The affordances of Narradrama as a tool for psychological adjustment among Traumatic Brain Injury survivors in South Africa.

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ABSTRACT

Keywords: TBI, Narradrama, adjustment, witnessing

Traumatic brain injury (TBI) is an acquired disability that can easily be overlooked, and there is a need for innovative, accessible and more effective therapeutic models for neuropsychological rehabilitation in the South African context.

This practice-based research aimed to explore how Narradrama may assist TBI survivors in identifying and adjusting psychologically to their own identity, exploring ways to expand this identity and uncovering the affordances of familial witnessing.

The practical application was conducted with a group of six to twelve adult TBI survivors in Johannesburg more than three years after their injury. Data was collected from interviews, six Narradrama sessions, and creative expressions made by participants.

The findings in this study document two case studies and determined four sub-categories of witnessing that made an impact. Interpretative phenomenological analysis revealed the main themes of shame to empathy and disconnection to connection.

For this sample group, a Narradrama approach proved effective for psychological adjustment to changes in identity and provided ways to expand confidence, meaning, agency and a sense of belonging.

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Table of Contents

List of Tables and Figures

1. Introduction

Traumatic brain injury (TBI) is a medical diagnosis that has a life-altering impact on the survivor, their life partner and their community. The long-term outcomes of a TBI leave many survivors facing catastrophic human, social and financial repercussions. Pavlovic, Pekic, Stojanovic and Popovic (2019) consider this a global health challenge, with the number of TBI diagnoses reaching into the millions annually. TBI also contributes considerably to mortality and morbidity in the developed world (Naidoo, 2013). "TBI is a serious global public health problem. Globally and annually, at least 10 million individuals live with TBI that is serious enough to result in death or hospitalisation" (Soeker & Darries, 2019). In South Africa, Arnold-Day (2020) estimates that 89,000 new TBI cases are being diagnosed and need to be treated in South Africa annually. Projected estimates of TBI in Africa are high, with a predicted burden of anywhere between approximately 6 and 14 million new cases in 2050 (Wonga, Linn, Shinohara & Mateen, 2016). Wonga, et al. (2016)'s study emphasised the need to develop accurate surveillance systems of TBI cases at a population level and public health measures to mitigate the risk and burden of TBI. My research study suggests one way in which Drama Therapy could assist in mitigating the psychological and quality of life burden TBI survivors face in Johannesburg, South Africa.

In the poem entitled Life After a Traumatic Brain Injury, Trotter (2019) provides a representation of how TBI affects the self-worth and mental state of the survivor:

"Having a brain injury is having to say bye to the old you,
Him that was quick thinking, always knew what to do.
A bit like buying a used car from a dodgy garage and getting a bad deal,
You swap a perfectly good car for a rusty one that has a broken wheel!"

"Nobody wants sympathy, I only ever wanted people's respect,
To live in a way that'd make me feel proud, if I was to look back and reflect.
Overwhelmed by my fatigue, I felt so weak I couldn't keep up with my friends any longer,
They were real adults, with marriages, mortgages and kids, seeming so much stronger."

Trotter humanises Matarasso's (1997) opinion that an overall sense of well-being is frequently connected to levels of confidence, social interaction, and activity levels. The lack of

confidence, willingness to participate in activities and ability to maintain social interaction has a significant impact on the survivor's mental health.

As a practice manager in a Johannesburg neurosurgery for four years, where my role included studying medical records of TBI survivors, observing their medico-legal interviews and reading the resulting neurosurgery reports, two critical needs emerged: the need for affordable and accessible therapeutic interventions to assist survivors in adjusting to life with the acquired consequences of TBI and the importance of allowing survivors to talk about their experiences. After hearing hundreds of TBI survivors' stories, which have similarities to the poem quoted above, I realised that a large portion of brain injury survivors indicate feelings of not being the same as before the accident and that their abilities, relationships and sense of who they were had altered significantly since the incident. Phrases like" I am not the person I was before" are often confirmed by their collateral. The term collateral is used in the medico-legal field to mean a family member or close friend who knew the person before their accident and can testify to changes in the survivor's behaviour, mental capacity and physical abilities.

A common consequence is personality change, which may result from neurochemical changes or psychological reactions to TBI (Sudarsanan, Chaudhary, Pawar, & Srivastava, 2007). These authors also list changes to excessive tiredness, indifference, concentration and attention disorders, inflexibility, perseveration, inability to anticipate, behavioural disinhibition, irritability, difference in quality of relationship with shallowness and obsessive-compulsive symptoms (Sudarsanan, et al., 2007).

These changes can indicate a pattern of loss, such as the loss of ability, mobility, and independence and structural changes that can frequently lead to a loss of self-control and agency. These losses can be specifically valid for survivors who are deemed unable to manage their own lives, finances and medical needs and are appointed a *curator ad litem* or *curator bonis*. A curator, in this case, is a legal person appointed by the court to oversee the client's finances and estate if the survivor is deemed unable to represent themselves (Letzler & Vergano, 2014), which reflects negatively on the survivors' ability to manage their affairs and make decisions about their own lives.

Many survivors also lose relationships and a support system due to their changes in behaviour and personality (temperament). The student-therapist noticed this pattern of loss in TBI survivors' reports of post-incident divorce and their estranged relationships with family and friends. These changes are noted in many medico-legal expert reports and in conversations with

survivors that lead to this research interest.

The student-therapist is a white, cisgender, privileged female who is studying for a master's degree in Drama Therapy. In the opportunity to work with different genders, races, abilities, religions and sexual orientations whilst conducting this research, I needed to become aware of my own biases and counter-transferences. This research required an open-minded, empathetic and curious approach to different beliefs, contexts and symbolism to understand the significance of the stories that participants brought into the study. To support this need to remain open-minded and challenge biases, self-reflections were done through voice note journals and discussed with both an academic supervisor and a drama therapist.

This research worked from the stance that there is a need for specialised and alternative options that will aid survivors of TBI with renegotiating entry back into society post-injury.
There is a gap in academic knowledge and practically researched understanding of how Drama Therapy can respond to and assist this growing portion of the population. To locate and determine the personal objectives for this study, it was necessary to investigate assumptions made by the student-therapist before commencing the study.

Some assumptions that were considered in these self-reflections are the following:

- TBI survivors may become isolated and withdrawn due to mental-, behavioural- and social difficulties (long-term sequelae);
- Healing requires physical-, mental- and social rehabilitation,
- Arts Therapies such as Drama Therapy can assist in healing;
- TBI survivors cannot adjust to mental, behavioural and physical changes in isolation and a multi-disciplinary rehabilitation team is needed, which includes family and friends;
- TBI survivors in rural areas and semi-urban areas do not have easy access to rehabilitation facilities and support groups, and
- The community support structures and education around TBI may suffer a gap if they do not have special facilities, which requires renegotiation and
- Drama Therapy can serve as a different kind of support group (not better than traditional support groups, but different in the body's involvement).

1.1. Rationale of Research

After leaving the hospital or an inpatient rehabilitation service, the TBI survivor must adjust to life and their altered abilities. Helping a person with TBI return to independence and meaningful involvement in a job or communal living can be a complicated task. Khan, Baguley, & Cameron (2003) emphasise that prolonged and ongoing education, counselling and familial support are crucial. They describe that the availability and quality of community services can be less than ideal, and the cost of such services limits who can access them. A dominant theme that stood out in the research of Khan et al. (2003), Chua, Ng, Yap, & Bok (2007), and Gangl (2014) was the need for innovative and multi-disciplinary involvement in the recovery and reintegration phases.

My previous research at the honours level unearthed the academic gap within the field of Drama Therapy in the area of brain injury work and a need for rehabilitative support that can be taken to TBI survivors in informal locations. This support should not necessarily have to be bound to a medical facility but could take place in a centralised community building, such as a school or church hall.

In my 2021 research which explored Drama Therapy techniques that could serve as alternative rehabilitation for TBI survivors, storytelling and role theory were identified as methods from that could be effective in the TBI healing process and psychological adjustment. The literature review examined elements from different Arts Therapy modalities that can be or are already incorporated in Drama Therapy approaches.

That research indicated that storytelling may connect the client from the perception of who they were before their injuries to psychological adjustment to their new reality. Storytelling by the TBI survivor may also assist in helping them think and perform in new and constructive ways.

A connection between role theory and executive functioning was established, which may be useful for encouraging goal direction, thought monitoring, and action. Both techniques may also have potential for skills like self-regulation, cognitive flexibility, and instantaneous reflection in the present moment.

The Narradrama approach selected for this study aligns well with the research findings on storytelling and role. According to Pamela Dunne (2006, 2010, 2021, 2022), the creator of Narradrama, Narradrama is an action-orientated therapeutic approach which integrates

narrative therapy with the principles of Drama Therapy and invites the use of creative expression through visual arts, drama, music and poetry. It engages all the core principles of Drama Therapy, including roles and impersonation, distancing, empathy, witnessing by others, playing/creativity, and embodiment and transformation (Jones, 2007), thereby focussing the wisdom not only of the brain but also of the body and the senses (Dunne, 2010). This approach has been researched by Dunne (2006, 2010, 2021, 2022) and found compelling for healing in educational, clinical and community settings.

TBI is an acquired disability that can easily be overlooked, and there is a need for innovation and more effective service-delivery models for neuropsychological rehabilitation in low-income and middle-income countries (Joosub , 2019). Considering the vast socio-political, economic and geographical landscape of South Africa, I believe it helpful to explore ways in which Narradrama from the field of Drama Therapy could be used as a psychological rehabilitative tool which could be more accessible and affordable. According to Joosub (2019), South Africa is classified as a low-income and middle-income country with large populations, inaccessible rural areas and too few professionals. This research could potentially provide an opportunity to assist those who would otherwise not have access to psychological assistance.

There seems to be a psychological orientation with role and identity within society that is often lost in the aftermath of a TBI. There is a cohesion in the outcome of Matarasso's (1997) findings of increases in friendships and community involvement with a Mini-Community Scale study done by Gangl (2014) using a theatre programme. Gangl's 2014 study indicated a significant recovery in friendship and attitudes of belonging through participation in theatre practices. If spouses, life partners, friends and family can be included in the theatrical process of supporting survivors, it may already fill a gap that professional institutions aim to achieve.

This research works from the point of view that family or relational involvement in the rehabilitation of TBI survivors can positively impact the adjustment and healing they experience. The neuroscience literature of Joosub (2019), Khan et al. (2003), and Naidoo (2013), as well as the drama-based therapeutic methods such as storytelling (Tooze, 1959) and Narradrama (Dunne, Afary, & Paulson, 2021) have included the need for a multi-disciplinary approach, which can include family or significant relational participation. It, therefore, seems beneficial to include family or significant relationships in the process, even if only at a preliminary level.

This research set out to establish a space and form within Narradrama where TBI survivors would be able to share their stories and have their experiences witnessed by themselves, fellow group participants and family members or friends in hopes that this would lead to empathy and understanding towards the survivor and even by the survivor towards themself.

One of the intentions of this research was to include and try to understand the knowledge and experiences of persons living with this newly acquired disability, whether mental, physical or behavioural, as an entry point to creating a Narradrama workshop that could support the healing process.

Persons living with a newly acquired disability include the survivor as well as the persons in relationships with the survivor that are affected. I hypothesised that it would be beneficial to add the closest family member or a close friend as a witness towards the end of the workshop, such as a witness to the alternative story to bolster empathy and support (Dunne, et al., 2021). It was thought that this could be a way for the TBI survivors' relationships to be strengthened and possibly allow the support system to understand the challenges faced by the survivors better.

1.2. Research Aims and Objectives

The aims of this research report were to:

1.2.1. Consider how Narradrama can assist TBI survivors to adjust psychologically to identity and role changes after the causal event.

1.2.2. Explore Narradrama as a re-authoring approach for TBI survivors.

1.2.3. Explore the affordances of incorporating the TBI survivor's significant person (partner or family member) as witnesses to the TBI survivor's story created through the Narradrama process.

1.3. Research Questions

1.3.1. In what ways can Narradrama assist TBI survivors to adjust psychologically to their post-accident identity?

1.3.2. How can Narradrama be utilised in re-authoring the story a TBI survivor tells themselves?

1.3.3. What are the affordances of incorporating the TBI survivor's romantic partner or family members?

2. Literature Review

This research sought to explore ways in which Narradrama may be utilised as a tool to aid TBI survivors whilst they were adjusting to life and to understand the impact traumatic brain injury had on a survivor's internal dialogue around self-identity and role after this life-altering event (the phenomenon) and ways in which Narradrama could serve as a tool to re-imagine identity and role.

Two central bodies of literature were relevant to this research: the effect of TBI on self-identity and role; and the affordances of Narradrama as a practical approach to working with TBI survivors.

2.1. The impact of TBI on Self-Identity

TBI can dramatically alter a TBI survivor's self-identity and significantly affect their relationships as the survivor is faced with new challenges, fears, and new personality traits (Van den Broek, Rijnen, Stiekema, Van Heugten & Bus, 2022).

Godwin, Kreutzer and Kolakowsky-Hayner (2021) attribute relational difficulty to three categories of change: change in responsibilities, change in relationship roles and challenges in communication. In an extensive literature review conducted by Van den Broek et al. (2022), the following factors were also emphasised: communication problems, reduced mental health, personality change, role change and functional dependence as the consequences of TBI.

For this literature review, I have chosen to use Godwin, Kreutzer, & Kolakowsky-Hayner's (2021) categories of change as a theoretical framework, which includes parts of Van Den Broek's (2022) categories and expands on the theories of the largest portion of the combined factors from both sets of researchers. Resources from the Model Systems Knowledge Translation Center (MSKTC) provided practical and applied information about the complexities of TBI.

The Model Systems Knowledge Translation Center (MSKTC) is a national centre run by the American Institutes for Research. It collaborates with interdisciplinary researchers to convert health information into easily comprehensible language and formats for individuals living with spinal cord injury (SCI), traumatic brain injury (TBI), and burn injury, as well as for their caregivers and supporters.

2.1.1. Changes in Responsibilities

In an interview, Dr Emile Godwin explains that after an injury to the brain, the focus of the survivor needs to be entirely centred on getting well, re-learning old skills, and practising new skills. As such, survivors cannot resume their responsibilities before the accident, and responsibilities need to be re-assigned, which places strain on the survivor and their support structure (Model Systems Knowledge Translation Center, 2013).

Many survivors express being different post-accident, and Godwin et al. (2021) explain that part of the reason for this is the shift of roles and responsibilities that the survivors experience. The person after the brain injury is not the same as before, and the survivor simultaneously carries the grief of losing independence. Hugh Rawlins explains it as "to be taken care of is the most difficult thing. Not being able to do things like get in the car and buy a bottle of coke" (Model Systems Knowledge Translation Center, 2013).

2.1.2. Changes in Roles

Within a family structure, members are often defined by their roles. TBI results in role changes that are dramatic and instant without warning or preparation (Godwin, et al., 2021). From the moment the accident occurs, the partner of the injured person has to start taking over some of their responsibilities; for example, the partner may need to make decisions that are usually made by the survivor, such as a father who now has to make decisions around childcare that the mother usually handles.

Early in the recovery period, the TBI survivor may believe that the role changes are temporary and only realise the permanence much later. They may find it difficult to adjust to the new roles, and uncertainty and frustration during this time often result in criticism and self-esteem displacement (Godwin, et al., 2021).

2.1.3. Changes in Communication

In studies conducted on relationships after TBI, communication is often reported as the most significant change experienced (Godwin, et al., 2021). It is well-researched and documented that communication is not only based on talking but also on body language, gestures, facial expressions, and physical and emotional reactions. Verbal and non-verbal communication is essential for the survivor to function relationally.

Some reasons provided by Godwin et al. (2021) and the Model Systems Knowledge Translation Center (2013) for a breakdown in communications in TBI-affected families are that the added responsibilities and the uncertainty of the survivor's recovery may cause the partner-caregiver to communicate more, communicate less, or communicate more urgently and intensely than before. The partner-caregiver may also not be sure how to best communicate with the survivor anymore, and this discomfort may cause them to communicate less openly and less often (Godwin, et al., 2021).

Increased stress levels have an adverse effect on communication, and the survivor may have fears that communicating their negative feelings or thoughts will place more burden on their support system.

