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THE SHAPE OF DRAMA THERAPY IN SOUTH AFRICA:

TRENDS IN RESEARCH AND PRACTICE

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Research report submitted to the Wits School of Arts (Drama for Life Department) at the University of the Witwatersrand's Faculty of Humanities, in partial fulfilment of the requirements for the degree of Master of Arts in Drama Therapy.

Supervised by Warren Nebe

March 2020

PLAGIARISM DECLARATION

I know that plagiarism is wrong. Plagiarism is to use another's work and to pretend that it is one's own.

I have used the author date convention for citation and referencing. Each significant contribution to and quotation in this essay from the work or works of other people has been acknowledged through citation and reference.

This reflection is my work.

I have not allowed and will not allow anyone to copy my work with the intention of passing it off as their own work.

I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I failed to acknowledge the source of the ideas or words in my writing.



13th March 2020

Signature Date

ABSTRACT

This research maps the shape of drama therapy in South Africa, describing the trends in research and practice. The intention is to position drama therapy so as to best provide effective mental healthcare within the challenging contexts of South Africa. This objective is accomplished through a mixed methods design, which allows for the trends in drama therapy research and practice to be tracked. From these trends, an integrated and critical discussion presents the shape that drama therapy has taken in South Africa.

In Chapter One, following the exploration of the reality of mental healthcare provision in South Africa and the challenges of providing therapy in diversity, a brief description of drama therapy as found and developed in South Africa is provided. In Chapter Two, international evidence is presented that demonstrates that the longevity of drama therapy provision depends on the critical reflexivity and documentation of its theoretical orientations and methods. The necessity of exploring drama therapy within diverse contexts is further explored through relevant literature. Chapter Three states the research design, and methods of data collection (a systematic literature review and an online questionnaire) and data analysis (a systematic literature review, qualitative content analysis and quantitative analyses). Chapter Four presents the results of these analyses, and Chapter Five describes the trends in drama therapy research and practice in South Africa. In addition, this chapter contains a critical discussion that uses these trends to explore the strengths, surprises, and places in need of attention in the shape of drama therapy in South Africa. Chapter Six concludes the report by weaving the chapters together and presenting the implications for the future of drama therapy in South Africa.

This research identifies several findings, including: the need to build the drama therapy research field so best practice and advocacy may be increased, the responsibility of drama therapists to be involved in existing arts therapies structures, the need for South African drama therapy training to align itself with the realities of this therapy practice in this context, and the urgent need to increase diversity within the profession. In many ways, these issues prompt more questions than answers. However, if they are addressed, these discoveries can aid the research and practice of drama therapy in South Africa to best serve the many who are seeking mental health care in this country.

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CHAPTER ONE: INTRODUCTION

Introduction and framing

Purpose statement

The purpose of this research project is to provide the fertile ground – in the form of a detailed historical snapshot – from which the research and practice of drama therapy in South Africa may grow further in a contextually compatible way. The context of mental healthcare in South Africa is in dire need of creative and innovative reimagining, as mental health needs far exceed available intervention and many mental health interventions are incongruent to the realities and needs of South Africa's citizens. It is my belief, as the researcher, that with a nuanced understanding of the present of the drama therapy profession in South Africa, the profession can self-reflectively, critically and productively grow, in direct conversation with its context, in the future. This, in turn, could allow drama therapy to better offer a creative, reimagined mental healthcare that is so needed in South Africa.

To achieve this nuanced understanding of the present, this research maps the shape of South African drama therapy's research and practice. This is done in two ways. Firstly, through a systematic literature review, the trends in the drama therapy research are explored. Secondly, through the analysis of data provided by practising drama therapists in South Africa through an online questionnaire, the trends in drama therapy practice are explored. From these trends, the present shape of drama therapy, and the implications of this shape for the future of the field, are discussed.

One cannot remove the profession from its context. Thus, this research asks of the South African drama therapy field to consider this existential task: to look deeply at the shape it has taken, and assess if this is allowing the profession to meet its context's needs holistically and effectively.

Mental healthcare in diverse South Africa

Mental healthcare in South Africa is in dire need of redress, both in terms of lack of accessibility and the inconsistent efficacy of the treatment it offers (Lund, 2016). It is within

this context that this research project sits, and thus it is important to begin its reporting by providing an illustration of the setting. Current statistics paint a bleak picture of the accessibility of mental healthcare in South Africa: one in three South Africans suffer from a diagnosable mental health disorder (Jack et al., 2014), and of those, 75% do not have access to treatment (Nwachukwu & Segalo, 2018). This is due to limited human resources, with only 0.28 psychiatrists and 0.32 psychologists per 100,000 South Africans (Lund, Kakuma & Flisher, 2010) partly as a result of mental healthcare training facilities being difficult to access (Smith, 2014). Stigma is another reason that leads to a lack of access to the mental healthcare system in South Africa (Kleintjes et al., 2010). This perceived stigma reduces health-seeking behaviours as clients and their families do not want to be targets of the associated shame (Egbe et al., 2014). Inaccessibility is also a result of the political trend towards prioritising the integration of mental healthcare into the primary healthcare system – particularly into community-based care (Marais & Petersen, 2015). While internationally it has been shown that this approach contributes to easier screening, diagnosis and treatment (Maconick et al., 2018), the implementation of this approach is incongruent with South Africa's context of limited resources. Despite warnings against this move, the government decided to proceed with this project in 2016, and consequently many large institutions were closed in favour of community-based care (Janse van Rensburg et al., 2019). As a result, accessibility of care was further reduced as community centres were not trained to care for clients adequately (Docrat, Lund & Chisholm, 2019), as well as being under-resourced due to lack of government investment (Janse van Rensburg et al., 2019). This complexity led to the worst example of human rights abuses in South Africa's recent history: the Life Esidimeni crisis where 144 of those clients died (Trotter, 2017) — a stark example of the inaccessibility of care for those needing mental healthcare in South Africa.

Furthermore, of the mental health treatment being offered, much is not as effective as it could be. The correlation between current approaches to treatment and contemporary research is not always strong, with some professionals working in outdated ways that do not best serve patients (Makgoba, 2017; Trotter, 2017; Janse van Rensburg et al., 2019). In addition, observing the extent of trauma in South Africa, we can understand the challenge that practitioners face in bearing its magnitude, whilst still having to provide quality care. Often, during times of political tension, the strategy employed to defeat the enemy is to

undermine psychological integrity through traumatising actions (Punamaki, 1989). The Colonial and Apartheid history of South Africa is riddled with these kinds of acts (Coovadia et al., 2009). From a psychoanalytic perspective this trauma may live on unconsciously in South African citizens and contribute to presentations of mental ill-health (Trotter, 2018). Having to bear this magnitude of trauma impacts the quality and effectiveness of the care that practitioners are able to offer. What adds to its weight is the vicarious trauma that practitioners may experience by working so closely with patient trauma (Sui & Padmanabhanunni, 2016). Often, these practitioners are facing this challenge alone, as there is a lack of collaboration and support between professionals (Bantjes, Swartz & Niewoudt, 2017). The effectiveness of care that mental health professionals are able to offer may therefore be further reduced.

A further challenge facing those offering therapy in the South African context is the difficulty of providing therapy in multicultural, diverse settings. If therapy is offered in a manner that is ignorant of diversity, it can lead to low adherence and slow therapeutic progression (Chang & Berk, 2009). It can also result in a misaligned and untrusting relationship between client and therapist (Doktor, 2010) that in turn can result in more frequent *impasses* or miscommunication in therapy (Sue et al., 2007). In general, if diversity is not addressed, therapy services may be less effective and therefore underutilised (Sue et al., 2007; Ruane, 2010). The goal when offering therapy in contexts of diversity, therefore, is to remain curious (Roy, 1999). “A creation of a state of curiosity in the mind of the therapist” (Chechin, 1987:406 as cited in Roy, 1999:127) results in an ethos of openness, interest and willingness – which all contribute to better therapy. There are many challenges that stand in the way of this goal, however, and four are described here.

Firstly, therapy in any context can easily become problematic due to power imbalances, and this is heightened in contexts of diversity. Diversity is often present in countries with a history of social and political turmoil, such as colonialism (Doktor, 2000). In these contexts tensions and imbalances with regards to power occur as some people have been privileged over others, while there is at the same time the presence of “geographical and cultural dislocation” (Doktor, 2000:4). These issues often lead to acculturation and mental health struggles which further disempower (Forde, 2010). In addition, therapists are most frequently part of a powerful class and race (in order to have had access to education

systems and expensive training), and thus may easily become "[agents] of social control" within the therapy space (Miller, 2010:6). Due to their power, therapists may not necessarily be prompted to change, and thus therapy in a diverse setting may entrench existing power imbalances (Sue & Sue, 2008).

A second challenge facing therapy in diversity is the essential, yet difficult, practice of critical self-reflexivity for therapists: to understand their own assumptions, biases and values (Sue et al., 2007). This in itself can undercut the power imbalances that, as previously mentioned, can slip into the therapy space. While all therapists should engage in this process of gaining self-knowledge, it is especially crucial when working in diversity. This includes acquiring knowledge of one's social, economic, racial and religious privilege and how this influences one's worldview and assumptions (Qhobela, 2015). It also encompasses the therapist exploring their own cultural and ethnic backgrounds as the client cannot be offered an invitation to do this without self-reflexive action on the part of the therapist (Doktor, 1998). Only through this thorough engagement with self, where personal ignorance and curiosity can be communicated to the client (Chandrasegaram, 2010), can a true, authentic and powerful therapeutic alliance be built that can communicate across boundaries (Doktor, 2000; Bruck, 2010). This work needs to be continuous. It becomes a challenge as many therapists working within diversity do not engage in such action thoroughly due to burnout or fatigue, and thus habitual problematic patterns become engrained (Sue & Sue, 2008).

Thirdly, a challenge when working in diversity is language. It is a multi-layered challenge, as often language cannot be untangled from traumatic socio-political histories in diverse contexts (Pavlicevic, 2005). Thus the language used by the therapist can become another mechanism through which control is exerted (Miller, 2010). This leads to a fourth challenge that is mingled with all of those previously discussed, which is clients' fear and stress of entering into therapy. Power dynamics, unconscious assumptions and biases from a therapist who has not engaged self-reflexively, and language are only a few elements that result in clients becoming afraid. Fear of being judged or becoming targets of prejudice, too, contribute to this challenge when working therapeutically in diversity (Chang & Berk, 2009). This fear may compound the existing fear around vulnerability and shame that entering into a therapeutic process may already hold.

This opening discussion provides strong evidence that there is a high incidence of mental healthcare needs in South Africa, and that the treatment options available are difficult to access. In addition, even if the treatment can be accessed, it does not always offer the most effective care as providing therapy in diverse contexts presents many challenges. These contextual difficulties are a sharp wake-up call to all those practising within the mental health profession: to review and evaluate their discipline's research and practice within the South African context so that adjustments can be made in order that the most ethical, quality and effective care can be delivered to clients in need of support. This need for mapping the current state of mental health professions and disciplines also applies to the discipline of drama therapy in South Africa – which is where this research project is located.

Defining drama therapy

There are a variety of definitions of drama therapy, depending on where the discipline is based or by what assumptions it is framed. The British drama therapy community state that drama therapy is

> a form of psychological therapy in which all of the performance arts are utilised within the therapeutic relationship. Dramatherapists[1] are both artists and clinicians and draw on their trainings in theatre/drama and therapy to create methods to engage clients in effecting psychological, emotional and social changes. The therapy gives equal validity to body and mind within the dramatic context (British Association of Dramatherapy, 2011).

Johnson, an American drama therapist, writes that "[drama therapy] values the possibilities of the unadorned encounter between a therapist and client in the play space. Here, the world of imagination with all of its contradictions and mysteries can be revealed" (Johnson, 2019). In addition, drama therapy "involves working in action. In this action-oriented mode, emotion is integrated with cognition, creativity is generated, and impulses toward constructive change are activated" (Emunah, 2020). Some of the forms that drama therapy uses are storytelling, improvisation, role work, performance, ritual, dramatic play, puppetry, myths, play texts and mask-work. While these definitions delineate drama therapy as a distinct therapeutic approach, it is important to note here that this research project does not discount the traditional ways in which dramatic elements have been used therapeutically within South African society (Makanya, 2014). Some believe that the global

[1] This is the British spelling. However in this report, 'drama therapy' will be spelled using the South African convention of separating the two words.

anthropological basis of drama is partly what gives drama therapy its power for healing, cross-culturally (Emunah, 1994; Doktor, 2000; Jennings & Holmwood, 2016). Drama therapy, however, has emerged as a distinct discipline with a separate identity to that of drama, psychology and traditional and indigenous healing forms (Jones, 2007). This distinct discipline, which still carries its anthropological history, is now active in South Africa.

The professionalisation of drama therapy is contentious, as it results in power dynamics with regards to 'who gets to practice what' (Kirsten, 2000; Makanya, 2014; Meyer, 2014). However, this contention is not where this research has its focus: it accepts that in some senses drama therapy does have a distinct identity, and thus it focusses rather on the challenge of examining this distinct discipline within the South Africa context.

Drama therapy in South Africa

Drama therapy is still in its formative years in South Africa, with the training only beginning at Drama for Life (DFL)[2] in 2014 (Rowland, 2014). This is the only accredited drama therapy training in Africa (Nebe, 2016). It comprises an Honours degree, Master's degree (coursework and research report), and an internship short course. There is an older generation of drama therapists who trained overseas and then returned to South Africa to practise. They have had to transform their training in order to work against "neo-colonial impositions" (Meyer, 2014:5). With an understanding of the context of therapy in South Africa as discussed previously, 'neo-colonial impositions' could further entrench drama therapy's inaccessibility and lack of effectiveness. In this regard, DFL actively works to ground the drama therapy training in indigenous knowledge systems, critical reflexivity, critical pedagogy and social justice in order to support the contextualising of this therapeutic practice (Nebe, 2016). This field, however, is still very much in its early development. Due to this newness, there is as yet little existing documentation that assesses the current state of South African drama therapy research and practice. Heeding the Introduction's caution, the need for a first assessment, therefore, is pressing. This necessity is encapsulated by the call of one of South Africa's early qualified drama therapists, Kirsten Meyer (2014:5): "Thus the challenge [for drama therapists] is to find ways of making the practice and training more culturally [and contextually] accessible for all

[2] Drama for Life is based at the University of the Witwatersrand's School of Arts, in Johannesburg, South Africa.

South Africans." An assumption of this research is that this contextual approach to drama therapy already exists – as there are drama therapists successfully practising and researching here – but this has not yet been reviewed or documented. Without this self-reflective action, there is a risk that South African drama therapy practice and research are not at their most potent in order to meet the needs of the country within which it is located.

It is clear, therefore, that in the interests of the discipline, its researchers, practitioners and clients, there is a need for an exploration of drama therapy research and practice in South Africa. In this research project, drama therapy in South Africa is explored in two ways. Firstly, the trends in research and practice are described. Trends, in this research, are understood to be the patterns within the data about drama therapy research and practice. These patterns include what is said, what is prevalent, what is not said and what is contradictory. In essence, the trends are understood to be the stories, both told and untold, within the data around drama therapy research and practice. Secondly, these trends are used to describe the shape that drama therapy has taken in South Africa. Since there is in place a Health Professions Council of South Africa (HPCSA)[3] document outlining the scope of the practice of drama therapy, it may be thought that this is an adequate description of the shape of this practice. However, this document does not describe the current, day-to-day realities of the profession in South Africa. Therefore the shape of drama therapy, in this research report, is understood to be the overarching picture and reality of drama therapy in South Africa as depicted by the trends in drama therapy research and practice. This picture is compiled from an exploration of the strengths, contradictions and places in need of attention in the shape of drama therapy in South Africa. The mapping of the shape cannot be an exhaustive one, as an exhaustive understanding of its intricacies lies outside the scope of this research. However, the research attempts to illustrate the shape to the best of its ability. This understanding of the shape of context-specific drama therapy practice and research, and how this may need to shift in the future, could assist with drama therapists playing their part in a more impactful way when working within the mental healthcare reality in this country.

[3] This is the professional registration body for all arts therapists in South Africa.

Rationale and significance

This section clarifies the rationale, grouped into academic and professional categories, behind this research project, as well as the significance beyond the project itself.

As discussed above, drama therapy is a new profession in South Africa (Qhobela, 2015), and there is scant academic documentation about how it looks in this context. Therefore, on an academic level, this research is motivated to provide an accessible, thorough, current and local illustration of this field's practice and research for those within drama therapy. Through this understanding, related academic knowledge can grow. Interdisciplinary academic connections can be forged, and a foundation of praxis can be laid for others to build upon. Most importantly, drama therapy researchers may better appreciate in what direction to take future research in order to fill the gaps. Consequently, this research is motivated to create useful academic awareness and activity, with regards to this field in South Africa.

Looking at drama therapy as a profession, there are reasons that motivate this research undertaking. The drama therapy community is growing, with approximately 28 HPCSA fully-registered drama therapists listed on the HPCSA database (HPCSA, n.d.).[4] From personal interactions with these professionals, it is apparent that they are working in different areas and with different client groups. For this reason, the role of this research is to build research and practice connections in the ever-extending community. This, in turn, can aid drama therapy professionals in coping with isolation: as they would be more aware of and in contact with the community of therapists around them. It can also assist in creating an ethos of best-practice, as each professional may be more aware of what approaches are working for others. In addition, this research aims to advocate for the drama therapy profession within this context through assessing the work that has been already carried out, and presenting it to the world in words that those in different professions may understand and value. There appears to be a lack of awareness of, or interest in, drama therapy within the broader body of mental health professionals. For example, the training programmes in drama therapy and psychology at the University of the Witwatersrand do not interact, despite being on the same campus. Thus by creating a document that is accessible and

[4] This can be found at: http://isystems.hpcsa.co.za/iregister/.

accepted by the academy (a place of common ground for all trained mental health professionals), mental healthcare professionals practising in other disciplines may more easily trust and want to work in association with drama therapists in a professional setting. Multidisciplinary teams have repeatedly been shown to provide clients with the most beneficial care, and thus this research may assist in this regard (Cioffi et al., 2010). Increased public knowledge can also make the experience of utilising drama therapy services more acceptable to clients themselves. This research, therefore, may contribute to drama therapy as a profession.

Research aims and questions

To achieve the purpose set out at the beginning of this chapter, this research project has two aims that lead to an overarching aim.

Firstly, this research aims at a thorough and systematic review of the trends in the existing literature and research that focus on drama therapy in South Africa. The objectives set out to achieve these aims are:

- To systematically obtain literature detailing research that has been undertaken about drama therapy in South Africa
- To analyse this literature to ascertain the prevailing trends within research in drama therapy in South Africa.

Secondly, this research intends to illustrate the trends in current drama therapy practice in South Africa, using information from South African drama therapists collected through an online questionnaire. The objectives set out to achieve these aims are:

- To construct a questionnaire that collects information on different aspects of drama therapy practice in South Africa
- To send this questionnaire out to drama therapists practicing in South Africa
- To analyse the collected data to ascertain the prevailing trends within drama therapy practice in South Africa.

The overarching aim of this research, therefore, is to use the information from these trends to map the shape of South African drama therapy practice and research. The objectives set out to achieve these aims are:

- To compare and contrast the trends that were analysed in both previous stages

- Through a critical discussion based on this trend comparison, to build an illustration of the shape – both its stronger and weaker aspects - that drama therapy has currently in South Africa.

The intention is not to provide an in-depth analysis of the meaning of this shape, as this would be outside the scope of the project. Rather it aims to provide a descriptive illustration of the strengths, curiosities, and places in need of attention in the shape that may be used to understand and clarify the discipline in a way that could help it better meet the needs of South African mental healthcare.

As a result of these aims, this research has one primary research question, and two secondary research questions:

Primary research question: What shape has drama therapy taken in South Africa?

Secondary research question 1: What are the trends in drama therapy research in South Africa?

Secondary research question 2: What are the trends in drama therapy practice in South Africa?

Limitations

While this research endeavoured to achieve reliability and validity throughout, there are limitations that must be acknowledged. These include the fact that only one researcher was involved in the project. There were safeguards put in place, such as a third-party researcher assessing the data collection methods. However, there still could have been blind-spots, biases or mistakes in data collection, analysis and reporting, despite the precautions that were put in place.

A further limitation is that although 28 drama therapists were sent questionnaires (one of the data collection methods), only 19 responded. While this is often the case with this method, as is discussed in Chapter Three, it becomes problematic when the research is located in a particularly diverse setting like South Africa. In these locations, a sample cannot stand for the whole population, as the drama therapy population is diverse (Pennell & Hibben, 2017). Therefore, while the results of the questionnaire do provide an illustration of drama therapy practice in South Africa, it cannot be regarded as a complete picture. An

additional method used was a systematic literature review. Due to the fact that this method can only capture information within its search criteria, and information that is accessible and public, some more recent or unpublished information may have been missed. The information sources that could have been missed include radio interviews, newspaper and magazine articles, online information, conference or symposia papers, and unpublished reports. In addition, the most recent, as yet inaccessible, research from the drama therapy training in South Africa was not included. Lastly, the most recent developments in dance/movement therapy training in South Africa were not included as the training is in the process (as of February 2020) of being developed. Thus currently, there is little documented information. While not captured, this information could have added valuable and current perspectives to this research report.

Finally, with hindsight, perhaps the scope of this research was too large for a report at Master's level and might have resulted in some meaning and detail in the data being lost.

Ethical considerations

Ethical clearance was obtained from the University's Human Research Ethics Committee (non-medical), and the research process followed all ethical protocol. The ethics clearance certificate can be found in Appendix F. Informed consent from those who participated in the questionnaire was obtained, and the participants were aware of what their involvement entailed. It was clear that their answers would remain anonymous, although anonymity could not be guaranteed as the drama therapy community is small. Safety measures were in place in case the content of the questionnaire triggered difficulties. As the systematic literature review was desktop research and did not implicate human participants, the ethical considerations for this were minimal.

Structure of report

This research report is organised into six chapters. Chapter One introduced and framed the topic under examination by exploring the context in which the research is located. It described the rationale, significance and the aims and questions of the research. It also contained the limitations and ethical considerations. Chapter Two maps relevant literature

that both positions the research more clearly and justifies the research endeavour. Chapter Three discusses the methodology of this research: its design, methods of data collection and methods of data analysis. Chapter Four presents the results of the data analysis, and Chapter Five explores these results in three sections, in a manner that attempts to answer the research questions and fulfil the research aims. Chapter Six concludes the report by tracking the research journey and navigating the implications of the research.

CHAPTER TWO: MAPPING THE RELEVANT LITERATURE

Currently, to the best of my knowledge, there are no existing similar studies about drama therapy in South Africa from which this research can draw. As I am therefore venturing into unchartered territory, this chapter has two sections with different aims, that use relevant literature to map the terrain of the research.

The first section aims to use selected drama therapy literature from elsewhere in the world to demonstrate the importance of recording the shape of drama therapy and its trends within the South African context. This section is conscious of the diverse range of literature that exists around drama therapy internationally, as well as the diversity in drama therapy conceptualisations, approaches and methods. An all-encompassing description is therefore not possible to include, and is not claimed as achieved. Rather, this section aims to use select case examples from drama therapy internationally to illustrate the point that intentional reflexivity about drama therapy as a discipline is essential to allow for growth and maturation.

The intention of the second section is to use literature that explores how drama therapy works in diverse contexts to justify the need for documenting drama therapy in the similar context of South Africa. This lends urgency to this investigation. Given this increased understanding, the place of drama therapy in the South African context may be strengthened and legitimised.

The importance of drama therapy as a self-reflexive discipline

This section explores international case examples of drama therapy in order to justify the importance of the therapy being self-reflective as a discipline. These case examples focus on drama therapy as a discrete discipline. This choice does not discount the rich history of drama being used for healing both within healthcare settings and in everyday life. Firstly, literature is examined that speaks to the state of drama therapy outside of South Africa: in America and Britain, and then in a number of postcolonial countries broadly similar in history to South Africa. By looking outward, it is demonstrated that drama therapy has always emerged idiosyncratically in relation to particular needs within different contexts. This supports my assumption that this is the same in South Africa. Throughout these short

case examples, I have found drama therapy to have been most successful, when it has been the most critically reflexive of its praxis and has documented how it developed. This understanding outlines the exploration of the scant literature that follows which outlines the shape of music therapy, art therapy and dance/movement therapy in South Africa. It provides a brief picture of the state of other arts therapies alongside which drama therapy sits in South Africa. Indeed, this understanding lends more urgency to this research project as a whole.

Literature around the state of drama therapy in America and Britain is examined, as it is in these countries that the discipline has developed for the longest period of time. In so doing, it is shown that through traditions of critical reflexivity and documentation of the state of their own research and practice, drama therapy has become grounded in these contexts. While there are arguments for drama therapy having existed ever since humans practised dramatic ritual (Emunah, 1994), the development of drama therapy as a profession is commonly understood as having developed in the 1960s in America and Britain (Casson, 1997). The journey of what it was that made drama therapy successful in these countries is briefly explored through five vignettes of drama therapy pioneers and their work in those contexts: Sue Jennings and Marian 'Billy' Lindkvist from Britain, and Robert Landy, David Read Johnson and Renee Emunah from America. These are not the only pioneers, but the ones that have been chosen for this exploration. This information is evidence that the survival of drama therapy has depended on the ability of these pioneers to review and assess the ongoing contextual shape of their own profession.

In Britain in the 1960s, Jennings was prompted to use drama therapeutically. Both the post-war socio-political climate and the Cold War convinced her to consider how drama could reach marginalised individuals in her own context (Jones, 2007). She began working in remedial settings and gradually began using the term drama therapy (Jones, 2007). Throughout her career, Jennings has prolifically documented and reflected on her work through theory and research. Around the same time, Marian 'Billy' Lindkvist began using improvisatory drama and movement in psychiatric hospitals (Jones, 2007). She was responding to the dearth of energy, soul and connection that she witnessed there. She subsequently created an entire model of drama therapy, the Sesame Approach, which encapsulates myth, movement, collaboration and improvisation (Johnson, 2018). While this

model is still active today, from conversations with some South African drama therapists who trained at the Sesame Institute, it became apparent that they felt the need to expand their training upon returning to South Africa, as it had been very specific and did not fully equip them to work in a different context. Thus the use of the pure, unchanged form of the method has dwindled, especially in the South African context. In this sense, while Lindkvist's work was responding to a contextual need, it perhaps was not the most critically reflexive. It is this bringing of contextual, reflective practice into theory – seen in degrees across these British pioneers – that has allowed drama therapy to continue to grow in those countries.

Turning to America, similar lessons have been learnt. Robert Landy, one of the most productive researchers in this field, brought a strong theatre background into his therapeutic work (Jennings et al., 1994). He was working in a school for children with special needs in the 1960s and realised that by putting on plays together, the children seemed to blossom. Through bringing his practice and his strong theatrical background into dialogue, as well as reflecting on what was effective in his practice, Landy formed his Role Theory and Method, role assessments, and his Taxonomy of Roles (Lewis & Johnson, 2000). This work has provided a valid and reliable base from which many drama therapists have subsequently grown. In addition, Landy has conducted research of a similar nature – a review of American drama therapy practice and research (Landy, 2006). His writing confirms the impetus for this project: that it is only through taking stock of the present that drama therapy can be taken more assertively - for the sake of both practitioners and their clients - into the future. Johnson, another American drama therapist, was pivotal in creating a theoretically grounded approach to drama therapy – Developmental Transformations (Johnson et al., 1996). Johnson formed this approach in the context of psychoanalytic thought, dramatic improvisation and Grotowski's "physio-affective" understanding of performance (Johnson et al., 1996:293). Because this playful approach was reviewed over decades (Johnson, 1986, 2007; Johnson et al., 1996) and was documented through theory and case studies, it has flourished and is being used successfully in different client groups and contexts (Glaser, 2004; James, Forrester & Kim, 2005; Butler, 2012; Reisman, 2016). Lastly, Emunah, who was one of the first drama therapists to register in America, has dedicated much time to documenting her practice and to the formation of theory (California Institute of Integral Studies, 2019). Similarly to the others, she began in practice and then, realising the potency

of drama as therapy, began to review and document (Emunah, 1994). Her ability to do and reflect on her doings is seen in her significant contributions to the foundation of drama therapy knowledge: among others, her Integrated Five Phase Model, and her 1994 book *Acting for Real* which systematically brings together drama, theatre and psychology. Therefore, both explorations that focussed on Western, professionalised drama therapy demonstrate the critical nature of reviewing the discipline, which indicates that the gap that exists in South Africa in this regard should be regarded as pressing.

There are, however, some challenges that drama therapy faces in these locations that must be foregrounded, as they point to the potential pitfalls if constant review and documentation do not occur. Landy shared, about 14 years ago, his concerns about how drama therapy had stagnated in America. Conference attendance had diminished, training programmes were becoming smaller due to the loss of charismatic leaders that rallied certain approaches (psychodrama, for example) and up-to-date research was not being accomplished (Landy, 2006). In addition, as early as 1995 in the development of drama therapy, Landy was noticing fracturing and isolation in the professional community. He was alarmed that in the face of the difficulties of being the pioneers of a profession, therapists were becoming defensive and survivalist (Landy, 1995). While this reality seems to have changed with the growth of new training programmes and refreshed leadership, South African drama therapy faces similar challenges (Nebe, 2016). The intention of this research is to partly ward off the possibility of these outcomes. It is clear that even in countries where this profession is 'well-established', crucial challenges in terms of practice and research have been faced. This understanding signifies, again, the importance of this research.

