experience (Yousef & Ener, 2013). Drama Hive facilitators must always work with participants to establish what norms make sense for each Hive.

These considerations around working with participants from different cultural backgrounds in the Drama Hive, are supported by the North American Drama Therapy Association's (NADTA): *Guidelines on Cultural Response/Ability in Training, Research, Practice, Supervision, Advocacy & Organizational Change* (Sajnani, Tomczyk, Bleuer, Dokter, Carr & Bilodeau, 2015). These guidelines work to ensure drama therapists work to maintain the dignity of their clients, or in this case, their participants (Sajnani et al., 2015). The Drama Hive is an intervention that works to be a part of the organizational change and evolution in the field of drama therapy to continue creating more accessible opportunities for social inclusion and creative expression.

This requires the drama therapist who facilitates this intervention to uphold these guidelines and work with a commitment to culturally safe practices. While the facilitator is required to model many art making behaviors and work to actively participate in the Hive, they must also be aware of the power dynamics that are present. The presence of a facilitator can imply a hierarchical structure. It is indeed important to have someone in the space to be responsible for managing safety concerns and other issues or crises that may arise in the space. Facilitators must work to mitigate this hierarchy wherever possible by welcoming participants and valuing them as an essential part of the Drama Hive. Without the regular engagement and commitment of participants, this intervention would not be possible. Supervision is recommended with other public practice drama/art therapists or Art Hive facilitators to provide support in managing these challenging dynamics.

Limitations

Ethical challenges. In subsequent studies of public practice creative arts therapies, consideration of the ethical codes of the given modality should be explored and further researched. Due to the theoretical nature of this paper, I was unable to process the extent of the

ethical concerns that may arise with this work. In the *Learning by doing* portion of this paper, I discuss one ethical challenge regarding the use of a camera and the process of obtaining consent in a public practice setting. Any activity involving the use of a camera in the Drama Hive is recommended to be reviewed by the facilitation team with a focus on ethical practices and potential consent gathering procedures.

There are also some ethical concerns I will share here that are present when considering the NADTA (2019) code of ethics in relationship to the Drama Hive. For example, according to code 5.d., drama therapists must work to avoid entering into "multiple relationships" with clients (NADTA, 2019, p.2). Multiple relationships are a potential component of the Drama Hive as the drama therapist must connect and engage with the community in which they are working. Facilitators in the Drama Hive setting are encouraged to consider how to best navigate relationship responsibilities during open hours. Dual relationships are often welcomed in community-based settings but require careful thinking about navigating these relationships ethically and professionally (Brann-Barrett & Timm-Bottos, 2017). Drama therapists who work with this intervention must seek regular supervision from a drama therapist to assist in negotiating these delicate edges in community settings. They must also have a strong understanding of their own professional boundaries in relationship to participants in the Drama Hive.

The facilitating drama therapist's negotiation of self-disclosure also becomes complex in public practice settings like the Drama Hive. If the therapist is already a known member within their community, there is a high likelihood that participants may know some details about their lives or know the therapist personally. It is ultimately the decision of the therapist to share within their own level of comfort, while being mindful of their role to engage with all participants as equally as possible. This concern is also best addressed with the supervision of another drama therapist and with the Drama Hive team.

Future Applications

Community care. On many occasions, therapists advocate that both their clients and themselves maintain an active self-care routine. Self-care, however, can be monetized, as seen in advertisement campaigns catering to people in need of an escape from their lives (ie. a vacation, or a simple soak in a bubble bath). Online news and blog conversations are emerging about "community care" and are challenging the current understanding of such self-care practices

(Dockray, 2019; Stroh, 2019; Tesema, 2019). A Toronto community organizer, Nakita Valerio, defines community care as "People committed to leveraging their privilege to be there for one another in various ways" (as cited in Dockray, 2019, para 5). This definition challenges systems which do not benefit the whole community and enlists their more privileged members to use their strengths and resources to make space for compassion and justice (Tesema, 2019). Public practice creative arts therapies align with visions of community care by providing participants with safer spaces for self-expression, artistic resource sharing, and social inclusion. Both the Art and Drama Hive models in particular have the potential to create more third spaces whose purpose is to engage participants in self-care practices without seeking mandatory financial compensation from participants.