According to Godwin et al. (2021), the changes in communication patterns and styles can result in the survivor experiencing the following:

- Feeling isolated,
- Loneliness,
- Not understanding their partner anymore,
- Withdrawal from the relationship,
- Choosing to rely on friends and family outside of the relationship and
- Choosing not to communicate feelings or thoughts to anyone.

Karpa's (2021) study on the work of Hyden and Antelius (2011) with couples in which one spouse has a communication disorder, is an example of how narrative inquiry can be used to explore issues of kinship or relatedness in TBI cases. This research concentrated on the communicative forms individuals use to negotiate the telling of a story or be a part of a story, which can serve as a rehearsal for communication in relationships (Karpa, 2021).

This literature highlights the need for communication skills that storytelling may be able to assist with. Drama Therapy and storytelling offer a way to make sense of the world (Courtney, 1974) and rehearse for life (Seymour, 2009) in a safe and distanced way.

2.1.4. Role Theory

In adjusting to one's altered roles and identity after an acquired disability, it may be helpful to explore how roles within drama can be beneficial.

In his 2016 exploration, Frydman advocates for how Landy's (1991, 2005, 2009) role theory can help increase executive function after a brain injury. He locates advanced cognitive processing within his framework, which incorporates executive tasks such as the ability to pay attention, working memory, and inhibition (cognitive control). Frydman (2016) thinks about how these functions help people achieve their goals, monitor their thoughts and actions, and include skills like self-regulation, cognitive flexibility, and awareness of what is happening in the present moment. All of this happens while paying attention to schema-based data and helps people have an active role when they are socially engaged.

In his role model, Landy (2005) says that role is foundational to the expression of personality and is triggered by social encounters. Frydman (2016) adds that role intuitively responds to the surrounding environment through how the client normalises and acts within the environment. In understanding role as foundational to an individual's social being (Landy, 2009), role's purpose within executive function operations is to access and perform balanced, valuable, and desirable roles.

Landy (1993) clarifies the construct of role theory as "a basic unit of personality containing specific qualities that provide uniqueness and coherence to that unit." Role as a metaphorical box holds all humans' emotions and thoughts about themselves and others in their social and fictional worlds (Landy, 1993). How the TBI survivor relates and creates roles within Narradrama may reveal their beliefs about themselves and their environment.

Executive function comprises many capabilities, which Frydman (2016) categorises as cognitive control, attention, working memory, and the ability to attach mental states to ourselves and others. Executive function is what a person uses to identify different roles they have experienced in their life. It is also what helps people determine how to act in different situations. This is similar to how role theory works; by looking at the environment someone is in, we can see which roles are activated.

Frydman (2016) argues that executive functioning's partnership with role theory is what gives individuals the ability to think about how they think (intra-cognitive mediation) and how they relate to other people (interpersonal mediation).

Frydman's work has recognised that when a new stimulus is encountered, and action is required, executive function processes draw the action into the foreground of the brain in the form of a role. The executive functions serve a parallel purpose as the guide role, described by Landy (2009) as an integrative figure, which helps provide role clarity. These parallel processes are needed to engage effectively in social interactions and are what precipitates the action.

Both cognitive neuropsychology and drama therapy use this combination of role theory and executive functioning to connect their positions and can be used to improve a client's connection of functioning (Frydman, 2016). It may be beneficial to look at roles and how a TBI survivor interprets them as a method to adjust the perception and expectation they are attaching to their roles.

An extra feature worth noting from Frydman's (2016) research is how Drama Therapy aims to advance self-actualisation, self-efficacy and self-esteem and how the techniques and processes, including games, role-playing, imagination, and visualisation, are already custom-made to the working memory component.

In adjusting to one's altered roles and identity after an acquired disability, it may be helpful to explore how roles within drama can be beneficial. Drama Therapy and the exploration of role may be beneficial not only for meeting TBI survivors where they are at and build on their self-esteem, but may provided a means of improving executive function over time.

2.2. The uses and principles of Narradrama

For this research, it is vital to understand the elements of Narradrama and its origins. Developed by Pamela Dunne, Narradrama is a creative arts therapy that integrates Narrative Therapy and Drama Therapy. It is an action-oriented approach that utilises the story-authoring power of narrative therapy with the core processes of drama therapy, such as role and impersonation, distancing, witnessing, and embodiment (Jones, 2007). It is an approach that addresses "the wisdom not only of the mind but also of the body and the senses" (Dunne, 2010).

Narrative therapy, developed by Michael White, is primarily a talk therapy that uses conversation as a means of examining self-descriptions and internal narratives, whereas

Narradrama uses the narrative component and adds the reliance on artistic expression, expansion of roles and externalising processes (Dunne, et al., 2021).

Important terms borrowed from Narrative Therapy (Dunne, et al., 2021) that may be useful in this research in working with TBI survivors and their partners:

- "Externalisation": looking at a problem outside of the person to separate it from the teller's identity.
- "Doubly listening": listening to a story on two levels, namely the story's content and the relational meaning. A doubly listening therapist looks for the links and contrasts between two accounts.
- "Re-membering conversations": this term implies that identity is based more on how the person associates with members of a group than on a core self. The membering (membership) in this association comprises the significant voices that construct the person's identity.

The stories we tell about ourselves are both descriptive and creative in nature. As storytellers, we can reflect on what we know and author (create) and re-author in the process of telling. Dunne et al. (2021) explain that the narrative we tell ourselves determines how we interpret our experiences and that narratives are vital to developing personal, social and cultural identities. Janse Van Vuuren (2022, p. 276) agrees and explains, "When a person tells their story, they not only relate their personal experience but also reveal their point of view or perspective on the events in the story". Janse Van Vuuren further explains that a story expresses a person's belief system and simultaneously explains how they came to believe what they believe based on the experience they are relating.

Stories are vital to the development of individuals and families as they provide a structure through which identities are formulated (Karpa, 2021), and within the process of authoring and re-authoring, we can reinvent the story. By doing so, we reinvent our lives. Through telling stories, we reveal internal dialogue and social communications, often negotiating between the dominant and resistant narratives. (Dunne, et al., 2021).

This approach starts with a problem-saturated story, which is usually the dominant, rigid story that usually results in a negative identity due to the continual failure to fix the problem (Dunne, et al., 2021). As an example, the TBI survivor may tell themselves a problem-saturated story where, because they are intellectually impaired, they are no longer valuable to their partner. Their dependence on their partner, or possibly how having to receive care, regresses them to the

status of a child (Model Systems Knowledge Translation Center, 2013). Through identifying alternative stories, participants tap into previously unrecognised personal resources (Dunne, et al., 2021) and invite the participants to discover an alternative understanding of their identity.

The benefits of Narradrama that may be useful to TBI survivors and their partners:

- Outside witnesses that observe and reflect (Dunne, et al., 2021): this can be an audience of friends and family, such as the partner, to witness new meanings and mark moments when a survivor has made decisions to follow new paths. This benefit is also derived from the group members and the therapist acting as witnesses and the participants witnessing themselves.
- This approach honours and respects participant's insider knowledge (Dunne, et al., 2021) and relies on strengths (Dunne, 2010).
- 'Ditching the labels': Narradrama does not rely on traditional psychology analysis or diagnosis, as pathologically viewing an individual can further marginalise the individual. It instead focuses on practice-based evidence and is participant-centred (Dunne, 2010).

TBI affects the mind, body, emotions, personality and relationships of the survivor. I believe an embodied form of narrative found in the Narradrama approach would be more effective than a purely verbal or written narrative. It is also a creative way of uncovering the storyteller within the participants. Allowing the participants to enact their own stories uses different levels of intelligences, like visual creation and embodying roles, and opens up possibilities to discover strengths and build new meanings that aid could aid in psychological adjustment.

2.2.1. Story Telling and Changes in Cognitive Functioning

In their 2020 study, D'Cruz, Douglas, & Serry (2020) explored how storytelling could be compelling as a therapeutic process and as a support tool for acquired brain injury in adults. An acquired brain injury (ABI) is an injury to the brain that is not hereditary or degenerative, which happens after birth, as opposed to birth-related brain injuries such as cerebral palsy. Acquired brain injury is classified as traumatic and non-traumatic. As acquired brain injury includes traumatic brain injury, this article was viewed as it would apply to TBI.

Survivors of TBI experience a blend of physical, cognitive, communication, and emotional changes with an often long and complicated recovery. D'Cruz et al.'s (2020) research evidence and clinical experience suggested that adapting to life following a TBI presents many

challenges, such as social isolation, reduced prospects for meaningful, productive occupation and difficulty finding suitable housing. These are examples of how TBI affects activities of daily living (ADLs) and a client's quality of life.

The art of telling stories may act as a bridge between how the client saw themselves before the injury and aid in creating a new understanding and quality of life despite the changes they have undergone. According to Ruth Tooze (1959), storytelling can also help the client to behave and think in a new and more creative way about their life and self. Tooze (1959) observed that a good story can meet an individual at a point in their experience whilst also inspiring them to want to go onwards from that point and help them equip themselves for the journey. She describes the possibilities of "widening your horizons or lengthening your point of view or deepening your understanding or lifting your spirit" (Tooze, 1959).

One could then see the telling of stories as a way of rehearsing what the better quality of life, the "there" compared to the "here", looks like and what is necessary to make the story real and bring the story into the reality of life. Unlike magical thinking, this is a way of imagining new goals and then rehearsing and refining the story as steps towards materialising those goals.

Barker (1996) highlights the key benefits of using stories, metaphors, and anecdotes in psychotherapy as follows:

- making or demonstrating points,
- suggesting solutions to challenges,
- helping people to recognise themselves within a scenario or situation,
- creating new ideas and increasing motivation,
- gaining a sense of control,
- embedding directors,
- decreasing defiance,
- reframing and redefining problems,
- ego-building,
- modelling a way of communicating,
- reminding people of their innate resources and
- desensitising individuals from their fears.

According to Barker (1996), therapists can use metaphor and story to establish a therapeutic alliance with their clients, determine the goals of treatment, set the vocabulary for how success is measured and support and mobilise the client through their stories and metaphors.

Safran, Segal, Hill, & Whiffen (1990) researched the concept of self-schemata in Clinical disorders. Their literature demonstrates how self-judgements and recalls of self-referent information are performed more quickly and efficiently than similar judgments or recalls from semantic material or information about others. Their findings suggest that individuals have an extensive knowledge base regarding themselves that is used in specific situations to process emotional information. Through Narradrama, I specifically called on these concepts of self for a TBI survivor and how they were telling their story as the starting point to the design of the workshops and as the measurement tool for how the self was portrayed throughout the story-making processes.

2.2.2. Narradrama and Neuroscience

Many years ago, during my undergraduate degree in psychology, I was introduced to the miraculous concept of neuroplasticity. I understood this as the brain's ability to repair or create new neurons and neural pathways through repetition. I remember thinking that the brain is like a field: the first time you walk through the African veld, it is thick, tricky and itchy, but if you walk the same path repeatedly, you create a groove in the grass, and the path becomes more manageable and accessible. Once you have walked the same pattern enough times, you can easily see the path and follow it without thinking about it too much.

In more clinical terms, neuroplasticity is defined as "the ability for neuronal circuits to make adaptive changes on both a structural and functional level" (Su, Veeravagu & Grant, 2016, p. 164), which means adaptive change can occur from molecular, synaptic, and cellular changes to more global network changes (Su, et al., 2016). The central nervous system is innovative in recovering and adapting secondary compensatory mechanisms to injury.

Siegel (2010) explains that our neurons become active during an experience. An activated neuron happens when the axon, the long part of the neuron, has a flow of ions in and out of its membrane, creating an electric current. At the end of the axon, the electric current triggers the release of a chemical called neurotransmitter into the tiny gap between the firing neuron and

the next neuron, known as the postsynaptic neuron. This chemical then activates or deactivates the downstream neuron.

According to Kolb, Cioe and Williams (2011), almost every experience we have can cause some change in our brain, even if it is only temporary. As an example, when we remember something, even if it is just for a moment, our brain activity changes. While these temporary changes are interesting, the long-term changes matter most when understanding how we recover or adjust after brain injuries. If the conditions are right, neuron firing, according to Siegel (2010), can lead to the strengthening of synaptic connections. Nevertheless, how can Narradrama (or any therapy for that matter) aid in strengthening synaptic connections in the longer term?

Siegel answers that this synaptic strengthening can be achieved through "repetition, emotional arousal, novelty, and the careful focus of attention" (p. 40). Dunne (2017) analyses these four conditions to optimise the emotional, neural, mental, and behavioural benefits possible through Narradrama. What follows is a summary of Dunne's (2017) findings:

Repetition of experiences: Through preferred role and alternative story creation, the client repeats experiences that contradict or re-author the problem-saturated story. The therapist works with the client to repeat and reflect on these experiences as reinforcement and new links are made in the brain by strengthening synaptic connections.

Emotional arousal: When we are engaged emotionally in experiences, experiences become more memorable and changes in the brain become more likely (Siegel, 2010). Draper Clarke expresses (2022, p. 148) this as "when we feel connected to an issue, we act on it. We store information that has touched us emotionally." Emotional responses can accompany the art our clients create and the roles they visit. The externalized expression, embodiment, role reversal, and art creation may unlock and reveal new surprising emotions—the more detail and imagery are involved in creating unique outcomes, the greater the emotional investment. After externalisation, the connections are reinforced through processing and reflecting on the emotions, creating new thoughts, behaviours, and outcomes for problems.

Novelty: The human brain is wired to seek out newness and is rewarded with dopamine when novelty is found. Narradrama and the creative arts "go hand in hand, as the very nature of creativity invites novelty" (2017, p. 68). Clients are exposed to new objects, materials and embodied explorations, resulting in novel experiences.

A careful focus of attention: Focused attention on creating art, stories, and roles causes a mindful state in which the client is “paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994). Narradrama processes can include mediation and focusing the client’s attention from their problem state and into mindful awareness and presence. Mindfulness is a practised skill, and “training the mind can change the physical structure and neural pathways in the brain” (Draper-Clarke, 2022, p. 4).

Naming how a moment felt emotionally or in the body in a reflection as a “mindful pause” (Dunne, 2017, p. 69) or what Siegel (Siegel, 2013, p. 80) calls “taking time-in”. Being focused on what is happening as it is happening can enable the brain to “literally grow more integrative fibres that create your ability to regulate emotions, attention, thinking” (Siegel, 2013, p. 84)

3. Methodology

Through qualitative practice-based research, this research report seeks to explore the stories that TBI survivors believe about themselves, their abilities and their lives. This method of research was chosen in order to consider how Narradrama may be used to support TBI survivors as they adjust to the changes in their lives after the injury.

This research is qualitative as it is centred on exploring, describing and interpreting the personal and social experiences (Ashworth, 2015) of TBI participants and practice-based as the student-therapist seeks to understand the affordances of Narradrama as a therapeutic tool for psychological adjustment in this participant group. Narrative inquiry is also included as an element of this method, as the research relies on participants' narratives as an inherent product of Narradrama to explore the study's aims. A distinction is made between the lived experience and the research inquiry as a method. To maintain the distinction, the device established by Connelly & Clandinin (1990, p. 2) was used to call the phenomenon or lived experience "story" and using "narrative" when describing the inquiry.

To practically explore and collect data, Narradrama workshop sessions were planned to gain knowledge through doing "which is at the heart of Practice as Research" (Nelson, 2013, p. 9) and the means of “finding, creating, uncovering, acquiring, expanding and even disseminating knowledge (Mackey, 2016, p. 478)”. I understand Drama Therapy to be an experiential and

embodied form of therapy. For the purposes of this research study, I believed I would only learn about the impact of Narradrama by doing processes and measuring the experiences of participants, which would not be possible in a survey or through an interview only.

To allow us to take account of the subjective experiences (stories) of the participants (Dunne, et al., 2021), conducting the practice is necessary to document and consider elements such as social, cultural, and geographical factors of South Africa's diverse population as it affects the TBI participants. Creating and performing stories allows for a study that answers the research questions. Participation in Narradrama processes was expected to reveal the participants' stories and experiences and provide a method to compare and explore how artmaking and creative processes can lead to the authoring and re-authoring process (Dunne, et al., 2021).