Turning away from the West, the state of drama therapy in a number of postcolonial countries is explored, using case examples from Malaysia, Fiji, Nigeria and Sri Lanka. These case examples do not provide a full description of drama therapy within these contexts, but rather a brief sketch to offer a comparison to this research study. The countries selected have broadly similar histories of colonialism to South Africa. How drama therapy has taken shape in the contexts of these case examples then, is relevant to this research, and supports a review of how drama therapy has taken shape contextually in South Africa. Malaysia is culturally diverse, and a drama therapist who studied in Britain and then returned to

Malaysia found this brought tension to her practice (Chandrasegaram, 2010). In her attempts to bring the profession to her home country, Chandrasegaram found that the most important thing for her to do was to listen intensely to her clients and adapt what she had learnt overseas to be able to work in a culturally congruent manner. Similarly, a drama therapist from New Zealand brought the practice of drama therapy to Fiji (Miller, 2010). As a white therapist working in a context where she was a foreigner, she reports that the constant challenge was to not let her expertise silence her clients in a form of neo-colonialism. Articles from Nigeria and Sri Lanka show the institutional challenges impacting the shape of their drama therapy. A lack of trust on the part of authorities in Nigeria almost did not allow a student to work and research in a neuropsychiatric ward (Nasir & Akinboye, 2013). In Sri Lanka, funding for psychosocial interventions is competitive and drama therapy has not been prioritised (Galappatti, 2003). Clearly drama therapy's presence, let alone its shape as a profession, is contested across these locations. While the discipline has demonstrated that it is responding in some ways to the postcolonial contexts, what is needed is reputable research such as this project which intends to explore and validate this therapeutic approach.

Having established an understanding of how international drama therapy has productively responded contextually and self-reflexively, an assessment of the extent of such response with regards to drama therapy in South Africa was anticipated. Unfortunately, despite my best efforts, no substantial evidence of this was found. Thus documentation of the shape of local music therapy, art therapy and dance/movement therapy is turned to, to provide a comparison. Music therapy is much older in South Africa, and thus reviews of how research and practice occur locally do to some extent exist. A reasonable number of articles have been published by South African music therapists that review the shape of the profession in this country (Oosthuizen, Fouche & Torrance, 2007; Pavlicevic, 2002, 2005, 2001; Dos Santos, 2005; Dos Santos & Pavlicevic, 2006; Oosthuizen, 2006). This relative wealth of knowledge is a testament to the more advanced stage of the development of music therapy. It also illustrates that with the rigour of documentation comes greater potential for a discipline to grow sustainably. Drama therapy is facing the same context that music therapy has faced and still faces, and thus it is clear that it is possible to thrive. The critical point,

though, is that drama therapy learns from their music therapy siblings, and begins to reflect, review and document the extent to which it is working contextually.

With regards to art therapy, there are frustrations around HPCSA accreditation (Solomon, 2006), as it is possible to register as an art therapist but not possible to train here (SANATA, n.d.). The same applies to dance/movement therapy - with only a few registered, externally trained therapists (Dulicai & Berger, 2005). A dance/movement therapy training programme only just began in South Africa in 2020. Comparing this to the reality of drama therapy, with its HPSCA accreditation and South African training programme, gives even more urgency for the profession to ensure its survival and growth, as in this way they can pave the way for the acceptance of other arts therapies still struggling for recognition.

Throughout this mapping of literature, it has been established how drama therapy has a particular affinity to mould itself to best respond to its context. As seen in international case examples, this strength only becomes sustainable, however, if the practice and research remain critically self-reflexive and documents itself. With a dearth of this sort of review in South Africa, drama therapy here may be in danger of dwindling and thus not able to respond to the urgent mental health needs in this country. It is clear, then, that this research project which aims to begin this venture of reflexive documentation of the shape of drama therapy in South Africa, is essential.

The applicability of drama therapy in diverse contexts

The aim of the following discussion is to use literature that explores the applicability of drama therapy in diverse settings, in order to support the aim of exploring how drama therapy has taken shape in South Africa's diverse contexts. South Africa is a particularly diverse country, in terms of language, race, culture and religion (to name a few arenas) (Makanya, 2014). Some suggest that drama therapy, along with other arts therapies,[5] has "come of age" (Cruz, 2005:167). In this statement, Cruz suggests that in different countries across the world - from Korea to the United States to Israel/Palestine - there is a growing interest in, acceptance of, and commitment to arts therapies. Many of the contexts in which

[5] Art therapy, music therapy, dance/movement therapy and drama therapy make up the body that in South Africa is named 'arts therapies'. Elsewhere, this body is named 'creative arts therapies'. However, as this is a South African paper, the South African convention is used.

these therapeutic modalities are growing are diverse in terms of culture, language, ethnicity, country-of-origin, socio-economic status, and religion, amongst other factors. Cruz, along with other authors (Doktor, 1998, 2016; Jennings & Holmwood, 2016; Nebe, 2016) have called for thorough research to be conducted on how drama therapy has taken shape in these contexts, in order to advocate for and ground the profession. Using relevant literature, this section of the chapter describes and explores how drama therapy 'comes of age' and thrives in contexts where this diversity is present. This is explored through broad descriptions of three theoretical orientations of drama therapy and an exploration of why these allow drama therapy to work across diverse groups of people. To expand the illustration, a broad description and exploration of diversity-successful drama therapy methods is given. To conclude, a critical eye is turned towards the caveats and limitations of using drama therapy in diverse contexts.

Three theoretical orientations of drama therapy are explored that demonstrate applicability to work in diversity: the anthropological, transpersonal and social justice orientations. Many drama therapists maintain that drama therapy is anthropological in essence (Emunah, 1994). Grainger states that drama is "not so much a skill as a way of life" (2016:xxi). Drama provides the base for rites and rituals (Nasir & Akinboye, 2013), infant attachment and development (Jennings & Holmwood, 2016), and is employed to ensure health and social transformation across cultures, countries and language (Emunah, 1994; Nasir & Akinboye, 2013). While the forms and aesthetics of the drama may differ across spaces, their foundational elements converge. Perhaps this is one of the reasons why drama is intuitive and familiar to so many (Orkibi, 2018). Another perspective on this orientation is from drama therapy practitioners and scholars that trace drama therapy origins to the global phenomenon connecting therapy and theatre (Jones, 2007). Stephen Snow, who orients drama therapy within this performative frame, advocates that drama therapy "[demonstrates] the deep roots of healing through performance in human history and culture" (Snow, 2009:118). These roots can be seen in dramatic and embodied healing rituals that have been performed in human history globally. This example, and the broader understanding of drama as anthropological, are the reasons that drama therapists who align themselves with the anthropological theoretical orientation understand that the discipline transcends difference so easily: it is the medium of drama itself that provides a bridge to

which almost all are accustomed. This allows clients from various backgrounds to be invited into the therapy more easily, as the drama of the therapy is familiar across many contexts, which may reduce stress and fear that clients may feel when there is heterogeneity in the therapy space. This demonstrates how drama therapy can meet this previously discussed challenge that therapy faces in settings where there is diversity.

The transpersonal theoretical orientation of drama therapy, often termed the Omega Transpersonal Approach, may likewise offer insight into how this discipline can survive in diversity. This theoretical orientation is influenced by humanistic, psychodynamic, and cognitive behavioural psychology – but is fundamentally based on spirituality and connection to the "greater good and the bigger picture" (Lewis, 1997:243). Many links have been established between religion, health, and art in more general drama therapy theory (Glaser, 2004). Indeed, there are strong connections between the work of the spiritual practice of a shaman and that of the drama therapist (Johnson, 1991; Glaser, 2004; Jones, 2007; Jennings & Holmwood, 2016). The theories of the Omega Transpersonal Approach, specifically, are based upon concepts of the sacred, the essential Self, archetypes and symbols, interconnectedness and life purpose (Linden, 2009). These themes can be found across cultures and religions, from India (Linden, 2009) to South Africa (Makanya, 2014). For this reason, this theoretical orientation can allow drama therapy to work in and with different, diverse spaces and peoples. One client who experienced this theoretical orientation, a Japanese/Korean-American woman, stated: "I was profoundly shocked and assured, at the same time, of our common human struggles on this earth" (Linden, 2009:232). Her statement attests to the strength of this theoretical understanding of drama therapy when working in situations where diversity is present, and thus may contribute to the reduction of the multiple challenges therapy can face in these contexts.

The third theoretical orientation, which exemplifies how the medium is positioned to work across boundaries within diversity, is the social justice orientation. This approach, which is becoming increasingly cited, proposes that "diversity and social justice [are] central to [the] work of drama therapists and drama therapy educators" (Sajnani, 2016:5). It is becoming a drama therapist's responsibility to work from a socially just and conscious orientation (Doktor, 1998). This orientation believes, as Sajnani (2016:4) states, that it is dangerous to maintain the borders that separate art, therapy and politics, and thus one role of the drama

therapist is to "[interrupt] the status-quo." In Nigeria, an author describes how they work therapeutically with drama, but from within the frame of Theatre for Development where the aim is to dismantle power structures and give voice to the voiceless (Nasir & Akinboye, 2013). It is from this theoretical orientation that drama therapy actively works against power inequality within therapy in a diverse space – which, as shown previously, is a prevailing challenge.

With this understanding of the theoretical orientations that position drama therapy to work across diversity, this chapter now moves on to discuss the ways in which the methods of drama therapy are suited to work in such settings. Doktor (2016), who has been researching intercultural drama therapy since the 1990s, suggests that treatment methods that have been adapted to meet the client's background have a profound impact on the power of the therapy. Indeed, she mentions that drama therapy is becoming the therapy of choice for clients who identify as marginalised. This section explores drama therapy methods that may explain this phenomenon. The methods focussed on are creativity and aesthetic, play, story and embodiment.

There is evidence that the creativity and aesthetic of drama therapy assists in transcending difference and diversity within the therapy space, without disregarding the validity of the diversity itself (Boas, 2006). This notion is encapsulated by Romanian-American academic Marianne Hirsch: "Aesthetic encounters … elicit a sense of vulnerability that can move us toward an ethics and politics of open-endedness and mobility" (as cited in Sajnani, 2016:5). At the same time and without nullifying this, creativity and aesthetic can solidify the foundation of the client's cultural background and identity which can be therapeutic in itself (Doktor, 1998). Thus, the fundamental method of drama therapy – creativity, drama and aesthetic – allows therapy to take place in diverse contexts with less anxiety on the clients' part, while encouraging and nurturing relationships, human connection, and supporting the therapist in the moment. All of which could assist, in turn, in the ethical and human offering of therapy in diverse settings.

The second method that has been shown to support drama therapy's place in diversity is play. Play is a core element of drama therapy which allows clients to explore their realities in flexible, insight-inviting and distanced ways (Jones, 2007). Bruck (2010), a British drama

therapist, uses play as an entry point into therapy when she is working with clients who are different from herself. She suggests that play can build empathy and an ability to 'see into each other's lives', for both client and therapist. Sajnani (2016), in America, uses play to bridge and navigate, in an accessible manner, the personal and political that will undoubtedly be present in such therapy settings. Mayor, also in America, extends this idea when she suggests that race should be deconstructed and toyed with in drama therapy and that the method of play offers an opportunity to "play the unplayable" (2012:216). These methods in turn, undermine the paralysing "fear of getting it wrong" (Kingwill, 2014:228) which is important as fear, as discussed previously, is a clear challenge in therapy when working in such contexts.

Yalom (2002) remarks that a new therapy must be made for every client, and the drama therapy method of story can help in this regard. This is especially relevant in diversity, as it can reassure the client of the therapist's commitment to seeing them as human and not as a stereotype. Stereotyping is a challenge when diversity is present as the 'new therapy' should be contextually appropriate for each new client. This is where the strength of story as a method in drama therapy is evident. Mkhize reminds us that "people conceive of themselves in terms of stories … [And] studying the self through narratives makes it possible to make contact with the cultural and socio-historical context in which the self is embedded" (1998:23). Working with clients' narratives in a creative and transformative way can also remind them of their potential story, which can broaden their role repertoire[6] and thus their resilience and health (Doktor, 2000). Thus story-telling, which is core to drama therapy (Jones, 2007), can aid clients to re-assert their agency in the therapy setting. Drama therapy methods that employ existing myths and folktales can also assist when working cross-culturally, as local stories whose familiar landscape can invite clients in, can be used in dramatic enactments (Miller, 2010). Indeed, in systematic searches which looked at which drama therapy methods are used globally across diverse settings, story is one of the most prominent (Landy & Montgomery, 2012).

Embodiment is the use of the body's knowledge and information in drama therapy. The body is used in drama therapy through role-taking, structured or improvised movement and

[6] Role repertoire, a term used by Robert Landy, refers to the different roles and ways of being available to a client. He proposes that the greater the role repertoire, the greater the health of the client.

embodied contemplative practices, to name a few (Jones, 2007). Often this method is preferred in diverse spaces as it is mostly non-verbal (Doktor, 1998), and thus counters the challenge of language as mentioned earlier. Embodiment allows "arts therapists to be in rhythm with the cultural needs of people with various ethnic backgrounds" (Forde, 2010:21). This is due to the fact that "everything we experience is stored in our bodies; therefore our bodies are archives of memories and experiences" (Annandale, 2017).

When looking at this topic holistically, a necessary and truly self-reflexive discussion is needed about the caveats inherent in using drama therapy in diverse settings. Certainly, it must be kept in mind that no matter the anthropological orientation of drama therapy, as a discipline it is still based on Western, Eurocentric theories of psychology and drama (Doktor, 2016). Therefore drama therapists should not forget that they are responsible for interrogating their practice, otherwise there is a danger that the therapy may become another vehicle used to maintain power and privilege (Solomon, 2006). In this vein, the transpersonal approach to drama therapy, while based on spiritual ideas, does not equip or endorse the drama therapist as a spiritual practitioner (Makanya, 2014). While transpersonal connections are clear, they cannot be the sole foundation upon which drama therapy's diversity awareness is based. Similarly, although drama therapy may have an anthropological orientation and its methods may equip therapists to use local folk-lore, drama therapists must remain aware of the dangers of appropriating other cultures (Doktor, 2000; Potash et al., 2017). Indeed, Doktor (2000), one of the experts in this aspect of drama therapy, comments that while therapists know of the importance of self-reflexivity when working in diverse settings, there is still a dearth of research exploring this aspect – and most literature of this nature is focussed on the client rather than the therapist. This is a concern, as it may mirror a pattern that exists in the therapy space as well. Consequently, while the theoretical orientations and methods are fairly uniquely positioned to work with diversity, these caveats should not be minimised. It becomes clear that observing some of these cautions is also encouraged by drama therapists in South Africa.

In conclusion, if the warnings are heeded, drama therapy may be a therapeutic approach that has the ability to work across a diversity of, among other aspects, language, race, culture, gender, sexual orientation, ethnicity, socio-economic status, religion and country-of-origin. Therefore, while there may be shame around what some see as the "pale

reflection" of drama therapy in relation to other more established therapies, this research offers the position that those involved must explore, document, and advocate for "the inevitable, deeply African hybridisation" (Swartz, 2013:15) that is drama therapy. Indeed, the trends and shape in South African drama therapy that allow it to flourish in and amongst the challenges of working therapeutically in our diverse country need to be investigated and mapped. This is the crux of this research endeavour and may provide depth and fire to both the international conversations about drama therapy, and its research canon.

In mapping relevant literature, the terrain of this research became more distinct. The trends in research and practice, and indeed the documenting of the shape of South African drama therapy, should take into account certain aspects: how self-reflexive is drama therapy as a discipline in South Africa? What does the extent of this self-reflexivity mean for the longevity of drama therapy in South Africa? To what extent does drama therapy orient its methods and theories to meet diversity in South Africa? Do the ways in which drama therapy in South Africa accomplishes this, align with international drama therapy in diversity? The abovementioned questions that emerged from the mapping of the relevant literature helped to frame the research questions and methodology, and the discussion of the results of the research.

CHAPTER THREE: RESEARCH METHODOLOGY

In this chapter, the research design and the methods used for data collection and analysis are described and justified. This research project employed a mixed methods study design for both the data collection and analysis phases. Following a discussion of this design, the methods of data collection: a systematic literature review and an online questionnaire, are detailed. This is followed by a description of the data analysis methods, which were systematic literature review, qualitative content analysis, and quantitative analyses.

Research design

This research was comprised of two main sections each focussing on a secondary research question. Firstly, a systematic review of existing literature centred on drama therapy within a South African context was used to answer the secondary research question 1: *What are the trends in drama therapy research in South Africa?* Secondly, an online questionnaire completed by qualified drama therapists was used to answer the secondary research question 2: *What are the trends in drama therapy practice in South Africa?* From these sections, the primary research question around the shape that drama therapy has taken in South Africa, could be answered.

Due to the multi-pronged approach, as well as the diversity in data types required, a mixed methods research design was selected. A mixed methods study intentionally and systematically combines the philosophies, procedures, techniques and designs of both qualitative and quantitative research paradigms within the same study (Clark & Ivankova, 2017). The crux of this approach lies in the integration of these paradigms – where the positivist nature of quantitative research and the constructionist nature of qualitative research are in conversation with each other, and used to build a holistic and nuanced description and analysis of the phenomenon under study (Bradt, Burns & Creswell, 2013). It was implicit in the context that the trends in the shape of South African drama therapy were only possible to describe and deconstruct through both qualitative and quantitative means. For disciplines such as drama therapy, along with other arts therapies, this interdisciplinary approach results in the solid and multifaceted research needed to advocate and pioneer the field (Roberts & McFerran, 2008). Indeed, Jones (2012), a drama therapist, challenges arts

therapists “to begin to engage with both methods so that there can be advocacy” (as cited in Meyer, 2017:86). Certainly, it is in the border-crossing between previously discrete research approaches that new, trustworthy and transformative knowledge can be unearthed (Mertens et al., 2015).

Specifically, this research used a convergent parallel mixed methods research design in which both the qualitative and quantitative datasets are collected at the same time, focussed on equally and yet analysed independently (Bradt, Burns & Creswell, 2013). As seen in Figure 1 below, the qualitative and quantitative data were collected simultaneously through the online questionnaire and the systematic literature review. While analysis of the different forms of data occurred independently, integration took place in the discussion section, where divergences and convergences in the different forms of data were explored in combination. The aim of this design is to bring together the strengths of both datasets in a complementary way that allows for a “[corroboration of] evidence” (Bradt, Burns & Creswell, 2013:134).

The same dimensions of drama therapy were used to structure both sections of the design in order to assist in the convergence stage. As explained in the research questions, to provide an answer to what shape drama therapy has taken in South Africa, the trends in both research and practice were explored. The same dimensions were used to structure both of these explorations in order to ease their integration into the critical discussion section, and thus answer the research questions posed. The dimensions of drama therapy used were:

- Demographics
- Client population
- Drama therapy methods
- Drama therapy theoretical orientations and influences
- Adaptation of drama therapy to the South African context
- Functional practicalities of the drama therapy profession
- Challenges faced by drama therapy
- Research methodology
- Implications for the future of drama therapy

As no prior studies of this nature could be located on which these dimensions could be based, they were chosen as follows: firstly, they were influenced by similar studies from other disciplines (Dulicai & Berger, 2005; Roberts & McFerran, 2008; Nordstrom-Loeb, 2012). Secondly, they were inspired by Jennings and Holmwood's 2016 book *Routledge International Handbook of Drama Therapy*. This is the most recent and thorough body of work focussed on drama therapy in places outside of America and Britain. The dimensions were found to be common in these articles, and thus used in this research. Thirdly the dimensions were chosen using my own informed opinion on the general dimensions that make up drama therapy research and practice, drawn from personal, academic, and professional experience.

By using these same dimensions to structure both sections in this parallel design, the convergence section of the design was enabled. This, as well as each specific method used in each stage of the research process, is illustrated below:

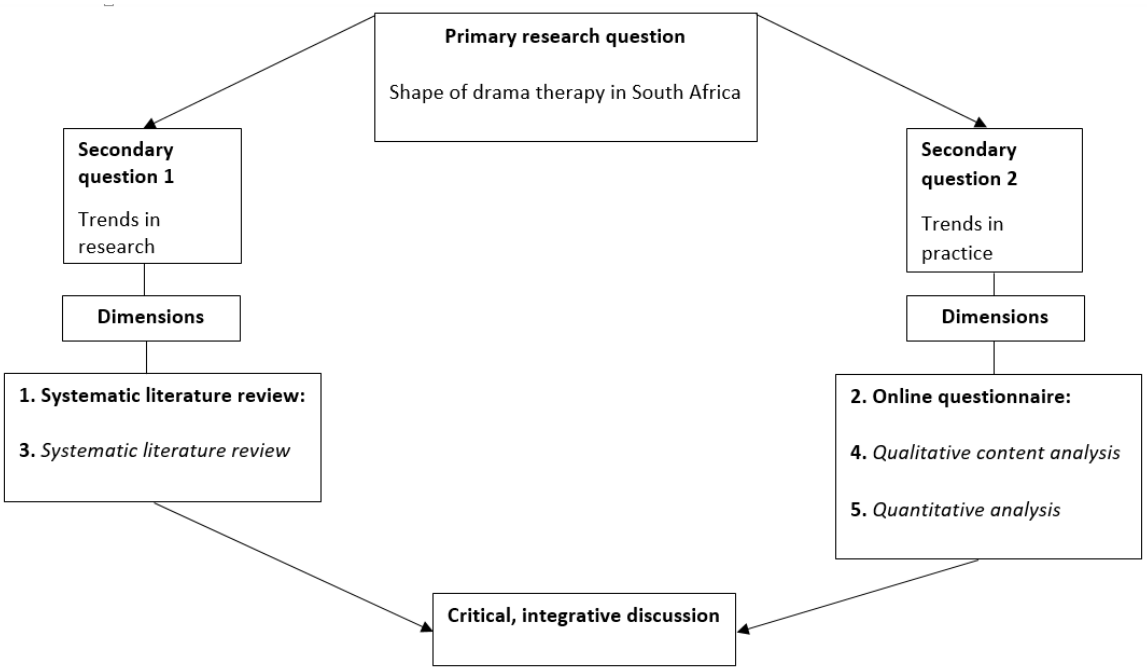


Figure 1: Research design diagram

As explained in Chapter One, 'trends' refer to the patterns within the data around drama therapy research and practice, and 'shape' is understood to be the overarching picture and reality of drama therapy in South Africa as depicted by these trends.

The stages of this design are described and justified in more detail below.

Data collection methods

In both of these methods, qualitative and quantitative data were collected simultaneously, as per the convergent parallel mixed methods design.

Data collection method: systematic literature review

To answer the first secondary research question, which focussed on investigating the trends in the research on drama therapy in South Africa, a systematic literature review was used to collect the relevant data. While this method has different connotations in different fields, in this research report a systematic literature review is understood to be a detailed and structured way to collect all literature based on particular key words that are central to the research question (White & Schmidt, 2005). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist, which is a detailed outline of how to conduct a systematic literature review for this purpose, informed the procedure (Moher et al., 2009). The checklist allowed for the location of the relevant literature that this research project needed in order to answer the research question that focussed on drama therapy research trends in South Africa. The systematic literature review procedure used in this research is detailed in the stages described below:

Selection criteria for literature

These following criteria ensured that the literature included in the systematic literature review was focussed on the drama therapy research that this project intended to review. The intention was to systematically include all research focussed on drama therapy within South Africa. In addition, the criteria had to ensure that the included literature was within the scope of the research project, and within the researcher's ability to review. Therefore, these criteria were:

- Literature firmly focussed on exploring drama therapy within the South African context
- In English (due to my limitations and lack of funds to hire translators)
- Book chapters, journal articles, theses and dissertations, films

Databases used

- "National ETD Portal"[7] to locate theses and dissertations from all South African universities
- "Search Across all Databases" on the University of the Witwatersrand library website which searched all journals that this university subscribes to (results mainly were from *Arts in Psychotherapy*, *South African Theatre Journal* and *Journal of Applied Arts and Health*)
- "Google Scholar"

Search terms used

- "Drama therapy", "Dramatherapy" and "South Africa"

In addition, data for the systematic literature review were obtained through the online questionnaire (discussed in the following section), where drama therapists were asked to submit any research that they had written around drama therapy in South Africa. Through this avenue, five pieces of literature were retrieved:

- *We don't fly kites here* (short film by Paula Kingwill)
- *Tending the saplings: Dramatherapy in South Africa* (short film by Paula Kingwill)
- *Who am I to you: Using the creative arts to build interpersonal relationships - A South African perspective* (book chapter by Paula Kingwill, Lesley Palmer and Sian Palmer)
- *Redefinition, restoration, resilience: Drama therapy for healing and social transformation* (book chapter by Warren Nebe)
- *There's a hole in my bucket* (book chapter by Paula Kingwill)

Selection process

From this search, 66 pieces of literature were located. Each was downloaded and the 'search within document' function was used with the search terms "dramatherapy", "drama therapy" and "South Africa". This was to ascertain whether the document met the criteria of being suitably focussed on drama therapy within the South African context. By systematically collecting the literature to be reviewed, researcher bias was reduced (White & Schmidt, 2005). However, it was at this point in the systematic process, where the articles

[7] This can be found at: http://www.netd.ac.za/portal/? (National ETD Portal, n.d).

were selected, that my judgement was used and thus bias perhaps came into play. For this reason, the contentious excluded articles are presented as follows:

Table 1: Contentious excluded literature

Excluded pieces of literature	Reason
"Psychodrama as an intervention tool with a pre-schooler with sensory integration difficulties" (Veldsman, 2008)	Focussed only on psychodrama, which is not drama therapy specifically
"Translating trauma: using arts therapies with survivors of violence" (Barnes & Peters, 2002)	Not focussed enough on drama therapy specifically, but rather arts therapies in general
"Mirror, mirror on the wall: dramatic characterisation as a means for reflecting personal values" (Janse van Vuuren, 2007)	Focussed on the application of applied drama, not drama therapy (even though some drama therapy literature was used)
"Creative arts in psychotherapy treatment protocol for children after trauma" (van Westrhenen et al., 2017)	Not focussed enough on the drama therapy specifically, but rather creative arts in general

Following this selection process, 33 pieces of literature were found to be eligible.

Data collection method: online questionnaire

To collect the data that would allow for the second secondary research question related to the trends in drama therapy practice in South Africa to be answered, an online questionnaire method was used. A questionnaire allows for information to be gathered in response to particular questions in a systematic way (Wolf et al., 2017).

The questionnaire for this study was compiled using Google Forms, and an online link was both emailed to the South African National Arts Therapies Association's (SANATA)[8] database of drama therapists and sent as a message on the South African national WhatsApp group for drama therapists. In this sense, the total population of drama therapists was intended to be the research sample. In these emails and messages, ethical considerations in relation to participation were outlined, such as informed consent, right to refuse, confidentiality, and anonymity. Reminders were sent out to encourage participation. The eligibility criteria for drama therapists to participate were that they had to be fully qualified drama therapists registered with the HPCSA. As per the HPCSA database the total population of drama therapists meeting these criteria consists of 28 people.

[8] SANATA, or the South African National Arts Therapies Association, is the official representative body for all arts therapists in South Africa.

Research topics suited to an online questionnaire as a data collection method, are contained in a single phenomenon occurring in the present (Bourque & Fielder, 2011). This was the case for this study which focussed on current drama therapy practice in South Africa. While some suggest that pre-existing questionnaires should be adapted to meet the particular needs of the current study in a reliable and consistent way (Bourque & Fielder, 2011), this was not possible for this research as no previous study of this nature could be located. Thus the questionnaire was based on the dimensions of drama therapy discussed previously, which also provided consistency across the methods in this research study. A full list of the 56 questions of the questionnaire can be found in Appendix A of this report. The basic structure of the questions, based on the drama therapy dimensions, was as follows:

- *Demographic* questions to ascertain a description of the population of drama therapists practising in South Africa and their manner of practice (questions 1–12; 19–29)
- Questions about current practice to gain information about c*lient populations* served (questions 12–18; 30–33)
- Questions about *drama therapy methods* and *theoretical approaches* used in practice in South Africa (questions 34–37)
- *Functional practicalities* of being a professional drama therapist in South Africa (questions 31, 37, 39)
- Questions about *adaption of drama therapy to South Africa's* context (questions 38–42)
- Questions about *challenges* and *implications for the future* surrounding drama therapy in South Africa (questions 43–44; 48–49; 55)
- Questions about the *research methodology* of current drama therapy research (questions 46–47; 53–54)

The questionnaire consisted of both quantitative-based questions with tick-boxes; and qualitative-based questions with descriptive answers required. These different types of answers were then analysed using different methods, as explained in the next section.

Questionnaires require thorough planning, testing and editing (Peterson, 2013). This questionnaire was tested by a third-party researcher before it was sent to the participants,

to ensure its internal consistency, which contributed to its reliability. Ethical considerations, such as informed consent, confidentiality, anonymity, and right to refuse, were reiterated in both a participant information sheet and an informed consent form at the start of the questionnaire.