Public practice drama therapy. The Drama Hive intervention joins the work of other drama therapists who are working to build the foundation for public practice drama therapy. The practice of drama therapy in schools, community centers, and hospital settings are all mindful of the high demand for accessible therapeutic services for the general public. The development of this concept as a form of drama therapy may seek to answer this call.

It is important for drama therapists who are interested in this form of drama therapy to begin to challenge where drama therapy can be practiced and how. The Segal Centre in Montreal, Quebec, for example, has begun to hire drama therapists to be present in the lobby of the theatre to support audience members in processing performances that involve sensitive content. I was fortunate to work in this capacity this past year at the centre and became aware of how connected this work is with this emerging Drama Hive intervention. I may not have been helping patrons create masks, costumes, or inquiring about miniature worlds, but both of these experiences required me to connect with others spontaneously and to be creative in my approach. I was responsible for creating a space for strangers to express painful memories or connect them with resources as needed. My knowledge and understanding of how theatrical processes could affect audience members so deeply was the result of my training as a drama therapist. This experience ignited a personal interest in further inquiring into the Public Practice Drama Therapy that takes place in theatre settings.

Future development for the Drama Hive. This research paper is highly theoretical and as a result, the Drama Hive would benefit from empirical research to investigate its ability and efficacy to address social isolation and loneliness in community settings. This might include

completing steps three through five of Fraser's (2009) intervention research to further develop the replicability of this intervention. A more in-depth analysis of how the Drama Hive may differ and be adapted across different cultural and intergenerational groups is also an important area for further development.

       Drama Hive manual. While this research paper has worked to justify the Drama Hive as a drama therapy intervention, in the future this model will require a manual to inform drama therapists who are looking to initiate and facilitate a Drama Hive. This manual would guide drama therapists through core considerations when starting a Drama Hive and provide education on how to efficiently assemble resources. Ideally, this would culminate in the form of a supplemental guide adjacent to the *Art Hives How-to-Guide* e-book (Timm-Bottos & Chainey, 2015).

Chapter 5: Conclusion

The Drama Hive Addresses Social Isolation

       The Drama Hive intervention strives to create more opportunities for social inclusion through the use of dramatic enactments and activities in a community setting. This intervention offers access for community members to free, artistic activities that encourage self-expression and social encounters with other participants. This setting seeks to combat the isolation and loneliness that can be experienced when minimal levels of social activities and support exchanges are present for communities to engage in (Nicholson Jr., 2009). Through the use of play and playful exchanges with others, the Drama Hive aims to increase the potentially low morale in individuals who may feel isolated from their community.

       Evidence for community-based practices and interventions in social programming are proving to be in high demand in today's society (Murray & Zautra, 2011). Social isolation is a biopsychosocial problem with many layers and affecting many populations. It is my belief that the creative arts therapies are well placed to answer the call to address this challenge. Drama Hives offer a possibility for drama therapy to adapt to the high demand for therapeutic services in many communities (Watkins & Shulman, 2008). As therapists, we are asked to stretch our clinical capacities and reach out of our comfort zones to best support our clients. In many cases, work in private practice settings is not enough to affect change at a systemic level. Engagement in community settings offers forth an opportunity to merge both activism and practice into one,

thus making the Drama Hive a viable means of assisting both therapists and communities at large.

References

Allen, P. B. (1995). *Art is a way of knowing*. Boston: Shambhala.

APA (American Psychological Association). (2014). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Washington, DC: American Psychiatric Publishing.

Arbinger Institute. (2006). *The anatomy of peace: resolving the heart of conflict*. San Francisco, CA: Berrett-Koehler Publishers.

Arewasikporn, A., Davis, M. C., & Zautra, A. (2013). Resilience: A framework for understanding the dynamic relationship between social relations and health. In M. L. Newman & N. A. Roberts (Eds.), *Health and Social Relationships: The Good, the Bad, and the Complicated.* (pp. 215-231). Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/14036-010

Art Hives. (n. d.). Retrieved from http://arthives.org/

Asher, S., Hymel, S., & Renshaw, P. (1984). Loneliness in children. *Child Development, 55*(4), 1456-1464.