This study was not intended to reduce the lived experience of TBI survivors to a single story but rather to understand parts of the participants' lived experiences as they are expressed through multiple self-created stories, using distancing and symbolism (Jones, 1996). Using fictional story-making, Narradrama works with myth, fairy tales and modern stories, which may reflect or mirror personal issues (Couroucli-Robertson, 1998) in a distanced way. It allows the student-therapist and the TBI survivor to explore parts of the TBI survivor's narrative and "allows for the distance necessary for these to be seen in a different light" (Couroucli-Robertson, 1998).

This narrative inquiry element in this practice-based method also supports the objectives of this research regarding the subjective authoring and re-authoring of the stories by the participants, the embodied ways in which the stories can be represented and interpreted through visual art, and the externalised explorations found in Narradrama.

My journey with the subject matter of TBI and Drama Therapy started as a desktop literature review and has reached the point of inquiry where practical knowledge is needed to explore the gap between the literature and practice that can inform the way Drama Therapy approaches working with TBI survivors. To gather the evidence required to establish a Narradrama approach that could assist TBI survivors, sessions, data, and practical knowledge were gathered from sessions for evaluation, analysis and synthesis into practical knowledge.

Instruments for gathering data containing human actions, behaviour, speech, attitudes and beliefs entailed the following :

- first-hand accounts (Connelly & Clandinin, 1990) from TBI survivors of their

experiences before and after the causal incident through in-person semi-structured interviews,

- clinical field notes made after sessions,
- reflections from embodied exercises,
- photographs and art works produced during processes,
- written or told stories created by participants,
- feedback discussions and
- reflective journaling by the student-therapist.

3.1. Towards a Research Design

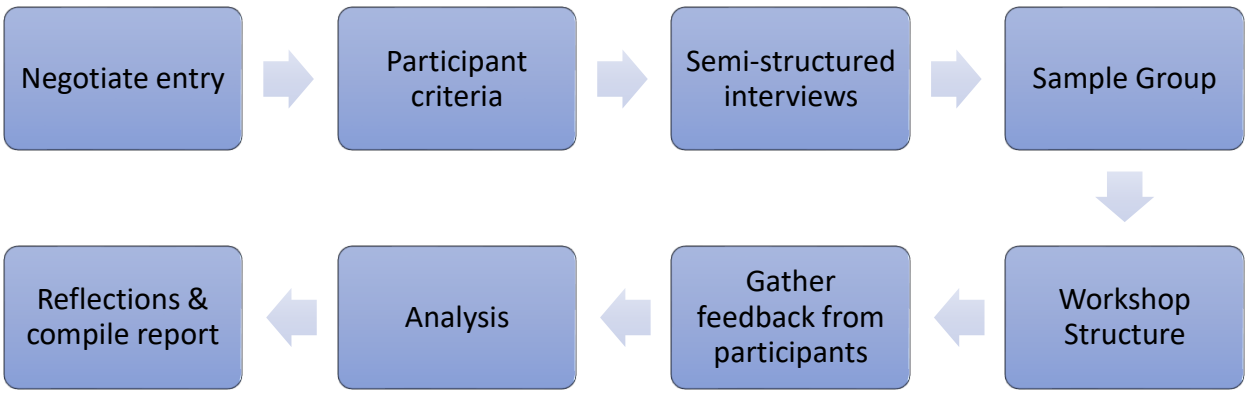

Figure 1 Steps in the Research Design Process

3.1.1. Negotiate Entry

A working agreement to conduct research with TBI survivors was established with an organisation in Johannesburg. This member-based organisation offers a variety of support programmes to adult survivors of Acquired Brain Injury (ABI). The organisation invited 31 members to attend an information session held at one of the branches in a prominent township. Of these, 14 participants attended the information session, were introduced to the research and gave written consent to participate. One participant opted out and did not return for the interview.

A semi-structured interview of between 15 and 35 minutes was conducted with 13 participants in person over a four-week period. Interviews resulted in 12 participants who met the criteria of the study and one who did not. The participant who did not meet the criteria was disqualified due to the severity of the brain injury, indicated by the medical history of being in a coma for more

than 14 days (Edeling, Mabuya, Engelbrecht, Rosman & Birrell, 2013). This member also has severe aphasia with an inability to construct language in a meaningful way. A separate care plan was arranged for this participant to mitigate harm from rejection and to allow him to explore non-verbal and symbolic expression for non-research purposes.

The table below indicates the attendance numbers of participants from the interviews through to the sixth and final session. Only six participants attended and completed the workshop series.

Session	Interview	One	Two	Three	Four	Five	Six
Participants	13	12	8	8	7	7	6

Table 1 Participant attendance figures

3.1.2. Participant criteria

Study participants were selected based on the following criteria:

a) Adults over the age of 21,
b) Diagnosed with a mild or moderate brain injury,
c) That have reached maximum medical improvement (MMI),
d) Around three years post-incident, which allowed for psychological distance from the traumatic event and
e) Have the ability and willingness to complete a written consent form.

Maximum medical improvement (MMI) is determined by a medical specialist or a medico-legal practitioner and indicates that the patient's condition is considered to have stabilised. By stabilised, I refer to Edeling et al's (2013) description that all surgical or medical options that were accessible had been considered, and no further improvement or decline is considered medically probable over the following 12 months. According to Edeling et al. (2013), this is usually around two years after the causal incident.

3.1.3. Semi-structured interviews

The student-therapist conducted semi-structured interviews with the participants and recorded their responses through audio recordings and written notes.

The following questions were asked:

a) Tell me about how and when you got a traumatic brain injury?
b) What did you enjoy doing before the accident? Hobbies, sports, social, etcetera.
c) What treatment have you received since the accident/causal event?
d) Have you received any therapeutic treatment before and do you mind sharing?
e) How would you describe your life at the moment?
f) Have you noticed any significant changes since the accident?
g) What can I do to help you feel safe in the workshop space? Do you have physical restrictions, pain or discomfort?
h) Tell me about your support system? Who is with you and helps you?
i) Do you have any questions for me about this research?

3.1.4. Sample Group

Gender		**Age range**		**Years since Injury**		**Cause of TBI**	
Male	*9*	**21 - 29**	*2*	**3 >**	*1*	**MVA**	*6*
Female	*3*	**30 - 39**	*2*	**5 >**	*3*	**Stroke**	*3*
Race		**40 - 49**	*3*	**8 >**	*1*	**Assault**	*2*
		50 - 59	*2*	**>10 <20**	*5*	**Seizures**	*1*
Black	*12*	**60 - 69**	*2*	**>20**	*2*		

Table 2 Participant Demographics Sample

The boundaries of the topic under investigation define this sample group as TBI survivors. The sample also draws from a population with similar demographic/socio-economic status profiles (Smith & Osborn, 2015). The similarities across the entire sample group are that they are all survivors of TBI, black adults, unemployed, reside in a large township area in Gauteng, South Africa, and were willing to participate in a creative research workshop.

3.1.5. Workshop Structure

Six workshop sessions of 90 minutes each following a five-step session plan, consisting of:

a) A check-in exercise to gauge the participants' current state of mind and demarcate the dramatic space (Jones, 1996)

b) A warm-up exercise to prepare participants for the main event: For these Narradrama Processes, warm-ups focused on activating the symbolic mind and orienting to the physical

space and body, which assists in activating a “free play” spontaneous environment (Johnson, 1982; Emunah, 1994) and mindful engagement (Dunne, 2017).

c) A main event using objects and art material to create, externalise, deconstruct and re-create a story (Dunne & Madrigal, 2022),

d) A reflection for containment and preparing participants to re-enter their lives and;

e) A closing ritual to end the process and allow participants to disengage from the dramatic space (Jones, 1996).

3.1.6. Narradrama Workshop informed by participants.

The basic five-stage session plan above was chosen as a frame during the proposal phase. The student-therapist has been using this frame in drama therapy clinical practice and was comfortable with the flow of this structure and her ability to adapt it to accommodate the session's intention. The structure complements the various ways in which Narradrama can be approached.

The practice-based qualitative research method included narrative inquiry elements to identify themes that emerged from semi-structured interviews. The participant data collected from the interviews was analysed primarily to identify individual and common concerns, such as physical limitations, comfort levels, and hobbies. This data informed the types of Narradrama activities and the objects selected for the activities. This preliminary analysis also informed choices regarding safety measures that needed to be in place, such as knowing who to call in case of an emergency.

Narradrama utilises objects such as puppets, scarves, hats and art materials in various ways to allow the client to externalise the problem by using projective techniques to distinguish themselves and their preferred outcomes from the problem (Dunne, et al., 2021). It also uses an embodied form of play, such as creating preferred worlds on a room scale, and creating body sculptures and tableaus. An alternative was selected if a participant indicated an aversion or objection to any proposed activities during the semi-structured interview.

Initially, low-impact movements and rhythmical games were selected to accommodate physical limitations, such as stiff limbs and hemiplegia, as well as participants’ indications of the type of

activities they enjoyed doing pre-accident or were interested in exploring now. Factors that determined the activities selected by the student-therapist are tabled on the next page.

Physical activities like walking, dancing and miming were used in warm-up exercises to allow the embodied engagement. After the first two sessions, the student-therapist noticed that physical activities that lasted longer than 15 minutes became difficult for some participants. Standing embodied activities were used as opening and closing activities, with the main events comprising mostly seated crafts or explorative discussion.

Before Injury	**After Injury**	**Hobbies and Preferences**
Physically active (soccer)	Ongoing residual pain in left arm and leg	Likes poetry
Physically active (soccer)	Amputee with a prosthetic leg	Likes acting and creative arts
Physically active (soccer)	No longer able to play soccer	Enjoys writing
Not able to recall	No physical limitations were noted	Enjoys sewing and singing
Physically active (running, soccer, spinning)	Exercise is limited due to seizures	Interested in singing
Physically active (Gym and snooker)	Left hemisphere weakness	Enjoys teaching
Not able to recall	No physical limitations were noted	Enjoys teaching, fixing objects and making art
Dancer	Hemiplegia	Enjoys reading, writing and singing.

Table 3 Determining physical and creative possibilities.

A sampling of activities used to externalise stories and emotions:

- Poetry Houses (Savage, 2015): Discarded cardboard boxes are used to create external and internal imagery, for example, how the participants think the world sees them compared to how they see themselves.
- Creating maps of the preferred space or body maps of the body as a village.
- Using the outline of a human shape to create a hero or villain.
- Sculpting objects and tools needed to feel confident.

Art materials provided:

- Ballpoint pens
- felt pens,
- crayons,
- water paints,
- scrapbooking sheets in different colours and textures,
- stickers,
- large sheets of butcher paper,
- plain A4 paper,
- small objects such as eyes, pom poms and ribbons,
- clay,
- magazines and newspapers,
- scarves and fabric off-cuts, and
- different types of glue.

Various art materials were supplied for each seated activity to allow a broad scope of options. After session one, it emerged that the wide variety of options was overwhelming for some participants, with two participants expressing in their feedback that too many options caused them to freeze and not complete the task.

A: "*There was too much paper. Hai. So I just did not do it*."
B: "*Too many papers and could not choose*."

Adapting to the feedback provided by participants, the art material options were reduced in future sessions, yielding less overwhelm and a more effortless engagement with the activities. Fewer options seemed to correlate with more freedom to focus attention on the creative.

3.1.6.1. Sharing the Story with an Outsider Witness

In the fifth session, participants were allowed to invite their closest relative, life partner or a significant person to witness their story. Participants shared the stories they had created in the first four sessions, either through a performance of the story or an exhibition of the artwork they produced. The invited audience served in the role of external observer. They were not formally surveyed or asked to share personal information or to participate therapeutically. Outside

observers were allowed to express one line of gratitude as part of the closing ritual at the end of each session.

3.1.7. Gathering feedback from participants

The final session followed the same format as the preceding sessions. The main event was to explore the experience of sharing their stories with their loved ones and giving feedback and reflections on the workshops overall. This session formed an embodied, arts-based feedback session. It was not a focus group but rather a performative feedback method. This session could also be explained as a Definitional Ceremony (Dunne, 2010), wherein participants could express their experience of the entire process by creating a symbolic artwork as representation. This symbolism could be a flag, a group certificate or an artistic map of the journey taken.

Participants created sociometry maps with their bodies, placing themselves on an imaginary floor map concerning each question asked. They also explained their placement verbally, making connections to their own story as well as other members of the group.

3.1.8. Interpretive Phenomenological Analysis

As this research was interested in examining the personal lived experience of the participants, their subjective perception of living with TBI and how they present themselves (Smith & Osborn, 2015), an interpretive phenomenological analysis (IPA) approach was adopted. Using the words spoken during the intake interviews, images taken of the various story artworks created and verbal feedback given, the student-therapist examined the pieces to identify any themes in the narrative that could be examined. A detailed examination of two participants' life-worlds and how these participants make sense of their world (Smith, 2011) was conducted to identify any prominent themes that arose. The two journeys chosen and described in more detail below were selected for the contrasting practical and academic value of the experiences from a training practitioner’s lens.

Although there were similarities in the themes and experiences, both of these journeys provided a specific and unique insight related to how Narradrama can be helpful when working with clients adapting to the sequelae of TBI.

The themes from the two life-worlds were checked against the remaining participants'

information provided to examine whether there were any common themes in the over-all research group. Once initial impressions were documented through mind maps, a rigorous process of coding transcripts was conducted using a program called Atlas.ti, to organise the theme codes into tables that could be filtered to uncover umbrella themes and investigate special interests.

To answer the research question of how Narradrama could be utilised in re-authoring the story a TBI survivor tells themselves, the emergent themes were analysed to determine how the participants identified themselves through stories, whether their stories shifted or changed through the processes and how their identity and storytelling experience was impacted or not impacted by being witnessed.

Artworks and stories were analysed according to shapes, colours, characters represented, Jungian archetypes, strengths, weaknesses, storyline formation, and any other elements revealed.

"When a person tells their story, they not only relate their personal experience but also reveal their point of view or perspective on the events in the story" (Janse Van Vuuren, 2022). Janse Van Vuuren further explains that a story expresses a person's belief system and, at the same time, explains how they came to believe what they believe based on the experience they are relating. Boal (1979) and Landy (1993) found that telling the story becomes a performed representation of the experiences filtered by the person's perspective and, therefore, reveals that specific perspective.

According to Smith and Osborn (2015), IPA emphasises that the research exercise is a dynamic process with an active role for the researcher in that process. One is attempting to understand the participant's perspective, but being outside of the participant's mind and body, one cannot directly or entirely understand their perspective. Analysis, therefore, relies on a double-hermeneutic or a two-stage interpretation process.

At the first stage, also called the single hermeneutic level, the participants try to make sense of their world and experience. At the second stage, or the double-hermeneutic level, the researcher attempts to make sense of the participants trying to make sense of their world and experience (Smith & Osborn, 2015). Although one tries to be as objective as possible, interpretation will undoubtedly involve the researcher's perspective, interaction directly with the participant, own experiences during the workshops and acquired knowledge of TBI, thus containing elements of

subjectivity. This approach lends itself well to this practitioner research as I have been trained as a student drama therapist to observe verbal and non-verbal cues, examine transference and counter-transference and use these observations to serve the client.

In IPA there is a theoretical commitment to the participants' cognitive, linguistic and physical being and an acknowledgement that the connection between what people say and do is not always conscious for the person. IPA allows the student-therapist to interpret what participants say and do, what they choose to disclose and what they do not wish to self-disclose. Therefore, the researcher pays attention to the participant's body language, choice of expression, and mental - and emotional state for deeper insights.

This study does not aim to generalise findings. Instead, it takes an idiographic approach to interpretative phenomenological analysis, which means that the study focuses on the interplay of factors that may be specific to these individuals (Smith, 2011) in this specific group and at this specific point in time.