Data analysis methods

Systematic literature review

A systematic literature review was used to analyse the literature found through the systematic literature search in order to ascertain the trends in the drama therapy research, as a systematic literature review can moreover be used to analyse the literature once it is located. Predetermined categories or characteristics are used to structure the data analysis process (Roberts & McFerran, 2008; Moher et al., 2009), categories or characteristics that can be based on existing and similar studies, theory or the researcher's key areas of interest if there are no prior studies (Pothoulaki, MacDonald & Flowers, 2005). The latter was the case for this project, and thus the drama therapy dimensions were used as the categories into which the relevant data were organised. An Excel spreadsheet with the drama therapy dimensions as the rows and eligible literature as the columns was created. Once the relevant data from each piece of literature were extracted according to these categories, the results were summarised in both qualitative (grouped by similarity in content) and quantitative manners (counting the number of times the particular aspect of the dimension was mentioned). This resulted in the table found in Appendix B. Thereafter the trends, similarities, differences and contradictions were determined per dimension and described qualitatively in text form, and quantitatively through organising the frequencies in the data into percentages and graphs (Pothoulaki, MacDonald & Flowers, 2005; White & Schmidt, 2005). Thereby the trends in the literature around drama therapy in South Africa could be systematically identified, described and interpreted.

Qualitative content analysis

Qualitative content analysis was used to analyse the qualitative questionnaire data. The raw data from the questionnaire were divided into qualitative data and quantitative data. The

method of data analysis for the qualitative data is described below and the method of data analysis for the quantitative data is described in the next section.

Qualitative content analysis was used to analyse the qualitative, descriptive, open-ended responses from the online questionnaire in order to identify and analyse the trends in drama therapy practice in South Africa. Content analysis is uniquely suited to mixed methods research, as it traverses both the quantitative and qualitative paradigms (Bradt, Burns & Creswell, 2013). Content analysis is the systematic method of coding data to reduce it to meaningful categories, after which each data piece within each category is counted, and the frequency is analysed (Elo & Kyngäs, 2008).

In the first half of the 1900s, this method of data analysis emerged in the mass communication field, and was used by politicians and clergy to quantitatively track manifest trends in media and propaganda (Schreier, 2013). However, in response to the philosophical argument that meaning is lost when the latent, contextual content is ignored, this method gained qualitative elements and thus "quantitative increasingly came to 'embrace' qualitative content analysis" (Schreier, 2013:5). This integration, termed qualitative content analysis, is how this method was used in this project, where the frequency of the data was analysed quantitatively, as well as qualitatively analysed in terms of the implication and meaning of these trends (Joffe & Yardley, 2004).

This qualitative method has been used to analyse open-ended answers in questionnaires (Joffe & Yardley, 2004; Egberg Thyme et al., 2013) as it has the ability to provide an overall picture of the responses given (Schreier, 2013). Qualitative content analysis is a flexible method, and able to be personalised to the needs of particular research projects (Bryman, 2012). The summative approach to qualitative content analysis was chosen for this study, which utilises both deductive (pre-planned) and inductive (emerging from the data) approaches (Hsieh & Shannon, 2005). This combination of inductive and deductive is essential in qualitative content analysis to ensure that both manifest and latent content in the data is captured (Joffe & Yardley, 2004). The process of summative qualitative content analysis for this project followed this procedure:

Organisation of data

The data were organised *deductively* into categories (Joffe & Yardley, 2004). Each dimension of drama therapy used in this study was employed as a category. Thus the questionnaire responses based on each dimension formed one category. Each category was collated into a separate Excel document.

Coding of data

Using the qualitative coding software Atlas.ti, each category was then coded *inductively*. Codes in summative qualitative content analysis consist of emerging key words or repeated phrases (Hsieh & Shannon, 2005), with each code defined in a coding manual to ensure transparency of the analysis process (Elo & Kyngäs, 2008). This process of coding was carried out for this data set, and the coding manual can be found in Appendix D. The codes were then qualitatively collated into groups based on similarity in theme, and the frequencies of each code and code group were recorded. The final table can be found in Appendix C. A summary of this table is presented in the results chapter.

Analysis of data

Following the categorisation (deductive) and coding and grouping process (inductive), the trends in the data were identifiable through collating the frequency of each code, using Atlas.ti. These frequency tables (quantitative outcomes) were interpreted in relation to the possible trends, similarities, differences and contradictions in these patterns (qualitative outcomes) (Hsieh & Shannon, 2005). This allowed the trends in drama therapy practice in South Africa to be identified and analysed.

Quantitative analysis

The second group of methods used to analyse the questionnaire data were quantitative analyses, which were conducted on the numerical data from the questionnaire. Descriptive statistics were computed to capture the overall trends in the demographic data, data around client groups and data detailing manner of practice. This quantitative information, which can be seen in Chapter Four in the form of percentages, averages, graphs and tables, allowed further comparison and integration of the trends between the different kinds of datasets in this research, as is required by a mixed methods study.

From this mixed methods design, the data were collected and analysed. The results of this analysis are presented in the following chapter.

CHAPTER FOUR: RESULTS

This chapter presents the analysed results of the data collected in the systematic literature review and the questionnaire. These results are presented in two sections: the results of the systematic literature review, and the results of the questionnaire. All of the results are presented per the dimensions of drama therapy that were used to structure the research design.

Results of the systematic literature review: drama therapy research in South Africa

The selection criteria for this systematic literature review required the literature and research to be firmly focussed on exploring drama therapy within the South African context. The 33 pieces of literature that met these criteria were included in the systematic literature review. A breakdown of the selection can be found in Appendix E. Although all the literature and research included in this review can be found in the Reference List, this breakdown is offered in order to provide context for the presentation of the results and the discussion chapter that follows.

Each study was analysed using the process described in the methodology chapter, and the results were collated per dimension. The analysed results can be found under each dimension subheading below. Most of these results are collated into tables, which show the grouped codes per dimension, and the frequency per group (how many times each aspect of that dimension was mentioned in the data). The full table (showing which codes were collated into which groups) can be found in Appendix B.

Demographics in body of research

There was information contained within the body of research that provided insight into the demographics of those researching drama therapy in South Africa. This is seen below:

Table 2: Demographics of drama therapy researchers

Variables	n (%)
Gender	
Female	26 (86.6%)
Male	4 (13.3%)
Race	
Black	8 (26.6%)
Indian	1 (3.33%)
White	21 (70%)
University of study	
Drama for Life, University of the Witwatersrand	17 (56.6%)
International drama therapy training institutions	8 (26.6%)
Other South African universities (where there is no drama therapy training offered)	5 (16.6%)

Those researching drama therapy in South Africa do not only originate from drama therapy backgrounds. This is seen in the following figure:

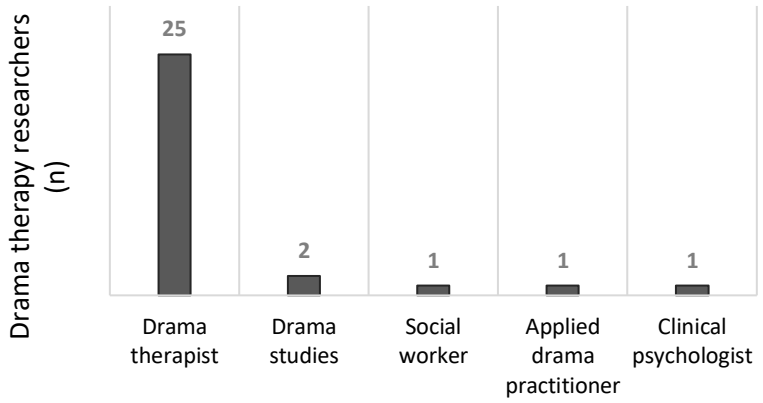


Figure 2: Discipline of drama therapy researcher

Client populations worked with in body of research

Some studies worked directly with clients. The client groups are captured in Table 3 below:

Table 3: Client populations found in systematic literature review

Code group	Total frequency per group
Children and adolescents	14 mentions
Clients focussing on continuing professional or personal development	7 mentions

Marginalised or vulnerable populations	7 mentions
Women	5 mentions
Offenders	3 mentions
Clients struggling with negative identity formation	3 mentions

Drama therapy methods used in body of research

Within the systematic literature review, drama therapy methods were explored. The methods used in the body of research can be seen in Table 4.

Table 4: Drama therapy methods found in systematic literature review

Code group	Total frequency per group
Play-based methods	28 mentions
Group-based or individual drama therapy	21 group mentions; 2 individual mentions
Story-based methods	20 mentions
Integrating other arts-based methods into drama therapy methods	18 mentions
Role-based methods	15 mentions
Distancing methods	15 mentions
Embodied methods	14 mentions
Performance-based methods	12 mentions
Transpersonal methods	12 mentions
Multiple methods	Vast majority mentioned
Applied theatre methods	4 mentions
Use of local art forms	4 mentions
Verbal methods	3 mentions
Developmental model methods	2 mentions

Drama therapy theoretical influences and orientations in body of research

There were theoretical orientations and influences on drama therapy found in the systematic literature review. These are as shown in Table 5.

Table 5: Theoretical orientations and influences found in systematic literature review

Code group	Total frequency per group
Social justice theoretical orientation	20 mentions
Humanistic psychology theoretical orientation	16 mentions
African healing theoretical orientation	10 mentions
Systemic therapy theoretical orientation	9 mentions
Psychodynamic theoretical orientation	8 mentions
Integrative 5 Phase Model framing theoretical orientation	7 mentions
Sesame Approach as theoretical orientation	6 mentions
Transpersonal theoretical orientation	5 mentions
Role Theory theoretical orientation	4 mentions
Jones' 9 Core Principles as theoretical orientation	4 mentions
Applied drama as theoretical orientation	3 mentions
Trauma-informed theoretical orientation	3 mentions
Narrative therapy as theoretical orientation	2 mentions
Psychoeducation as theoretical orientation	2 mentions
Social constructionism as theoretical orientation	2 mentions
Gestalt as theoretical orientation	1 mention

Adaptation of drama therapy in South Africa, according to body of research

The systematic literature review showed that the ways that drama therapy is adapted to South Africa are varied. These ways of adaption are seen in Table 6 below:

Table 6: Drama therapy's adaptation in South Africa, from systematic literature review

Code group	Total frequency per group
Adapting drama therapy to be culturally appropriate	20 mentions
Adapting drama therapy to include South African understandings of health and healing	14 mentions
Adapting drama therapy's theoretical approaches	11 mentions
Adapting drama therapy in practical ways	8 mentions
Adapting drama therapy in multiple ways	7 mentions
Adapting drama therapy to become contextually appropriate	7 mentions
Adapting drama therapy with regards to language	3 mentions

Code group	Total frequency per group
Markers of 'South African' drama therapy	
Focussed on social justice	7 mentions
Being client-led	7 mentions
Using distanced methods to ensure safety of clients	7 mentions
Being constantly adapted	6 mentions
Working across disciplines (incorporating applied drama, clinical psychology and social work)	6 mentions
Community-based work	3 mentions
Western boundaries questioned	3 mentions
Combining drama therapy methods	3 mentions
Aware of possibility of violence entering therapy space	2 mentions
Using drama as co-therapist	2 mentions
Aware of complexities of witnessing	1 mention
Markers of the 'South African' drama therapist	
Ensuring self-reflexivity in relation to privilege and power, and relevance of drama therapy methods used	10 mentions
Ensuring accessibility of drama therapy (both physically and content-wise)	7 mentions
Building resilience as a professional	6 mentions
Stimulating creativity to counteract voicelessness of clients	4 mentions
Focussing on health and hope	3 mentions
Aware of longer time needed to build trust with clients	2 mentions

Functional practicalities of the drama therapy profession, according to body of research

The functional practicalities related the drama therapy profession in South Africa, as per the systematic literature conducted, are shown in Table 7.

Table 7: Functional practicalities of drama therapy profession found in systematic literature review

Code group	Total frequency per group
Drama therapist to be flexible and adaptable with limited resources	14 mentions
Drama therapist to be trained to do critical self-reflection	12 mentions
Drama therapist to be able to work with inconsistencies in client attendance	8 mentions
Drama therapist to incorporate practical measures around language	4 mentions
Drama therapist to work in existing institutions	3 mentions
Drama therapist to work with other professions	2 mentions
Drama therapist to be educated in South African health and healing approaches	2 mentions
Drama therapist to include evaluation systems in practice that contributes to advocacy of drama therapy	1 mention

Research methodology used in body of research

Information resulting from the systematic literature review, and relating to the drama therapy research discipline, research methodology and research approach, is seen in this table:

Table 8: Research methodology found in systematic literature review

Code group	Total frequency per group
Research paradigm used	
Qualitative	13 mentions
Mixed methods	1 mention
Methods of data collection	
Baseline research	7 mentions
Interview	7 mentions
Case study	5 mentions

Code group	Total frequency per group
Questionnaire	3 mentions
Performance as Research	3 mentions
Participatory Action Research	3 mentions
Practice as Research	3 mentions
Film documentary	2 mentions
Autobiographical research/Auto-ethnography	2 mentions
Long-term follow-up	2 mentions
Interviewing local experts to supplement gap in written literature	1 mention
Methods of data analysis used	
Thematic analysis	6 mentions
Interpretive Phenomenological Analysis	2 mentions
Approaches to writing	
Self-reflexive writing style	14 mentions
Highlighted clients' voices by including direct quote	1 mention
Research focus of those researching drama therapy in South Africa	
Implementation of drama therapy intervention, model, approach	25 mentions
Theoretical discussion/literature review	9 mentions
Retrospective analysis of implemented drama therapeutic model	4 mentions

The research that met the selection criteria for this systematic literature review had different forms. These are seen in the pie chart below:

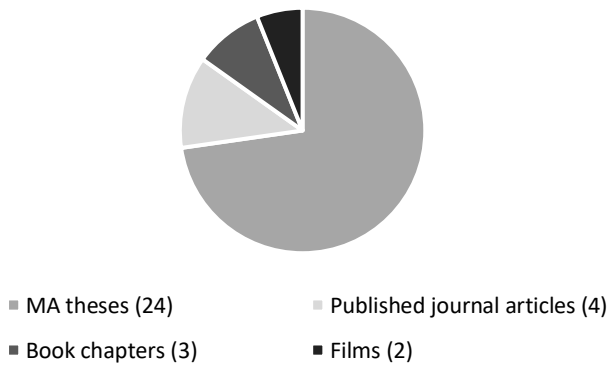


Figure 3: Form of drama therapy research output

In the existing research, some studies focussed on the design and implementation of drama therapy interventions. The figure below contains information about the length and sample size of these interventions:

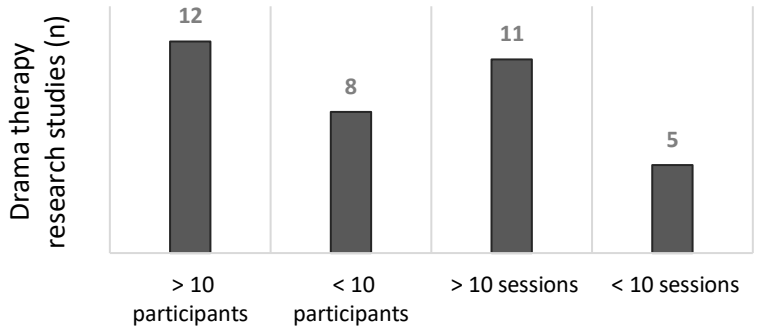


Figure 4: Intervention length and participant sample size

Challenges facing drama therapy, according to body of research

The challenges facing drama therapy as a discipline in South Africa, according to the systematic literature review, are varied. These are collated in the following table:

Table 9: Challenges facing drama therapy found in systematic literature review

Code group	Total frequency per group
Research challenges faced by drama therapists in South Africa	38 mentions
Contextual challenges faced by drama therapists in South Africa	19 mentions
Practical challenges faced by drama therapists in South Africa	12 mentions
Challenge of lack of awareness about drama therapy in South Africa	8 mentions
Challenges around role of drama therapists in South Africa	4 mentions
Challenge of demographics the South African drama therapy community	2 mentions

Implications for the future of drama therapy, according to body of research

There were implications relating to the future of drama therapy as a discipline in South Africa found through the systematic literature. These are seen in Table 10 below.

Table 10: Implications for drama therapy found in systematic literature review

Code group	Total frequency per group
Research implications for the drama therapy field	18 mentions
Professional implications for drama therapists in South Africa	14 mentions
Practical implications for drama therapy in South Africa	10 mentions
Implications for drama therapy as discipline in South Africa	7 mentions
Implications for drama therapy community	4 mentions

These results, illustrated per dimension, show the outcomes of the systematic literature review. These results are discussed and explored in more detail in Chapter Five.

Results of the online questionnaire: drama therapy practice in South Africa

This section of this chapter explores the results of the questionnaire, which was sent to all fully-qualified drama therapists in South Africa. 67.8% (19 out of 28 drama therapists) responded.

Descriptions, figures and tables presenting the results of the questionnaire are found below. After following the data analysis process as described in the previous chapter, the results from the questionnaire were collated. Many of the results are presented in table form which illustrates each dimension and the frequency of each code group within each dimension (how many times each aspect of the dimension was mentioned in the data). The full table (showing which codes were collated into which groups) can be found in Appendix C.

Demographics of drama therapy practice

Demographics of drama therapist population

The demographics of the drama therapist population in South Africa revealed information about its current state. These demographics are as shown in Table 11:

Table 11: Demographics of drama therapist population

Variable		n (%)
Gender		
	Female	18 (94.7%)
	Male	1 (5.2%)
Race		
	Black	3 (15.7%)
	Indian	1 (5.2%)
	Prefer not to say	1 (5.2%)
	White	14 (73.6%)
Mother tongue[9]		
	Afrikaans	4
	English	14
	isiXhosa	1
	isiZulu	1
	SeSotho	1
	SeTswana	1
	Multilingual	2 (10.5%)

The drama therapists who are qualified and registered in South Africa, trained in various places. These places are:

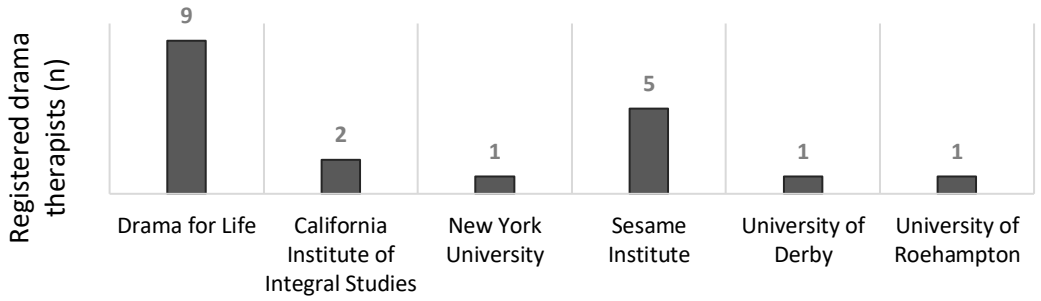


Figure 5: Drama therapy training institution

[9] No percentages are given, as some drama therapists are multilingual which impacted the calculations.

The population includes drama therapists who graduated as early as 1997, and as recently as 2017. Their years of experience thus range from 2-22 years. Only 57.9% of the drama therapist population are currently practising, and of these:

- 11 work in urban settings
- Two work in rural settings
- 90.9% started their own drama therapy practice.

The drama therapists in this population are practising across the country, but mostly in the provinces below:

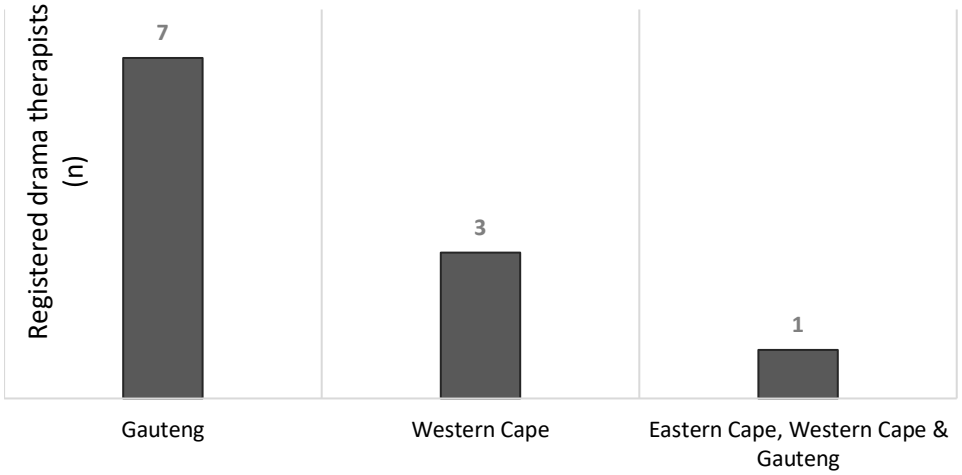


Figure 6: Province in which drama therapy is practised

When asked to rate their experience of finding work in South Africa as a drama therapist, where one was extremely easy and ten was extremely difficult, drama therapists rated their experiences as a 6.1 on average. Despite this, all are involved in continued professional development, including various combinations of their own therapy, supervision, reading groups, continued education groups, and their own artistic practice.

The body of qualified drama therapists are registered with various professional bodies (seen in the figure below). Two drama therapists are not registered with any professional bodies, apart from the HPCSA.

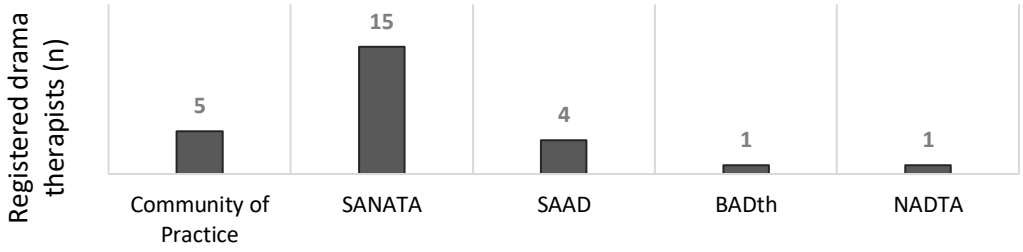


Figure 7: Professional bodies that drama therapists are registered with

Demographics relating to drama therapists' manner of practice

Drama therapists in South Africa work in many locations. On average, they currently work in two to three places at once. This has decreased compared to their previous practice, which included working in seven to eight places at once. The most common place of work, currently, for drama therapists, is private practice (90.9%)[10]. This is followed by working in an NGO/NPO[11] setting, and a university setting. Their previous and current place of practice are as shown in Figure 8:

[10] Some define private practice as being any drama therapy work that is conducted outside of government systems. However, this research understands private practice to be particularly located in private, individualised space. In South Africa, the connotations are that it charges slightly more, services a more privileged demographic who either has medical aid or can afford the higher rate, and is often located in suburban settings. These connotations result in private practice being less accessible. In South Africa, this inaccessibility mostly follows historical racial patterns.

[11] Non-Governmental Organisation/Non-Profit Organisation

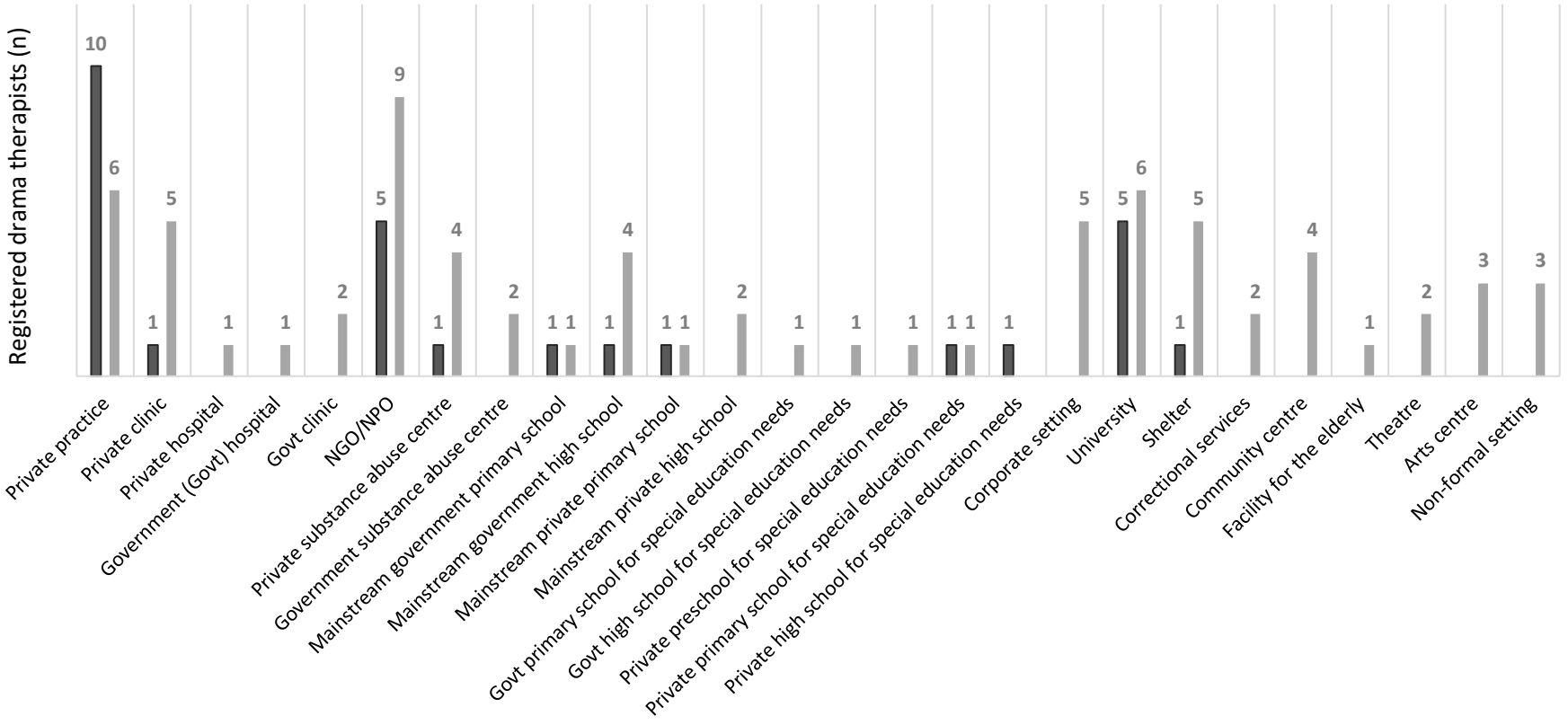


Figure 8: Current (black) and previous (grey) place of drama therapy practice

In these settings, 100% of the drama therapists work with their clients in English. 54.5% work only in English, while 36% work in Afrikaans and English, and 1 drama therapist works in SeTswana and English.

The therapists currently working in South Africa, work in multiple places and manners at once. The specifics of these can be seen in the figure below. Three drama therapists *only* work with individuals in private practice.

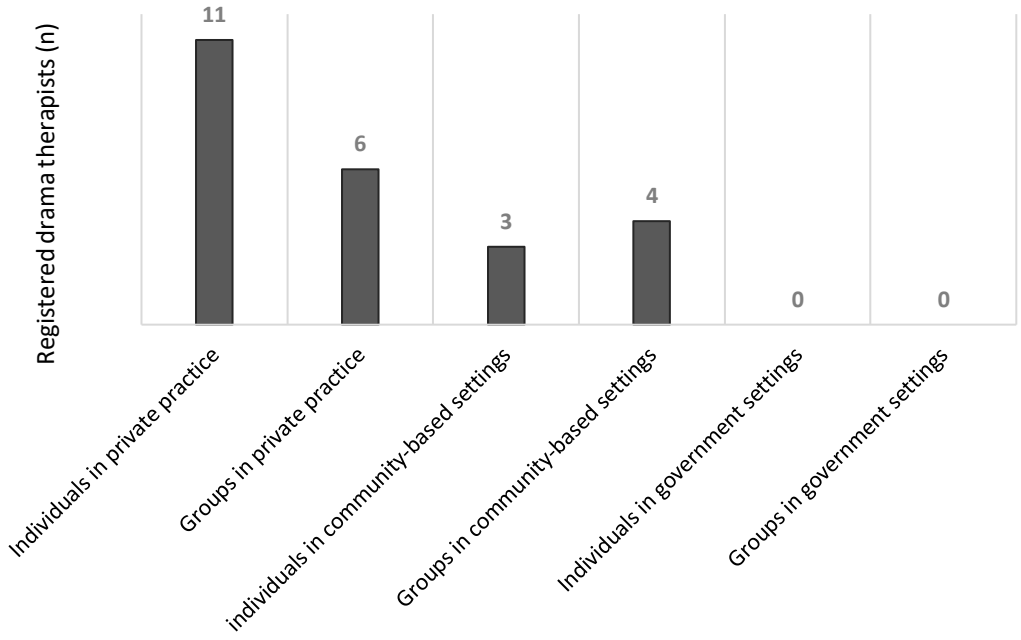


Figure 9: Place and manner of work of current practice

Of those who are currently practising, 54.5% work in a multidisciplinary team. The other professionals who make up these teams, are:

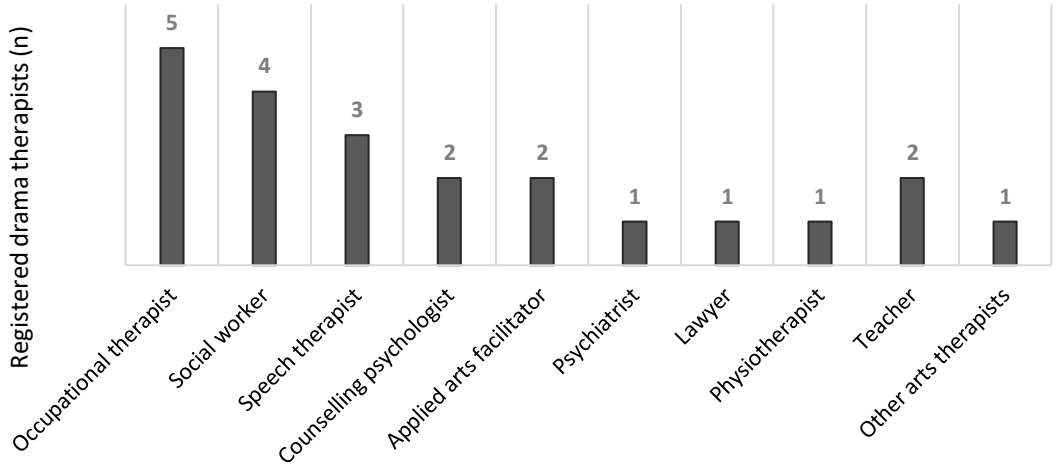


Figure 10: Other professionals in multidisciplinary team

On average, drama therapists in South Africa work in their field on average for 12–13 hours each week and see on average two to three clients per day. They charge, on average, R513 per individual session and R348 per group session.