Asher, S. R., & Paquette, J. A. (2003). Loneliness and peer relations in childhood. *Current Directions in Psychological Science, 12*(3), 75-78.

Association for Play Therapy, Inc (2015). *Paper on Touch: Clinical, Professional and Ethical Issues.* Retrieved from https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/publications/paper_on_touch_2015.pdf

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117*(3), 497-529.

Beauregard, M., Stone, R., Trytan, N., & Sajnani, N. (2016). Drama therapists' attitudes and actions regarding LGBTQI and gender nonconforming communities. *Drama Therapy Review*, *2*(1), 41-63. doi:10.1386/dtr.2.1.41_1

Belenky, M. F., Bond, L. A., & Weinstock, J. S. (1997). *A tradition that has no name: Nurturing the development of people, families, and communities*. New York, NY: Basic Books.

Boal, A. (1979) *Theatre of the oppressed.* Sidmouth, England: Chase Publishing Services.

Boal, A., 1992. *Games for actors and non-Actors*. London: Routledge.

Brann-Barrett, T., & Timm-Bottos, J. (2017). Predicaments of the academic community-based educator. *The Canadian Journal for the Study of Adult Education, 29*(2), 65-72.

Brennan, T., & Auslander, N. (1979). *Adolescent loneliness: An exploratory study of social and psychological pre-dispositions and Theory* (Vol. 1). Rockville, MD: National Institute of Mental Health.

Brody, V. A. (1997). *The dialogue of touch: Developmental play therapy (2nd ed.).* Lanham, Maryland: Rowman & Littlefield Publishers

Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass, 8*(2), 58-72. doi:10.1111/spc3.12087

Cacioppo, J. T., Hawkley, L. C., Hughes, M. E., Thisted, R. A., & Waite, L. J. (2006). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses. *Psychology and Aging*, *21*(1), 140-151. doi:10.1037/0882-7974.21.1.140

Care Connect. (2018) Loneliness and isolation – understanding the difference and why it matters [PDF] Retrieved from https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/rb_feb2018_180208_careconnect_ageuk_loneliness_research_article_isolation.pdf

Casanova, R. (1996). *Each one teach one: Up and out of poverty: Memoirs of a street activist*. Willimantic, CT: Curbstone Press.

Chasen, L. R. (2014). *Engaging mirror neurons to inspire connection and social emotional development in children and teens on the autism spectrum: Theory into practice through drama therapy*. Philadelphia, PA: Jessica Kingsley Publishers.

Choquette, M. (2015). *La thérapie par le drame et le toucher* (Unpublished master's thesis). Concordia University.

Cohen, L. J. (2001). *Playful parenting: A bold new way to nurture close connections, solve behavior problems, and encourage children's confidence*. New York, NY: Ballantine Books.

Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior, 50*(1), 31-48. doi:10.1177/002214650905000103

Cossa, M. (2006). *Rebels with a cause: Working with adolescents using action techniques*. Philadelphia, PA: Jessica Kingsley Publishers.

World Health Organization. (n. d.). Constitution. Retrieved from https://www.who.int/about/who-we-are/constitution

Davidson, L., Shahar, G., Stayner, D. A., Chinman, M. J., Rakfeldt, J., & Tebes, J. K. (2004). Supported socialization for people with psychiatric disabilities: Lessons from a randomized controlled trial. *Journal of Community Psychology, 32*(4), 453-477. doi:10.1002/jcop.20013

D'Amico, M., Lalonde, C., & Snow, S. (2015). Evaluating the efficacy of drama therapy in teaching social skills to children with autism spectrum disorders. *Drama Therapy Review, 1*(1), 21-39. doi:10.1386/dtr.1.1.21_1

Dockray, H. (2019, May 24). Self-care isn't enough. We need community care to thrive. Retrieved from https://mashable.com/article/community-care-versus-self-care/?fbclid=IwAR3as0pbKkBSMLpIb8IujbGFXoa7n2ajf1epbWJijWywN8H3baLYyt_NYV0

Emunah, R. (1994). *Acting for real: drama therapy process, technique, and performance*. New York, NY: Routledge.