3.2. Ethical Considerations

Recognising that this study was conducted with TBI survivors, which are an at-risk population, the following considerations were made to mitigate risk:

a) Participants that had been deemed to have reached MMI (Maximum Medical Improvement). This was to ensure that the participants were no longer in immediate medical danger.
b) Participants who were three years post-accident were selected. This period will have allowed for some psychological distance from the traumatic event.
c) Formal written consent was obtained: Participants were asked to complete a consent form and were informed at the information session, in the semi-structured in-take interview, as well as at the start of each session of their rights and that they were allowed to withdraw from the study at any time and without coercion.
d) Independent counselling was made available to participants free of charge through the counselling programme at a support centre. This counselling was available on an ongoing basis.
e) Confidentiality of participants was maintained as far as possible throughout the research process and upon the project's conclusion. Any data collected, such as interview notes, images, and voice recordings, were kept confidential and anonymised. All data has been

kept securely and complied with POPI regulations. As other participants were in the group sessions, anonymity and confidentiality could not be guaranteed. No names or identifying elements have been in this research report.

f) Ethical research guidelines and protocols of the University of the Witwatersrand were followed. As this research contained human participants and included psychological behaviour and personal data, an ethical clearance certificate was obtained through the University of Witwatersrand's HREC (Non-Medical) ethics board with protocol number H22/11/52.

g) As Drama Therapy is regulated by the Health Professions Council of South Africa (HPCSA), all ethical and scope of practice guidelines were adhered to.

h) The student-therapist was held accountable by the following:

- Reported to an academic supervisor,
- The student-therapist was in her own therapeutic process with a registered Drama Therapist,
- The head of Counselling and Support Services at the organisation where the research was conducted, and
- An HPCSA registered Neurosurgeon, Dr HJ Edeling, had agreed to participate in a supervisory role to understand further brain injuries and how to proceed safely should any medical emergencies arise.

4. Findings

This chapter presents the research findings through a summarised case study of two participants and some of their key processes. The purpose of the individual focus is to explore and convey the stories and experiences the participants shared. It was not practicable to relay all participants' journeys in detail in this report.

Four of the twelve participants who started the workshop series attended all six sessions. All the participants added value and each unique journey was explored within the sessions. It would have been valuable to explore each journey as an individual life-world for an extended version of this report.

The pseudonyms chosen for each participant had a two-fold purpose. The first purpose was to protect the identity of the participants. The second purpose was to honour a personality trait the participants revealed during the process. The student-therapist felt deeply honoured to be allowed to journey with these participants. It was a privilege to be trusted with the vulnerabilities, complexities and beauty of the stories shared by all twelve participants. All participants' stories are explored, captured and included in the analysis found in the next chapter.

4.1. Life-World of Dempsey

4.1.1. Life Context

Dempsey (pseudonym) is a black male in his 50s. He sustained a brain injury after being assaulted in 2018. He had experienced dizziness and headaches and was taken to hospital about four days after the incident. He was told " *that I will be a vegetable. I will never be able to wake up from the bed. I will be using a wheelchair for the rest of my life."* He had no physical restrictions remaining from the injury when his intake interview was conducted.

During the research workshops, he was residing with his mother and child. His relationship with his mother is strained, and he says she is stressed about his situation.

Before his injury, he had made a living crafting and creating artwork. He was a keen and gifted designer and had his own business. After the injury, he has taken jobs repairing items for community members.

"*Now I see life in a different light, you know? I understand better. I know the purpose. I know my purpose now*." He has discovered that his purpose in life connects with teaching and creating

jobs for others.

4.1.2. Personality Factors

In session one, Dempsey created a poetry house as a self-portrait. It revealed him to be a philosophical, deep thinker who enjoys debates and discussing "puzzles". This explanation follows my enquiry about his choice to use an easter eggs box as his container. It represented anticipated new beginnings and the symbol of conversations he enjoys. "*What came first? The chicken or the egg?*" He has a creativity that extends from constructing art to interpretation and meaning-making.

He considers himself very adaptable, which includes adapting and responding in kind to the energy given. His approach appears to have a sense of reciprocal justice: "*If you are friendly to me, then I am friendly. If you are mean, I will be mean*". Inside his box, he had a stick man and wings to represent that he is a spiritual being on earth to do God's work. When asked about the outfit his portrait wore, he affirmed a positive view of being a "*stylish man*" who appreciates fashion and is a designer. His creation had blue hair to illustrate that he is a colourful person and explains colourful to mean "*I am always smiling*". He externalises his welcoming nature through open arms and is "*ready to hug you. I am a lovable guy*".

Figure 2 Dempsey's Self-Portrait

4.1.3. Problem-saturated story

Dempsey's problem-saturated story emerged in session three through a body map exploration. When taking the group on a tour of his body map, he relayed it like a poem:

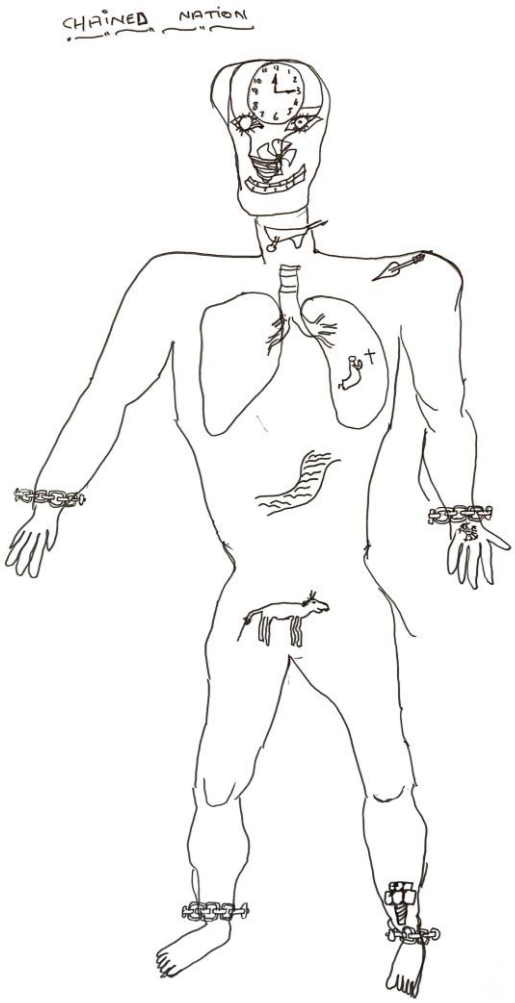

Figure 3 Dempsey's problem-saturated story

"This is my map.
On this guy's head there is a light bulb and a clock.
He is feeling like time is passing him by, you know?
He feels he is chained.

He can't feel like he wanted and do what he likes to do.
His mind is ticking like a clock. He has many ideas.
He is always thinking about ideas in his head.

My neck is stiff like cement.
These are my lungs. I'm grateful that I quit smoking as I am a religious person.
I feel like I was stabbed at the back.
And my tummy feels like a river.
My gut feels like a river flowing.
A river flowing in my gut.

This is a wild stallion. He feels tamed now.
He is no longer running wild.
My hands are cold.
These are bolts and nuts. I feel like my leg is tied.
I am chained."

The student-therapist practising doubly listening notices that a hint of hope, often expressed in previous conversations is missing and asks: "Is there ever a time when this map or body can stop the clock and have peace?"

D: "The eyes are open wide with expectations. He knows the time will come, and he is waiting."

4.1.4. Alternative story

In the fifth session, Dempsey arrived with his story written down and prepared to be performed.

"*This story is about our lessons, our fears, our lusts and our ambitions as humans. It tells us we must be careful of the things we long for in life, like our freedom. We must be careful of the things we use to gain our freedom because they may trap us sometimes*."

The participant told his story about a superhero named Dempsey (own name used), who lived in a futuristic world made of machines. Dempsey was half man and half amazing, and he was born in a society where material possessions determined one's status and position. People in this society would plug their children into a supercomputer system to make them smarter and quicker. However, Dempsey was born with a brain condition that prevented him from being assimilated into the computer. As a result, he was slower than the other kids and could not compete with them. He was ridiculed, called names like Disabled, and made to work alone in the cornfields and take care of animals. The people said he would amount to nothing more than being a gardener.

One day, an old man from the robot-human village arrived and saw that Dempsey was a kind person with a good heart, and he believed in him. He arranged for Dempsey to go to a special planet for three months of training, where he received cerebral powers that helped him control his mind and other people's minds. When Dempsey returned home, he discovered that the computer was causing trouble by making connected people do bad things like drugs, murder, and other crimes. The old man told Dempsey that he (Dempsey) was the only one who could save the world because he had never been connected to the computer.

Dempsey became angry, remembering everything the people did to him, but the old man convinced him to forgive them and help them. The old man revealed that he was Dempsey's great-great-grandfather and that he had blocked Dempsey's mind to prevent him from being connected to the computer. He had anticipated what the computer would do to people and sent Dempsey as a backup plan.

When Dempsey returned to the village, he snuck into the computer centre and disconnected the computer from the people's minds. However, he realized that he could not remove the router from his head without causing harm to the people. So, he kept the router on his head and became the king of the people, making a law that no children should ever be connected to the computer again. Thus, Dempsey gave birth to a new world, a new nation that was free of the computer, and that is how he became a hero.

According to Dunne, et al’s (2021) definition, this alternative story is classified as a unique-outcome story wherein Dempsey was able to re-imagine his problem of being an outcast with no future prospects to using his unique strengths in his current life to reimagine himself as a hero with something positive to offer his community. He was able to identify his unique way of thinking and re-author his disconnection from his community towards providing a unique voice and experience that re-connects him to his community.

The student-therapist did not allow for discussion or interpretations. The group could ask questions or offer a gift they took from the story.

How did Dempsey feel about being the king or becoming the computer connection?

D: "*It felt that it was the only thing he could do. It made him feel important*".

The student-therapist suggested that a way to honour the storyteller would be to offer one line received as a gift of what they witnessed and experienced. Seeing the self in another's story.

One witness observed, "*I am taking that we need to forgive to free ourselves from the pain and the hatred and become a new person*."

M: "*The way he tells the story shows me how much he cares about people and wants to protect them.*"

P: "*I like that he was recognised at the end. He was a hero.*"

N: "*Thank you. You are the hero of the people*."

O: "*It was a good story*."

Dempsey felt relieved to have shared, and he enjoyed the reaction he got from the audience.

4.1.5. Experience of Narradrama

The participants feedback and experience of Narradrama was recorded in session six through psychometric mapping in response to questions or statements posed by the student-therapist. The responses are shared here:

Q: How much do you love yourself right now? Rated 9/10

"I'm very proud of myself for the things I've achieved. The only snag is that my hand is not fully functioning. It prevents me from doing all the things I want to do."

Statement: My expectations of this workshop have been met. Rated 6/10

"*I was expecting something different, but it was good for my affirmation*."

Q: How comfortable and safe did you feel to tell your story in front of a stranger? What was it like to tell your story for someone who was there to hear it? Rated 10/10

"*I am glad that I brought that friend here. I really hope it opened up her mind because she's got a lot of her own problems that weigh heavily on her. I hope it sort of relieved her. I am glad that I was able to take out what was inside my head and tell my fictional story as it was. I did not want to go deep into it."*

The participant expressed gratitude for the distancing aspect and was happy with his outside witness. When asked whether his friend had commented after the session, he replied: "*She said she was touched, you know? She was glad that I invited her. It took a weight off her shoulders because she's under a lot of stress as well*".

Q: Would you want to do Narradrama again? Rated 8/10

"*I would like to do this once a week because it helped me to get my ideas out of my head and talk to someone, people that I trust*" He interpreted the question very literally as 10/10, meaning to do a Narradrama workshop every day. He explained that the two points deducted from the ten were because he would not want to do Narradrama daily.

Statement: I felt safe doing Narradrama with this group during the last six weeks. Rated 8/10
"*I felt like someone could use my ideas and take them out",* referring to creative ideas being copied or used. This safety was related to the intellectual property of his art.

His closing statement of intention was to keep the hopes and dreams from the sessions and leave regrets behind.

4.1.6. Experience of Witnessing

This participant did not show strong indications of relying on the group for support, noting that he was the only participant who brought an outside witness. He appreciated that his friend could attend and was proud of having his friend there to witness his own story and the other stories.

This participant's experience of investing focused attention towards understanding himself and how his own story could be shifted was remarkable to witness. He could negotiate ways to express himself, and the student-therapist could see that he spent time analysing and exploring his meaning between sessions. Each week, he would return with a deeper meaning from the

previous session and could alter his story and ideal self to include the strengths and values he had uncovered through the processes. He enjoyed the philosophical challenge of uncovering his story.

4.1.7. Emergent Themes

Demsey was chosen as this participant's pseudonym because it means a unique, proud (Wikipedia, 2023) and creative individual. The themes that emerged from his journey were :

- Feeling judged
- Fear of not having value
- Feeling trapped or stuck within his body
- Feeling disempowered
- Fighting against others
- Fighting for the self

Through re-authoring, this participant could explore his feelings of physical limitations and feeling stuck and change them to support, self-discovery, and empowerment. He appeared to have derived the greatest benefit from creative expression, compared to other participants in this group. Annexure G contains the thematic analysis for Dempsey in table form.

4.2. Life-World of Pelokgale

4.2.1. Life Context

Pelokgale (pseudonym) is a black female in her 40s. She has been living with a moderate brain injury for five years following a stroke in 2018. The stroke occurred at home following the death of her brother, with whom she had a close relationship ("*He was my friend*"). She thinks she was hospitalised for three weeks and received speech therapy for her tongue that was "*this side of the face*". She had been attending the other activities within the support programme for a few weeks before joining these sessions and has not participated in any support groups yet. She identifies as Christian, and would willingly talk about her God.

Before the brain injury, she describes herself as active and social. She enjoyed dancing and taught dancing at her studio. She enjoyed being on stage but could not pursue her dream of dancing formally as her parents were "*too strict*". "*Dancing is my thing*", she said, attributing her inability to pursue this dream to a lack of support. She is unable to dance now due to right-sided hemiplegia following her injury.

When asked about what is different in her life after the accident, she expresses "*a lot of things*", such as an inability to go where she wants to go. Her family members do not include her in events like weddings because "*it's like they are ashamed of you*". She envies them for being able to attend these events and would want to go with them *"even if they go in and leave me in the car, you see?".*

When asked what her life is like now, she shrugs and says "*boring*", followed by an affirmation that it is "*totally different*" as she used to do things on her own. She used to "*lift herself up*" and would volunteer to stay active when there was no work.

"*Since this year*", she has been encouraging herself to get out more ("*not be home always*") and stop hiding from others ("*stop to never be seen by people*"). She states that she is "*standing up right now*" and finding a place where she can be accepted with her disability and practice accepting herself.

The other support organisation she tried before this one rejected her as they only accept youth. She had seen that something was happening here, at this organisation, and she set out to come here, indicating determination. She has joined the recreational activities and has made friends who she describes as "*all nice people*" who have made her feel at home. She expressed that "*this is home for me more than the home I have got right now*", and she has found warmth and love at this organisation.

4.2.2. Personality factors

This participant indicated having long bouts of depression and anxiety, which Ferro, Caeiro and Figueira (2016) name as the most common neuropsychiatric sequelae of stroke with “about one-third of stroke survivors experience(ing) depression, anxiety, or apathy”.

She indicates a series of relationships wherein she was betrayed due to her disability and feels further victimised by the lack of support from her closest family members. “Neuropsychiatric sequelae are disabling, and can have a negative influence on recovery, reduce quality of life and lead to exhaustion of the caregiver” (Ferro, et al., 2016).

Figure 4 Self-Portrait – Poem House "How the world sees me"

Pelokgale has a heightened sensitivity to facial expressions and admits to thinking she is being judged. She is quick to ask “*why are you looking at me like that?*” which opened discussions about what the student-therapist was thinking. Answering her directly and with curiosity seemed to earn her trust and correct the negative thinking she was creating about the situation.

She does not like it when people frown and stare at her, which causes her to feel insecure; however, she admits to sometimes wearing the same expression and not meaning anything negative.

She is focused on maintaining a happy face to avoid an opportunity for judgment or perception of being sad. This reluctance to show weakness is consistent with wanting to appear “normal” and meet societal expectations.

Her general demeanor is enthusiastic and she actively seeks a cheerful, victorious ending to sentiments. Her thirst for creativity and expressive outlet was evident, and she loved the idea of Drama Therapy.

In the first session, when given the opportunity to give feedback on her art depicting how the world sees her and how she sees herself, she joked about forgetting and was resistant to sharing. The student-therapist was encouraging and reminded her that she had agency, which meant she could choose not to share and that would be accepted and respected. She opted not to share right away.

After a few other participants shared she volunteered with more confidence. In her Poetry House creation, she expressed that she sees herself as a princess on the inside.