Clients become aware of drama therapy in a few ways. These are:

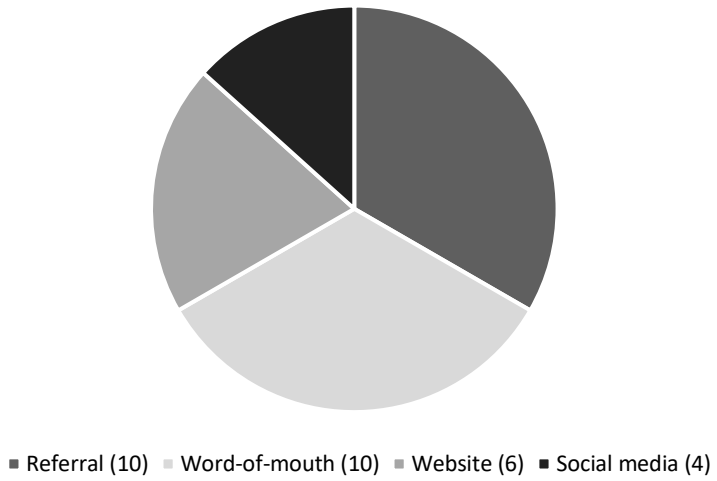


Figure 11: How clients become aware of drama therapy

Client populations worked with in drama therapy practice

Information relating to the client groups seen by therapists who are currently practising, is captured below. On average, they currently work with five to six client populations at once. In their previous practice, they worked on average with nine to ten client groups at once.

Table 12: Client populations worked with currently and previously

Client population	Current practice	Previous practice
	n	n
Children	9	11
Special education needs	4	6
Intellectual disabilities	2	4
Physical disabilities	3	4
Abused	4	6
Offenders	0	4
Autism Spectrum Disorder	2	4
Misusing substances	0	3
Psychiatric diagnoses	2	4
Eating disorders	1	0
Teenagers	6	9
Adults	9	10
Intellectual disabilities	1	2
Physical disabilities	1	2
Offenders	1	3
Autism Spectrum Disorder	2	2
Psychiatric diagnoses	2	7
Eating disorders	1	3
Misusing substances	2	6
Abused women	1	4
Families	5	3
Couples	2	1
Elderly	2	4
Refugees	1	2
Immigrants	0	2

The prevailing mental health needs that are addressed by drama therapists can be seen below. On average, therapists work with 12–13 mental health needs in their current practice at any time.

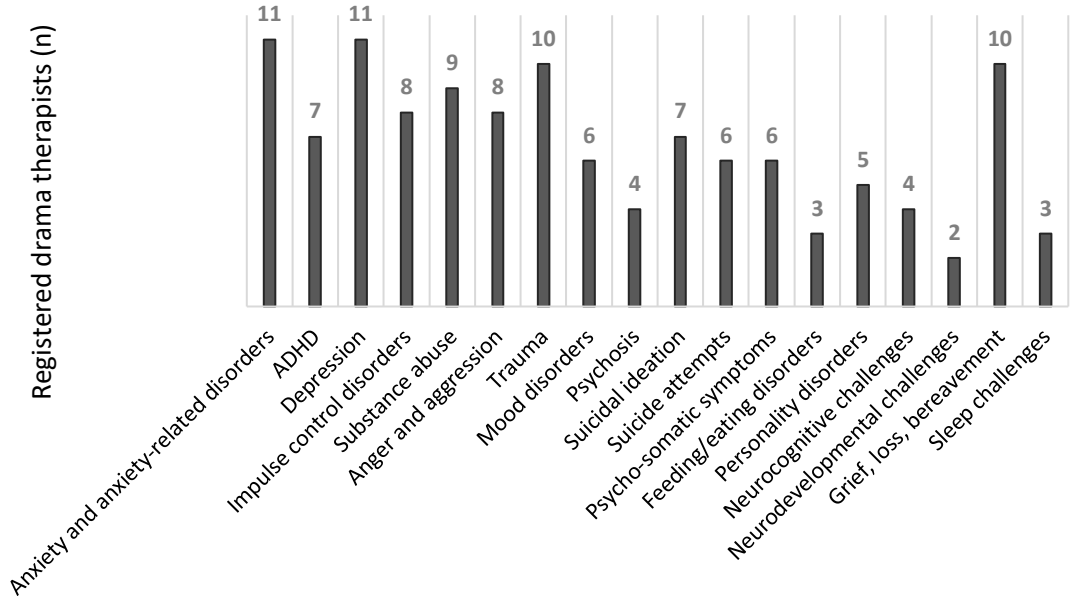


Figure 12: Mental health needs in current practice

Drama therapy methods used in drama therapy practice

The majority of drama therapists use other art media in their work. These are mostly visual art, dance/movement and music. One therapist utilised only drama. The following methods are used by the drama therapists who are practising in South Africa:

Table 13: Drama therapy methods found in questionnaire

Code Group	Total frequency per group
Multiple methods used	17 mentions
Story-based methods	17 mentions
Play-based methods	13 mentions
Role-based methods	12 mentions
Group based methods	8 mentions
Integrative arts-based methods	8 mentions
Performance-based methods	6 mentions
Transpersonal methods	6 mentions
Embodied methods	6 mentions

Code Group	Total frequency per group
Developmental model methods	4 mentions
Applied theatre methods	4 mentions
Verbal methods	2 mentions

Theoretical influences and orientations in drama therapy practice

The results which illustrate the theoretical orientations and influences on drama therapy practice in South Africa, are:

Table 14: Drama therapy theoretical influences and orientations found in questionnaire

Code Group	Total frequency per group
Role Theory	6 mentions
Theatre of the Oppressed	5 mentions
Integrative 5 Phase Model	4 mentions
Gestalt	2 mentions
Narrative therapy	2 mentions
Systemic therapy approach	1 mention
Jones' 9 Core Principles	1 mention
Jungian psychology	1 mention
Psycho-education	1 mention
Social constructionism	1 mention
Sue Jennings' writings	1 mention
Transpersonal Approach	1 mention
Trauma informed theory	1 mention
General theoretical orientations of drama therapists in South Africa	
Traditional psychological theory	6 mentions
Social justice and politics	6 mentions
Theatre	3 mentions
Trauma-informed	3 mentions
Western drama therapy theory	1 mention
South African drama therapy	1 mention
Play	1 mention
Embodied therapies	1 mention

Adaptation of drama therapy practice to South Africa

Drama therapy is adapted to the South African context in many ways. The ways of adaption captured in the questionnaire responses are:

Table 15: Drama therapy's adaption in South Africa, as found in questionnaire

Code Group	Total frequency per group
Adapting to include South African understandings of health and healing	24 mentions
Adapting drama therapy methods to be culturally sensitive to the South African context	20 mentions
Adapting drama therapy in practical ways	9 mentions
Adaptation of drama therapy methods to South African context happens in multiple ways	7 mentions
Adapting drama therapy to become contextually appropriate	5 mentions
Degree of adaptation of drama therapists' scope of practice in South Africa	
Agree with generic definitions and institutional documents	31 mentions
Based on personal approach	1 mention
Influences on the way that drama therapists adapt their practise in South Africa	
Influence of South African drama therapy colleagues	5 mentions
Influence of clients who are worked with	5 mentions
Influence of drama therapists' life experience	4 mentions
Influence of African knowledge systems	4 mentions
Influence of Drama for Life	3 mentions
Influence of spirituality	2 mentions
Adapt practice to suit the drama therapist	1 mention
Influence of applied arts practitioners	1 mention
Influence of other art forms	1 mention
Influence of South African healthcare practitioners	1 mention
Reasons for method adaptation in SA context	
To work towards social justice and transformation	4 mentions
To benefit the client	4 mentions
Drama therapists' personal style	2 mentions
Due to trauma more time needed in therapy	2 mentions
Incongruence of Western forms of therapy	2 mentions
Need for more training on how to adapt	1 mention

Code Group	Total frequency per group
Need drama therapy to have bigger impact	1 mention
To make interventions more short term to meet time and financial constraints	1 mention
To focus on social support through group work	1 mention
To meet the high demand for drama therapy	1 mention
To be able to work with limited resources	1 mention
Based on positionality of therapist	1 mention
Markers of 'South African' drama therapist: the role of the drama therapist in South Africa	
To use art for healing	6 mentions
To advocate for drama therapy	5 mentions
To create space for human connection	5 mentions
To meet needs of clients	4 mentions
To work towards social justice	4 mentions
To work with health and resourcing	3 mentions
To work with trauma	2 mentions
To collaborate with other professionals	2 mentions
To continue professional development	2 mentions
To evaluate drama therapy practice in South Africa	2 mentions
To contribute to mental healthcare	1 mention
Role depends on drama therapist's interests	1 mention
To create community of drama therapists	1 mention
To document drama therapy practice in South Africa	1 mention
Markers of 'South African' drama therapy	
Use of local knowledge systems	4 mentions
No particular markers	3 mentions
Use of local art-forms	3 mentions
Constant adaption of methods	3 mentions
Drama therapist has lived and lives in South Africa	2 mentions
Focussed on social justice	2 mentions
Use of South African languages	2 mentions
Exposure to and working with trauma	1 mention

Functional practicalities of the drama therapy profession in South Africa, according to practicing drama therapists

Only a few functional practicalities relating to the drama therapist profession emerged from the questionnaire. These are:

Table 16: Functional practicalities of drama therapy profession found in questionnaire

Code Group	Total frequency per group
Drama therapists continue training in diverse approaches and methods	
Multiple qualifications	12 mentions
No more qualifications than drama therapy training	2 mentions

Research methodology used, according to practising drama therapists

While six therapists are actively engaged in research, the majority, i.e. 63% of the questionnaire respondents, are not.

The specific results relating to the drama therapy research field in South Africa are:

Table 17: Drama therapy research methodology found in questionnaire

Code Group	Total frequency per group
Research focus of drama therapists researching in South Africa	
Drama therapy method research and development	4 mentions
Examining drama therapy in South African context	3 mentions
Reasons why drama therapists are not researching	
No time	6 mentions
Focussing on practice	4 mentions
Working in other fields as well	2 mentions
Supervising other's research	1 mention
Research methodology used by those researching drama therapy in South Africa, as described in the questionnaire	
Qualitative research methods	2 mentions
Creative methods	1 mention

Challenges faced by practising drama therapists

There are challenges for any profession working in mental healthcare in South Africa. The challenges facing drama therapy practice in particular, according to the questionnaire respondents, are:

Table 18: Challenges facing drama therapy practice according to the questionnaire

Code Group	Total frequency per group
Varied and multiple challenges at the same time faced by drama therapists in South Africa	11 mentions
Contextual challenges faced by drama therapists practising in South Africa	11 mentions
Challenge of lack of awareness faced by drama therapy in South Africa	10 mentions
Research challenges faced by those researching drama therapy in South Africa	9 mentions
Systemic challenges faced by drama therapists practising in South Africa	5 mentions
Financial challenges faced by drama therapists practising in South Africa	5 mentions
Clinical supervision challenges faced by drama therapists practising in SA	3 mentions
Challenges around role of drama therapist in South Africa	3 mentions
Practical challenges faced by drama therapists practising in South Africa	2 mentions
Challenge around drama therapy community in South Africa	1 mention
There are no challenges for drama therapists in South Africa	1 mention

Implications for the future of drama therapy practice, according to practising drama therapists

The questionnaire respondents named the following implications that need to be taken into account when looking towards the future of drama therapy:

Table 19: Implications for drama therapy practice found in questionnaire

Code Group	Total frequency per group
Implications related to researching drama therapy in South Africa	40 mentions
Practical implications for drama therapy in South Africa	12 mentions
Drama therapy community implications	9 mentions
Implications of clients' needs: need to incorporate awareness of these in drama therapy practice in South Africa	7 mentions
Professional implications for drama therapists in South Africa	6 mentions
Drama therapy in South Africa has no needs; no implications need to be taken into account in the future	2 mentions

All the above graphs, figures, statistics and tables illustrate the results of the investigations into both drama therapy research and practice across the dimensions of drama therapy. This chapter has presented the results. The following chapter discusses trends in these results, and from these trends explores the shape that drama therapy has taken in South Africa.

CHAPTER FIVE: DISCUSSION

In this chapter, the results of both the questionnaire and systematic literature review data are discussed to ascertain the trends in drama therapy practice and research in South Africa. Drawing from this discussion the shape that drama therapy has taken in South Africa is explored. These discussions attempt to answer the questions posed by this research project. As set out in the research aims, the focus is the description and illustration of the trends and the shape, rather than an in-depth analysis, which would be outside the intention of the research report. Thus, this chapter includes:

- A per-dimension discussion of the trends in the research about South African drama therapy
- A per-dimension discussion of the trends in the practice of drama therapy in South Africa
- An integrative and critical discussion of these trends that illustrates the strengths, curiosities and surprises, and places in need of attention in the shape of drama therapy in South Africa.

Discussion of the trends in the drama therapy research in South Africa

This section discusses the trends in drama therapy research in South Africa, as per the results from the systematic literature review. These trends will be discussed per dimension of drama therapy.

Trends in demographics found in the body of research

A clear trend that emerged in the demographics is that most drama therapists are white (70%) and female (86.6%), while research contributions are in the form of Masters theses (72.7%) and there is little research that is formally published (21.2%). 83.3% of the researchers are drama therapists. 56.6% was conducted by drama therapists trained in South Africa and 26.6% was conducted by those who trained abroad. One of the most prolific researchers is Kirsten Meyer who contributed three articles to the body of research and now lives in and researches from Australia. It would seem that the support and awareness of drama therapy in contexts where it is more established, ensures a more sustainable research output. However, it is significant to note that there are contributions to

the body of research (16.6%) from allied fields such as drama studies, clinical psychology, applied drama and social work; and theses that focus on drama therapy from South African institutions that do not offer drama therapy training.

Thus while there is little diversity in the demographics of those researching drama therapy in South Africa, there seems to be diversity in the origin of the research in terms of location, institution of drama therapy study, as well as significant research from disciplines allied, but separate, from the drama therapy discipline itself. These trends indicate that there is research interest in the profession in South Africa, but that it has not as yet reached a stage of maturity and diversity.

Trends in client population found in the body of research

The overwhelming trend in terms of the client population researched is that the vast majority of researchers focus on using drama therapy with children and adolescents (14 mentions). Within this trend, there is a particular pattern of working with children and adolescents who have been exposed to violence, poverty, HIV/Aids, trauma and bullying.

The second most prevalent client groups, which are markedly less frequent than children and adolescents, are marginalised and vulnerable adult populations (7 mentions) and clients focussing on professional and personal development (7 mentions). This is an interesting contradiction, as the first seems to focus more on using drama therapy to meet basic psychosocial needs, and the second seems to focus on using drama therapy to better the quality of life of clients who are in a more privileged position. Both are equally a focus of the research body and thus demonstrate that both are prioritised in the South African context. Perhaps this alludes to a trend within drama therapy in South Africa: to both meet the needs of the marginalised (more social justice and community-based work) and the needs of the more affluent (more private practice work) in order to work productively and stably in this context.

Women, offenders and clients struggling with negative identity formation are present in the research, but they are not frequent relative to the other population groups discussed. In addition, there is no mention of working specifically with men, clients with physical disability or psychiatric disorders, or the elderly. Indeed, the majority of the research centres on populations who are not in psychiatric or clinical settings, but rather populations who are

impacted by socio-economic inequality or violence. This trend is important, as it shows how those researching drama therapy in South Africa view the place and power of drama therapy in this context. A further perspective, however, could be that these are the only populations to which those researching drama therapy in South Africa have access. This perspective is supported by the trend in the research that shows that of those client populations worked with, only the research conducted in the criminal justice system (3 studies) occurred within state systems. All other research was conducted with clients in private settings, schools or community-based organisations, possibly a further illustration of the limited access to particular settings for drama therapy researchers, therefore restricting the client groups with whom the research can be conducted. This trend towards working with specific populations in specific settings, therefore, is multifaceted and complex.

Trends in drama therapy methods found in body of research

The most frequent and effective methods used in the body of drama therapy research in the South African context are play-based methods (28 mentions) with particular focus on projective play, group-based methods (21 mentions), story-based methods (20 mentions); and methods that integrate other arts-based approaches (18 mentions) with particular focus on art-making. The trend therefore, is that the frequently-used drama therapy methods are accessible, communal and familiar across many cultures (Landy & Montgomery, 2012; Kingwill, 2014; Makanya, 2014; Doktor, 2016; Jennings & Holmwood, 2016). They are not specifically and uniquely 'drama therapy methods' but methods that can be found in everyday life and practices. Therefore the most common methods used in drama therapy research are congruent to many cultures and practices familiar to South Africans. In contrast to this, however, is the limited mention of the use of local art forms, an available way to increase the accessibility of drama therapy, which is not focussed on in the body of literature.

A further important trend to note is the prevalence of drama therapy distancing methods written about in the body of research (15 mentions). Distancing methods increase the distance between the client and their real-life challenges (Jones, 2007). Some examples of distancing methods include the use of metaphor and story where the client works through their challenge using symbols and characters, and projective play where physical objects are used instead of the client's physical involvement. The use of distanced methods is often

prompted by the need to protect the client who is unable yet to keep themselves safely held when working through difficult or traumatic material (Jones, 2007). This trend reminds us that the extent of trauma in South Africa needs to be taken into account when choosing drama therapy methods. The reliance on distancing methods is supported by very few mentions of verbal reflection being used. Verbal reflection, which immediately reduces the distance between client and material, is not markedly present in the body of literature at all.

The second tier of prevalent methods which were mentioned slightly less frequently, are role-based methods (15 mentions), embodied methods (14 mentions), performance-based methods (12 mentions) and Therapeutic Theatre in particular, and transpersonal methods (12 mentions). Many of these methods require a more proactive, performative, embodied participation on the part of clients. A trend is, therefore, that these types of methods, while in line with Snow's anthropological writings of ritual, theatre, performance and therapy, are less used in the South African context. Perhaps this is due to client anxiety because they are unused to these methods.

Most studies use multiple drama therapy methods, showing a trend towards eclecticism and a need for adaptability in terms of methods used. This multiplicity also includes combining specific drama therapy methodological approaches (such as Sesame and Narradrama[12]). Thus there is a trend against being purist when it comes to implementing these specific approaches in the South African context.

The use of applied drama methods is only mentioned four times in the body of research, and only Image and Forum theatre are mentioned specifically. In addition, there was little mention of Emunah's Integrative 5-Phase Model specifically at all. This material, in combination with the low prevalence of information that showed the implementation of 'international' drama therapy methods (such as the Sesame Approach), demonstrates that open, more adaptable and generic methods are favoured in South Africa, as opposed to specific, reified drama therapy methods.

Trends in drama therapy theoretical influences and orientations found in body of research

Social justice and transformation is the most frequently mentioned theoretical orientation of drama therapy in the body of research (20 mentions). Social justice can be defined as

[12] A drama therapy method that uses principles of Narrative Therapy and storytelling.

being "responsive to those who have been marginalised and silenced, and in the service of more equitable forms of social transformation" (Stevens, Duncan & Hook, 2013:8 as cited in Meyer, 2014:3). A humanistic approach (focussing on health, resourcing, strength-based orientation and Rogerian theory) was the second most frequent theoretical approach used to frame drama therapy in the body of literature (16 mentions). Therefore the most convincing theoretical trend is to orient drama therapy in a way that makes it accessible to all and works against marginalisation and power inequalities while centring on the power of authentic, strength-based human connection. This is not specifically a drama therapy theoretical orientation at all, but a particularly human one that echoes the sentiments of *Ubuntu*, the community-based philosophy that is familiar to many South Africans (Nebe, 2016), and the activist orientation that marks much of both South Africa's history and present (Balarajan et al., 2000).

Fairly frequently mentioned theoretical influences are South African theories of healing (10 mentions), systemic therapy approaches (9 mentions), psychodynamic theory (8 mentions), Emunah's Integrative 5-Phase model (7 mentions) and the theory of the Sesame Approach (6 mentions). Infrequently mentioned influences are transpersonal drama therapy theory, Landy's Role Theory, Jones' 9 Core Principles, applied drama theory, trauma-informed theory, narrative therapy, psycho-education, social constructionism and Gestalt theory. All of these more infrequently mentioned theoretical approaches seem to be scattered across theoretical influences, and therefore much theory that orients drama therapy in this context seems to be influenced by the drama therapists' personal interest in particular theoretical orientations. Therefore, apart from the social justice and humanistic orientations, the theoretical orientation of drama therapy described in the body of research does not indicate specific, coherent trends.

Trends in adaptation of drama therapy in South Africa, found in body of research

The strongest trend that marks how drama therapy is adapted in South Africa is the adaptation to become further culturally appropriate (20 mentions). Particular emphasis is placed on cultural adaptions in terms of using culturally familiar methods and working with community-based approaches to healing. Slightly less frequently mentioned, but still significant, is adapting drama therapy to include South African understandings of health and healing (14 mentions) and adapting theories of drama therapy to better meet the South

African reality (11 mentions). Therefore the most prominent trend is to adapt drama therapy to deliver the discipline in a manner that is accessible and congruent to the different cultural philosophies, understandings and existing methods of healing in South Africa.

Practical adaptions (8 mentions), particularly in terms of ensuring interventions are short term and consider the space used, are not extremely significant in the body of research. In addition, there is not much focus (7 mentions) on adapting drama therapy to become contextually appropriate (in terms of stigma, difficulties in unhealthy attachment patterns based on family systems, meeting the extent of mental health needs and its system, trauma and working across language barriers). The most noticeable themes in how drama therapy is contextually adapted, is in terms of meeting the prevalence of trauma, and focussing on issues that are prevalent in South Africa. However, neither of these surfaced many times. Therefore there is a trend towards drama therapy in South Africa not adapting itself easily to more systemic contextual complexities. The necessity to adapt drama therapy continuously and in multiple aspects, in addition, is not mentioned in many studies (7 mentions). This necessity in conjunction the sparse mention of having to adapt regarding language used in the therapy space (3 mentions), hints at the fact that drama therapists, having found approaches that are successful, tend to rely on these perhaps at the expense of being flexible in their approach. Alternatively, this trend could also result from there being limited approaches to drama therapy that work well across diverse contexts in South Africa, and that once these are found by a therapist, they are used frequently.

In this dimension, markers of 'South African' drama therapy, and markers of a 'South African' drama therapist emerged. With regards to the former, the most prominent markers are that drama therapy focusses on social justice, is client-led, uses distanced methods to ensure safety, is constantly adaptable to different contexts, and works across disciplines in an integrative manner. These markers show a clear trend that what makes drama therapy distinctly South African, is its focus on social justice and transformation through the inclusion of adaptable measures that meet client needs. With regards to the latter, the most prominent markers of a 'South African' drama therapist are that the drama therapist should ensure self-reflexivity with regards to power and privilege, be resilient enough to work adaptively and ensure that drama therapy is delivered in an accessible manner. Both of

these sets of markers indicate that drama therapy and drama therapists in South Africa must be constantly and adaptively meeting the socio-economic and historical forces that shape their clients' lives.

Trends in functional practicalities of the drama therapy profession, found in body of research

The most significant markers in this dimension are the professional, functional practicalities impacting drama therapists themselves. In particular, that drama therapists need to be able to work with limited resources in a flexible and adaptable way (14 mentions), be trained to be able to employ critical self-reflexive practice (12 mentions), and be able to work with inconsistencies in client attendance (8 mentions). Therefore the trend that is most powerful in this dimension focusses on how drama therapists can work productively in environments that do not naturally invite and induce therapeutic outcomes, in a way that allows for conscious, awake, self-reflective work. This must be achieved, in addition, whilst acknowledging and actively working with the prejudice and inequality that steep the workplace. This trend illustrates a potential difficulty faced by drama therapists, as the challenges in the workplace environment often restrict the capacity for this manner of self-reflective work to take place.

In contrast, there are infrequent mentions of practical measures around language, place of work, professional collaboration, and continued education for the drama therapist. Indeed, it was challenging to ascertain patterns in these responses, as they seemed quite scattered in frequency and theme. This could indicate the extent of functional practicalities that need attention from drama therapists in South Africa, and therefore the attention and energy of therapists may be quite distracted.

A clear trend is also apparent in the minimal mention of practical measures around the evaluation of drama therapy practice, which could be used to advocate for drama therapy in South Africa. There is only one mention of using evaluation tools in practice for this reason. This indicates, from the data available in the body of drama therapy research, that there is little action being taken to proactively redress the limited awareness around drama therapy in South Africa.

Trends in research methodology, found in body of research

In terms of research methodology, there is a clear trend towards the use of the qualitative paradigm by many of those researching drama therapy (13 mentions). Most use contained, focussed methods of data collection such as interviews and case studies; as well as data analysis, such as thematic analysis. There is little research conducted using creative methods (5 mentions). In addition, there is a contrast in frequency between those who conducted baseline research (7 mentions) and long-term follow up (2 mentions). This information illustrates the trends towards the choice of accessible and short-term research approaches which could be a consequence of a lack of support, awareness and resources surrounding the drama therapy research field in South Africa.

Of the 33 studies that were researching drama therapy in South Africa, only one study documents the use of interviews with local experts to supplement gaps in South African literature. In addition, film documentaries are not widely used (only in two studies). In my view, the active orientation of drama therapy was well captured on film and included unadulterated knowledge of South African clients and drama therapists in the research canon. These could be valuable avenues to explore in order to include and value the voices of South African experts in the future.

Echoing the focus on the need for the South African drama therapist to be critically self-reflexive, many studies utilise a self-reflexive writing style (14 mentions). Most studies centre on the implementation of a drama therapy intervention (25 studies), while only nine studies are theoretical, literature-based studies. Of the studies that focus on intervention implementation, the majority of studies have less than 10 participants and less than 10 sessions. Therefore there is a trend towards research being based on short interventions with few participants which has implications for the generalisability and reliability of the research conducted.

Overall, the foci of the studies are varied and fairly dispersed across topics, often with only one study per topic. The strength of the research that did speak to each other in terms of topic was noticeable in the data analysis phase of this report. For example, Meyer's articles, and Orelowitz's and Spykerman's theses all referenced research with care workers in the Firemaker project. This conversation between research projects on South African drama

therapy solidifies the strength of knowledge on the topic. However, this trend is not common in the body of literature.

Trends in challenges facing drama therapy, found in body of research

Research challenges are the most prevalent of the challenges mentioned in the body of literature (38 mentions). These focus in particular on the challenges faced due to small sample sizes, short intervention time, and the absence of South African-based literature to support the research being carried out. Therefore the trend is that the most noticeable challenges mentioned in the entire body of literature centre on the research methodology, practicalities, and implementation itself. The research itself therefore is the most pressing challenge facing drama therapy researchers, indicating that the research field does not seem to be well developed or supported.

Contextual challenges facing drama therapy are the second most frequently mentioned challenges (19 mentions). These are particularly in terms of the challenges faced when working across difference and diversity, and the difficulty of working with the extent of trauma faced in the field. These challenges have a direct impact on the practice of drama therapy in South Africa, and the fact that they emerged across diverse studies demonstrates the strength and importance of this trend, despite the location or orientation of the drama therapist.

Challenges that were less frequently mentioned are practical challenges (12 mentions), in particular the challenge of clients and therapists speaking different languages, and low client attendance rates. In addition, the challenge of lack of awareness of drama therapy is fairly prevalent (8 mentions). There is very little mention of challenges around the pioneering role of the drama therapist in South Africa, and challenges related to the limited diversity within the drama therapist community in South Africa.