Fraser, M. W. (2009). *Intervention research: Developing social programs*. New York, NY: Oxford University Press.

Fraser, M. W., & Galinsky, M. J. (2010). Steps in intervention research: designing and developing social programs. *Research on Social Work Practice, 20*(5), 459-466. doi:10.1177/1049731509358424

Gallardo, M. (2014), *Developing cultural humility: embracing race, privilege, and power*. Thousand Oaks, CA: Sage.

Gil, E & Dias, T (2014) The integration of drama therapy and play therapy in attachment work with traumatized children. In C. A. Malchiodi, & D. A. Crenshaw, (Eds.) *Creative arts and play therapy for attachment problems* (pp.100-120). New York, NY: Guilford.

Glass, J. (2006) Working toward aesthetic distance. In L. Carey, (Ed.). *Expressive and creative arts methods for trauma survivors* (pp.57-71). London: Jessica Kingsley Publishers

Greene, M. P., & Blitz, L. V. (2011). 'The elephant is not pink': Talking about white, black, and brown to achieve excellence in clinical practice, *Clinical Social Work Journal*, *40*(2), 203–212.

Hagerty, B. M., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., & Collier, P. (1992). Sense of belonging: A vital mental health concept. *Archives of Psychiatric Nursing, 6*(3), 172-177. doi:10.1016/0883-9417(92)90028-h

Hari, J. (2018). *Lost connections: Uncovering the real causes of depression - and the unexpected solutions*. London: Bloomsbury.

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218-227. doi:10.1007/s12160-010-9210-8

Hocoy, D (2007) Art therapy as a tool for social change. In F. Kaplan (Ed.), *Art therapy and social action* (pp. 21-39). London: Jessica Kingsley Publishers.

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, *60*(3), 353-366. doi:10.1037/a0032595

Hortulanus, R., Machielse, A., & Meeuwesen, L. (2006). *Social isolation in modern society*. London: Routledge.

Husock, H. (1992). Bringing back the settlement house. *The Public Interest, 109*, 53-72.

Johnson, D. (1992). The drama therapist in role. In S. Jennings (Ed.), *Drama therapy: Theory and practice*: *Vol. 2*. (pp. 112-136). London: Routledge.

Johnson, D. (2013). *Developmental Transformations: Text for Practitioners* (2nd ed.). [PDF] Retrieved from :///D:/DvT%20transcripts/Text%20for%20Practitioners%202final.pdf

Jones, P. (1996). *Drama as therapy: Theatre as living*. London: Routledge.

Jones, P. (2007). *Drama as therapy* (2nd ed.). London: Routledge.

Junge, M. B., Alvarez, J. F., Kellogg, A., & Volker, C. (1993) The art therapist as social activist:

Reflections and visions. *Art Therapy: Journal of the American Art Therapy Association, 10*(3), 148-155.

Kar-Purkayastha, I. (2010). An epidemic of loneliness. *Lancet: Wakley Prize Essay, 376*, 2114-2115. doi:10.1016/S0140- 6736(10)62190-3

Keats, P. A., & Sabharwal, V. V. (2008). Time-Limited Service Alternatives: Using Therapeutic Enactment in Open Group Therapy. *The Journal for Specialists in Group Work, 33*(4), 297-316. doi:10.1080/01933920802424357

Landreth, G. L. (2012). *Play therapy - the art of the relationship*. New York, NY: Taylor & Francis.

Landy, R. (1983). The use of distancing in drama therapy. *The Arts in Psychotherapy*, *10*(3), 175-185. doi:10.1016/0197-4556(83)90006-0

Leavy, P (2015). *Method meets art, second edition: Arts-based research practice.* New York, NY: The Guilford Press.

Lowenfeld, M. (1939). The world pictures of children. A method of recording and studying them. *British Journal of Medical Psychology, 18,* 65-101.