On the outside she feels "*People judge the princess because she is quiet, but she is always happy*." "*They just see somebody who is disabled. They see somebody who is very sad. They see somebody who is boring. They see some frowning on my face; then they think I am a bitter person*." She expresses feeling misunderstood, and people see her as being in pain. On the inside, she knows herself to be active, friendly and someone who makes friends quickly. She enjoys being in a position of care and feels empowered when she can impart advice.

4.2.3. Problem-saturated story

This participant appeared confident and self-assured at the first session.

When we started exploring the problem-saturated story, she had her guard up and was unwilling to show vulnerability or would claim to have forgotten. Through the Narradrama process of doubly listening, the student-therapist was aware of the client's resistance to this process. I considered if one of the reasons that she was not willing to engage with her problem-saturated story was because, in some way, she wished to deny its existence. She had already learned much about her brain injury, combatting the struggle on her own and firmly maintaining her independence. Every time an opportunity to uncover the problem-saturated story arose, wherein we explored a distanced version of what the hero is struggling with, Pelokgale did not venture vulnerability directly and would instead default to the ideal story as if it had already occurred. In this case, the student-therapist did not challenge her for deeper meaning; instead, she asked questions when the participant seemed unsure, acknowledged moments of meaning, and affirming insights when the participant pointed them out.

In her process, she easily conveyed the narrative using symbolism, embraced the distancing elements, and chose to create a possibility story through mapping.

"*This is Pelokgale in the past three years. Pelokgale and her body. As you can see this side the arm is fat and the leg this side is different. So, my body was like I am in a village where there are lots of demons and where there is so much hatred. There are people who mostly laugh at one another. They do not know what disability is. Stuff like that. My body was like I was stuck. My body felt like I was in a one-room house. I wasn't free. I hated myself. That thing was like an injury to my brain and my heart. I had no happiness. I didn't have a smile. Now, my present body is a new village. I am trying to love the light. Here is Pelokgale at present in a village*

called Nothing is Impossible. Where Pelokgale feels like a queen. My appearance there is a lot of change. There is a lot of smiles, and my body is a big house now where there is happiness, full of ability, where I am active. There is room for strength in my house. I feel like there is a little thing in my tummy, which is an angel that is friendly and humble like a butterfly. I feel like I am moving forward. I am not going back and I am not going to stop here. I am going to go forward. It is a journey."(sic)

By allowing the possibility story to take precedence, the problem-saturated story was allowed to appear and was given a voice in a non-threatening way.

After each participant had told their story, the group and student-therapist were always allowed to offer a gift of something they noticed or to ask a question for deeper meaning. When asked about the first village in follow-up, Pelokgale found it easier to talk about the problem-saturated story. Describing it as : "*That's where I was alone and where I feel like I don't belong to the whole society. I have to be by myself. Even those I trusted that I thought were my friends, no, they were not there. Even my back it was so big*."

The possibility story worked with her personality and her way of coping and making sense of the world. The second village, where she was more robust and anything was possible, was not where the story ended for Pelokgale. She highlighted that more villages would be added to the map as she continued the journey towards full recovery.

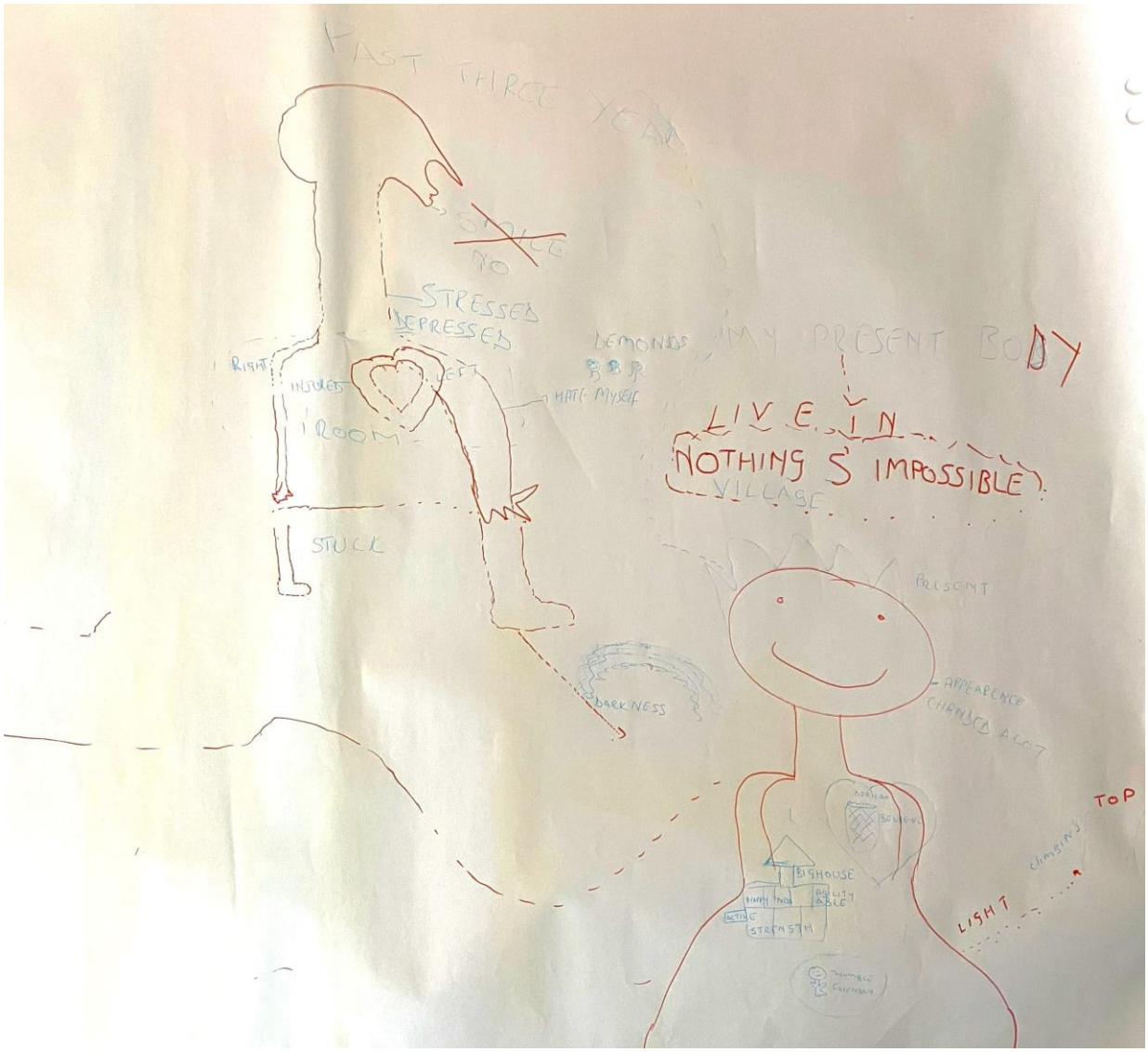

Figure 5 Pelokgale's Possibility story

4.2.4. Alternative story

In session five, where participants could bring a friend or family member to witness the final product, Pelokgale did not bring anyone. In her intake interview, she indicated that she had "*no-one*" and had taken comfort in the fact that the student-therapist and the group would act as her witnesses.

There was one participant who had brought a witness. She allowed herself to be vulnerable when it came to telling her distanced and pre-written story in front of the audience with one stranger. She told directly, in the first person (under-distanced) voice, of the darkest moment after her injury when her partner had neglected her and left her alone for days to take care of herself. She withdrew physically, hunching in her chair, sitting alone against a wall. Her voice became difficult to hear, her focus fixated on the floor ahead of her, and she showed no awareness of other people in the room.

Pelokgale was not performing as she had up until now and seemed to have retreated into her own world. She had previously chosen to protect vulnerability and in this moment her storytelling was vulnerable to the point where the student-therapist had concerns that the participant was becoming uncontained and that the distress protocol may become necessary. The student-therapist had concerns that she may over-share to the point of feeling exposed and uncontained afterwards.

The student-therapist gently interrupted her story to prompt a grounding breath, which was met with resistance, and she snapped, "Why are you stopping me?" Remembering her sensitivity to judgment, the student-therapist communicated the concern. Her awareness was briefly brought to the support system in the room, and reminded that she was not alone "there", but that the group was "here" with her. It was essential to bring her back to a mindful pause (Dunne, 2017) by becoming aware of her body and voice in the space. The pause took about ninety seconds, after which she continued her story with more connection and in an audible voice.

"*I was staying with my mom but she was making like I was irritating. So I had to go live with my friend who was nice and supportive for a few months. He then suddenly changed. Like I was no longer good enough for him and I am not his type anymore. We were staying in a rental and we moved to a new place where I did not know people. Instead of it being better, it was worse. My friend was like a stranger to me. I did not know him anymore. I remember one day coming from a party, we had a fight and he hit me so hard I hit the wall with my head. I left and started walking until I found a church. I sat outside the locked church alone in the darkness."*

Some boys who were walking past, noticed her and asked what she was doing there. They offered to take her to the police station, where she would be safer and she accepted the offer. In the morning, she returned home to find the friend did not care where she slept. He would sometimes leave her alone at the rented place for three weeks.

"I had a lot of stress and no smile. People were always greeting him, and the girls would flirt. I was nothing".

"I did not notice that my body had changed. I remember I was at the mall. I looked at myself in the mirror and did not recognise myself. I was long and thin."

"Last year, I woke up and said No! I am getting out of here!" She decided to go back home to her mother.*"Whatever she is or whatever she says about me, she is my mum. I am now home*."

As a definitional ceremony, the participant had written herself a letter to reflect and celebrate herself and her group members which she read out loud to be witnessed:

"*Today, I find myself as a happy person, after years of being sad. I never thought that I would still stand up and face the world again. I hated myself because of my condition. I don't want to lie; believing in God has helped me a lot. One morning I woke up telling myself that I'm going to get out from this. This hiding, this being ashamed of myself. I first started at a certain school, but I was not accommodated or accepted. That was not cool to me at all. The next day I woke up again, now going in a different direction. I walked in this institute asking to be accommodated. They did admit me. I do not want to lie, the institution (group) changed my life a lot. They healed me from inside and out. Even if I walk in the community, I feel that I have confidence. Even people who used to see me last year, the year before last etcetera, tells me that they see much improvement. That I am amazing and stuff. For all this, I'd like to thank the group that I'm in now."*

She allowed herself to be witnessed in an under-distanced and vulnerable part of her story.

In the reflection, she thanked the outside witness for supporting her. She was comfortable with the group and student-therapist, and they seemed to give her trust and assurance that she could be vulnerable.

This moment was an anomaly for the student-therapist as symbolism and distancing are traditionally in place as a safety mechanism. In this case, it is possible that the distancing and identity of already being the hero seemed to act as a coping mechanism and allowed her to keep parts of herself hidden. This is in itself a choice which is acceptable and arguably could be seen as a strength.

Distancing is used in layers to see and draw nearer to the painful realities. It seemed, at first, that there was no gradual approach with this participant but rather a sudden and abrupt de-cloaking. When looking at her journey and artwork during the analysis, the layers of de-cloaking became tangible. She gradually took steps to trust and revealed more as she gained confidence in the group. She had diligently travelled through the story arc, showing up each week with determination and breaking through her silence story.

After reviewing Pelokgale's story, I believe it falls under the category of a self-identity change story. According to Dunne et al. (2021), this type of story is characterized by the therapist encouraging the participant to act out the story and to create the story environment in accordance with the Narradrama steps, in order to integrate a new self-view. By constructing and immersing themselves in this environment, the participant can re-experience the emotions felt in the story. Other self-identity change stories may also be present in the participant's history. By connecting two or more of these stories meaningfully, the participants can see themselves as the protagonist

with agency in the drama rather than being stuck in unproductive roles with negative self-identity descriptions.

4.2.4.1. The Ideal Self

In session 2, Pelokgale depicted her ideal self as a hero called Perseverance. She is a female doctor interning at a local hospital, where she is doing her community service. She has tiny hands that can do miracles in surgeries. Her tiny feet stand for long hours. She is an ENT. She has a big heart. She imparts hope to the families who have lost hope. When asked if she had any weaknesses, the participant spent some time witnessing her art and eventually concluded that "*she does not have a smile*".

The drawing initially had no mouth. When providing feedback on the drawing and prompted by the student-therapist to step back and consider what she was looking at, she noticed that the drawing was missing a mouth and the prominent smile was added afterwards. The focused attention revealed that she had omitted to include a voice for her ideal self. It is possible that she had not considered that she was allowed a voice or had already had one. Seeing her externalised depiction and being allowed time to interrogate and explore what it meant gave her a new idea of what she wanted. Adding a smile symbol is an example of re-authoring her own story.

Femininity was included as part of the physical powers her ideal self possessed. This was highlighted by pointing out that the doctor was female and that she included breasts in the drawing as a symbol of power.

Her protagonist was a specialist medical professional who had already overcome her obstacles. Even when the objective was to identify current struggles, she would tell the story with a character arc ending in happiness and overcoming all obstacles. Initially, she seemed to resist exploring the problem-saturated story or allowing herself to spend time expressing it as she would rush through the difficulty and create an ideal self instead. There appeared to be a strong need to avoid vulnerability, inability or acknowledgement of loss.

She strongly identifies as being a survivor who has already conquered the problem. Throughout the process, Pelokgale indicated that she had done all the healing and was attending the sessions "*just for fun*".

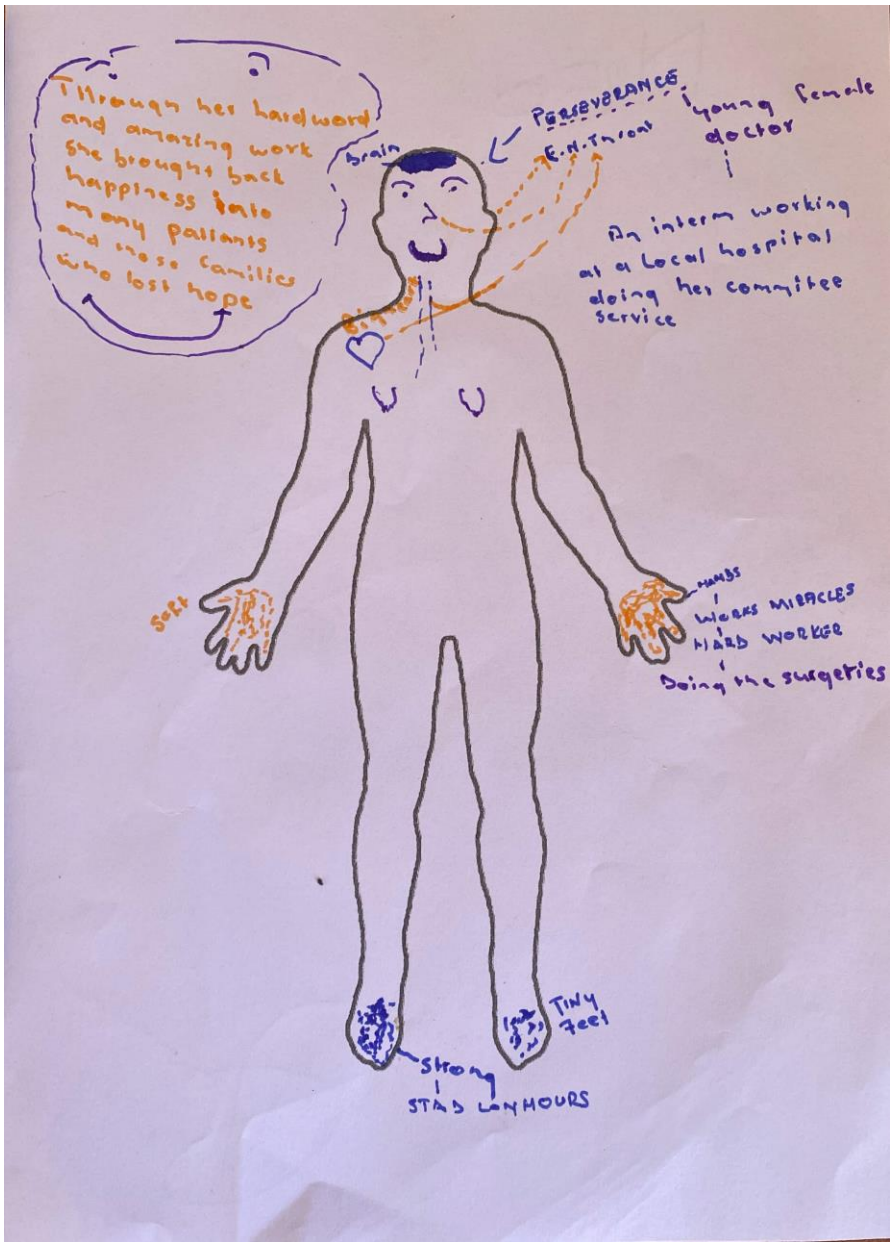

Figure 6 The Ideal Self

The toolbox to support the preferred role was introduced in session four. Pelokgale sculpted from crazy clay items she would want to take into the future to support her. They were:

a) A blue brain with the captions: "*First know what you want*", "*helpful*", "*thinking fast ideas*",
b) A red book which could also be the internet: "*Read a lot lot. Research. Get more info*" and "*asking the pros*",
c) A pure white heart to be wholehearted,
d) And an item that looked like a blue snail with a red shell: "*Strength. Stop laziness. Courage*".