The challenges with lower frequency, compared to those with a higher frequency indicate that just to obtain the research conducted around drama therapy in South Africa poses such a vast challenge, that all other challenges relating to the research projects in a more peripheral way, such as practical challenges, challenges around the role of the drama therapist, awareness of drama therapy and the drama therapy community, become less of a priority.

Trends in implications for the future of drama therapy, found in body of research

In line with the challenges dimension, the highest frequencies in this dimension relate to the research field of drama therapy (18 mentions). In particular, it is apparent that future research needs to extend and build on current, existing South African drama therapy research in order to strengthen the body of research.

Professional implications for drama therapists working in South Africa is also a strong trend in this dimension (14 mentions). This particularly focusses on the necessity for drama therapists to work collaboratively with other professionals and use drama therapy techniques to 'upskill' other professionals to better meet the conditions in South Africa. This implication shows that the trend is for drama therapists to work more broadly in order to bring sustainability and impact to the work and not only within the drama therapy discipline and community.

Of the few practical implications mentioned (10 mentions), the most prevalent is that the drama therapy training programme in South Africa needs to be constantly updated, to ensure that it is in line with, and incorporates the South African drama therapy research. Implications for drama therapy as a discipline (7 mentions) and for the drama therapy community (4 mentions) were made little mention of in the body of literature.

Therefore, within the body of literature, there is a trend for the implications for the future of drama therapy to focus on the research field of drama therapy, and on what the drama therapist should do as an individual professional in order to better create a more viable future for the discipline. There were few implications from the data analysis that impact the drama therapy community or the drama therapy discipline as a whole. The trends from the body of research, overwhelmingly, impact the drama therapist as an individual. This is explored more thoroughly in the final section of the discussion chapter.

Discussion of the trends in drama therapy practice in South Africa

This section discusses the trends in drama therapy practice in South Africa, as per the results from the questionnaire which surveyed drama therapists currently practising in South Africa. These trends are discussed per dimension of drama therapy.

Trends in the demographics of drama therapy practice

Trends in the demographics of the drama therapist population

Looking at the demographics of the population of drama therapists, firstly, it is clear that there is limited diversity. There is a clear predominance of white drama therapists (73.6%), female therapists (94.7%) and English mother tongue speakers (14 therapists). In addition, from the questionnaire responses, there are only two multilingual therapists. Thus there is a trend towards homogeneity in the drama therapy community.

Drama therapists trained locally (9 therapists) and trained internationally (10 therapists) are almost equal in number despite the short time that the South African training has been available, which illustrates the increasing trend towards drama therapists opting to train within South Africa as opposed to abroad.

Of the total population registered in South Africa, most are practising currently (57.9%), although this is not a vast majority. Of this population, 99.9% set up their own practice in response to the limited positions in existing institutions, and on average, the difficulty of finding work in South Africa (where one = easy, and ten = extremely difficult) was assigned a average of just over six. In relation to geographical location, of the drama therapists currently practising, seven are working in Gauteng, three in the Western Cape and one is working in multiple locations (Eastern Cape, Western Cape and Gauteng). Within these locations, the majority are working in urban areas, and the minority in rural areas. With the understanding that Drama for Life, the drama therapist training body, is located in urban Johannesburg, context is perhaps given to these trends: most drama therapists are practising in the areas where there is more support and community.

All of these trends relating to the demographics of the drama therapist population and their work, illustrate the difficulties of working productively as a drama therapist in South Africa. Indeed, the challenges of pioneering the profession seem to be felt in daily practice. Despite, or because of this, the respondents all said that they are involved in various forms of continued professional development. This result communicates a rigorous commitment to providing the best care possible to clients, despite challenges facing professionals.

A look at the statistics regarding the registration of drama therapists with various professional bodies evidenced a curious trend towards some drama therapists (4)

specifically mentioning their registration with SAAD,[13] despite this body being defunct. As of 2019, SANATA[14] is the formal representative body of all arts therapists in South Africa. While 78% of the respondents reported their registration with SANATA, the tendency to mention SAAD as well could communicate a few trends within the community. Firstly, the necessity for an independent professional home for the drama therapist community. Secondly, it could illustrate a communication lapse between SAAD and SANATA, or that drama therapists are not involved in either community enough to be abreast of latest developments. Whatever the reasoning, this trend makes it clear that there are implications for both the members and representatives of these professional bodies to ensure the needs of all are met in a meaningful way.

Trends in the demographics of drama therapists' manner of practice

Turning to the demographics of the manner of practice of drama therapist population, there are further clear trends. In terms of where these drama therapists are currently practising, the overwhelming majority (90.9%) are working in private practice. In addition, on average, drama therapists currently work in two to three places concurrently. The places of work additional to private practice include NGO/NPOs, schools and universities in particular. When compared to previous work places, there seems to be an increase in working privately with individuals and groups as opposed to within community-based settings. There is no evidence of drama therapists currently in government settings. The above suggests that while many drama therapists have experienced working in community and state-based settings, they have chosen to locate their work away from these arenas and create their own system. In addition, there is a trend that currently drama therapists are working in fewer places at once compared to their previous practice, which also suggests that with increased professional experience, therapists have begun to hone where and how their practice works best. This could show, in some senses that creating a private practice system is the most appropriate way of working in South Africa, and/or provides the financial stability needed to work sustainably.

Despite the location of work or mother tongue, all drama therapists engage their clients in English. The majority (54.5%) only work with their clients in English, and the rest use both

[13] South African Association of Dramatherapists
[14] South African National Arts Therapies Association

English and other South African languages, particularly Afrikaans. In addition, most work in multidisciplinary teams made up typically of allied health professionals. Two drama therapists mentioned working with applied arts facilitators, and only one, working with other arts therapists. This trend could illuminate the limited access to, or integration of, other allied arts professionals into the drama therapy community. This demographic information demonstrates a clear trend towards working in private practice and in English – which does not lend itself to accessible therapy and illustrates a concerning trend that drama therapy is not fully reachable by the majority of South Africans who are not represented by these demographics.

In addition, on average, drama therapists see two to three clients per day and work 12–13 hours per week. On average, they charge R513 per individual session, and R348 per group session. From these results, it becomes apparent that it is difficult to work and earn as a full-time drama therapist in South Africa, suggesting that drama therapists need to use their training and skills in ways beyond therapy practice to support themselves.

Trends in the client populations worked with in drama therapy practice

On average, drama therapists in South Africa engage with five to six client populations in their current practice. This makes it clear that there is not a strong trend to specialise with one client group, but rather to work flexibly.

However, within this flexibility, the majority of those currently practising are working with children and adults. There is a clear trend to focus on working with children with special education needs, children who have been abused, and children with physical disability. These trends are supported by the statistics from these drama therapists' previous practice. However, there are no clear patterns that specify a focus within the adult population as there is a fairly even spread across multiple specifications (from Autism Spectrum Disorder to physical disability). This is different, compared to these drama therapists' previous practice, however, which focussed on adults misusing substances and with psychiatric disorders. Within current practice, drama therapists focus less on teenagers and families, and there is minimal work being carried out with the elderly, couples, refugees or immigrants. Perhaps these trends can be explained by the fact that children are accessible both systemically (through schools) and through the perception that drama therapy is the

most applicable to children. Adults, in addition, can use their own volition and independence to approach the drama therapist. The populations less focussed on, however, are either inaccessible due to lack of specialised training on the part of the drama therapist (couple's counselling, for example), or for systemic reasons.

Drama therapists work with clients' multiple mental health needs in their current practice, with each therapist working on average with 12-13 mental health needs at once. The most common of these are anxiety and anxiety-related disorders (11 mentions), depression (11 mentions), trauma (10 mentions), grief, loss & bereavement (10 mentions), and substance abuse (9 mentions). These trends mirror not only the South African context, but also demonstrate the magnitude of trauma that drama therapists handle, and thus the extent of potential for burnout and fatigue.

Trends in the methods used in drama therapy practice

The vast majority of drama therapists (17 mentions) use multiple methods in their practice. There is thus a trend towards working eclectically and adaptably and not being a single-method-only practitioner. The most commonly used methods within this eclecticism are story-based methods (17 mentions) with the Sesame Approach being named most regularly, and play-based methods (13 mentions) with distanced projective play most common. Within these frequently mentioned methods, there is a trend towards using essential and accessible methods, and more distanced methods as opposed to methods that require the client's immediate immersion in the first person.

Methods that were mentioned slightly less frequently are role-based methods (12 mentions) with Landy's Role Method[15] the most commonly cited, group work (8 mentions), integrating other arts approaches into drama therapy practice (8 mentions) particularly art-making, performance-based methods (6 mentions) particularly Therapeutic Theatre, transpersonal methods (6 mentions) particularly ritual and Family Constellations[16], and embodied methods (6 mentions). Specifics of embodied methods are not stated. Many of these methods, including the previous paragraph's most frequently mentioned methods, involve communal, interactive group work. In the context of South Africa, which values

[15] This method is based on the idea that human beings are role takers by nature, and need to master flexibility between these roles to ensure health and wellbeing. The role method is active and instructive.
[16] A therapeutic method influenced by systemic therapy and indigenous African approaches to healing.

communal healing (Makanya, 2014), this trend makes contextual sense. In addition, these prevalent methods are accessible and not foreign, but are instead familiar to many people. For example, story, play and group work can be found in human communities across cultures and developmental stages (Landy & Montgomery, 2012; Kingwill, 2014; Makanya, 2014; Doktor, 2016; Jennings & Holmwood, 2016), compared to performance and embodied methods which may be less accessible and familiar. Thus there is a trend towards accessible, anthropological-like drama therapy methods being used successfully in South Africa.

There is little mention of integrating applied drama into drama therapy practice (4 mentions), with only Image Theatre referenced specifically. This paucity shows that despite the trend in some of the literature around drama therapy in diverse spaces valuing the integration of applied drama methods into drama therapy (Landy & Montgomery, 2012; Nebe, 2016), this does not seem to be the case in practice in South Africa.

In addition, using verbal reflection in drama therapy sessions is only mentioned twice, and thus is a weak trend. Indeed, there is not much information given about how reflection is carried out in drama therapy in South Africa. Therefore it is not clear where in the drama therapy debate (Jones, 2007) between the importance or irrelevance of reflecting and verbalising what occurred in the play-space, South African drama therapy practice falls. This would be interesting to investigate further, as the multilingual nature of South Africa may bring another perspective to this debate.

On the whole, most specific and discrete drama therapy methods mentioned originate from Western drama therapy practice (such as Sesame Approach, Role Method, and Therapeutic Theatre). The only specific and discrete method mentioned that originates from Africa, is Family Constellations.

Trends in the theoretical influences and orientations of drama therapy practice

There are no overwhelmingly clear trends or consensus in the theoretical influences or orientations of drama therapy practice in South Africa. In general, the data are disjointed within this dimension. Most theoretical influences seem to be quite personalised to the drama therapists' own interests, as a fair number of theoretical influences are only mentioned once.

Within this scarcity, however, the trends that did emerge name Role Theory (6 mentions), Theatre of the Oppressed (5 mentions) and Emunah's Integrative 5-Phase model (4 mentions) as significant for the theoretical orientation of practice. In addition, the general theoretical influences named by drama therapists were psychology theory (6 mentions) and social justice and political theory (6 mentions). These results show a few trends. Firstly, there is a disjuncture between methods used and theories named. This is clear with applied drama theory (Theatre of the Oppressed) mentioned as a theoretical influence, but hardly mentioned as a method used. A perspective to note in this regard, is the congruence between the context in which Theatre of the Oppressed originated (Brazil) and South Africa. The resonances of poverty, injustice and activism between contexts (Boal, 2002) perhaps make this theoretical influence resonate, as it accounts for and works with many aspects that drama therapy theory, originating from very different, often Western contexts, does not. This theory could therefore be useful, even if the methods are not used. Secondly, there is a trend towards drama therapists orienting their practice with social justice and transformation theory (seen in Theatre of the Oppressed theory and social justice theory being named specifically). Thirdly, the focus on Role Theory, which is a systematic and practical method of working with the different roles people play in their lives (Landy, 2009), shows that there is a trend towards practical, implementable, change-based theory that is easily translated into practice, being valued in the South African drama therapy context.

In this dimension, South African drama therapy theory is only mentioned once as a theoretical influence. This adds to the trend that there is little awareness or vibrancy in the research field of drama therapy in this context. Along this line, and on the whole, the trends in this dimension show that while the need to theorise about drama therapy within this context is important, it is not a priority for drama therapists in South Africa at this time. This might be for a few reasons. Perhaps, due to the time and commitment it takes to pioneer the practice of drama therapy here, there has not as yet been adequate time to contribute to theory. Indeed, as with most active, embodied and arts-based therapies, theory emerges out of practice, and time for development of practice still needs to be allowed (Jones, 2012). In addition, a clear theoretical foundation for practice is not prevalent. This thinness could suggest that the accessible and grounded drama therapy theory, emerging from the West, does not fit neatly into this context. Thus there is vast distribution and disjointedness in this dimension.

Trends in the adaptation of drama therapy practice to South Africa

In this dimension, the trends in drama therapy practice are broken into a few aspects that are relevant to how drama therapy is adapted to South Africa.

Firstly, there is a trend in terms of the scope of practice for the drama therapist in South Africa to comply with the institutional, generic, international guidelines for drama therapists. In this sense, there is not much adaption in terms of the scope of practice to the South African context. Indeed, there was only one mention that the scope of practice depends on the drama therapists' priorities, capacities and preferences.

In terms of the influences on how the adaptation of drama therapy to a South African context takes place, the most prevalent influences are other South African drama therapists, and the drama therapists' clients. The implication of this trend is the need for a strong drama therapy community to support and influence the adaptation of drama therapy to this context. There were also a few mentions of how the influence of the lived experience of being South African, affects the way drama therapy is adapted here. All of these influences illustrate a trend that the factors that stimulate the way drama therapy is adapted here, are the lived experiences of being a conscious and reflective person living in South Africa. This 'South African-ness', in all of its complexity, which in many ways cannot be captured in an academic report, imbues the practice of drama therapy with the ability to be congruent to this context.

When assessing the reasons for why drama therapy is adapted in South Africa, the most cited reasons are to work towards social justice and transformation through drama therapy to the benefit of the clients. Thus the trend towards focussing on social justice and transformation that is found across dimensions in this discussion is supported. All other reasons, for example adapting because of limited time or to meet the need to have a greater impact, are distributed across different themes and there is limited consensus. This indicates that there are many reasons why drama therapy is adapted here, and the adaptation depends on the individual place of work or professional or personal needs of the drama therapist. One respondent mentioned the need for training about *how* to adapt drama therapy to meet the South African context. What lies outside the scope of this research report, but what could be valuable future research, is to explore how much the

South African-based training equips drama therapy students with knowledge and skill to effect this.

Looking at the trends in the actual adaptation of South African drama therapy practice, the most prevalent pathway is to include South African understandings of health and healing (24 mentions). Only two respondents said that these understandings had no impact, and only one was unsure of the impact. What is important to be aware of, as reminded by a respondent, is that there is diversity in South African understanding of health and healing which should not be assumed in the therapy space. Adapting to become culturally sensitive is almost as prevalent (20 mentions), with particular emphasis on including local stories, languages, working with social approaches to healing and less from a clinical frame. Compared to the markedly less mentioned ways of adaption to meet practical needs (9 mentions), a significant trend appears in the manner in which drama therapy is mostly adapted to the South African context: to include the wisdom, methods and ways-of-life of the South African client groups and locations.

A notable contrast to this, however, is that adapting drama therapy to meet context of South Africa is mentioned infrequently (5 mentions). Within this trend, there was only a focus in particular on meeting the extent of trauma. This indicates a gap of some nature in the capacity for drama therapy adaption here: that as a discipline it is more suited to adapting itself in content-based ways (to include cultural understandings and approaches), than to adapting itself in systemic and structural ways to meet the prevalence of contextual difficulties of South Africa.

The most significant markers indicated by the respondents as to what makes drama therapy 'South African', are that the therapy in South Africa uses local knowledge systems, local art forms and adapts its methods constantly. There are, however, three respondents that thought there were no particular markers that made South African drama therapy distinct. The overwhelming trend in this regard, however, is that South African drama therapy is actively integrative of local, existing South African approaches. In this sense, the discipline is not reinventing the wheel, but rather follows the existing wheel tracks.

Considering the markers of what makes a drama therapist 'South African' in terms of practice, the most significant outcomes are that the drama therapist uses art for healing,

advocates for drama therapy in South Africa, creates space for human connection, meets the needs of their clients, and works towards social justice. From these responses emerges a trend that drama therapists cannot just be therapists in the South African context, but must be activists, advocates and pioneers as well.

Trends in the functional practicalities of the drama therapy profession in South Africa

The majority (12) of drama therapists who responded to the questionnaire indicated that they have completed at least one complementary training and thus hold multiple qualifications. This indicates a trend towards drama therapists not only being served by their drama therapy skill-set in South Africa, and that there is a practical implication to further educate themselves in order to be eclectic and adaptable in their work.

Trends in research methodology used, according to practising drama therapists

Within the questionnaire, a section inquired about the current research of drama therapists in South Africa. The majority of drama therapists are not researching (63%). Most attributed this to lack of time, and because they are currently focussing on building up their practice. In addition, one mentioned that they are not researching, but are supervising drama therapy students who are. Of those who are currently researching, there is a clear trend towards the research qualitatively focussing on the implementation or examination of drama therapy within a South African context. This indicates, therefore, that there should be an increase in the body of South African drama therapy research in the future.

Trends in the challenges facing drama therapy practice

The majority of respondents (11 mentions) noted that there are varied, concurrent and multiple challenges facing the practice of drama therapy in South Africa which reveals a trend towards the attention and energy of the therapists being drawn in multiple directions.

This trend is supported by the equally prevalent contextual challenges facing drama therapists (11 mentions). These challenges refer particularly to facing the extent of trauma in South Africa, working with clients facing social exclusion, and the challenges of working in settings where multiple languages are spoken. If this challenge is brought into conversation with the infrequent mentioning of adapting drama therapy to meet the contextual needs in South Africa (from the 'adapting to South Africa' dimension), a trend becomes apparent: the

weight of the contextual challenges may be so hard to bear, so overwhelming and all-encompassing, that it becomes too difficult to adapt the discipline to meet this challenge. The second most prevalent challenge mentioned can also add another perspective to this conversation: the lack of awareness and understanding of what constitutes drama therapy in South Africa (10 mentions). In addition, four respondents mentioned that there were challenges around the drama therapy community, in particular with regards to lack of support and low access to supervision. This apparent lack of institutional, societal and communal support, coupled with the weight of the contextual challenges faced, results in great difficulties for the therapist trying to adapt the practice to meet the contextual needs present. Indeed, these most prevalent challenges mentioned in the questionnaire responses show a trend: the most pressing challenges facing the drama therapy community are grand-scale, external, and systemic, and difficult to change or impact by individual drama therapists. This, in conjunction with the challenges surrounding the drama therapy community and the lack of awareness around the practice, exponentially intensify the scale of the challenges.

Other, less frequently mentioned difficulties that illustrate the challenges in more detail, are systemic (5 mentions) with lack of government recognition being one in particular, financial challenges (5 mentions) with particular focus on low pay and low support from medical aids, challenges around the role of the drama therapist (3 mentions) with particular focus on the difficulty of pioneering the role and the changing nature of the role depending on the place of work, and practical challenges (2 mentions). Research challenges, with lack of funding and lack of research experience being the most pressing, are also apparent (9 mentions) foregrounding across the results in this research report, that there is a trend that –in its infancy in South Africa, drama therapy practice is more prioritised than research.

It is important to note that there is no mention anywhere in the questionnaire responses of a lack of trust in drama therapy as a medium, or lack of motivation on the part of drama therapists in South Africa, despite these challenges. This is a hopeful trend.

Trends in the implications for the future of drama therapy practice

Two drama therapists mentioned that there were no needs that implicate drama therapy's future. These comments are in the minority, however. From this questionnaire, the

implications for research are most prevalent and detailed (40 mentions). The most pressing implications are to create more access to funding, mentorship, publication opportunities, peer support, and create more time for research and access to literature. This information supports the trend that the research field of drama therapy needs thorough and nuanced attention and should be given opportunities for growth.

In terms of drama therapy practice, practical implications are most prevalent and pressing (12 mentions). More specifically, the respondents highlighted the need to advocate for higher pay and increased job opportunities. This indicates that there is a need to create better practical systems for drama therapists to work within, and be supported by, in the South African context. In addition, implications of clients' needs for the manner in which practice is carried out, is mentioned fairly regularly (7 mentions). This is particularly in terms of the awareness that basic survival and socio-economic needs are most pressing for many clients, and thus practice should focus on meeting these basic needs rather than focussing on depth-therapy.

Implications for the drama therapy community (9 mentions) are mentioned less frequently, although with specific focus on the need to create more support networks and mentorship. In relation to this, there is some emphasis (6 mentions) on professional implications. In this regard, focus is placed on the need to prioritise self-care and on-going professional development, indicating that there is in this arena, little time for complacency. Coupled with the implications for the drama therapy community discussed above, this trend is more thoroughly placed as the responsibility of the individual drama therapists, as opposed to being supported by existing institutions, communities and organisations.

If however, the most frequently mentioned implications for drama therapy practice are located with the individual therapists, it should be remembered, that in order to make change possible, there should be a focus on creating community, support and networks to boost capacity. If this is achieved, the quality and implementation of research and practice can also be furthered. What this contrasts with, however, is that there are community bodies in place – most particularly SANATA – which can offer this form of support. This contrast is discussed in more detail in the following section of this chapter.

Integrative discussion mapping the shape of drama therapy in South Africa

The first two sections of this discussion chapter described the trends that emerged in South African drama therapy research and practice. These discussions were structured with the dimensions of drama therapy that have been used throughout the research report. In this third section of the discussion however, these trends are looked at in a more integrative and critical way, in order to begin to map the shape that drama therapy has taken in South Africa. This is effected in three ways: through exploring what it is that these trends illustrate about the strengths and defining features of the shape of drama therapy in South Africa, through noting the curiosities and surprises in this shape, and through addressing the areas in the shape that are in need of attention. This section therefore provides a mapping of the shape that drama therapy has taken in South Africa. It further explores how the shape of drama therapy in South Africa sits within the landscape that was framed in the opening of this report: the state of mental healthcare in South Africa, the need for drama therapy as a field to be self-reflexive, and the critical ways that drama therapy negotiates itself in diversity.

Strengths and defining features in the shape of drama therapy in South Africa

From the exploration of the trends in research and practice, it is evident that there are characteristic strengths and defining features in the shape of drama therapy in South Africa. To begin with, strength is observed in the way that drama therapists display resilience despite the many challenges, restrictions and limitations facing the discipline. This sentiment is captured by a South African drama therapist who was interviewed in the documentary film *Tending the Saplings: Dramatherapy in South Africa,* which is included in the systematic literature review: "You … see the life, especially working with drama. And it's about creativity and creation, it's not about death or destruction" (Kingwill, 2005). Drama therapists are also able to work with diverse client groups and mental health needs with seemingly minimal institutional and communal support or awareness, and are able to play multiple roles – including advocate, teacher, supervisor, activist and pioneer. In the face of the challenges, drama therapists in South Africa display hope and motivation in relation to their practice. Drawing from this strength, the drama therapy field in South Africa is slowly growing and evolving. This is noted in the research that is being conducted despite immense

challenges, and in the drama therapists in practice who remain dedicated to providing the best care in socially just, creative ways, in spite of the lack of awareness and systemic support. It is for these reasons that the therapy is gradually evolving and finding its shape in South Africa. In response to the current state of the mental healthcare system, this resilience shows promise, and is evidence that drama therapists can work effectively and productively within this context.

Furthermore, a defining aspect and strength in the shape of drama therapy is that as a discipline it is able to incorporate South African cultural knowledges and practices. This is accomplished in a manner that is familiar and welcomes clients, includes *"constantly interrogating South African understandings of health and healing"* (questionnaire respondent), and incorporates ritual practices, local stories, songs and art-forms as well as working communally towards healing. This strength is advocated by Makanya, one of the researchers included in the systematic literature review, who suggests that South African drama therapists:

> find a way of using knowledge that South Africans already possess in order for them to have ownership in their own development and healing. The aim is to use methods they already recognise as their own and mobilise their own forces for their own gains (2014:305).

This capacity is conducive to productive therapy in diverse settings, as previously explored. It can also enable the dismantling of power and privilege within the therapy room often present in diverse settings (Miller, 2010; Doktor, 2016). In addition it mirrors the drama therapy work being conducted in Malaysia, as discussed in the opening of this report, which reports the strength of drama therapy when it works in a culturally congruent manner (Chandrasegaram, 2010).

Further, drama therapy in South Africa displays a strength in its focus on and successful use of the human, accessible and essential drama therapy methods. Story and play are two accessible methods in particular that are able to invite clients into the work, across settings. These two methods were likewise found in international literature as essential when working in diversity (Bruck, 2010; Landy & Montgomery, 2012). These methods, furthermore, are often guided by the drama therapy principle of distancing in this context, which ensures clients' psychological safety is always attended to. These trends support the value of these methods in diverse contexts, both for the South African drama therapy field

and elsewhere. It also demonstrates that South African drama therapy is strengthened by its aversion to being stuck in a particular methodological model, through its focus on the 'drama' roots of the discipline that are anthropologically familiar. When discussing the methods of drama therapy in an academic sense, it is easy to forget the foundation of the therapy: drama. It has been noted by scholars, in fact, that sometimes in diverse contexts, it is more appropriate and ethical that the drama therapist returns to using drama as drama, without the strict therapeutic frame and boundaries (Miller, 2010). This is important to remember, as the title 'therapist' may merely increases the power dynamic and assumptions between the diverse human beings in the room. Perhaps, therefore, a return to the inherent healing aspects of drama, as drama therapy in South Africa seems to do, is the more effective avenue when working in diversity? Fortunately, all drama therapists have the option and versatility to move between these frames.

Similarly, as a discipline, drama therapy in South Africa distinguishes and strengthens itself by a non-hegemonic theoretical approach to its practice. This is perceived in most drama therapists aligning themselves with social justice and humanistic theory, rather than specific drama therapy theory or theorists. A questionnaire respondent asserted, with regards to the social justice theoretical frame, that drama therapists in South Africa should *"take the role of maverick,"* and Meyer, in an article included in the systematic literature review, states that they should "challenge … racial, ethnic, cultural, gendered, religious and historical boundaries" (2014:1). With regards to the humanistic theoretical frame, respondents to the questionnaire shared that drama therapy should *"foster and stimulate connection and the discovery of an underlying sameness or shared humanity, in an attempt to treat the collective trauma and enact real psycho-social and psycho-political change"*, in order to *"strengthen … the capacity to be fully in life and health*." In the beginning of this report, it was shown that two of the theoretical orientations of drama therapy that situate the discipline as adept to working in diverse contexts, are the anthropological orientation and the social justice orientation. These two are mirrored in these orientations of drama therapy in South Africa indicating how drama therapy has positioned itself to meet the diversity in this country. These theoretical orientations allow South African drama therapy to remain healthy and relevant, as it is based on a firm foundation of values while it evolves and responds flexibly to changing needs.

Lastly, South African drama therapy displays its strength by being able to work skilfully with children in this context. This strength, when coupled with the dire necessity for intervention and support for children in South Africa (Busika, 2015), shows a crucial and applicable value in the way in which drama therapy has shaped itself in this context. Indeed, in response to the mental healthcare system that is in need of effective and quality mental health interventions in South Africa, drama therapy with children can provide an implementable and evidence-based option. In addition, drama therapists here have shown themselves as capable of, and accomplished in, working with multiple population groups. This situates them as reliable and effective mental health professionals who are able to meet the varied mental health needs that are prevalent in South Africa. This strength is increased by the potency with which the therapy works self-reflexively with the mental health consequences of social inequality in South Africa. This acknowledgment of the drama therapists' responsibility to engage with "ongoing reflective practice that takes [them] out of [their] comfort zone and asks [them] to see others and [themselves] differently … models an upfront approach to talking about diversity" (Kingwill, Palmer & Palmer, 2019:210, 211). This self-reflexivity is a marker, indeed, as the case study from Fiji in the opening of this report reminds us, of the strength and responsibility of drama therapy in postcolonial contexts.

Curiosities and surprises in the shape of drama therapy in South Africa

The exploration of the research and practice of drama therapy in South Africa, yielded some trends in the shape of the discipline which invited curiosity and surprises for me as a researcher. Roy (1999) suggests that when providing therapy in spaces of diversity, one should always remain curious and alert to surprises – as these bring about moments of honest, non-assumptive learning and growth. Therefore, the aspects of the shape of drama therapy that were surprises are included here, and are explored through inquiry and interrogation.