Lundblad, K. S. (1995). Jane Addams and social reform: A role model for the 1990s. *National Association of Social Workers, 40*(5), 661-669. doi:10.1093/sw/40.5.661

Luo, Y., Hawkley, L. C., Waite, L. J., & Cacioppo, J. T. (2012). Loneliness, health, and mortality in old age: A national longitudinal study. *Social Science & Medicine, 74*(6), 907-914. doi:10.1016/j.socscimed.2011.11.028

Marcus, A. F., Illescas, A. H., Hohl, B. C., & Llanos, A. A. (2017). Relationships between social isolation, neighborhood poverty, and cancer mortality in a population-based study of US adults. *Plos One, 12*(3). doi:10.1371/journal.pone.0173370

Margalit, M. (2010). *Lonely children and adolescents: Self-perceptions, social exclusion, and hope*. New York: Springer.

Maslow, A. H. (1968). *Toward a psychology of being*. New York, NY: Van Nostrand

Matherly, N. (2013). Navigating the Dance of Touch: An Exploration into the Use of Touch in Dance/Movement Therapy. *American Journal of Dance Therapy, 36*(1), 77-91. doi:10.1007/s10465-013-9161-2

Mayor, C. (2012), 'Playing with race: A theoretical framework and approach for creative arts Therapists.' *The Arts in Psychotherapy*, *39*(3), 214–219.

McNeil-Haber, F. M. (2004). Ethical considerations in the use of nonerotic touch in
        psychotherapy with children. *Ethics & Behavior, 14*(2), 123-140. doi:10.1207/
        s15327019eb1402_3

Mitchell, K., Regehr, K., Reaume, J., & Feldman, M. (2010). Group social skills training for
        adolescents with Asperger Syndrome or high functioning autism. *Journal on
        Developmental Disabilities, 16*(2), 52-63.

Moore, D., & Schultz, N. R. (1983). Loneliness at adolescence: Correlates, attributions, and
        coping. *Journal of Youth and Adolescence, 12*(2), 95-100. doi:10.1007/bf02088307

Murray, K., & Zautra, A. J. (2012). Community resilience: Fostering recovery, sustainability,
        and growth. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory
        and practice* (pp. 337-346). New York, NY: Springer.

Nieman, P. (2019) Nieman: Loneliness among children becoming an epidemic.
                Retrieved from
        https://calgaryherald.com/health/family-child/nieman-loneliness-among-children-
        becoming-an-epidemic

North American Drama Therapy Association. (2019). NADTA Code, ethical principles. *North
        American Drama Therapy Association.* Retrieved from
        https://www.nadta.org/assets/documents/nadta-code-of-ethics-2019.pdf

Nicholson, R., Jr. (2009). Social isolation in older adults: An evolutionary concept analysis.
        Journal of Advanced Nursing, 65(6), 1342-1352. doi:10.1111/j.1365-2648.2008.04959.x

Oatley, K. (2015). *Selves in relation: An introduction to psychotherapy and groups*. New York,
        NY: Routledge.

Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and
        attachment (Norton Series on Interpersonal Neurobiology)*. New York, NY: WW Norton
        & Company.

Oon, P. P. (2010). Playing with Gladys: A case study integrating drama therapy with behavioural
        interventions for the treatment of selective mutism. *Clinical Child Psychology and
        Psychiatry, 15*(2), 215-230. doi:10.1177/1359104509352892

Orsmond, G. I., Shattuck, P. T., Cooper, B. P., Sterzing, P. R., & Anderson, K. A. (2013). Social
        participation among young adults with an autism spectrum disorder. *Journal of Autism
        and Developmental Disorders, 43*(11), 2710-2719. doi:10.1037/e607222013-001

Panter-Brick, C., & Eggerman, M. (2012). Understanding Culture, Resilience and Mental Health: The Production of Hope. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 369-386). New York, NY: Springer.