Figure 7 Pelokgale's Toolbox

4.2.5. Experience of Narradrama

The participants feedback and experience of Narradrama was recorded in session six through psychometric mapping in response to questions or statements posed by the student-therapist. The responses are shared here:

How much do you love yourself right now? Rated 8/10.
"*I like myself. I'm proud of myself. I love the energy that I have doing things on my own and not asking for something from other people. The confidence that I have when I walk in the street. I sometimes forget about my condition and I'm just a lovely bubbling greeting everyone. I'm happy but I wish that I was there but because I wish that I was more, that I was somewhere in life. I wish that I have a house of own.*"

My expectations of this workshop have been met: Rated 8/10
"*The whole drama thing I was a bit disappointed when we started on the first day. When we came here and think is this a preschool thing or what? What is she doing now? I was expecting a drama whereby we were going to have conversations and acting and me playing my part. When I come back from the second session I woke up and see this lady is coming with a good thing. Whereby now you are giving us a therapy but not showing it. I like that so much. Thank you very much. I could not believe when I spoke about those things that happened to me last week. I don't believe that I did that. I just gave myself time. I cannot call everybody (the group) strangers anymore. They are my family now. So, I'm free and then I like it. Come back again.*"

How comfortable and safe did you feel to tell your story in front of a stranger? What was it like to tell your story to someone there to hear it? Rated 10/10
"*What happened last week?",* she teases.
"First of all, I can say I felt very brave talking about such a hard, horrible, toxic moment I was in. I felt safe talking to one stranger, but a lot of strangers that are now a family. I felt like just talking… if I talked today,last week, then I can stand up there, go out there and tell my story to those who need it, who are stuck. Whether in this condition of mine, whether in the right conditions but they just must stand up for themselves, walk out, leave the toxic and the hurtings and whatever. Eish man!" The participant affirms that sharing the story and being brave empowers her to help others be brave.

Would you want to do Narradrama again? Rated 10/10
"*If we could come do this everyday I would come*."

In the last 6 weeks doing Narradrama with this group I felt safe: Rated 10/10
"*I can't remember, I have a brain injury*", followed by nervous giggles.
Her closing statement of intention was to keep the bravery from the sessions and to leave behind the naughtiness of saying she had forgotten as a way to evade answering questions that make her feel vulnerable.

4.2.6. Experience of Witnessing

This participant benefitted greatly from the group and student-therapist as witnesses as well as the outsider witness. In the intake interview, she immediately mentioned that she was unsure about bringing somebody to the fifth session to witness because she stated: "I have nobody". She lives with her mother but does not feel her mother supports her, "*not at all*". When asked if it would be enough for the student-therapist to witness her, she nodded and answered, "*Too much. Thank you*" in confirmation. Her feedback often involved thanking the student-therapist, the group and the outsider witness in session 5 for becoming her "family" and accepting her.

The outsider witness was a strongly maternal archetype, which seemed to provide Pelokgale with additional validation, considering her complex relationship with her mother. She was visibly moved by the outside witness providing validation and acceptance. The outside witness offered this statement as her gift at the end: "*Your story touched me. You are a hero to me. I thank God for giving you the strength to survive. I am very proud of you.*"

4.2.7. Emergent themes

The pseudonym chosen for this participant was Pelokgale, meaning she is brave and bold (Xigera, 2022). It was later discovered that Pelokgale was also a television series dealing with gender-based violence. Although the name was not chosen with that in mind, it certainly adds to the symbolism for this participant and what she has overcome. The themes that emerged from her journey were :

- Loneliness
- Feeling unsupported
- Lack of maternal nurturing
- Shame
- Loss of independence
- Judgement
- Determination
- Performing

Through externalisation, this participant was able to explore and perform her grief at losing her independence and her feelings of isolation, avoidance, change and betrayal. Through the Narradrama processes and group dynamics, she discovered empowerment, support and the beginnings of deeper self-awareness. Annexure H contains the thematic analysis for Pelokgale in table form.

5. Discussion

Interpretative phenomenological analysis focuses on the participant's experience whilst allowing interpretative collaboration between the participant's meaning (single hermeneutic) and the student-therapist's analysis of the meaning (double-hermeneutic). As suggested by Smith & Osborn (2011, 2015), audio recordings and transcripts of audio recordings were analysed to find emergent themes. For this study, the themes and experiences of two participants were studied intensively using the transcripts of interviews and sessions, the art created and observations made by the student-therapist to track their Narradrama workshop journey from start to finish.

The remainder of the participants were analysed more generally with only the audio transcripts to determine whether there were similarities or differences in the themes.

5.1. Themes identified

The interviews and therapeutic processes uncovered many emergent themes. On the first listening of all the audio-recorded sessions, a list of emerging themes was drawn up in an Excel spreadsheet to become acquainted with the content. Using mind maps, these themes were then loosely sorted into clusters related to home environment, beliefs, other relationships, abilities, choices, fighting, support programme experiences and identity as they arose (attached as annexure A).

To obtain a deeper understanding and more precise method of organising themes Atlas.ti was used to create codes and groupings in the following steps:

A. Firstly, I analysed and coded the transcripts from Dempsey's journey and interview and counted the frequency of each theme. The transcripts of his problem-saturated story, the alternative story and the feedback provided in session six were coded.
B. The process was repeated for Pelokgale using the same transcript sources.
C. Transcript excerpts from the remaining participants were coded to identify similar or broad additional themes.
D. All emergent themes were sorted alphabetically into a table and any duplicate or synonymous keywords were merged into groups by the most significant common denominator. For example,
   Human emotions: Emotional support,
   Human behaviour: Emotional support,

Well-being: Support,
Well-being: Social support,
Motivated Support: Supportive presence,
Human experience: Support,
Influence: Support and
Well-being: Lack of support
These were all grouped under the umbrella of SUPPORT.

This provided the master list of themes containing the emergent themes for Dempsey, Pelokgale and the rest of the group, which was sorted by frequency of keywords from largest to smallest (Annexure B).

E. Looking at the emergent themes that repeated more than five times, a pattern emerged around shame, connection and Narradrama.

Emergent Themes	Total Recurrence
Support/lack of support	9
Faith	8
Gratitude	8
Growth	8
Isolation	8
Change	7
Loneliness	7
Transformation	7
Connection	6
Creative expression	6
Family Dynamics	6
Hope	6
Physical limitations	6

Table 4 Themes recurring more than 5 times

F. Having discovered Brown's (2006) definitions of shame and empathy, keywords were further filtered, grouped and colour-coded around:

- words I interpret as or identify with shame (orange – annexure C),
- words I interpret or identify as empathy, freedom or power (brown – annexure D), and
- words related to the potential benefits of Narradrama (pink – annexure F).

G. Themes around family and connection or disconnection formed a pattern that could be included in the sub-categories of shame, empathy and the affordances of Narradrama. As an example, overlaps in family, support or feelings of abandonment could fall under shame or self-awareness gained through Narradrama. As the group had already shown clear examples of connection and disconnection related to the study's objectives, connection and disconnection were considered separately (Annexure E).

What follows is the discussion of how the themes presented, how the Narradrama workshops interacted with these themes and how the student-therapist derived meaning.

5.2. From Shame to Empathy

“When shame is experienced as insidious and profound, it is like ink being dropped into water, infiltrating and polluting everything. In this place, shame is not felt as an emotion, it is the state of being.” (Mann Shaw & Gammage, 2011, p. 133).

Shame can define a person and become a substantial part of the identity. From a position of shame, participants would defend themselves from others and from themselves. The person identifying with shame can inflict further shame on themselves and others, which leaves the subject feeling completely isolated and alone because relationships pose too significant a risk. The ability to trust the self and others is significantly disrupted by shame (Mann Shaw & Gammage, 2011).

Brown’s (2006) Shame Resilience Theory defines shame as: "An intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (p. 45) and proposes that shame is a psycho-social-cultural construct.

Shame as a psycho-social-cultural construct is broken down as:
Psycho- Psychological aspect of the participants' emotions, thoughts, and behaviours towards themselves,
Socio - The participants’ interpersonal ties to connection and relationships, and
Cultural - The actual or perceived failure to live up to the expectations placed on the participant by societal norms.

In her 2006 study, Brown proposed that shame was located at the intersection of feeling trapped, powerless, and isolated, which all presented in this sample group. Her findings suggest that shame resilience is developed by increasing feelings of connection, power and freedom (Brown, 2006).

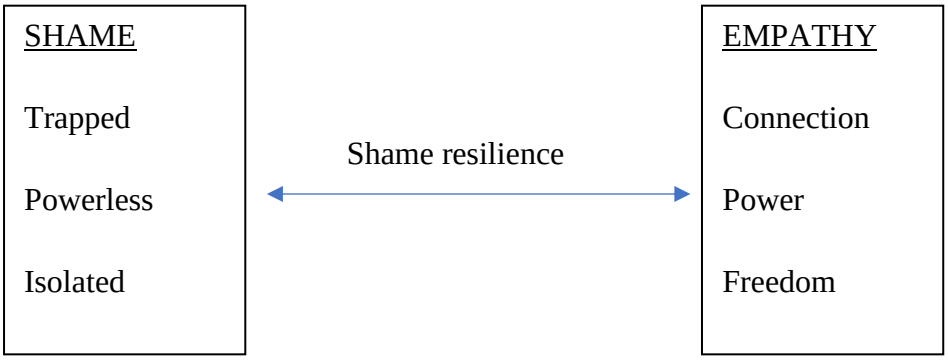

Table 5 Shame resilience continuum Brown (2006)

Participants in this study expressed these three elements of shame:

Feeling trapped within their bodies or circumstances:
"*These are bolts and nuts. I feel like my leg is tied. I am chained.*"
"*My body felt like I was in a one-room house. I wasn't free. I hated myself."*
"I am angry for what I'm look like".(sic)

Feeling powerless by the changes to their minds and bodies:

"*I can't do what I was doing before. There are many things I can't do now*."
"*He can help people in ways that I can't.*"

As well as feeling isolated after their injury and hiding from the world:
"*I feel lonely because I was afraid of the people*",
"*Avoiding crowds where people cannot compare you to how you were before*",
"*I do not have friends*",
"*There was nobody available. There was nobody."*

Through the telling of their shame in stories, poems and art, participants were able to express the shame out loud and have it seen without judgment.

Their preferred and alternative stories re-authored these stories and allowed them to rehearse and experience:

Feelings of being connected :
"*It helped me to get my ideas out my head and talk to someone, people that I trust*",
"*I can create what is in my heart and make it for the people to see*".

Experiencing some power in the choices they make:
"*I can leave darkness here, and I am taking light.*"
"*I can control my own mind.*"

And experiencing moments of freedom:
"*I cannot call everybody strangers anymore. They are my family now. So, I am free, and I like it.*"
"*A new nation that was free of the computer, and that is how he became a hero.*"

There is a relief and a release in speaking shame and having witnesses accept you. Participants resonated and showed compassion towards each other's shame stories. For Pelokgale, it brought feelings of courage; she reported feeling empowered by and connected to the group. Dempsey had experienced anxiety about sharing his deep and personal story and, from the protection of a fictional story, spoke his shame and truth and felt relief and freedom.

These Narradrama processes offered ways in which the problem-saturated story could be taken out of the darkness where it had been trapped and held up to the light. Once there was light on the subject and the storyteller, participants could play with the problem and try on alternatives.

The positive emotions experienced in the play are experienced by the brain as real, allowing the brain to make new synaptic connections (Siegel, 2010). I am not boldly claiming that one or two positive emotions rewire the brain, but rather allowing for the possibility that creativity that leads to positive emotions can be repeated and expanded upon and could eventually form a pathway that changes how the participant sees themselves and affect their behaviour in the long-term.

This research group highlighted the choice to trust and the courage to be seen or to delay being seen until they felt safe enough to do so. The turning point theme in each story is when the protagonists decide to change the story. Pelokgale said no and returned home; Dempsey forgave and returned to rescue the village, and other heroes not documented in this report stood up for what they believed in and affirmed their values. Courage appeared in the moments when the participants chose to share their stories, exchanging fear for trust, as well as when they assessed

their position and chose to protect themselves by not sharing. The choice in a person-centred approach will always remain with the client, and the authority over meaning has to remain theirs.

One participant chose not to tell his story in the fifth session. He reported feeling regret at not inviting anyone and not sharing his story on that particular day, adding that he would have been all right if he had shared. The process had ended, and the opportunity in this context had passed. The student-therapist was left to wonder whether, with another chance and more time to gather trust and confidence, this participant would feel safe and experience empowerment through sharing or if choosing not to participate may be a way of showing empathy and self-care. Psychological adjustment is not linear and won't look the same for every TBI survivor. Building courage and empathy for others and for themselves made a positive impact on each participant. For some, it was a stepping stone to their alternative stories and brought feelings of empowerment. For others, it highlighted self-protection and the availability of choices in how they want to respond in moments. Both avenues are valid and valuable in psychological adjustment.

5.3. From Disconnection to Connection

All the participants in this study lived with a family member or multiple family members. Initially, most of them indicated that their families were supportive. The student-therapist realised upon analysis of the audio recordings of the interviews that there may have been an error in how the question was posed. Participants paused or were unsure of how to answer when asked about the home environment. A closed follow-up question of "Do they support you?" or "Do they accept you?" resulted in all participants saying yes. As the workshops progressed, participants' relationships with their family members emerged in problem-saturated stories as not being supportive or not being satisfactory.

Creating ideal environments through maps and drawings, many participants brought in the concept of home, either their physical home or home of origin, as "*this is back at home*"; "*I decided to go back home*" or "*I wish I had my own house*".

Mann & Gammage (2011) and Maté & Maté (2022) emphasize our strong human desire to belong and remind us that we are born relational. From the moment we are born until we die, we will seek out and depend on others (our caregivers) to survive.

Some participants showed in their art, told their stories and spoke in their feedback of feeling excluded from their family tribe.

Pelokgale wished her family would take her along to events and was left behind because "*It is like they are ashamed of you."*

In his research following the terrorist attack of 9/11 in New York, Van Der Kolk (2023) discovered that when people get traumatised or something terrible happens, their first instinct is to start running for home. When we are scared, we think about our tribe, and there is a strong need to be part of a tribe. Van Der Kolk (2023) determined that family and the environment around the home significantly impact how people recover from traumatic events. His research also indicated that most people did not develop PTSD after 9/11 because it was widely discussed and had happened to many who could relate. Those who did develop PTSD had earlier trauma or were in complex or abusive relationships. The relationships at home are crucial to recovery from traumatic events as "It is the home environment, in the end, that determines how people do (Van der Kolk, 2023)."

When expressing feelings about the support programme at this organisation, one of the participants describes it in a poem as "*here, any time is tea time*", interpreted to mean that any time you need someone to spend time with and talk to, someone is available at this place.

The group became a support system and a new communal tribe for each other. The group members have become protective of each other. When asked why she had not invited her family, one participant explained that she was not afraid of telling her story in front of her family but had chosen to protect her group from her family's judgement. "*My other one is maybe judging people*".