An initial surprise was the conversation between the way that drama therapy adapts to become culturally appropriate, and the way that it adapts to become contextually appropriate. It became clear through the discussion of trends, that drama therapy is more suited to meet diverse cultural realities – in terms of including cultural stories, practices and knowledge into the 'drama' of drama therapy, rather than contextual realities – such as

difficulties around space, language, trauma and power inequality in South Africa. The extent of these contextual challenges are illustrated by a drama therapist's response in the questionnaire, where they explain that *"a lot of [their] time is spent engaging in broken systems in order to get [their] clients the assistance they deserve."* This same pattern can be seen in the case studies of Nigeria and Sri Lanka, in the introductory sections of this report (Galappatti, 2003; Nasir & Akinboye, 2013). Both contextual and cultural challenges within the mental healthcare system are faced by all mental health professionals in South Africa, but drama therapy seems to be more suited to integrating the cultural realities into its methods and approaches, compared to other therapy approaches. At least, in this way, it is able to respond effectively to one of the two main hurdles. This curious and unique aspect shows its applicability to this context, and could be used to advocate for the profession as well as be an area for future research.

Another surprise was the contradiction in how most drama therapists frame research within social justice and transformation, yet practise mostly in private practice. In general, the body of research speaks to the broader, communal world and works with the marginalised in society; while the information about practice illustrates the focus on private practice which works with the smaller, more individualised world. This could illustrate a danger that practitioners are becoming trapped in cycles and silos of private practice work which, in essence, limit the accessibility of therapy for those who have been systemically marginalised. This surprise sparked many questions, one of which being: are the drama therapists researching, and the drama therapists practising, distinct from each other? This could be explained through the time-lag between current practice and research – where the older generation of drama therapists are practising and the younger generation is researching. In addition, as the Drama for Life's Masters programme, with its particular focus on social justice and transformation (Nebe, 2016), contributes most of the research, this could skew the kinds of knowledge being produced. It could impact the narratives and trends in the research body, compared to drama therapy practice. If this is examined while setting the practical and financial aspects of this trend aside, curiosity emerges in musing about how to explore and document the shape, realities and potentials of private practice, and how this can become an applicable implementation of socially just and transformative drama therapy in South Africa. Another explanation of this contradiction could be that there is a missing link in the self-reflexivity of drama therapy in this regard, where drama

therapists are not exploring their practice and intentions thoroughly and curiously. It is important, as a South African drama therapy researcher included in the systematic literature prompts, that:

> drama therapist researchers … observe their practice to ensure that the commitment to social transformation through the arts therapies methods is actually happening. This is how spaces [are] generative, transformative and important to the people that participate in them (Meyer, 2017:16).

This need for self-reflexivity as a profession too, as the mapping of the relevant literature proposed, is essential for the longevity of the discipline. No matter the reason, both of these potentials highlight that the shape of drama therapy in South Africa is complex and nuanced, and demands that all involved engage with its surprising features in a manner that encourages the discipline's growth, rather than its stagnation.

When looking at the lack of inclusion of applied drama methods into drama therapy practice in South Africa, another curiosity in the shape of the discipline came to light. This trend is in contrast with the extensive literature that encourages the integration of applied drama and drama therapy in diverse contexts, in order to form a more effective approach (Landy & Montgomery, 2012; Nebe, 2016). Curiously, however, a few drama therapists responding to the questionnaire mentioned that they work collaboratively with applied arts facilitators. This could communicate a need in the shape of drama therapy in South Africa: within the context of limited awareness of drama therapy, there is a need to present a strong picture of what drama therapy is, in order to be accepted and work sustainably, rather than working in a way that integrates other disciplines. This, indeed, could explain drama therapists choosing to collaborate with applied arts facilitators, rather than using the applied medium themselves. There is power to be found, however, in the collaboration between the strengths and roles of the two approaches, which could be mutually beneficial inviting both approaches to become more aware of how they interlink with each other, and to explore how their meeting points can be strengthening.

Another surprise emerged when looking at the low prevalence of adapting drama therapy in multiple ways, despite the variety of challenges facing both the profession and all mental healthcare professions in South Africa. While this could communicate, as previously discussed, an inflexibility or lack of reflexivity on the part of drama therapists, or indeed the limited applications of drama therapy that work in this context; perhaps it illustrates a place

where the shape of drama therapy in South Africa needs to remain curious. Possibly as a discipline there needs to be growth in supervision, the encouragement of continued professional development and the cultivation of a culture of critical, curious dialogue around drama therapy practice in this regard. The above therefore, describes the shape of drama therapy in South Africa as still forming, developing and settling. A hopefulness should remain that this aspect of the trend remains enveloped in curiosity, rather than inaction.

Lastly, a surprise surfaced with the trend that illustrated the scarce mention of embodiment and ritual in drama therapy practice and research. This is in contrast to the Introduction of this report, where both of these methods were found to be powerful when working in diverse contexts. This surprise reminds us that the shape of drama therapy is still in its infancy, and still has many opportunities for growth and learning ahead.

Places in need of attention in the shape of drama therapy in South Africa

A consideration of the shape of drama therapy in South Africa suggests there are places in need of attention – that should be afforded reinforcement or a solidified foundation. One of the most pressing of these is related to the lack of diversity within the drama therapist body, where the majority of drama therapists are white, female, middle-class and English speaking. Indeed, a questionnaire respondent said that drama therapy is *"seen as a 'white' thing"* by many clients. From the Introduction to this report, it is clear that this lack of diversity immediately can introduce increased power dynamics, potential for miscommunication and low therapy adherence when working across diversity (Sue et al., 2007; Chang & Berk, 2009). In the context of a diverse and multicultural South Africa, this hegemony is in need of disruption if drama therapy is to truly meet the context in a meaningful way. The difficult conversations that must be included in this disruption need to be framed with the intention of becoming more self-reflexive as a discipline, as the exploration of drama therapy in America and Britain in the Introduction of this report proposes. It is important, however, to acknowledge the impending shift that Drama for Life's South African training is bringing to this challenge. Chapter Four demonstrated that this training is increasing the numbers of drama therapists training locally, as it is easier to access which may result in an increase in the diversity of the body of drama therapists in the near future.

Another place in the current shape of drama therapy that is in need of reinforcement, is with regards to the reported limited community and institutional support available to drama therapists. This trend is antagonistic towards the multiple challenges faced when attempting to pioneer the profession here, and when working in the mental healthcare system. Drama therapists are calling for increased support, as seen in this questionnaire response: *"[We need] a stronger national community of drama therapists, who meet regularly to connect and support one another, and who address the challenges of integration with courage and honesty".* Indeed, it is because *"everything needs to be done through one's own initiative"* (questionnaire respondent), perhaps, that only 57.9% of qualified drama therapists are actually practising. The lack of community support should be approached in the spirit of critical, productive reflection about the drama therapy discipline in South Africa, as this is how honest transformation can occur in this regard (Meyer, 2014). What cannot be ignored, however, is that there are community structures in place that could offer this support. This is evident in the existence of SANATA. This contradiction thus begs the question of why drama therapists are not utilising these structures effectively, to benefit themselves as practitioners and the drama therapy discipline. Related, is the limited attention given to the administrative and bureaucratic advocacy and lobbying needed to increase the remuneration and positions available to drama therapists, and the broader awareness about the therapy. A questionnaire respondent states that *"[drama therapists need to] focus on actually doing work as opposed to cultural debate and discussions."* The commitment required to do this is so great, that it may only be possible through the increased support of a community or institution. However, there are committees within SANATA dedicated to both lobbying and advocacy. Therefore, perhaps if drama therapists in South Africa become involved in these platforms, these challenges could be faced in productively. This area therefore, is in need of honest attention.

In terms of the shape of drama therapy practice, there are two areas that emerged in need of attention. Firstly, it is clear that most drama therapists are not working with clinical pathology or in psychiatric institutions despite the dire need for effective mental healthcare in these settings, as illustrated in the Introduction of this report. As discussed, this may be due to lack of access, low pay offered or the lack of vitality within state psychiatric institutions. However, drama therapists can offer powerful work in these settings and with these client groups (Jones, 2007), and therefore this area in the shape of drama therapy

practice could benefit from an enquiry into how it could be better supported. Secondly, there seemed to be a limited focus on incorporating specific 'South African' methods of healing apart from Family Constellations (which has not been researched through a drama therapy lens in South Africa), *iintsomi* (Busika, 2015) and *umgidi wokulingisa* (Seleme, 2017). This limited incorporation is despite drama therapists saying that local knowledge is being used in the adaption of drama therapy in this context, and the value of incorporating local methods being promoted in the discussion of drama therapy and diversity earlier this report. This area of practice, too, therefore indicates an aspect that could benefit from increased attention.

Lastly, and perhaps most crucially, there is a misalignment in the way that the shapes of drama therapy research and practice dovetail. This is seen not only in the lack of development of the research discipline, where there seems to be a need for increased self- and communal-reflexivity that could contribute to a more cohesive rather than a scattered body of literature. This misalignment is also, and perhaps most seriously, seen in ways that the bodies of research and practice are not 'speaking' to each other. This is particularly apparent in terms of the mismatch between research focussing on embodiment, even though this is not being reported as much employed in practice; and practice focussing on role, ritual, and working with an adult client population, and these elements are not greatly focussed on in research. More holistically, it is clear that drama therapy practice is larger and more current than drama therapy research. This could be a consequence of drama therapists not capturing, documenting or researching practice in 'real time', through case studies, conference presentations, practice-led research or through more accessible ways of publication than academic journals (such as websites or social media). One questionnaire respondent, indeed, requested *"platforms that allow for in-depth case study presentations."* On the whole, there seems to be a time-lag between drama therapy research and practice. This seems to be common with arts therapies research, where "research and everyday practice are seen as disconnected and embattled in terms of languages, concerns, roles and outcomes" (Jones, 2012:75). Perhaps the identification of this trend in the shape of drama therapy in the South African context presents an opportunity to "[create] a greater body of evidence in a way that ensures the relationship between practice and research is vital and mutual" (Jones, 2012:76). In whatever manner, this misalignment is in need of systemic and systematic support and attention. It needs a holistic pursuit of a 'big picture' assessment of

drama therapy in South Africa, as the mapping of the literature promoted, in order to both advocate for the discipline in the broader world of mental healthcare, but also allow the discipline to grow in a self-aware, robust way.

In conclusion, from the systematic discussion of the trends in the dimensions of drama therapy research and practice in South Africa, it emerges that there are powerful strengths and defining features in its shape. There are also surprising aspects of this shape that invite curiosity and the promise and insistence of future growth. Likewise, there are places in the structure of the shape of drama therapy that are in need of attention, reinforcement and maintenance if the discipline is to continue to thrive. The curiosities and places for attention in the shape mandate that those involved in drama therapy in South Africa continuously re-examine their research and practice in a self-reflexive way, in order for the discipline to be sustainable in this context. Alongside this, however, should be upheld the strengths in the shape of this therapy in South Africa. These strengths suggest that drama therapy is a valuable, powerful and congruent piece of the map that could guide to the better servicing and application of mental healthcare for those in need in the diversity of South Africa.

CHAPTER SIX: CONCLUSION

Throughout this research report, the intention has been to describe an honest and holistic witnessing of drama therapy in South Africa in order for drama therapy to position itself strategically and powerfully to provide ethical, effective and quality mental healthcare within the challenging contexts of South Africa.

After exploring the reality of mental healthcare in South Africa, and the challenges of providing effective therapy in the situations of diversity in this country, a brief description of the practice and development of drama therapy in South Africa was provided. International evidence was then presented that demonstrated that the longevity of drama therapy depends on the critical reflexivity and documentation of theoretical orientations and methods of contextual practice. This is especially true in diverse contexts. Given this information, the aim of the research became clear: to map the shape that drama therapy has taken in South Africa by exploring the trends in research and practice. In my view, extensive research of this nature has not yet been conducted in this country.

Using a mixed methods design, the research utilised a systematic literature review to track the trends in drama therapy research. It also used qualitative content analysis and quantitative analyses to investigate the data from an online questionnaire responded to by drama therapists practising in South Africa. These responses were used to ascertain the trends in drama therapy practice. From describing the qualitative and quantitative results of these methods, an integrated and critical discussion was possible that presented the shape that drama therapy has taken in South Africa. Particular attention was given to the strengths and defining features in this shape, the surprises in the shape that sparked curiosity for future development, and the places in the shape that were in need of attention and support.

From my perspective, there were implications stemming from this research exploration that are crucially important to remain cognisant of when looking towards the future of drama therapy in South Africa. Most pressing is the attention that needs to be paid to the field of research in drama therapy. As demonstrated throughout this report, there is limited support, experience, funding and mentorship that is dedicated to help this field thrive. Without this vitality and the economic support for the profession that accompanies it, the

capacity for advocacy and awareness-building is limited. The longevity of the profession may also be impacted, as the international case examples from the opening of this report state, due to the importance of prioritising documentation and self-reflection as a discipline.

In relation to the increased need for advocacy and awareness-building, is the necessity for drama therapists to become involved in community structures that will enable both better supported therapists and the capacity to enact tangible advocacy work. This includes becoming involved in reinforcing and reaffirming the post-apartheid, contemporary structures (like SANATA) that are dedicated to the training, practice and research of arts therapies in South Africa. With this supportive action, drama therapists could help legitimise the profession in this country, and encourage its growth, stability and potential to meet the needs of mental health in South Africa. Without it, there is a danger that the shape of drama therapy will stagnate. This responsibility should be taken on by all drama therapists in South Africa.

Moreover, there are findings from this research that are critical for South African drama therapy training. This includes the necessity of focussing on the methods that have been shown to work successfully in drama therapy practice in South Africa, such as story and play. Furthermore, the drama therapy theory that students learn should include specific attention to the anthropological base of drama therapy – as through this research report this base has been shown to underpin the methods that work successfully here. Another aspect that should be included is training on how to implement community-based, collaborative drama therapy within the South African context. This is in order for drama therapists to enter the professional world equipped, and able to work in settings apart from individualised private practice, if that is what they are drawn to. In essence, there is a fundamental responsibility for the training to become aligned with the realities of drama therapy practice in South Africa.

Perhaps most urgent for the future is to face the troubling reality of the demographics of the professional and researcher body. Its homogeneity does not position drama therapy to be able to effectively meet the needs of South African mental health. This reality impacts everyone involved in the discipline of drama therapy in this context: to have and encourage the difficult, self-reflective conversations and transitions needed to transform the demographics of the discipline in a fruitful way.

These aspects and implications of the shape of drama therapy are not exhaustive. Indeed, this research raised many more questions than it was able to answer. However, the discoveries about the shape of this therapy as mentioned here, strongly suggest that the drama therapy discipline in South Africa, like many other therapy approaches, is in need of increased self-reflexivity in order to productively address its contradictions, surprises and blind-spots. These should be approached with curiosity and resilience, rather than judgement, power hierarchies and the fear which already permeate much of the therapy offered in diverse contexts. What is crucial to notice, however, is that it is of almost equal importance for drama therapy in South Africa to advocate for and celebrate its strengths, successes and defining features that allow it to work honestly and with integrity within the South African context. Many of these strengths mirror the drama therapy methods and theoretical orientations that allow the discipline to flourish in diversity internationally. This synchrony not only provides additional evidence of drama therapy's capabilities in working in diversity, but illustrates the potential collegiality between South African drama therapy and international, diversity-specific drama therapy. It is only if there is critical dedication to take on the challenges and promote the strengths that the shape of South African drama therapy can guard against stagnation and disconnection, and emanate the strength and flexibility needed to thrive here. This can ensure that the research and practice of drama therapy in South Africa is honed and adapted to best serve the many who are desperately seeking meaningful and quality mental health care in this country.

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APPENDIX A: QUESTIONS[17] USED IN ONLINE QUESTIONNAIRE FOR DRAMA THERAPISTS

1. Are you a qualified drama therapist?

2, 3 & 4. Demographics questions about gender, race and mother tongue

5. Where did you train as a drama therapist?

6. What year did you graduate as a drama therapist?

7. Which of the following bodies are you registered with: SANATA, CoP, BADth, NADTA?

8. Are you registered with the Health Professions Council of South Africa (HPCSA)?

9. Are you currently practising as a drama therapist in South Africa?

If currently practicing:

10. In what year did you begin practising as a fully qualified drama therapist in South Africa?

11. In which province(s) do you practise as a drama therapist?

12. In what place are you currently practising as a drama therapist in South Africa?

13. Please specify the client group(s) with whom you are currently working in South Africa

14. Where have you previously practised as a drama therapist in South Africa?

15. Please specify the client group(s) with whom you have previously worked in South Africa

16. In what setting(s) are you currently practising as a drama therapist in South Africa (rural, urban, peri-urban, township, suburban)?

17. What are the presenting mental health needs that you see in your drama therapy practice in South Africa?

18. Select the options that best represent the populations and manner in which you work (group/individual; community-based/government/private)?

19 How did you hear about your current job as a drama therapist in South Africa?

20. How have you found the process of finding work as a drama therapist in South Africa? (1 extremely easy; 10 extremely difficult)

21. In what language(s) do you engage with your clients?

22. If you are working in a multi-disciplinary team, please select those with whom you work

23. As a drama therapist, do you participate in any of the following continued professional development areas?

24. How are clients made aware of your services?

25 On average, how many clients do you see each day?

26. On average, how many hours per week do you work as a drama therapist?

27. On average, how much (in Rands) do you charge per drama therapy session (individual)?

28. On average, how much (in Rands) do you charge per drama therapy session (groups)?

29. What art media do you use in your practice?

[17] For some of these questions, multiple drop-down answer options were given for the respondents to choose from. For the sake of space and brevity, all of these options are not included in this appendix.

If not currently practicing:

30. In what year did you begin practising as a fully qualified drama therapist in South Africa?

31. Why are you not currently practising as a drama therapist in South Africa?

32. Where have you previously practised as a drama therapist in South Africa?

33. Please specify the client group(s) with whom you have previously worked in South Africa

For all respondents:

34. Please describe the drama therapy methods or approaches you have successfully used in your practice in South Africa

35. In what ways (if any) have you had to adapt your drama therapy methods or approaches since your drama therapy training?

36. If you have adapted your methods or approaches since your training, please explain your reasons for doing so

37. Please list any further training you have completed apart from your drama therapy training

38. What role do South African understandings of health and healing play in your practice as a drama therapist?

39. Who or what has most influenced your approach to drama therapy practice in the South African context?

40. Is there anything distinctly South African about your practice as a drama therapist? If so, please explain

41. What is your personal understanding of the scope of practice for a practicing drama therapist in South Africa?

42. What is your understanding of the role of the drama therapist in South Africa?

43. What challenges do you face in your practice as a drama therapist?

44. What are the needs that you face as a drama therapist practising in South Africa?

45. Please describe your reasoning behind your HPCSA registration decision.

46. Are you currently conducting research specific to drama therapy in South Africa?

47. Briefly describe your current research

48. What challenges do you face with your research?

49. What successes do you have in your research work?

50. Do you research alone, or with others?

51. If your research is funded, who is funding it?

52. Please describe some of the reasons why you are not conducting research specific to drama therapy in South Africa

53. Have you undertaken research focused on drama therapy in South Africa, in the past?

54. Briefly describe this research

55. What do drama therapists need in order to conduct research about drama therapy in South Africa?

56. If you have any research that you have conducted about drama therapy in South Africa please email your research to jessicabmayson@gmail.com. This may be included in the literature review, and will be referenced appropriately. Your submitted research will not be linked to your previous answers.

APPENDIX B: ALL CODES AND CODE GROUPS FROM SYSTEMATIC LITERATURE REVIEW DATA

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
Client population worked with in the body of literature	**Children and adolescents**	This group specifies the clients groups that the researchers in this body of literature worked with.	Children and adolescents exposed to bullying, violence, poverty, HIV, trauma (4, 5, 6, 8, 9, 15, 18, 20, 24, 27) **10**	14 mentions
			Refugee children (25) **1**	
			Adolescents with learning difficulties (17) **1**	
			Muslim orphaned children (26) | **1**	
			Adolescents living in children's homes (28) **1**	
	Clients focussing on continuing professional or personal development		Drama therapy researchers (10, 22, 30) **3**	7 mentions
			Training drama therapists in South Africa (7, 22) **2**	
			Special needs educators (14) **1**	
			Intercultural group wanting to enhance intercultural communication (12) **1**	
	Marginalised or vulnerable populations		Care workers of vulnerable children, living in same community as the children (2, 8, 27, 33) **4**	7 mentions
			Western Cape rural poor (Coloured farmers) (32) **1**	
			Individuals and groups who have	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			experienced trauma (1) **1**	
			Young adults, rural, with an African cultural worldview (13) **1**	
	Women		Women (12) **1**	5 mentions
			Unemployed mothers (11) **1**	
			Women with body dissatisfaction (21) **1**	
			Women who have experienced trauma (23) **1**	
			Women working in corporate (31) **1**	
	Offenders		Juvenile offenders (24, 29) **2**	3 mentions
			Adult offenders (8) **1**	
	Clients struggling with negative identity formation		Black gay males (19) **1**	3 mentions
			Domestic workers (16) **1**	
			Afrikaners struggling with Afrikaner identity (10) **1**	
Drama therapy methods used in body of literature	**Play-based methods**	This group specifies the play-based methods used in the drama therapy research in South Africa.	Play (1, 4, 6, 8, 11, 17, 19, 20, 29, 33) **10**	28 mentions
			Projective play (1, 6, 8, 9, 14, 16, 21, 23, 27) **9**	
			Games (4, 6, 14, 17, 19, 29) **6**	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Developmental Transformations (13) **1**	
			Humour (11, 19) **2**	
	Group-based or individual drama therapy	This group specifies the group or individual-based methods used in the drama therapy research in South Africa.	Group work (2, 4, 5, 6, 8, 9, 11, 12, 14, 15, 16, 17, 18, 19, 20, 25, 26, 28, 29, 31, 33) **21**	21 group mentions; 2 individual mentions
			Individual work (20, 23) **2**	
	Story-based methods	This group contains the story-based methods used in the drama therapy research in South Africa.	Story (6, 10, 15, 17, 19, 20, 25, 29) **8**	20 mentions
			Narradrama (16, 21, 25, 31, 32) **5**	
			Sesame (17, 18, 25, 26) **4**	
			Six Part Story Method (20, 25, 26) **3**	
	Integrating other arts-based methods into drama therapy methods	This group specifies the methods from other arts modalities that are used in the drama therapy research in South Africa.	Reflection through art making (2, 4, 14, 15, 19, 23, 25, 26) **8**	18 mentions
			Song (6, 30) **2**	
			Meditation, visualisations, contemplative practices (23, 26) **2**	
			Journalling (14, 23) **2**	
			Poetry (21) **1**	
			Photo journal (4) **1**	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Creating memory books (8) **1**	
			Use of camera within group therapy (9) **1**	
	Role-based methods	This group specifies the role-based methods used in the drama therapy research in South Africa.	Role play (1, 5, 9, 11, 14, 16, 19, 29) **8**	15 mentions
			Role Method (21, 24, 26) **3**	
			Scene work (4, 17, 29) **3**	
			Gestalt methods (two chair exercise) (21) **1**	
	Distancing methods	This group specifies the distancing methods used in drama therapy research in South Africa.	Projective work (1, 6, 8, 9, 14, 16, 21, 23, 27) **9**	15 mentions
			Distancing (5, 23, 32) **3**	
			Metaphor (10, 28) **2**	
			Spectrogram (11) **1**	
	Embodied methods	This group specifies the embodied methods used in drama therapy research in South Africa.	Embodiment (1, 4, 5, 10, 12, 13, 14, 15, 16, 17, 20, 23, 28) **13**	14 mentions
			Sociometry (4) **1**	
	Performance-based methods	This group specifies the performance-based methods used in the drama therapy research in South Africa.	Therapeutic theatre (4, 6, 8, 9, 11, 30, 32) **7**	12 mentions
			Witnessing (20, 23, 32) **3**	
			Playback theatre (6) **1**	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Self-revelatory theatre (10) **1**	
	Transpersonal methods	This group specifies the transpersonal methods used in drama therapy research in South Africa.	Dramatic ritual (6, 10, 11, 13, 14, 15, 18, 25, 29, 31, 32) **11**	12 mentions
			Dream work (1) **1**	
	Multiple methods	This group specifies that multiple methods were used in the drama therapy research in South Africa.	Combination of specific drama therapy approaches (eg Sesame & Narradrama) (17, 18, 24, 13, 25, 26) **6**	6 and vast majority mentions
			Vast majority used multiple methods	
	Applied theatre methods	This group specifies the Applied theatre methods used in drama therapy research in South Africa.	Image Theatre and Forum Theatre (7, 19, 29, 31) **4**	4 mentions
	Use of local art forms	This group specifies that local art forms were used in the drama therapy research in South Africa.	Local art forms (6, 13, 15, 33) **4**	4 mentions
	Verbal methods	This group specifies the verbal methods used in drama therapy research in South Africa.	Verbal reflection (23, 25, 29) **3**	3 mentions
	Developmental model methods	This group specifies the developmental model methods used in drama therapy research in South Africa.	Emunah's 5 Phase Model (6, 18) **2**	2 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
Theoretical orientation of drama therapy used in body of literature	**Social justice theoretical orientation**	This group specifies the social justice theoretical orientation used in drama therapy research in South Africa.	Social justice agenda (1, 2, 4, 6, 7, 9, 13, 16, 19, 22, 28, 32, 33) **13**	20 mentions
			Self-reflexive approach (4, 6, 7, 33) **4**	
			Healing the Wounds of History (Volkas) (10, 30) **2**	
			Critical race theory (22) **1**	
	Humanistic psychology theoretical orientation	This group specifies the humanistic approach to drama therapy, used in the body of literature. This includes humanistic psychology and health-based approaches.	Health, strength-based approach (4, 7, 21, 23, 25, 26, 31, 33) **8**	16 mentions
			Humanistic psychology (7, 11, 14, 21, 23, 26, 27, 32) **8**	
	African healing theoretical orientation	This specifies the African healing theories that underlie the theoretical approach used in drama therapy research in South Africa.	African theories of healing (1, 3, 7, 11, 13, 15) **6**	10 mentions
			Anthropological-informed African approaches (13, 24) **2**	
			South African community psychology (32, 33) **2**	
	Systemic therapy theoretical orientation	This group specifies the systemic therapy approaches used to orient the drama therapy research in South Africa.	Systemic approaches (acknowledging impact of context, culture, family systems) (4, 7, 12, 22, 26, 33) **6**	9 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Social psychology (10, 31) **2**	
			Eco-systemic psychodrama theory (30) **1**	
	Psychodynamic theoretical orientation	This group specifies the psychodynamic theories used as a theoretical orientation in the drama therapy literature in South Africa.	Attachment theories (4, 11, 26) **3**	8 mentions
			Psychodynamic theories (17, 4, 22) **3**	
			Erikson's developmental theories (26, 28) **2**	
	Integrative 5 Phase Model framing theoretical orientation	This group specifies Emunah's Integrative 5 Phase Model as a theoretical orientation to the drama therapy researched in South Africa.	Emunah's 5 Phase Model (4, 9, 14, 17, 18, 28, 29) **7**	7 mentions
	Sesame Approach as theoretical orientation	This group specifies the Sesame Approach as a theoretical orientation of drama therapy research in South Africa.	Sesame's theories (12, 17, 18, 20, 25, 26) **6**	6 mentions
	Transpersonal theoretical orientation	This group specifies the transpersonal approach as a theoretical orientation of drama therapy research in South Africa.	Spirituality (1, 3, 11, 13, 19) **5**	5 mentions
	Role Theory theoretical orientation	This group specifies Landy's role theory as a theoretical orientation to drama therapy research in South Africa.	Role Theory (16, 21, 24, 26) **4**	4 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
	Jones' 9 Core Principles as theoretical orientation	This group specifies Jones' 9 Core Principles as a theoretical orientation used by drama therapy researchers in South Africa.	Jones 9 Core Principles (4, 12, 26, 33) **4**	4 mentions
	Applied drama as theoretical orientation	This group specifies applied drama and theatre theory as a theoretical orientation to drama therapy researched in South Africa.	Applied drama (7, 14, 31) **3**	3 mentions
	Trauma-informed theoretical orientation	This group specifies the trauma-informed theoretical approach as a theoretical orientation of drama therapy researched in South Africa.	Trauma theory (7, 10, 23) **3**	3 mentions
	Narrative therapy as theoretical orientation	This group specifies narrative therapy as a theoretical orientation of drama therapy researched in South Africa.	Narradrama theory (21, 31) **2**	2 mentions
	Psychoeducation as theoretical orientation	This group specifies psychoeducation as a theoretical approach used in drama therapy research in South Africa.	Psychoeducation (15, 25) **2**	2 mentions
	Social constructionism as theoretical orientation	This group specifies social constructionism as a theoretical approach to drama therapy research in South Africa.	Social constructionist (1, 24) **2**	2 mentions
	Gestalt as theoretical orientation	This group specifies Gestalt theories as a theoretical orientation to drama therapy research in South Africa.	Gestalt (21) **1**	1 mention