Pendzik, S. (2008). Using the 6-Key Model as an intervention tool in drama therapy. *The Arts in Psychotherapy*, *35*(5), 349-354. doi:10.1016/j.aip.2008.09.001

Powell, A. (2016). Embodied multicultural assessment: An interdisciplinary training model. *Drama Therapy Review, 2*(1), 111-122. doi:10.1386/dtr.2.1.111_1

Qualter, P., Brown, S. L., Munn, P., & Rotenberg, K. J. (2009). Childhood loneliness as a predictor of adolescent depressive symptoms: An 8-year longitudinal study. *European Child & Adolescent Psychiatry, 19*(6), 493-501. doi:10.1007/s00787-009-0059-y

Rahman, O., Wing-Sun, L., & Cheung, B. H. (2012). "Cosplay": Imaginative self and performing identity. *The Journal of Dress, Body and Culture, 16*(3), 317-342. doi:10.2752/175174112X13340749707204

Robinson, L., Smith, M., Segal, J., & Shubin, J. (2018). The benefits of play for adults. Retrieved from https://www.helpguide.org/articles/mental-health/benefits-of-play-for-adults.htm

Rosen, M., Pitre, R., & Johnson, D. R. (2016). Developmental transformations art therapy: An embodied, interactional approach. *Journal of the American Art Therapy Association, 33*(4), 195-202. doi:10.1080/07421656.2016.1229514

Sajnani, N., Tomczyk, P., Bleuer, J., Dokter, D., Carr, M., & Bilodeau, S. (2016). Guidelines on cultural response/ability in training, research, practice, supervision, advocacy & organizational change. *Drama Therapy Review, 2*(1), 141-148. doi:10.1386/dtr.2.1.141_7

Sajnani, N., Marxen, E., & Zarate, R. (2017). Critical perspectives in the arts therapies: Response/ability across a continuum of practice. *The Arts in Psychotherapy*, *54*, 28-37. doi:10.1016/j.aip.2017.01.007

Sajnani, N., Jewers-Dailley, K., Brilliante, A., Puglisi, J., & Johnson, D. (2014). Animating Learning by Integrating and Validating Experience. In N. Sajnani & D. Johnson (Eds.) *Trauma-Informed Drama Therapy: Transforming clinics, classrooms, and communities* (pp. 206-240). Springfield, Illinois: Charles C Thomas.

Schinka, K. C., Van Dulmen, M. H., Mata, A. D., Bossarte, R., & Swahn, M. (2013). Psychosocial predictors and outcomes of loneliness trajectories from childhood to early adolescence. *Journal of Adolescence, 36*, 1251-1260.

Schore, A. N. (2003). *Affect regulation and the repair of the self.* New York, NY: Norton & Co.

Schore, A. N. (2012). *The science of the art of psychotherapy*. New York, NY: W. W. Norton.

Shaw, S. M., & Gammage, D. (2011). The drama of shame. *Dramatherapy, 33*(3), 131-143. doi:10.1080/02630672.2011.621261

Stroh, P. (2019, January 19). Feeling lonely? It could be doing you physical harm | CBC News. Retrieved from https://www.cbc.ca/news/health/national-dealing-with-loneliness-1.4828017

Tervalon, M. and Murray-García, J. (1998), Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education, *Journal of Health Care for the Poor and Underserved, 9*(2), 117–25.

Tesema, M. (2019, June 5). Why community care is the perfect companion to your self-care practice. Retrieved from https://advice.shinetext.com/articles/why-community-care-is-the-perfect-companion-to-your-self-care-practice/

Timm-Bottos, J. (1995). ArtStreet: Joining community through art. *Art Therapy: Journal of the American Art Therapy Association*, *12*(3), 184–187. doi:10.1080/07421656.1995.10759157

Timm-Bottos, J. (2012). La Ruche d'Art: Community art studios extending art therapy's reach. *Communique: L'Association des Art-Therapeutes du Quebec, 30*(2), 9– 12

Timm-Bottos, J. (2016). Beyond counseling and psychotherapy, there is a field. I'll meet you there. *Art Therapy, 33*(3), 160-162. doi:10.1080/07421656.2016.1199248

Timm-Bottos, J. (2017a). Public practice art therapy: Enabling spaces across North America [La pratique publique de l'art-thérapie: Des espaces habilitants partout en Amérique du Nord]. *Canadian Art Therapy Association Journal, 30*(2), 94-99. doi:10.1080/08322473.2017.138521

Timm-Bottos, J. (2017b). Experiencing wellbeing at La Ruche d'Art: Methods and materials of an art hive. In Saavedra, Español, Arias & Calderón-García (Eds.) *Creative Practices for Improving Health and Social Inclusion* (pp. 73-82). Sevilla: University of

Seville.