Worthington & Merriman (2008) bring to awareness that relationships and establishing trust for an individual who has had the rug pulled out from under them can be challenging and without family support, statutory care services are often ill-equipped to cope with the psychological difficulties that accompany TBI. The cornerstone of survival for the TBI survivor is a supportive family, who are often struggling with their own adjustment and grief. The rug is pulled out from under them, too.

It is difficult for medical services to form relationships that could replace familial support. Seeing this type of bonding and protective relationship formed between group members indicates trust and a willingness to keep the connection sacred, such as one would hope for in a close-knit family. Although a family cannot be considered replaceable, support groups and therapy groups like this may serve to intercede the gap. This group had the potential to offer

strong, supportive and compassionate relationships that may help TBI survivors adjust to psychological difficulties.

The participants in this group were attending as part of a larger support community. A few of them had known each other when these sessions started, and some were relatively new to the community and were meeting each other for the first time. The community were an extended tribe already, and I believe this larger thread of support added to the conditions that allowed for bonding in the smaller research group.

Seeing how this therapeutic group established trust and supported each other reminded me that a well-managed support group can act as a surrogate family and provide support and compassion in ways that may be otherwise inaccessible.

5.4. Witnessing in Narradrama

Witnessing is a term used in drama therapy for the act of participating through observing. Jones (1996, p. 111) defined it as "the act of being an audience to others or to oneself within Drama therapy". The research revealed different layers of witnessing with significant benefits and observations connected to the differentiated audience.

5.4.1. The Group as Witness for each other

Janse Van Vuuren (2022) explains that when someone shares their story in an environment free of judgement, they feel that their experiences and interpretation of events are acknowledged from their perspective. This type of exchange helps the speaker feel heard, understood, and validated, while the listener gains new insights and understanding. When the roles are reversed, and the original storyteller becomes the listener, the experience can create a sense of intimacy and belonging between the individuals.

This participant group benefitted from acting as witnesses for each other. They derived benefits and bonding from the perspective of being witnessed and being the witness.

In Narradrama groups, like this one, the group members act as the principal audience for each other, often growing to depend on the reassurance and sustenance of the bond. Dunne, et al. (2021) argue that even when the audience is simply there to observe, "they provide supportive attention as silent witnesses and self-reflect on the story being performed (p. 207)." The self-

reflection was evident within the research group in the way they related to each other's stories, often borrowing imagery and phrases to use in their own stories.

In the first session during the contracting phase, when discussing ways the group could negotiate listening to each other and allowing each to be heard, I offered a hand gesture from our department at Drama for Life. The gesture is rubbing your hands together and saying, "I see you," after a participant has shared an experience. There is an instinctive need to discuss or say something after participants share. Stories often trigger stories, and a discussion or opinion is tempting. It is natural for participants to want to provide input as our brains are hardwired for connection, and "most of our energy is devoted to connecting with others (Van der Kolk , 2014, p. 81)."

Having a ritual accepted by the group soothes the need to interact whilst discouraging the discussion or "in my experience" line of engagement. It eliminates the need to give advice or add to the story shared.

The group accepted this offer, and organically adapted it to include a personalised signifier: "*We see you, man*", "*we see you, guy*" and "*we see you girl!"*

The repetitive nature of this ritual acted as a positive reinforcement of being seen and accepted in a safe therapeutic space. Participants learned the ritual in the first session and continued acknowledging each other spontaneously and continuously in this way throughout the session and sometimes even outside of the therapeutic space.

This group found comfort and kinship in being with each other. I have seen this bonding in drama therapy groups before, and it is a unique experience to observe a group noticing each other and noticing parts of themselves in each other. O'Connor (2019) advocates that to witness someone is to be WITH them and encounter each other in coming together.

It was interesting to note how encountering and hearing each other's stories sometimes influenced the symbolism used in a later story by a different participant. As an example:

Pelokgale's ideal self was a doctor who could perform surgeries. The participant paired with her to discuss their ideal-self heroes had created a BMW robot that was created to serve and help humans. After their discussion, he decided that his robot could also have medical knowledge and be a super-computer that could clean the house and perform surgeries. Two sessions later, a super-computer appeared in Dempsey's story as the antagonist, and the protagonist took its place as the connection that served and helped create freedom for humanity.

The group influences each other's stories and discovers new possibilities to incorporate through hearing and seeing each other's meaning-making. By sharing and witnessing experiences, the participants are held by the therapist and their peers. They validate each other's experiences, increasing self-esteem and resilience-building (Busika, 2015). Through sharing, exposing each other to possible ideas and relating to each other through witnessing, the group assisted each other in adjusting and orientating themselves to their own preferred roles and their post-accident identity.

5.4.2. Witnessing the Self

Jones (2007) indicates that the act of being a witness to the self is of equal importance to witnessing another.

In the first session, during the Poetry Houses exercises, I noticed how much focus participants placed on the outer part of their box. Much time was spent expressing what the participants believed about how they appeared to the outside world. However, when it came to how they saw themselves, only two participants focused attention on the inner world of how they perceived themselves. It was the first session, and the group was still learning to trust each other. My initial interpretation centred around the participants' shyness at expressing vulnerability.

Following this thread through the subsequent sessions, it appeared that the group was comfortable with each other and venturing deeper into their problem-saturated and alternative stories but often lacked the vocabulary or the imagery of insight into their own feelings, roles, abilities and agency. Witnessing the self was more complex than I had anticipated. Taking into account the language and cultural differences between the participants and myself, as well as the participants in relation to each other, questions arose about whether there were nuances I was not able to understand and thereby not respond to adequately. Further research and exploration may be useful in adapting exercises to be more appropriate within the various cultural constructs and interpretations of self within a South African context.

I later discovered the work of Prigatano (2010), Tyerman (2008) and Worthington & Merriman (2008), which strongly indicates problems relating to the lack of self-awareness or subjective awareness following brain injuries. The struggle to reach deeper self-awareness becomes a meta-theme of the problem-saturated story of being a survivor of TBI. Only through observing the participants as they observed themselves could I see this element of TBI rehabilitation, and this new knowledge will inform my future work with TBI survivors.

For the participants to cultivate self-awareness and act as witnesses for themselves, it was helpful to reinforce mindful pauses. In session six, the group entered with a heaviness from the week. Some were holding difficult experiences of losing a friend to suicide, and others felt the impending loss of this group coming to an end. This was an ideal moment to check in through a mindful pause to allow each participant to name the hard experience and then locate the feelings in their bodies. Each participant named what they were feeling and where it was situated, describing the feelings in temperature, colour or shape. The student-therapist then guided the group through a breathing exercise to regulate the central nervous system. Breathing in for four counts, holding for two counts and breathing out for six, then repeating the self-awareness exercise. This exercise had been offered a few times over the sessions and the repetition resulted in quicker understanding of the task and greater ability to name feelings.

The ability to identify a positive trait and attach it to identity was evident when participants spontaneously voiced being proud of themselves for the progress they had made in their rehabilitation:

"*I'm proud of myself because I do something on my own!*"(sic)

"*I am proud of myself because I can plan everything. Even now I am a wedding planner. I can do everything. I can bath. I can cook. I am proud of myself for that.*"

One participant acknowledged his achievements as a father in helping his children adjust to his physical changes, crediting himself with "*I know how to deal with things in my house*".

In session two, participants discussed how surprised they were that their brains could quickly create different characters and stories. "*It showed us that our brains could work faster than we thought!*"

The Narradrama processes served as the vehicle for participants to see themselves in new ways, identify their own strengths and find self-confidence within these discoveries.

5.4.3. The Outside Witness

According to Dunne, et al (2021) outside witnesses are brought in to observe and reflect in an informal or formal ceremony. Often the friends or family of the participant, the outside witnesses serve as a way to mark moments when participants have made decisions to follow a new path.

The outside witness in session five was a very gentle and nurturing personality. The stories moved her and showed the emotional impact each story or participant had on her, for example,

tearing up or responding with how proud she was of the participants for their courage and perseverance.

Freedman & Combs (1996) in discussing the impact of the outside witness, emphasise that whether the outsider contributed to the therapeutic conversation or not, the act of bearing witness to the "alternative stories and preferred versions of selves is often important to the people we are working with" (p. 245). Bearing witness in this way almost always makes a difference in how the outside witness sees the person they are witnessing, which becomes an interaction and in turn affects how the person telling the story sees themselves.

After each story, the group, which included the outside witness, was allowed to offer one gift or impactful moment they would keep from the story. The outside witness awakened a new perspective for the participants who had shared on the day, as they learned of the profound and positive impact their re-authoring and the alternative story has on others.

5.4.4. Therapist Witnessing

The therapist is part of the group and separate from the group simultaneously. As the student-therapist for this specific group, two roles opened up the possibilities for witnessing.

In the role as the student-therapist one is witnessing from the perspective of doubly listening and making connections between what the participants have done and shared previously and what they are sharing or doing in the moment to aid them in meaning-making. My focus in these sessions as a student drama therapists, was to create therapeutic conditions by combining the materials, the space, psychological safety, presence, awareness, training and experience into a container wherein the participant-client can explore their stories.

This collaborative process between the participant and therapist relies on the participant's expertise in their own story; they are the primary authors of meaning. Dunne et al. (2021) argue that because each individual is unique, Narradrama does not rely on traditional psychological assessment or pathology as its primary source of information. They advise using a participant-centred approach, which means using unobtrusive assessments in easily understood language that tracks a participant's progress along the goals set with the participant. I found it helpful to only work from information given by the participants and to work with what they brought into the space with them. The client remains "an agent of his or her own destiny" (Green, 2022, p. 339) with the therapist as a reflective observer.

As the student-therapist, I could share where I saw the participants making progress in uncovering their stories. Because I was actively tracking their journey, I could remind them of something they had discovered in previous sessions or point out an expansion of their role repertoire. Witnessing in this role meant being present in the moment, actively listening or actively watching for meaning and being curious about the things that weren't being said, then asking questions to enhance meaning-making.

As a student-therapist, the witnessing role changes during analysis when one can replay the recordings of interviews and sessions as many times as needed. The analysis allowed me to zoom in or zoom out on particular themes and find connections in ways that I would not necessarily have been able to see in the moment. The recordings also proved an illuminating tool for witnessing my facilitation style in a distanced way.

The first time listening to a recording is challenging when the inner critic's voice rises to the surface to judge where you could have explained something better or misunderstood a line and your response could have been better thought through. Eventually, the focus on the content and the participants provided enough distance to quiet the inner critic. I could hear how the words I spoke as a therapist positively impacted a moment and was able to observe my style of adjusting when something was not working. As a student-therapist, witnessing the practice this way was profound and provided concrete examples of my strengths and challenges from which to learn and improve. In sessions, the focus was entirely on the participants and their journeys through the story. Recordings provided an additional, rich layer of witnessing that allowed for repetitive and deeper observation of the participants' psychological journey and meaning-making, noticing minor shifts in participants' choices as they re-authored their stories.

5.5. Narradrama for adjusting to and re-authoring identity

Narradrama assisted participants in creating a more fluid identity by externalising the fixed problem-saturated identities. The opportunity to play with these identities reinforces agency and allows for experimentation in a safe environment.

Narradrama affords time to construct (author) and re-construct (re-author) personal, social, and cultural identities. Identities are formed in art and enactment, shared and reflected on to create new meaning.

“In the stories participants create, they often find ways to revisit, uncover, honour, explore and expand values that are important to them. They continually align their ethical and moral values with personal, social and cultural norms and practices that contradict or match their values. Narradrama invites participants to become their whole, nuanced and complex selves in a wide range of social interactions. Enacting alternative stories enables a more visible way of exploring values (Dunne, et al., 2021, p. 229).

5.5.1. Narradrama for Novelty

Many of the participants expressed a yearning for novel activities during their interviews and when setting intentions for sessions.

A: “*I hope for a new lesson*”.

B: “*My hope is for new things*”.

C: “*Get knowledge*”.

Dempsey: “*For something challenging that will change my mind*”.

Pelokgale: ”*To feel free*”.

The activities of Narradrama are inherently new and different from other forms of medical and psychological counselling that participants have experienced.

Other significant elements that were presented in this group that added to the novelty and enjoyment levels:

The playful nature of drama therapy warm-up activities enhanced by the desire for fun brought in by participants. The Spaghetti check in game served as a way to gauge participants’ mood and allowed them to expand boundaries. The group embraced the creative license in describing themselves as a unique spaghetti. The embodiment of the spaghetti and having the group echo back the movement and tone caused laughter, connection and raised energy. Imagine the fun that was had when participants embodied “dancing spaghetti”, “vetkoek spaghetti”, “chief chief chief spaghetti” and “I am a cow spaghetti”.

Spontaneous singing in this group: Often, one participant would say something that triggered a song and everyone in the room would spontaneously sing a few lines together. The unplanned ritual added bonding moments that enhanced the mood of everyone involved.

Participants found joy and newness in these workshops:

"I loved everything that you have done and I'm short with 2 because I am disappointed that the session is ending now. I need to learn more."

"*I like you, the way you do things for us and to move our bodies. To move my hands and draw and writing I do it and I love it. More things, more more*."

5.5.2. Emotional Arousal and new connections

This group discovered a contained space to explore complicated and often contrasting emotions. There was a bias towards positivity and finding the positive in the negative, which is a prevalent push from society and can be helpful, as long as it isn't at the cost of healing. As a student-therapist, I believe it is our duty to create conditions of safety where the participant feels permission and freedom to hold both the positive and the negative up to the surface – acknowledging and feeling the pain and also allowing the individual to explore what positive meaning there may be buried in the experiences.

The externalisation and distancing provided by Drama Therapy processes, like Narradrama, allow the client to explore experiences and identity in a way that is not too threatening or too painful. It offered a gentle and often fun way of working with a client's pain and shame.

There is an old quote, often ascribed to the Chinese philosopher Lao Tzu which reads: "Watch your thoughts, they become your words; watch your words, they become your actions; watch your actions, they become your habits; watch your habits, they become your character; watch your character, it becomes your destiny."

Narradrama techniques provide a creative way to "watch", observe, mind and alter participants' thoughts and support the brain's capacity for change that determines the rest of the knock-on effect.

5.5.3. Incorporating the TBI survivor's significant person as witnesses

The invitation to bring a significant person was extended from the onset and repeated weekly, yet none of the participants brought a family member or spouse. The invitation was intended for a close family member, such as a mother, sibling, or romantic partner.

Only one of the six participants who attended session five brought an outside witness.

Participants indicated various reasons their family or significant person could not attend. These reasons included being at work, having problems at home and not being invited.

Reasons for the lack of family or partner attendance included the following:

Availability problems (1): These sessions were conducted on Fridays, and some participants' loved ones were employed and could not take time off from work. Problems of resources, such as money for transport, may have also been a factor.

Problems at home (1): For one of the participants, their neighbourhood had not had water for multiple days and attending was impractical and uncomfortable under the circumstances.

Not invited (3): Some participants indicated they did not want their family present or did not have anyone to ask. One participant explained that she had not asked anyone from her home to come because she feared her family would judge her group members.

The intention to increase empathy in the home environment and include the significant person revealed further disconnection and limitations.

This study could not collect substantial data on the affordances of incorporating the TBI survivor's significant person (partner or family member) as witnesses to the TBI survivor's story but was able to measure the impact of one outside witness. The objective was phrased in the plural form and measured in the singular.

The one outside witness afforded the participants the chance to impact someone's view of TBI and positively impacted some participants' self-confidence. This objective remains available for future studies and possibly some new objectives. There is a need to allow families to listen and witness in a non-judgmental way. Having a family member say "I see you" can have positive impacts on psychological adjustment (Worthington & Merriman, 2008), feelings of empathy (Brown, 2006) and emotional support.

6. Conclusion

The purpose of this study was to document the practice-based knowledge of how Narradrama may assist TBI survivors in identifying and adjusting psychologically to their own identity, exploring ways to expand this identity, and exploring affordances of familial involvement witnessing.

This research study discovered that a Narradrama approach allowed participants to expand their identity through externalisation and helped them gain confidence, meaning, agency and a sense of belonging.

Narradrama allowed the participants to express problem-saturated stories that aided in self-awareness and distancing, which allowed problems to be deconstructed and re-authored in alternative ways. This study postulates that exposure to alternative narratives facilitated the identification of personal strengths and the development of new neural connections to rehearse feelings of empowerment and control.