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
How drama therapy has adapted to South Africa	**Adapting drama therapy to be culturally appropriate**	This group specifies the ways in which drama therapy has been adapted to meet the cultural context in South Africa, particularly through the use of culturally appropriate methods.	Using culturally familiar methods in ethical manner (i.e. not cultural appropriation) (7, 13, 14,15, 16, 17, 24, 26, 27, 30) **10**	20 mentions
			Working in groups congruent to community-based approaches to healing (3, 15, 16, 28, 30, 31, 32) **7**	
			Using embodiment (familiar tool across cultures and languages) (12, 17) **2**	
			Being aware of cultural understandings of concepts (emotional pain = physical pain) (18) **1**	
	Adapting drama therapy to include South African understandings of health and healing	This group specifies the ways in which drama therapy has been adapted to include South African understandings of health and healing.	Using indigenous knowledge systems in drama therapy practice (1, 3, 7, 11, 13, 15, 18, 26, 27, 28) **10**	14 mentions
			Incorporating spirituality (11, 13, 26, 30) **4**	
	Adapting drama therapy's theoretical approaches	This group specifies the way in which theoretical approaches to drama therapy have been adapted in South Africa.	Critiquing Western theories we are trained with (6, 7, 8, 10, 18, 26, 28, 29, 31) **9**	11 mentions
			Critiquing the medicalisation and professionalisation of drama therapy in South Africa (2, 19) **2**	
	Adapting drama therapy in practical ways	This group specifies the practical ways in which drama therapy has adapted	Ensuring interventions are ethically brief (due to financial and time constraints) (9,	8 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
		in South Africa.	28, 31) **3**	
			Considering therapeutic value of space chosen (9, 33) **2**	
			Including organisations and parents in therapy process (18, 29) **2**	
			Being aware of difficulties surrounding physical resources in sessions (25) **1**	
	Adapting drama therapy in multiple ways	This group specifies that drama therapy is constantly being adapted in multiple ways in South Africa.	Needing to be constantly adaptable (7, 12, 17, 19, 22, 25, 29) **7**	7 mentions
	Adapting drama therapy to become contextually appropriate	This group specifies the ways in which drama therapy has been adapted to become contextually appropriate, meeting the contextual realities in South Africa (in terms of economics, resources, trauma, and so on)	Focussing on issues that are prevalent in South Africa (4, 7, 32) **3**	7 mentions
			Being aware of how stigma around mental health impacts drama therapy methods chosen (5, 7) **2**	
			Modelling healthy attachment in absence of healthy attachment figures (4) **1**	
			Being creative in method and approach to meet level of trauma in SA (2) **1**	
	Adapting drama therapy with regards to language	This group specifies the ways in which drama therapy in South Africa has	Using mother-tongue and vernacular languages (9, 15, 19) **3**	3 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
		been adapted with regards to language.		
	Markers of 'South African' drama therapy (list these)	This group specifies the markers that illustrate what makes 'South African' drama therapy, that arose from the body of South African drama therapy literature.	Focussed on social justice approach (2, 6, 7, 22, 25, 29, 31) **7**	
			Client-led (4, 12, 15, 25, 28, 29, 32) **7**	
			Using distancing methods to ensure safety of clients (4, 10, 11, 18, 25, 30, 31) **7**	
			Being constantly adaptable (7, 12, 17, 19, 22, 25, 29) **7**	
			Working across disciplines (incorporating Applied Drama, clinical psychology, social work) (4, 6, 7, 14,18, 33) **6**	
			Ensuring community-based work (2, 6, 32) **3**	
			Questioning Western concept of boundaries (8, 9, 11) **3**	
			Combining drama therapy methods (17, 18, 26) **3**	
			Aware of possibility of violence entering therapy space (17, 8) **2**	
			Trusting and using the drama as a co-therapist (the South African drama therapist can't hold everything, there is too	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			much) (6, 7) **2**	
			Aware of complexities of witnessing as a method in SA (10) **1**	
	Markers of the 'South African' drama therapist (list these)	This group specifies the markers that illustrate what makes 'South African' drama therapists that arose from the body of South African drama therapy literature.	Ensuring their self-reflexivity in relation to privilege and power; and relevance of therapy that is being offered (2, 4, 6, 7, 13, 22, 25, 27, 28, 33) **10**	
			Ensuring accessibility (physically and content-wise) of drama therapy through methods and models chosen (2, 7, 13, 26, 27, 29, 32) **7**	
			Building their resilience to work adaptively in this context (7, 8, 14, 15, 20, 25) **6**	
			Stimulating creativity to counteract voiceless-ness of clients (7, 8, 25, 26) **4**	
			Focussed on health and hope (8, 25, 29) **3**	
			Aware of longer time building trust with clients (4, 19) **2**	
Practicalities of the drama therapy profession in South Africa	**Drama therapist to be flexible and adaptable with limited resources**	This group specifies the ways in which drama therapists in South Africa have to be aware of the practicalities of limited resources in their work.	Need for flexibility (7, 15, 25, 28) **4**	14 mentions
			Must be trained to work in groups as cost effective (15, 18, 28) **3**	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Overcome difficulties of short-term interventions (4, 9, 24) **3**	
			Must be able to work with limited physical resources (25, 29) **2**	
			Work with limited access to space (11, 25) **2**	
	Drama therapist to be trained to do critical self-reflection	This group specifies the practicality of drama therapists in South Africa needing to be trained in critical self-reflection.	Have to be trained in reflective practice/reflexive praxis (2, 6, 7, 9, 14, 22, 28, 33) **8**	12 mentions
			Must be in supervision (17, 25) **2**	
			Bring life experience into how the DT approaches their practice (14) **1**	
			Must do assessment and baseline research, don't assume you're right (32) **1**	
	Drama therapist to be able to work with inconsistencies in client attendance	This group specifies that drama therapists need to be aware of the practicalities of working with low client attendance and high absenteeism.	Aware of low attendance of clients due to other commitments being more pressing (related to survival and access) (4, 9, 11, 12, 16, 17, 21, 23) **8**	8 mentions
	Drama therapist to incorporate practical measures around language	This group specifies that drama therapists need to incorporate practical measures surrounding the challenge of language in drama therapy in South Africa.	Need to be multilingual (22, 23, 32) **3**	4 mentions
			Use of translators in group (19) **1**	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
	Drama therapist to work in existing institutions	This group specifies the practicality of drama therapists in South Africa needing to work within existing institutions.	Must work in partnership to ensure solid funding or opportunities (4, 9) **2**	3 mentions
			Working in existing institutions (8) **1**	
	Drama therapist to work with other professions	This group specifies the practicality of drama therapists in South Africa working with other professionals from other disciplines.	Working collaboratively with other professionals (4, 26) **2**	2 mentions
	Drama therapist to be educated in South African health and healing approaches	This group specifies the practicality of drama therapists in South Africa needing to be educated in South African understandings of health and healing.	Must be trained in African traditional healing (3) **1**	2 mentions
			Must have understanding of SA health and healing (3) **1**	
	Drama therapist to include evaluation systems in practice that contributes to advocacy of drama therapy	This group specifies the practicality that drama therapists in South Africa need to include evaluation and monitoring systems in the research they carry out, in order to have the data to advocate for drama therapy in South Africa.	Include monitoring and evaluation systems whilst implementing projects (33) **1**	1 mention
Research methodology used by those researching drama therapy in South Africa	**Research methodology used**	This group specifies the research paradigms, methods of data collection, methods of data analysis, and approaches to research writing, used by those researching drama	*Research paradigms used*	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
		therapy in South Africa.		
			Qualitative approach (10, 11, 12, 14, 15, 16, 21, 22, 23, 27, 28, 30, 31) **13**	13 mentions
			Mixed methods approach (13) **1**	1 mention
			Methods of data collection used	
			Baseline research conducted before implementation (15, 16, 19, 20, 25, 26, 29) **7**	7 mentions
			Interviews (8, 9, 12, 13, 22, 25, 27) **7**	7 mentions
			Case study (1, 11, 12, 17, 21) **5**	5 mentions
			Questionnaires (12, 13, 19) **3**	3 mentions
			Performance as Research (10, 23, 30) **3**	3 mentions
			Participatory Action Research (14, 18, 32) **3**	3 mentions
			Practice as Research (15, 16, 20) **3**	3 mentions
			Film documentary (8, 9) **2**	2 mentions
			Autobiographical research/Auto-ethnography (10, 23) **2**	2 mentions
			Long-term follow-up conducted (9, 14) **2**	2 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Using interviews with local experts to supplement gap in written literature on South African topics (13) **1**	1 mention
			Methods of data analysis used	
			Thematic analysis (11, 15, 16, 26, 27, 31) **6**	6 mentions
			Interpretive Phenomenological Analysis (12, 13) **2**	2 mentions
			Approaches to writing	
			Reflexive writing used in report (2, 6, 10, 11, 13, 15, 16, 18, 19, 21, 22, 23, 26, 32) **14**	14 mentions
			Highlighted clients' voices by including direct quotes (4) **1**	1 mention
	Research focus of those researching drama therapy in South Africa	This group specifies the research foci of those researching drama therapy in South Africa.	Implementation of therapeutic model/approach/drama therapy intervention (2, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 23, 25, 26, 29, 30, 31, 33) **25**	25 mentions
			Theoretical discussion/Literature review (1, 3, 17, 18, 19, 24, 28, 29, 32) **9**	9 mentions
			Retrospective analysis of implemented therapeutic model (2, 4, 6, 7) **4**	4 mentions
Challenges facing drama therapy in South Africa	**Research challenges faced by drama therapists in South Africa**	This group specifies the research challenges faced by those researching drama therapy in South Africa.	Small sample, low generalisability (10, 11, 12, 13, 16, 17, 18, 21, 27) **9**	38 mentions
			Short intervention, restricted research	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			outcomes (12, 15, 16, 18, 21, 26, 29) **7**	
			Lack of South African-based research and literature (7, 10, 22, 24, 28, 32, 33) **7**	
			No follow up after intervention (12, 15, 26) **3**	
			Study only carried out theoretically, not practically (24, 27, 32) **3**	
			Difficulties in sampling participants (13, 21) **2**	
			Ethical considerations working with vulnerable populations (24, 25) **2**	
			Lack of funding for drama therapy researchers in South Africa (2, 33) **2**	
			Difficulty in translating embodied intervention to text research report (17) **1**	
			Being swayed by self-reflexive, personalised writing (32) **1**	
			Intervention being written about was a long time ago (4) **1**	
	Contextual challenges faced by drama therapists in South Africa	This group specifies the contextual challenges faced by drama therapists in South Africa, as mentioned in the body of literature surveyed.	Working across difference/diversity (4, 6, 7, 11, 15, 22, 27) **7**	19 mentions
			Extent of difficulty/trauma faced in the field (4, 7, 8, 9, 10) **5**	

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Clients' fears around creative methods (4, 6, 11) **3**	
			Inherent Western paradigm of drama therapy (3, 7) **2**	
			Burnout of drama therapists (8) **1**	
			Participants could go into trance using some methods (13) **1**	
	Practical challenges faced by drama therapists in South Africa	This group specifies the practical challenges faced by drama therapists working in South Africa, as mentioned in the body of literature surveyed.	Limitations of language (speaking different languages) (11, 16, 18, 23, 29) **5**	12 mentions
			Low attendance (9, 11, 16, 18) **4**	
			Low buy-in from parents (4, 9) **2**	
			Time it takes to build up trust (5) **1**	
	Challenge of lack of awareness about drama therapy in South Africa	This group specifies that a challenge faced by drama therapy in South Africa, is lack of awareness.	Resistant audience members or community or organisation due to unfamiliarity of drama therapy (9, 10, 13, 15, 28, 31) **6**	8 mentions
			Difficulties of pioneering the field (trial and error, requires time and effort) (10) **1**	
			Legitimacy/ low awareness of drama therapy in South Africa (8) **1**	
	Challenges around role of drama therapists in South Africa	This group specifies the challenges surrounding the role of drama therapists in South Africa.	Conflict between roles held by drama therapist (director, researcher, therapist) (9, 15, 21, 23) **4**	4 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
	Challenge of demographics the South African drama therapy community	This group specifies the challenges surrounding the drama therapy community in South Africa.	Still predominantly a white field (8, 22) **2**	2 mentions
Implications for drama therapy in South Africa	**Research implications for the drama therapy field**	This group specifies the implications for the drama therapy research field, in South Africa.	Extend research on the current research that exists (10, 11, 12, 13, 14, 15, 16, 17, 19, 21, 23, 24, 25, 26, 27, 30, 31, 32) **18**	18 mentions
	Professional implications for drama therapists in South Africa	This group specifies the professional implications for drama therapists working in South Africa.	Work collaboratively with other professions (8, 17, 24) **3**	14 mentions
			Use drama therapy skills to train other professionals in creative arts (8, 15, 33) **3**	
			Focus on social justice and advocacy of marginalised (22, 33) – *nice quote p 288* **2**	
			Drama therapists should work towards clients taking ownership of the therapeutic process (2, 31) **2**	
			Become aware of impact of social media on DT practice (4) **1**	
			Focus on protective factors, not pathology (29) **1**	
			Become client-led (29) **1**	
			Focus on constant self-reflection (22) **1**	
	Practical implications for drama therapy in South Africa	This group specifies the practical implications for drama therapy in South Africa.	Update drama therapy training (2, 8, 22, 33) **4**	10 mentions

Dimension	Code group	Comment	Code | frequency per code	Total frequency per group
			Meet with clients, organisations, community before intervention (11, 29) **2**	
			Focus on getting buy-in from government (15) **1**	
			Work from a solid, organisational base (existing institution) (17) **1**	
			Incorporate drama training in drama therapy training (18) **1**	
			Use continuous assessment and evaluation throughout research process (29) **1**	
	Implications for drama therapy as discipline in South Africa	This group specifies the implications for drama therapy as a discipline in South Africa.	Drama therapy in South Africa must be systemic in nature (3, 11, 32) **3**	7 mentions
			Drama therapy should focus on group intervention (31, 32) **2**	
			Drama therapy must include spirituality (3) **1**	
			Focus on community intervention (13) **1**	
	Implications for drama therapy community	This group specifies the implications for the drama therapy community, in South Africa.	Diversify profession regarding race (8, 22) **2**	4 mentions
			Develop group identity as South African drama therapists (8) **1**	
			Create support networks with experienced, international drama therapists (8) **1**	

APPENDIX C: ALL CODES AND CODE GROUPS FROM QUALITATIVE QUESTIONNAIRE DATA

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
Drama therapy methods used in South Africa as described in questionnaire	**Multiple methods used**	This group shows how many drama therapists use multiple, diverse, methods in their practice.	Multiple methods (17)	17 mentions
	Story-based methods	This group contains the story-based methods used by drama therapists in South Africa.	Story (7) Sesame Approach (6) 6 Part Story (3) Narradrama (1)	17 mentions
	Play-based methods	This group contains the play-based methods used by drama therapists in South Africa.	Projective Play (11) Developmental transformations (1) Play (1)	13 mentions
	Role-based methods	This group contains the role-based methods used by drama therapists in South Africa.	Role Method (7) Role Play (5)	12 mentions
	Group based methods	This group contains the group-based methods used by drama therapists in South Africa.	Psycho-drama (5) Working in groups (3)	8 mentions
	Integrative arts-based methods	This group contains the methods from other arts modalities that drama therapists integrate into their methods in South	Art making (4) Music (2) Mask work (1)	8 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
		Africa.	Method: Puppetry (1)	
	Performance-based methods	This group shows the performance-based methods used by drama therapists in South Africa.	Therapeutic Theatre (4) Playback Theatre (1) Witnessing (1)	6 mentions
	Transpersonal methods	This group contains the transpersonal, spiritual-based methods used by drama therapists in South Africa.	Ritual (3) Family Constellations (2) Transpersonal, spiritual methods (1)	6 mentions
	Embodied methods	This group contains the embodied methods used by drama therapists in South Africa.	Embodiment (6)	6 mentions
	Developmental model methods	This group contains the methods that use a developmental model, which are used by drama therapists in South Africa.	Integrative Five Phase Model (4)	4 mentions
	Applied theatre methods	This group contains the Applied theatre and drama methods used by drama therapists in South Africa.	Image Theatre (3) Applied Theatre (1)	4 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Verbal methods	This group contains the verbal-based methods used by drama therapists in South Africa.	Reflection (2)	2 mentions
Theoretical orientation of drama therapy in South Africa as described in questionnaire	**Role Theory (6)**	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	6	6 mentions
	Theatre of the Oppressed (5)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	5	5 mentions
	Integrative 5 Phase Model (4)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	4	4 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Gestalt (2)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	2	2 mentions
	Narrative therapy (2)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	2	2 mentions
	Systemic therapy approach (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions
	Jones' 9 Core Principles (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Jungian psychology (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions
	Psycho-education (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions
	Social constructionism (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions
	Sue Jennings' writings (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Transpersonal Approach (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions
	Trauma informed theory (1)	This group contains the theoretical bases of methods used, as mentioned in the questionnaire responses by drama therapists working in South Africa.	1	1 mentions
	General theoretical orientations of drama therapists in South Africa	This group contains codes that specify the theoretical influences on how drama therapists practise in South Africa.	Psychological theory (6) Social justice and political theory (6) Theatre (3) Trauma-informed theory (3) Drama therapy theory (1) South African drama therapy literature (1) Theories around play (1) Theory about embodied therapies (1)	22 mentions
How drama therapy has adapted to South Africa, as described in the questionnaire	**Degree of adaptation of drama therapists' scope of practice in South Africa**	This group contains the codes that specify the thinking around the scope of practice of the drama	Agree with institutional documents (6) Based on ethical practice (5) Focussed on intended population that drama therapists	32 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
		therapist in South Africa.	can work with (groups, individuals and communities) (5) Intention for healing (5) Use of drama methods (5) Work with other healthcare professionals (3) Not focussed on diagnostic work (2) Dependent on drama therapist (1)	
	Influences on the way that drama therapists adapt their practise in South Africa	This group contains codes that specify the influences on the way drama therapists practise in South Africa.	Influence of South African drama therapy colleagues (5) Influence of clients who are worked with (5) Influence of drama therapists' life experience (4) Influence of African knowledge systems (4) Influence of Drama for Life (3) Influence of spirituality (2) Adapt practice to suit the drama therapist (1) Influence of applied arts practitioners (1) Influence of other art forms (1) Influence of South African healthcare practitioners (1)	27 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Adapting to include South African understandings of health and healing	This group contains the codes that specify the extent to which South African understandings of health and healing play in drama therapy practice in South Africa.	It is central to SA drama therapy (9) Guided by local Family Constellations practices (3) Incorporate of spiritual understandings (3) Understand that health results from community (3) South African understandings of health and healing has no large impact (2) Aware of diversity in conceptualisations of health (1) Focus on healing through non-verbal methods (1) Use a health-based approach (1) Unsure of South African understandings of health and healing's impact (1)	24 mentions
	Reasons for method adaptation in SA context	This group contains the codes of reasons why drama therapy methods are adapted by drama therapists in South Africa.	To work towards social justice and transformation (4) To benefit the client (4) Drama therapists' personal style (2) Due to trauma more time needed in therapy (2) Incongruence of Western forms of therapy (2) Need for more training on how to adapt (1) Need drama therapy to have bigger impact (1) To make interventions more short term to meet time and financial constraints (1) To focus on social support through group work (1)	21 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
			To meet the high demand for drama therapy (1) To be able to work with limited resources (1) Based on positionality of therapist (1)	
	Adapting drama therapy methods to be culturally sensitive to the South African context	This group contains the ways in which methods are adapted to become more culturally sensitive and appropriate.	Ensuring methods are culturally appropriate (6) Focussing on African folktales (2) Focussing methods on social healing (2) Adapting with regards to language (2) Working less clinically (2) Working with clients' eco-systems (1) Adapting projective methods to incorporate spiritual meaning (1) Adapting theoretical approaches to methods to become more culturally sensitive (1) Focussing on movement (1) Focussing on music (1) Focussing on ritual (1)	20 mentions
	Adapting drama therapy in practical ways	This group contains the ways in which methods are adapted to meet the practical needs of drama therapy and clients in South Africa.	Adapting methods to become more integrative (3) Adapting the drama therapy space (2) Work with traditional healers (2) Adapting to become time sensitive (1) Working with groups (1)	9 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Adaptation of drama therapy methods to South African context happens in multiple ways	This group contains codes that specify that drama therapy methods are adapted in multiple ways in South Africa.	Adaptation of methods in multiple ways (7)	7 mentions
	Adapting drama therapy to become contextually appropriate	This group contains the ways in which methods are adapted to become more contextually appropriate.	Adapting methods to become more responsive to trauma (2) Adapting methods to have a systemic focus (2) Being aware of the local stigma of mental illness (1)	4 mentions
	Markers of 'South African' drama therapist: the role of the drama therapist in South Africa *(list these)*	This group contains the codes that specify the role of the drama therapist in South Africa.	To use art for healing (6) To advocate for drama therapy (5) To create space for human connection (5) To meet the needs of clients (4) To work towards social justice (4) To work with health and resourcing (3) To work with trauma (2) To collaborate with other professionals (2) To continue professional development (2) To evaluate drama therapy practice in South Africa (2) To contribute to mental healthcare (1) Role depends on the drama therapist's interests (1) To create community of drama therapists (1) To document drama therapy practice in SA (1)	

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Markers of 'South African' drama therapy *(list these)*	This group contains the codes that specify what makes drama therapy in South Africa distinctly South African.	Use of local knowledge systems (4) No particular markers (3) Use of local art-forms (3) Constant adaptation of methods (3) Drama therapist has lived and lives in South Africa (2) Focussed on social justice (2) Use of South African languages (2) Exposure and working with trauma (1)	
Practicalities of the drama therapy profession in South Africa, as described in the questionnaire	**Continue training in diverse approaches and methods**	This group contains that codes that specify information on the continued training of drama therapists in the South African context. The specifics and details of these trainings may be used in the report straight from the raw data in the form of a table or a list (the details are not included in these codes).	Continued training: multiple qualifications (12) Continued training: none (2)	14 mentions
	Reasons why some drama therapists are not practising ****Do not use as part of dimensions, but as descriptive data within the***	*This group contains the codes that specify the practical reasons why drama therapists are not practising.*	*Not practising: continuing education or research (3)* *Not practising: working in an allied field (3)* *Not practising: family responsibilities (2)* *Not practising: setting up private practice (2)*	*12 mentions*

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	written essay (intros, etc)		*Not practising: figuring it out (1)* *Not practising: lack of recognition (1)*	
Research methodology used by those researching drama therapy in South Africa, as described in the questionnaire	**Research focus of drama therapists researching in South Africa**	This group contains the codes that specify what the current research being conducted in South Africa broadly focusses on. The detail of these projects will enter into the report through the use of quotations or a list.	Drama therapy methodological approach development (4) Examining drama therapy in the South African context (3)	7 mentions
	Reasons why some drama therapists are not researching	This group contains the codes that specify the practical reasons why drama therapists are not researching the field in South Africa.	Not researching: no time (6) Not researching: focussing on drama therapy practise (4) Not researching: not only working with drama therapy (2) Not researching but supervising (1)	13 mentions
	Research methodology used by those researching drama therapy in South Africa	This group contains the codes that specify what research methodology is being used in the current drama therapy research in South Africa.	Qualitative research (2) Creative research methodology (1)	3 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
Challenges facing drama therapy in South Africa, as described in questionnaire	**Varied and multiple challenges at the same time faced by drama therapists in South Africa**	This group illustrates that drama therapists working in South Africa face multiple and varied challenges at the same time.	Varied and multiple challenges at the same time (11)	11 mentions
	Contextual challenges faced by drama therapists practising in South Africa	This group includes information around the contextual challenges around being a drama therapist in South Africa	Trauma of clients is high (3) Clients struggling with social exclusion (2) Different languages spoken in therapy (2) Poverty and survival more important than therapy (1) Racial differences between clients and therapists (1) High proportion of white females in drama therapy community (1) Space as traumatic and potentially dangerous (1)	11 mentions
	Challenge of lack of awareness faced by drama therapy in South Africa	This group shows the challenge of the general public and other health care professionals in South Africa not understanding what drama therapy is, or what drama therapists do.	Lack of understanding about drama therapy (10)	10 mentions
	Research challenges faced by those researching drama therapy in South Africa	This group includes information about challenges relating to researching drama therapy in South Africa.	Lack of funding for drama therapy research (3) Lack of research experience (2) Difficulty creating contextually appropriate research material (such as consent forms) (1)	9 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
			Difficulty obtaining ethical clearance (1) Difficulty finding participants (1) Lack of time to focus on research (1)	
	Systemic challenges faced by drama therapists practising in South Africa	This group contains information around the systemic challenges surrounding drama therapy practice in South Africa.	Lack of government recognition (2) Systemic challenges (1) Lack of psychosocial support (1) A lot of time spent managing broken systems within which the drama therapist is working (1)	5 mentions
	Financial challenges faced by drama therapists practising in South Africa	This group includes the financial challenges of being a drama therapist in South Africa	Low pay (3) Low medical aid support (2)	5 mentions
	Challenge around drama therapy community in South Africa	This group shows the challenge of there not being a community to support drama therapists in South Africa	Limited access to drama therapy supervisors (2) Lack of arts-based supervision (1) Lack of community support for drama therapists (1)	4 mentions
	Challenges around role of drama therapist in South Africa	This group includes the challenges there are around the discovering and pioneering the role of the drama therapist in South Africa.	Difficulty pioneering the role of the drama therapist in South Africa (2) Navigating the augmentation of role of drama therapist (1)	3 mentions
	Practical challenges faced by drama therapists practising in South Africa	This group includes information around the practical challenges of	Finding clients (1) Instability of physical therapy space (1)	2 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
		working as a drama therapist in South Africa.		
	There are no challenges for drama therapists in South Africa	This group includes the information about there being no challenges around being a drama therapist in South Africa.	No challenges (1)	1 mentions
Implications for drama therapy in South Africa	**Implications related to researching drama therapy in South Africa**	This group contains the codes that specify the research needs of drama therapists researching in South Africa.	Increase funding (8) Solidify mentorship (7) Create publication opportunities (5) Create peer support networks (4) Prioritise finding time to conduct research (4) Create access to literature (4) Focus on collaboration with other departments, organisations and disciplines (3) Increase motivation to research (3) For drama therapists to understanding power of research (1) Focus on creating easier ways to gain ethical clearance (1)	40 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Practical implications for drama therapy in South Africa	This group contains the codes that specify the practical needs of drama therapists in South Africa.	Advocate for higher pay (3) Create more job opportunities (3) Work in multidisciplinary teams (2) Work towards creating more training bodies in South Africa (2) Create access to drama therapy research (1) Prioritise locating dedicated space for therapy (1)	12 mentions
	Drama therapy community implications	This group contains the codes that specify the implications and needs for the future, for drama therapy in South Africa.	Drama therapists in South Africa need for support (elders, mentors, stronger community) (6) Drama therapists in South Africa need to advocate for the profession (for recognition, need for active advocacy) (3)	9 mentions
	Implications of clients' needs: need to incorporate awareness of these in drama therapy practice in South Africa	This group contains the codes that specify clients' needs according to drama therapists working in South Africa.	Basic survival needs (2) Need for socio-economic support (2) Need to be contained (1) Needs to be seen (1) Needs for trauma-informed support (1)	7 mentions
	Professional implications for drama therapists in South Africa	This group contains the codes that specify the professional needs of drama therapists in South Africa.	Need for self-care (3) Focus on ongoing training (2) To be a multilingual drama therapist (1)	6 mentions

Dimension	Code Group	Comment	Code (Frequency of Code)	Total frequency per group
	Drama therapy in South Africa has no needs; no implications need to be taken into account in the future	This group contains the codes that specify there are no needs that drama therapists have in South Africa.	No needs (2)	2 mentions

APPENDIX D: CODING MANUAL DEVELOPED FOR QUALITATIVE QUESTIONNAIRE DATA

	ADAPTING DRAMA THERAPY TO SOUTH AFRICA	
	Code	**Comment**
	Influence: adapting practice to suit the drama therapist	This code specifies that the adaptation and revision of drama therapy practice to meet the style and personality of the therapist influences how drama therapy is practised.
	Influence: African knowledge systems	This code specifies that African knowledge systems influence how drama therapy is approached in South Africa.
	Influence: applied arts practitioners	This code specifies that applied arts practitioners working in South Africa influence how drama therapy is approached in South Africa.
	Influence: clients who are worked with	This code specifies that the clients being worked with influence and teach the drama therapists how to approach drama therapy in South Africa.
	Influence: Drama for Life	This code specifies that Drama for Life, the drama therapist training body in South Africa, influences how drama therapy is practiced in SA.
	Influence: drama therapist's life experience	This code specifies that life experience (previous professions, mentors, self-reflection) plays a large role in how the drama therapist approaches their practice.
	Influence: other art forms	This code specifies that other art forms (music, dance, visual art) influences how drama therapy is approached in SA.
	Influence: South African drama therapy colleagues	This code specifies that other drama therapists practising in South Africa influence how drama therapy is approached in South Africa.
	Influence: South African healthcare practitioners	This code specifies that other healthcare professionals in South Africa influence how drama therapy is approached in South Africa.
	Influence: spirituality	This code specifies that spirituality influences how drama therapy is approached in South Africa.
	To advocate for drama therapy	This code specifies that the role of the drama therapist in South Africa is to advocate for drama therapy in South

		Africa.
	To contribute to mental healthcare	This code specifies that the role of the drama therapist in South Africa is to contribute to mental health care.
	To create space for human connection	This code specifies that the role of the drama therapist in South Africa is to use the medium to create moments of connection and humanity.
	Role depends on the drama therapist's interests	This code specifies that the role of the drama therapist in South Africa is dependent on the drama therapist's interests, skills and expertise.
	To meet the needs of clients	This code specifies that the role of the drama therapist in South Africa is to meet the varying needs of their clients.
	To collaborate with other professionals	This code specifies that the role of the drama therapist in South Africa is to collaborate with others working towards healing: mental healthcare professionals and other artists.
	To continue professional development	This code specifies that the role of the drama therapist in South Africa is to continue educating themselves through continuous professional development.
	To create community of drama therapists	This code specifies that the role of the drama therapist in South Africa is to create a community of drama therapists that support each other in the drama therapy work.
	To document drama therapy practice in SA	This code specifies that the role of the drama therapist in South Africa is to document the drama therapy work being done in South Africa.
	To evaluate drama therapy practice in South Africa	This code specifies that the role of the drama therapist in South Africa is to continuously evaluate drama therapy practice in South Africa, how it is taking shape and where it needs to be adapted to become more effective.
	To use art for healing	This code specifies that the role of the drama therapist in South Africa is to use art, drama and creative methods for healing.
	To work with health and resourcing	This code specifies that the role of the drama therapist in South Africa is to work from a place of health, resource and potential as opposed to pathology or diagnosis.
	To work with trauma	This code specifies that the role of the drama therapist in South Africa is to be equipped to work with clients dealing with trauma - whether it be current or intergenerational.