Timm-Bottos, J., & Reilly, R. C. (2014). Learning in third spaces: Community art studio as
     storefront university classroom. *American Journal of Community Psychology, 55*(1-2),
     102-114. doi:10.1007/s10464-014-9688-5

Timm-Bottos, J, & Chainey, R. (2015). *Art Hives How to Guide* (whole book)
     Retrieved from
     https://arthives.org/resources/art-hives-how-guide

Tonkin, A., & Whitaker, J. (2016). *Play in healthcare for adults*. London: Routledge.

Tsai, F. F., & Reis, H. T. (2009). Perceptions by and of lonely people in social networks.
     Personal Relationships, *16*(2), 221–238.

Valadas, R. C. (2018). From isolation towards intimacy: Healing emotional wounds in HIV gay
     men. *Dramatherapy, 39*(3), 163-178. doi:10.1080/02630672.2018.1526309

Vanhalst, J., Luyckx, K., & Goossens, L. (2014). Experiencing loneliness in adolescence: A
     matter of individual characteristics, negative peer experiences, or both? *Social
     Development, 23*(1), 100-118. doi:10.1111/sode.12019

Verdugo, M. A., Navas, P., Gómez, L. E., & Schalock, R. L. (2012). The concept of quality of
     life and its role in enhancing human rights in the field of intellectual disability. *Journal of
     Intellectual Disability Research, 56*(11), 1036-1045. doi:10.1111/j.1365-
     2788.2012.01585.x

Wang, H. (2008). Red eyes: Engaging emotions in multicultural education. *Multicultural
     Perspectives*, *10*(1), 10–16. doi:10.1080/ 15210960701869330.

Watkins, M., & Shulman, H. (2008). *Toward psychologies of liberation*. New York, NY:
     Palgrave/Macmillian.

Weldon, C. (2016). Aspire leisure centre. In A. Tonkin & J. Whitaker (Eds.) *Play in Healthcare
     for Adults* (pp. 186-198). New York, NY: Routledge.

Westland, G. (2011). Physical touch in psychotherapy: Why are we not touching more? *Body,
     Movement and Dance in Psychotherapy, 6*(1), 17-29.
     doi:10.1080/17432979.2010.508597

Whittemore, R. & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of
     Advanced Nursing, 52*(5), 546-553. doi: 10.1111/j.1365-2648.2005.03621.x

Williams, B. M. (2016), 'Minding our own biases: Using drama therapeutic tools to identify and
      challenge assumptions, biases and stereotypes', *Drama Therapy Review*, *2*(1), pp. 9–23,
      doi: 10.1386/dtr.2.1.9_1

Yalom, I.D. 1991. *Love's Executioner and Other Tales of Psychotherapy*. London: Penguin.

Yalom, I.D. (1995). *The Theory and Practice of Group Psychotherapy,* (4th ed.). New York,
      NY: Basic Books

Yeginsu, C. (2018) U. K. Appoints a minister for loneliness.
      Retrieved from
      https://www.nytimes.com/2018/01/17/world/europe/uk-britain-loneliness.html

Yousef, D., & Ener, L. (2014). Multicultural considerations in graduate play therapy courses.
      International Journal of Play Therapy, 23(2), 90-99

Zautra, A., Hall, J., & Murray, K. (2009). Community development and community resilience:
      An integrative approach. *Journal of the Community Development Society, 39*(3), 130-
      147.

Zembylas, M., & Papamichael, E. (2017). Pedagogies of discomfort and empathy in
      multicultural teacher education. *Intercultural Education, 28*(1), 1-19.
      doi:10.1080/14675986.2017.1288448