This study does not make general claims about the efficacy of Narradrama with traumatic brain injury survivors in general but speaks to the perceptions and understandings of this particular group during this particular season in their lives.

6.1. Recommendations

There is so much to be discovered about how Drama Therapy can benefit survivors of TBI. There would be a benefit in conducting a larger scale study over a more extended period focusing on participant self-awareness and the efficacy of the arts therapies as psychotherapeutic interventions for establishing self-regulation. The developments in neuroscience and the brain's ability to re-organise itself after injury open up possibilities for exploring drama therapy and Narradrama as agents for long-term change.

The family structure is core to the well-being of the survivor as well as the family after TBI and exploring Narradrama within family groups would be valuable as an independent study. Including families in Narradrama processes with the same containment rules of this study may offer profound support for both the survivor and their family member, allowing both parties to experience feelings of empathy and acceptance. This may also act as a profound rehearsal for communication that is supportive and allows each party the freedom to witness without taking on a responsibility to fix the problem.

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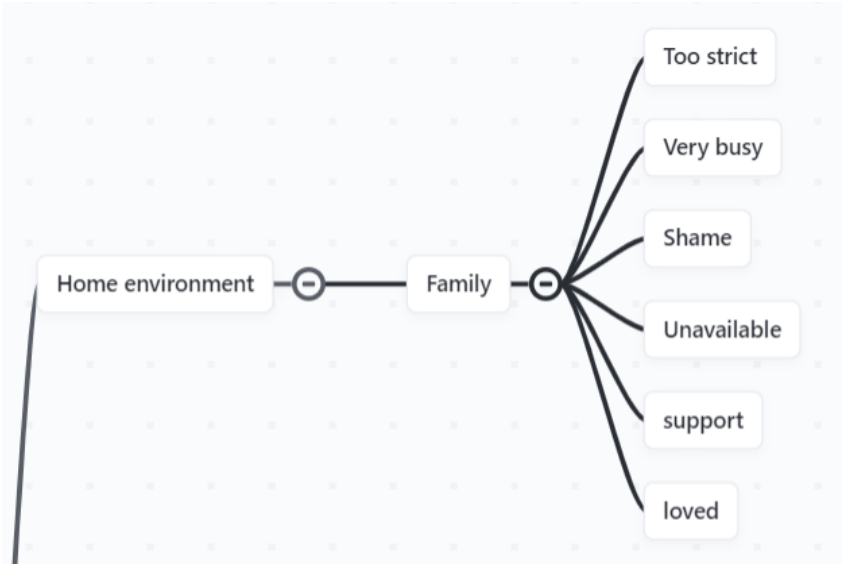
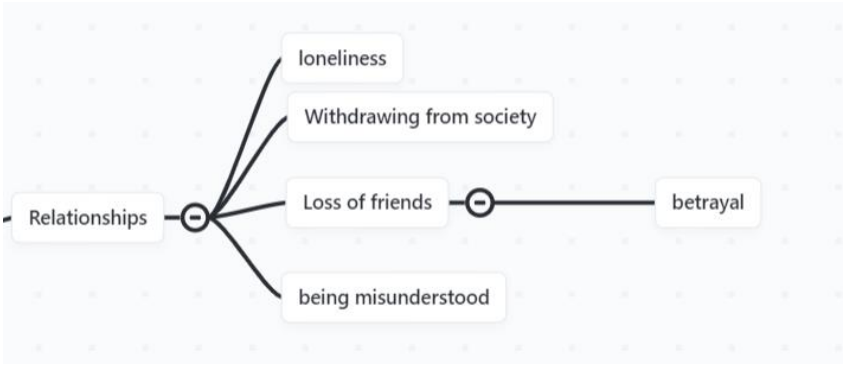
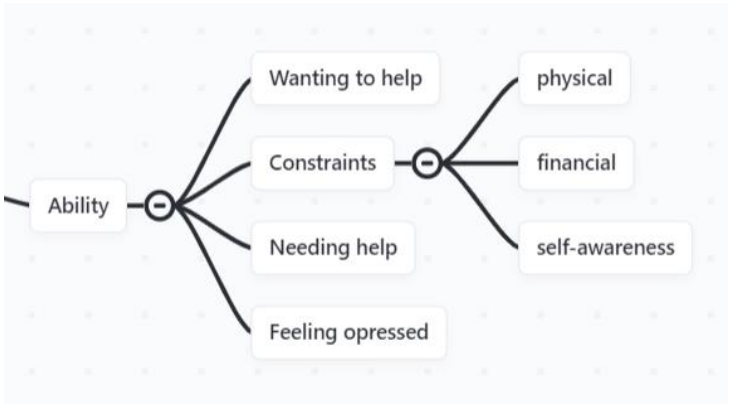
Annexure A

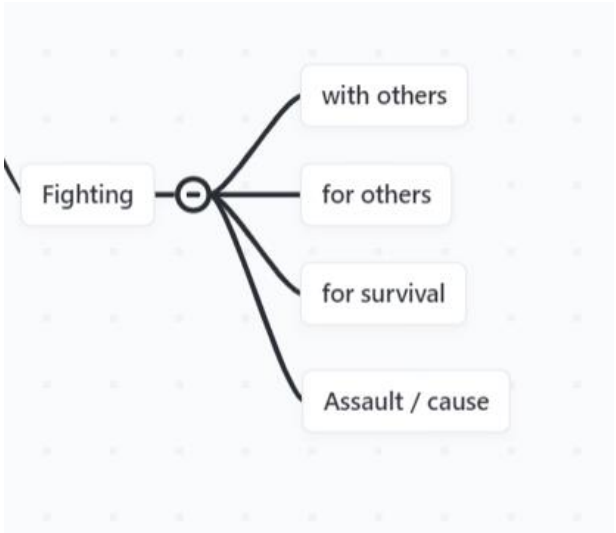
Getting acquainted - Emergent Themes - Mind Maps

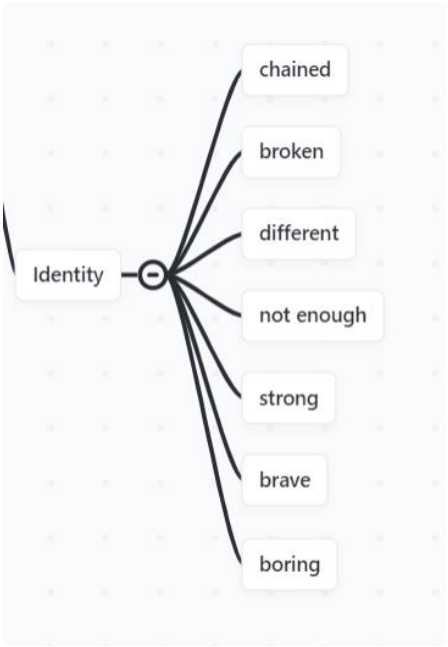
The initial impressions of emergent themes sorted around loose clusters.











(Back to the themes section)

Master List of Emergent Themes - Table

All emergent themes were sorted alphabetically into a table, and any duplicate or synonymous keywords were merged into groups. This master list contains the emergent themes for Dempsey, Pelokgale and the rest of the group and has been sorted by total recurrence of keywords from largest to smallest.

Emergent Themes	Total Recurrence	Dempsey	Pelokgale	Other participants
Support	9	4	3	2
Faith	8	0	2	6
Gratitude	8	3	3	2
Growth	8	0	5	3
Isolation	8	1	4	3
Change	7	2	3	2
Loneliness	7	0	1	6
Transformation	7	0	5	2
Connection	6	1	1	4
Creative expression	6	5	0	1
Family Dynamics	6	1	2	3
Hope	6	1	1	4
Physical limitations	6	2	1	3
Empowerment	5	1	4	0
Self-perception	5	1	2	2
Community	4	3	0	1
Emptiness	4	1	1	2
Fear	4	1	0	3
Feeling stuck	4	2	1	1
Grieving Independence	4	0	4	0
Helplessness	4	1	1	2
Home	4	0	0	4
Identity	4	2	2	0
Novelty	4	1	0	3
Self-acceptance	4	0	1	3
Abandonment	3	0	1	2
Avoidance	3	0	2	1
Betrayal	3	0	2	1
Body image	3	0	1	2
Church	3	0	0	3
Comfort	3	1	0	2
Confidence	3	1	1	1
Conflict	3	0	1	2
Control	3	1	0	2

Disability	3	1	0	2
Frustration	3	1	1	1
Passion	3	0	2	1
Positivity	3	1	1	1
Power	3	1	1	1
Protectiveness	3	0	0	3
Relationship issues	3	0	1	2
Resilience	3	1	0	2
Safety	3	1	1	1
Self-discovery	3	2	0	1
Self-love	3	1	1	1
Self-pride	3	0	0	3
Self-sufficiency	3	0	0	3
Wishful thinking	3	0	2	1
Activity	2	0	1	1
Ambition	2	1	1	0
Beliefs	2	1	0	1
Boredom	2	0	2	0
Emotional distress	2	0	1	1
Fashion	2	1	0	1
Inclusion/exclusion	2	0	1	1
Interpretation	2	1	0	1
Motivation	2	1	0	1
Nature	2	0	0	2
Regret	2	1	0	1
Security	2	1	0	1
Self-awareness	2	1	1	0
Self-improvement	2	0	0	2
Time pressure	2	1	0	1
Traveling	2	0	0	2
Volunteering	2	0	2	0
Vulnerability	2	0	1	1
Affection	1	1	0	0
Altered appearance	1	0	0	1
Altruism	1	1	0	0
Appreciation	1	0	0	1
Bravery	1	0	1	0
Bullying	1	1	0	0
Catastrophic thinking	1	1	0	0
Catharsis	1	1	0	0
Challenging beliefs	1	1	0	0
Communication	1	1	0	0
Confusion	1	0	1	0
Defending	1	0	0	1
Empathy	1	1	0	0
Envy	1	0	1	0

Epiphany	1	1	0	0
Existentialism	1	1	0	0
Expectations	1	1	0	0
Fighting	1	0	0	1
Financial pressure	1	1	0	0
Forgiveness	1	1	0	0
Influence	1	1	0	0
Intellectual property	1	1	0	0
Jealousy	1	0	1	0
Lack of resources	1	0	0	1
Leadership	1	1	0	0
Low self-esteem	1	0	1	0
Misunderstood	1	0	1	0
Neglect	1	0	1	0
Originality	1	1	0	0
Philosophical question	1	1	0	0
Revolution	1	1	0	0
Sad	1	0	0	1
Self-affirmation	1	1	0	0
Self-belief	1	1	0	0
Society	1	1	0	0
Storm	1	0	0	1
Tamed	1	1	0	0
Therapeutic process	1	0	1	0
Trauma	1	0	1	0
Travel	1	0	0	1
All Sorted Codes	99	25	26	48

(Back to the themes section)

Themes filtered by umbrella themes – Shame

Themes were filtered to include words related to Brown's grouping of shame as well as circumstances and feelings that lead to shame or wanting to hide. The list was then sorted from largest recurrence to lowest recurrence.

SHAME	Dempsey	Other participants	Pelokgale	Total
Isolation	1	3	4	8
Change	2	2	3	7
Loneliness	0	6	1	7
Physical limitations	2	3	1	6
Fear	1	3	0	4
Feeling stuck	2	1	1	4
Helplessness	1	2	1	4
Home	0	4	0	4
Abandonment	0	2	1	3
Avoidance	0	1	2	3
Betrayal	0	1	2	3
Body image	0	2	1	3
Disability	1	2	0	3
Inclusion/exclusion	0	1	1	2
Vulnerability	0	1	1	2
Altered appearance	0	1	0	1
Bullying	1	0	0	1
Catastrophic thinking	1	0	0	1
Lack of resources	0	1	0	1
Misunderstood	0	0	1	1
Neglect	0	0	1	1
Tamed	1	0	0	1
Trauma	0	0	1	1
Shame	13	36	22	71

(Back to the themes section)

Themes filtered by umbrella themes – Empathy, Power or Freedom

Themes were filtered to include words related to Brown's grouping of empathy, as well as circumstances and feelings that lead to feeling empowered or connected. The list was then sorted from largest recurrence to lowest recurrence.

Empathy/Power/Freedom	Dempsey	Pelokgale	Other participants	Total
Support	4	3	2	9
Connection	1	1	4	6
Empowerment	1	4	0	5
Power	1	1	1	3
Resilience	1	0	2	3
Self-discovery	2	0	1	3
Motivation	1	0	1	2
Self-awareness	1	1	0	2
Self-improvement	0	0	2	2
Communication	1	0	0	1
Empathy	1	0	0	1
Epiphany	1	0	0	1
Empathy/Freedom/Power	15	10	13	38

(Back to the themes section)

Themes filtered by umbrella themes – Connection and Disconnection

Themes were filtered to include words related to feeling connected or disconnected from a group, a family or society at large.

Connection/Disconnection	Dempsey	Pelokgale	Other participants	**Total**
Support	4	3	2	7
Identity	2	2	0	4
Community	3	0	1	3
Family Dynamics	1	2	3	3
Confidence	1	1	1	2
Connection	1	1	4	2
Communication	1	0	0	1
Emotional distress	0	1	1	1
Misunderstood	0	1	0	1
Neglect	0	1	0	1
Defending	0	0	1	0
Fighting	0	0	1	0
Home	0	0	4	0
Connection/Disconnection	13	12	18	25

(Back to the themes section)

Themes filtered by umbrella themes – Affordances of Narradrama

To soothe my curiosity of how affordances of Narradrama could be measured the themes were filtered to include words related to creative expression, therapeutic outcomes and the session goals. The list was once again sorted from largest recurrence to lowest recurrence, indicating that creative expression, feelings of hope, space to grieve and experiences of novelty were the most frequently observed.

Affordances of Narradrama	Dempsey	Other participants	Pelokgale	Total
Creative expression	5	1	0	6
Hope	1	4	1	6
Grieving Independence	0	0	4	4
Novelty	1	3	0	4
Passion	0	1	2	3
Traveling	0	3	0	3
Interpretation	1	1	0	2
Altruism	1	0	0	1
Defending	0	1	0	1
Envy	0	0	1	1
Originality	1	0	0	1
Philosophical question	1	0	0	1
Revolution	1	0	0	1
Therapeutic process	0	0	1	1
Affordances of Narradrama	12	14	9	35

(Back to the themes section)

Dempsey's Themes Summary - Table

All themes related to Dempsey's journey were filtered by shame, empathy and the affordances of Narradrama. This list has been sorted by total recurrence of keywords from largest to smallest.

SHAME	Dempsey	**Empathy/ Power/Freedom**	**Dempsey**	**Affordances of Narradrama**	**Dempsey**
Change	2	Support	4	Creative expression	5
Physical limitations	2	Self-discovery	2	Hope	1
Feeling stuck	2	Connection	1	Novelty	1
Isolation	1	Empowerment	1	Interpretation	1
Fear	1	Power	1	Altruism	1
Helplessness	1	Resilience	1	Originality	1
Disability	1	Motivation	1	Philosophical question	1
Bullying	1	Self-awareness	1	Revolution	1
Catastrophic thinking	1	Communication	1		
Tamed	1	Empathy	1		
		Epiphany	1		
Shame	13	Empathy/ Freedom/Power	15	Affordances of Narradrama	12

(Back to the Dempsey's Themes)

Pelokgale's Themes Summary - Table

All themes related to Pelokgale's journey were filtered by shame, empathy and the affordances of Narradrama. This list has been sorted by total recurrence of keywords from largest to smallest.

SHAME	Pelokgale	Empathy/ Power/Freedom	Pelokgale	Affordances of Narradrama	Pelokgale
Isolation	4	Empowerment	4	Grieving Independence	4
Change	3	Support	3	Passion	2
Avoidance	2	Connection	1	Hope	1
Betrayal	2	Power	1	Envy	1
Loneliness	1	Self-awareness	1	Therapeutic process	1
Physical limitations	1				
Feeling stuck	1				
Helplessness	1				
Abandonment	1				
Body image	1				
Inclusion/ exclusion	1				
Vulnerability	1				
Misunderstood	1				
Neglect	1				
Trauma	1				
Shame	22	Empathy/Freedom /Power	10	Affordances of Narradrama	9

(Back to the Pelokgale's Themes)