	To work towards social justice	This code specifies that the role of the drama therapist in South Africa is to challenge boundaries based on race, ethnicity, culture, gender, religion and history.
	Constant adaptation of methods	This code specifies that what makes drama therapy distinctly South African is that it is constantly adapting and developing contextually appropriate methods.
	Drama therapist has lived and lives in South Africa	This code specifies that what makes drama therapy distinctly South African is the South African drama therapist who has lived, breathed and grown up in the context within which they work.
	Exposure and working with trauma	This code specifies that what makes drama therapy distinctly South African is its exposure and constant working with trauma.
	Focussed on social justice	This code specifies that what makes drama therapy distinctly South African is its focus on social justice, transformation and democracy.
	Use of South African languages	This code specifies that what makes drama therapy distinctly South African is the use of South African languages.
	No particular markers that make South African drama therapy distinct	This code specifies that there is nothing that makes drama therapy distinctly South African.
	Use of local art-forms	This code specifies that what makes drama therapy distinctly South African is its use of local art-forms, such as story and song.
	Use of local knowledge systems	This code specifies that what makes drama therapy distinctly South African is its incorporation of local knowledge systems and philosophies.
	SA healing: central to SA drama therapy	This code specifies that South African understandings of health and healing are central to drama therapy work in South Africa.
	SA healing: must be aware of diversity in conceptualisations of health in SA	This code specifies that there is diversity in the understandings of health and healing in South Africa, and thus the drama therapist in this context must constantly be aware of and incorporate these different understandings.
	SA healing: focus healing through non-verbal methods	This code specifies that South African approaches to healing include non-verbal healing approaches, and that this is included in drama therapy practice.

	SA healing: understanding that health results from community	This codes specifies the understanding that health is brought about communally in South Africa, and that this understanding is brought into drama therapy in a South African context.
	SA healing: use health-based approach	This code specifies the approach to drama therapy from a health and strength-based understanding which is in line with South African understandings of health and healing, as opposed to approaching health diagnostic or clinically which is more Western.
	SA healing: guided by Family Constellations practices	This code specifies the impact of the traditional South African wisdom of Family Constellations on the work done by drama therapists in South Africa.
	SA healing: incorporation of spiritual understandings	This code specifies that spiritual understandings of health in the South African context plays an important role in drama therapy practice in South Africa.
	SA healing: these understandings have no large impact	This code specifies that South African understandings of health and healing do not impact drama therapy practice in South Africa.
	SA healing: unsure of SA health and healing approach's impact	This code specifies that the impact of SA understandings of health and healing is something that drama therapists in this context are unsure of.
	Scope: agree with institutional documents	This code specifies that the drama therapist's scope of practise is correctly set out by institutional documents.
	Scope: dependant on drama therapist	This code specifies that the drama therapist's scope of practise includes what the drama therapist is able to handle - the scope of practise is thus personalisable.
	Scope: ethical practice	This code specifies that the drama therapist's scope of practise includes ethical practice.
	Scope: focussed on intended population that drama therapists can work with	This code specifies that the drama therapist's scope of practise includes working with individuals, groups and communities.
	Scope: intention for healing	This code specifies that the drama therapist's scope of practise includes working with clients towards healing.
	Scope: not focussed on diagnostic work	This code specifies that the drama therapist's scope of practise excludes diagnosing clients.

	Scope: use of drama methods	This code specifies that the drama therapist's scope of practise includes the use of drama methods.
	Scope: work with other healthcare professionals	This code specifies that the drama therapist's scope of practise includes working with other healthcare professionals.
	Being aware of the local stigma of mental illness	This code specifies that the stigma around needing healing in South Africa, especially mental health healing, is part of South African understandings of health and healing. This must be incorporated into drama therapy in this context.
	Working with traditional healers	This code specifies the collaboration between drama therapists and traditional healers in South Africa, and that for this reason, an incorporation of South African understandings of healing is central.
	Adaptation of methods in multiple ways	This code specifies that the adaptation of methods occurs constantly and in multiple ways, in every new context in South Africa.
	Focussing on social healing	This code specifies the adaptation of methods is based on becoming focussed on social healing (healing happening in groups).
	Adapting methods: becoming more integrative	This code specifies that drama therapists adapt their approaches in South Africa by becoming more integrative of methods.
	Ensuring methods are culturally appropriate	This code specifies that drama therapists in South Africa adapt their methods to become more contextually appropriate: adapting Western practice to African context. This includes adapting methods to become more based on African ideas, philosophies, or African methods.
	Adapting with regards to language	This code specifies how drama therapists have adapted their methods by simplifying the language they use in sessions.
	Working less clinically	This code specifies that drama therapists have adapted their methods to be less clinically focussed.
	Adapting methods to become more responsive to trauma	This code specifies that drama therapists adapt their methods to become more responsive to the needs of trauma-based work - as this is a presenting need in their work-place.
	Adapting methods to have a systemic focus	This code specifies the methods that are adapted to work with the systemic challenges faced by drama therapists in South Africa.
	Adapting the drama therapy space	This code specifies the adaptation in how the space is used in drama therapy sessions in South Africa.

	Adapting to become time sensitive	This code specifies that the choice to adapt methods was to make them more time sensitive to meet the needs of immediate crisis control or short-term intervention.
	Working with clients' eco-systems	This code specifies that drama therapists have adapted their methods to work with their clients' families, teachers, and people around them.
	Working with groups	This code specifies that the drama therapists in South Africa have adapted their methods to work with groups.
	Adapting projective methods to incorporate spiritual meaning	This code specifies how projective methods have been adapted to take spiritual beliefs into account.
	Adapting theoretical approaches to methods to become more culturally sensitive	This codes specifies the adaptation of the theoretical approach to methods done by drama therapists in South Africa.
	Based on positionality of therapist	This code specifies that the methods chosen by the drama therapist, are based on that therapist's positionality (their context, demographics, culture).
	Focussing on African folktales	
	Focussing on movement	
	Focussing on music	
	Focus on ritual	
	Need for more training on how to adapt	This code specifies that there is a need for further training on how to adapt methods to be suitable to the South African context.
	Due to trauma, more time needed in therapy	This code specifies the reason of adapting methods is due to trauma restricting expressive play, and there needs to be time for the client to work on gaining a healthy ability to do this again.
	Incongruence of Western forms of therapy	This code specifies that method adaption took place because of the incongruence of Western, 'white' ideas and approaches to therapy.
	Need for drama therapy to have bigger impact	This code specifies that methods have been adapted so that they have a wider reach, given the extent of trauma and need in South Africa.

	Drama therapists' personal style	This code specifies that methods are adapted as the drama therapist discovers more about their personal style.
	To make interventions short term to meet time and financial constraints	This code specifies that methods are adapted to suit short-term interventions, as clients cannot stay for long-term interventions.
	To work towards social justice and transformation	This code specifies that method adaption took place because of the goal to work towards social justice, transformation and decolonialism.
	To benefit the client	This code specifies that adaptation of methods take place to better meet the needs of the client.
	To focus on social support through group work	This code specifies that method adaption to focus on groups took place because of the power of social support in the South African context.
	To meet high demand for drama therapy	This code specifies that method adaption took place because of many people needing and wanting access to drama therapy.
	To be able to work with limited resources	This code specifies that method adaption took place because of limited resources.
	CHALLENGES FACING DRAMA THERAPY	
	Code	**Comment**
	Lack of understanding about drama therapy	This code specifies the challenge of the general public and other professionals in South Africa not understanding what drama therapy is, or what drama therapists do.
	Difficulty navigating the augmentation of role of drama therapist	This code specifies the challenge that the role of the drama therapist is often augmented beyond their scope of practice (taking on roles of a social worker in some spaces)
	Different languages spoken in therapy	This code specifies the challenge of drama therapists and their clients speaking different languages
	Difficulty pioneering the role of the drama therapist in South Africa	This code specifies the challenge that drama therapists need to figure out their role in South Africa, what work they can do, as their pioneer the profession

	Poverty and survival more important than therapy	This code specifies the challenge that clients live in such poverty that survival is seen as more important than drama therapy.
	Racial differences between clients and therapists	This code specifies that drama therapists in South Africa may not be the same race as their clients
	Clients struggling with social exclusion	This code specifies the challenge of drama therapists in South Africa having to hold clients who are socially excluded through stereotyping and intolerance of difference.
	Systemic challenges	This code specifies the challenge of systemic challenges in the provision of drama therapy interventions and treatment
	Space as traumatic and potentially dangerous	This code specifies the challenge of there being trauma related to space, and that many spaces in which drama therapists work in South Africa are unsafe and it is hard to create safety and containment for clients within these spaces
	Trauma of clients is high	This code specifies the challenge that the clients drama therapists see in South Africa have experience multiple traumas
	High proportion of white females	This code specifies the challenge of the demographic of drama therapists (particularly in Cape Town) being very uniform - mostly white and female.
	Lack of community support for drama therapists	This code specifies the challenge of there not being a community to support drama therapists in South Africa
	Low medical aid support	This code specifies the challenge that medical aids do not support drama therapists in South Africa, through low claim rates
	Low pay	This code specifies the challenge of drama therapists having financial difficulties as they are not paid enough for their services.
	No challenges	This code specifies that there are no challenges to being a drama therapist in South Africa
	Finding clients	This code specifies the challenge of drama therapists struggling to find and build up a client base
	Instability of physical therapy space	This code specifies the challenge that drama therapists in South Africa often have to face instability in terms of space for therapy

	Difficulty creating contextually appropriate research material	This code specifies that there is a challenge around creating contextually appropriate research material such as consent forms and questionnaires
	Difficulty obtaining ethical clearance	This code specifies the challenge of getting ethical clearance as a drama therapy researcher in South Africa
	Lack of research experience	This code specifies the challenge of there being a lack of experience of those researching drama therapy in South Africa
	Lack of funding for drama therapy research	This code specifies that there is a challenges around lack of funding for drama therapy research in South Africa
	Difficulty finding research participants	This code specifies that there is a challenge of not many people participating in drama therapy research in South Africa
	Lack of time to focus on research	This code specifies the challenge that there is a lack of time to focus on research, for those researching drama therapy in South Africa
	Lack of arts-based supervision	This code specifies the challenge that drama therapists in South Africa do not have access to arts therapy supervision, as the community is small and community members are colleagues, and not appropriate to be supervisors.
	Limited access to drama therapy supervisors	This code specifies the challenge of drama therapists having limited access to supervisors in South Africa.
	Lack of government recognition	This code specifies the challenge that the government in South Africa does not recognise drama therapists enough to create public sector posts
	Lack of psychosocial support	This code specifies the systemic challenge of lack of psychosocial support systems, linking to the socio-political-historical context of South Africa
	A lot of time spent managing broken system within the drama therapist is working	This code specifies the systemic challenge of providing ethical and humane care to clients in a broken healthcare system - where time needs to be spent managing the system as opposed to working with clients
	Varied and multiple challenges at the same time	This code specifies that drama therapists are facing multiple different challenges at the same time in their work in South Africa
	DRAMA THERAPY METHODS	

	Code	Comment
	6 Part Story	This code specifies the use of the 6 Part Story method. It is not specified to one theorist, but the foundation of using the basic structure of the story therapeutically.
	Applied Theatre	This code specifies the use of Applied Theatre and Drama methods in drama therapy.
	Art making	This code specifies the use of visual arts as a drama therapy method.
	Developmental transformations	This code specifies the use of Read Johnson's method of Developmental Transformations
	Embodiment	This code specifies the use of embodiment: using the body in the drama therapy sessions in movement, dramatically and actively.
	Family Constellations	This code specifies the use of the method of Family Constellations
	Image Theatre	This code specifies the use of the method of Image Theatre, stemming from Boal's work.
	Integrative Five Phase Model	This code specifies the use of the method of Emunah's Integrative Five Phase Model.
	Mask work	This code specifies the use of mask work (making, using) as a method for drama therapy in South Africa.
	Music	This code specifies the use of music as a method in drama therapy.
	Narradrama	This code specifies the use of the method of Narradrama
	Play	This code specifies the use of play as a drama therapy method.
	Playback Theatre	This code specifies the use of Playback Theatre as a drama therapy method: someone telling a story and witnesses playing the story back to the teller.
	Projective Play	This code specifies the use of the drama therapy method of projective play: using objects projectively in therapy.
	Psycho-drama	This code specifies the use of the method of Psychodrama
	Puppetry	This code specifies the use of puppetry as a method.
	Reflection	This code specifies the use of reflection as a method, where the connections between the life and the drama are made for therapeutic benefit.

	Ritual	This code specifies the method of ritual being used in drama therapy in South Africa.
	Role method	This code specifies the use of Landy's Role Method.
	Role Play	This code specifies the use of role play in drama therapy. This is not specific to Landy's Role Method, but more generic and general role play.
	Sesame Approach	This code specifies the use of the Sesame Approach's methods.
	Story	This code specifies the use of the method of story: both making, embodying and telling.
	Therapeutic Theatre	This code specifies the use of the method of Therapeutic Theatre.
	Transpersonal, spiritual methods	This code specifies the use of Transpersonal drama therapy methods which have a focus on spirituality.
	Witnessing	This code specifies the use of witnessing as a method to create empathy and distancing.
	Working in groups	This code specifies that drama therapists in South Africa mostly work with groups of clients, as opposed to individual clients.
	Multiple methods	This code specifies that drama therapists working in South Africa use multiple methods in their practise, and are not focussed on one method or approach.
	IMPLICATIONS FOR DRAMA THERAPY	
	Code	**Comment**
	Clients' needs: basic survival needs	This code specifies that the clients seen by drama therapists in South Africa have a need for their basic human needs to be met such as food, shelter, safety.
	Clients' needs: need for socio-economic support	This code specifies that the clients seen by drama therapists in South Africa have a need for socio-economic support - such as social support rendered by government, or more economic opportunities.
	Clients' needs: to be contained	This code specifies that the clients drama therapists see in South Africa have a need to be contained and held psychologically.
	Clients' needs: to be seen	This code specifies that the clients drama therapists work with in South Africa have a need to be seen and witnessed.

	Clients' needs: trauma-informed support	This code specifies that the clients seen by drama therapists in South Africa have a need for trauma-informed support: support that is informed by current research and understandings of trauma.
	Advocate for higher pay	This specifies the need for drama therapists in South Africa to be paid more for their provision of drama therapy services.
	Create more job opportunities	This code specifies the need for more job opportunities to be available for drama therapists in South Africa.
	Drama therapists in SA need for support (elders, mentors, stronger community)	This code specifies the need for a stronger, more supportive drama therapy community in South Africa.
	Work in multidisciplinary teams	This code specifies that the drama therapist in South Africa has a need to connect and work with other healthcare professionals, and work in multi-disciplinary teams.
	Create access to drama therapy research	This code specifies the need for drama therapists to have access to drama therapy literature, peer-reviewed articles and research (this is only possible at present when affiliated to a university).
	Drama therapists in SA need to advocate for the profession (for recognition, need for active advocacy)	This code specifies the need for practical and concrete action to be taken to advocate for the drama therapy profession in South Africa.
	Prioritise locating dedicated space for therapy	This code specifies the need for a dedicated, safe and consistent space for drama therapists to practise in.
	Work towards creating more training bodies in South Africa	This code specifies the need for more drama therapy training bodies in South Africa.
	Need to be a multilingual drama therapist	This code specifies that there is a need for the drama therapist in South Africa to be multi-lingual, and to speak more than one South African language.
	Need for ongoing training	This code specifies that there is a need for continued learning, training and education for drama therapists in South Africa.
	Need for self-care	This code specifies that drama therapists have a need to practise self-care in the face of their challenging work environments and the demands of being a therapist in South Africa.

	No needs	This code specifies that there are no needs that the drama therapist has in South Africa.
	Create access to literature	This code specifies that the drama therapist researching in South Africa has a need for access to literature and research databases.
	Focus on collaboration with other departments, organisations and disciplines	This code specifies that the drama therapist researching in South Africa has a need to collaborate with other disciplines, departments or organisations.
	Solidify mentorship	This code specifies that the drama therapist researching in South Africa has a need for mentors to guide and support through the research process.
	Increase motivation to research	This code specifies that the drama therapist researching in South Africa has a need for motivation to do the research work.
	Create peer support networks	This code specifies that the drama therapist researching in South Africa has a need for peer support from other drama therapists researching in South Africa.
	Prioritise finding time to conduct research	This code specifies that the drama therapist researching in South Africa has a need for time to do the research, and a need to use this time in a disciplined manner.
	For drama therapists to understand power of research	This code specifies that the community of drama therapists in South Africa have a need to understand the benefits and power of documenting practice into research literature.
	Focus on creating easier ways to gain ethical clearance	This code specifies that the drama therapist researching in South Africa has a need for ethical clearance support.
	Increase funding	This code specifies that the drama therapist researching in South Africa has a need for funding to support their research.
	Create publication opportunities	This code specifies that the drama therapist researching in South Africa has a need for publication support and opportunities.
	PRACTICALITIES OF DRAMA THERAPY PROFESSION	
	Code	**Comment**

	Continued training: multiple qualifications	This code specifies that drama therapists have continued training since their drama therapy training, and thus have multiple qualifications that influence their drama therapy practise.
	Continued training: none	This code specifies that no further training has been undertaken since completion of the drama therapy training.
	Not practising: continuing education or research	This code specifies that drama therapists are not practising due to them continuing their education and training.
	Not practising: family responsibilities	This code specifies that the drama therapists are not practising due to family responsibilities.
	Not practising: figuring it out	This code specifies that the drama therapist is not practising because they are still figuring out their practise-based needs and priorities.
	Not practising: lack of recognition	This code specifies that due to the lack of recognition, drama therapists have chosen to move away from practising as a drama therapist.
	Not practising: setting up private practice	This code specifies that drama therapists are still in the process of setting up a private practice, and thus not practising yet.
	Not practising: working in an allied field	This code specifies that drama therapist isn't practising due to working in an allied field (education, training, community work, etc).
	Research success: collaboration with partners	This code specifies that research on drama therapy in South Africa is successful when it has collaborative partners who buy into the research.
	Research success: none	This code specifies that there have been no successes in research work conducted.
	Research success: too early to say	This code specifies that it is too early to say what the research successes have been.
	Research success: published work	This code specifies that a research success is a publication of research work.
	RESEARCH METHODOLOGY	
	Code	**Comment**
	Creative research methodology	This code specifies that the research is conducted using a creative research methodology.

	Drama therapy approach development	This code specifies that the research being done focusses on the development and evaluation of a drama therapy approach.
	Examining drama therapy in the South African context	This code specifies that the research conducted focusses on drama therapy within the South African context.
	Qualitative research	This code specifies that it is a qualitative research methodology approach.
	Not researching but supervising	This code specifies that the drama therapists are not researching themselves, as they are focussed on supervising students in their research.
	Not researching: focussing on drama therapy practise	This code specifies that due to focus on building up their drama therapy practice, the drama therapists are not focussing on researching.
	Not researching: no time	This code specifies that due to a lack of time, the drama therapists are not researching the field.
	Not researching: not only working with drama therapy	This code specifies that the drama therapist is not only working in the field of drama therapy, and thus is not researching in this field.
	THEORETICAL ORIENTATION AND INFLUENCES	
	Code	**Comment**
	Theatre	This code specifies that theories and practices around theatre influence how drama therapy is approached in South Africa.
	Theories around play	This code specifies that theories around play influences how drama therapy is approached in South Africa.
	Theory about embodied therapies	This code specifies that theories around other embodied therapies influences how drama therapy is approached in South Africa.
	Trauma-informed theory	This code specifies that trauma-informed theory plays a large influence on how drama therapy is approached in South Africa.
	South African drama therapy literature	This code specifies that literature written about drama therapy within South Africa influences how drama therapy is approached in South Africa.
	Psychological theory	This code specifies that psychological theory influences how drama therapy is approached in South Africa.

	Social justice and political theory	This code specifies that theories around politics and social justice influences how drama therapy is approached in South Africa.
	Drama therapy theory	This code specifies that drama therapy theory influences how drama therapy is practised in SA.
	Integrative 5 Phase Model	This code specifies that the drama therapy methods used are based on the theory of Emunah's 5 Phase Model.
	Gestalt	This code specifies that the theories of Gestalt Therapy underpin the drama therapy methods used.
	Relational health	This code specifies that the theory underlying the drama therapy methods used, is theory around relational health (health being illustrated and practised in groups).
	Jones' 9 Core Principles	This code specifies that Jones' theories of the 9 Core Principles underpin the drama therapy methods used.
	Jungian	This code specifies the use of Jungian theory as a foundation of all drama therapy methods used.
	Narrative therapy	This code specifies that narrative therapy is the theoretical underpinning of drama therapy methods used.
	Psycho-education	This code specifies that theories of psycho-education underlie the use of different drama therapy methods.
	Social constructionist	This code specifies the use of Social Constructionist theory as a foundation of all drama therapy methods used.
	Sue Jennings	This code specifies that the theories of Sue Jennings underpin these methods: developmental drama, Embodiment-Projection-Role, anthropological approach to drama therapy.
	Theatre of the Oppressed	This code specifies the theories of Theatre of the Oppressed and its social justice orientation as the theoretical base for the methods used.
	Transpersonal Approach	This code specifies the use of Transpersonal theory as underlying drama therapy methods used.
	Trauma informed	This code specifies that the methods used stem from trauma informed practice and theoretical groundings.
	Role Theory	This code specifies Landy's Role Theory as the theoretical base of this method.

APPENDIX E: RESULTS OF THE SYSTEMATIC LITERATURE REVIEW: DRAMA THERAPY RESEARCH IN SOUTH AFRICA

The selection criteria for this systematic literature review were that the literature and research had to be firmly focussed on exploring drama therapy within the South African context. The 33 pieces of literature that met this criteria were included in the systematic literature review. Below is a brief outline of each, in order to provide context for the results and discussion chapters.

The 33 pieces of literature included in the systematic literature review were:

Published journal articles

Jones (2015): This article explores, from multiple African perspectives, how working with dreams, drama and play can be useful for clients who have experienced trauma.

Meyer (2014): This article explores how arts therapists can ethically meet the contexts of South Africa in a socially just manner. As an example, it explores the Firemaker programme, which uses art, drama and play therapy to equip care workers to better meet the psychosocial needs of the children with whom they work.

Makanya (2014): This article is a theoretical exploration on the congruence and 'missing links' between theories of health in South Africa and in various approaches to drama therapy.

Book chapters

Meyer (in Jones, 2007): This vignette explores a moment in group drama therapy for South African adolescents who are HIV positive.

Kingwill (2014): This chapter describes a drama therapist's experience of a play-making process conducted with children from Nieu Bethesda, a small rural town in the Eastern Cape of South Africa. It contains themes of working across language, culture and with historical complexity.

Kingwill, Palmer & Palmer (2019): This chapter is a retrospective analysis of various drama therapy interventions carried out with adolescents across South Africa. It explores the ways that drama therapy can equip adolescents with the skills to build interpersonal relationships and therefore resilience.

Nebe (2016): This chapter describes the approach to drama therapy training in South Africa, and its focus on restoration, resilience and social transformation.

Film documentaries

Tending the saplings: dramatherapy in South Africa (Kingwill, 2005): This documentary film illustrates the state of drama therapy in South Africa, in 2005. It interviews and follows the work of the few drama therapists working in South Africa at that time.

We don't fly kites here (Kingwill, 2010): This documentary film follows a year-long play-making process run by two drama therapists with a group of adolescents living in a township in the Western Cape.

MA research projects

Meiring (2017): Illustrates an autobiographical self-revelatory performance process, contextualised within the South African context; and its ability to transform the negative self-concept of the Afrikaner identity held by the researcher.

Orelowitz (2015): Explores the drama therapy elements of containment, play and role with unemployed mothers in South Africa, in an attempt to build up the sense of 'good enough' in their motherhood.

Annandale (2017): Illustrates a series of workshops that used the drama therapy method of embodiment to increase the capacity for intercultural communication with a group of diverse South African women.

Seleme (2017): Follows the use of a dramatic stamping ritual, umgidi wokulingisa, indigenous to many cultures in South Africa, with two young clients in rural South Africa.

Hemming (2009): Written from an applied drama perspective, focusses on how drama therapy techniques can empower teachers working in the special needs education setting in South Africa.

Busika (2015): Explores a drama therapy intervention with primary school learners that used the South African indigenous approach to storytelling, iintsomi, to build resilience.

Yarmarkov (2016): Explores the drama therapy method of narradrama with a group of domestic workers in South Africa who are struggling with negative identity formation.

Schiff (2002): Written from a clinical psychology frame, this research project illustrates how drama and movement therapy can provide containment for a group of adolescents with learning difficulties in Cape Town.

Koekemoer (2006): Written from a drama studies perspective, this research explores how drama therapy with a group, particularly Emunah's 5-Phase Model and the Sesame Approach, can bring about a stronger sense of self in youth living in situations of poverty in South Africa.

Kirsten (2000): Written from a drama studies perspective, this research details drama therapy, educational drama and community theatre methods that aid black gay males in Pietermaritzburg in their healing process.

Mdena (2015): Follows an intervention with one young adult, and the use of embodiment to address the aftermath of his experience of bullying.

Kremer (2017): Explores Role Method, poetry, two-chair exercise, narrative and body mapping techniques to work with the shame that accompanies body dissatisfaction in women in South Africa.

Qhobela (2015): Explores the impact of race on the experience of the drama therapy training in South Africa, and the implications of race on how drama therapists practice in South Africa.

Pankhurst (2018): Illustrates the process of South African women who have experienced trauma, transgenerational trauma and lack of agency, creating an auto-ethnographic performance.

Mogomotsi (2015): This research project is a theoretical exploration that brings together principles of drama therapy and restorative justice, in order to create a programme for juvenile offenders in South Africa.

Hill (2015): Describes a drama therapy intervention, focussing specifically on the Six Part Story Method, story and role, with a group of refugee learners transitioning from a refugee school to a government school in Johannesburg.

Shaik Omar (2015): Explores various drama therapy methods and their potential to solidify a sense of identity for Muslim orphaned adolescents.

Spykerman (2017): Uses interviews with participants and facilitators of Zakheni's Wellbeing Workshop (part of the Firemaker programme), to explore the efficacy of the drama therapy methods used in the programme to enhance participants' self-care.

Myburgh (2015): This theoretical project explores literature that promotes the strength of drama therapy (particularly embodiment and metaphor) in working with the multicultural setting and diverse challenges that adolescents face when living in children's homes in South Africa.

Venter (2004): Written from a social work perspective, it explores the use of drama with therapeutic intentions with juvenile first offenders in the criminal justice system in South Africa.

Mkhoma (2017): Follows the autobiographical process of making a piece of therapeutic theatre that works with a traumatic event in the researcher's past.

Pather (2017): Explores the drama therapy method of narradrama and its potential to empower women holding positions of corporate leadership.

Brand (2008): This theoretical research explores how drama therapy (especially distancing, projective techniques and witnessing) can meet the intergenerational and historical trauma faced by coloured farmworkers who are living in poverty in the rural Western Cape.

PhD Thesis

Meyer (2017): This paper looks at the implementation of the Firemaker programme in an Australian context. While the implementation part of this paper does not meet the selection criteria for this research report, there is information included about the author's previous iterations of this project in South Africa which is valid and included in the dataset.

APPENDIX F: ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
Jessica Mayson

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER:** WSOA190902
PROJECT	Reviewing current South African drama therapy: exploring its research and documenting its practice
INVESTIGATORS	Jessica Mayson
DEPARTMENT	Wits School of Arts
DATE CONSIDERED	01.08.2019
DECISION OF THE COMMITTEE	Approved

Unless otherwise specified this ethical clearance is valid for 2 years and may be renewed upon application

DATE 05.09.2019 **CHAIRPERSON** .....
(Dr Tanja Sakota)

cc: Supervisors: Mr Warren Nebe

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

.....
Signature