

AUTO-IMMUNE DISEASE AND DRAMA THERAPY: AN INTEGRATIVE
LITERATURE REVIEW THAT INVESTIGATES THE CAPACITIES OF DRAMA
THERAPY APPROACHES IN THE TREATMENT OF CHILDREN AND
ADOLESCENTS WHO ARE DIAGNOSED WITH CHRONIC AUTO-IMMUNE
DISEASES.

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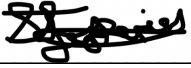
A research report submitted to the School of Arts, Faculty of Humanities, University of the Witwatersrand in partial fulfilment of the requirements for the degree of Master of Arts by coursework and research report in the field of Drama Therapy.

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Abstract

In my research I aim to investigate whether Drama Therapy approaches could be utilised in working with children and adolescents diagnosed with chronic auto-immune diseases.

Through an integrative literature review I aim to draw upon literature that examines various theoretical underpinnings of these Drama Therapy approaches from a variety of perspectives. I do this in hopes to gain a better understanding as to which approach might be more effective and have a more profound effect when looking at addressing the possibility of working with auto-immune disease and its implications for traumatic response.

Acknowledgements

I would like to extend my deepest gratitude to my family who have been by my side through this entire process. My friends who have continuously encouraged me and my Supervisor Vivien, without which this research would not have come to fruition. Thank you all.

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Keywords

Drama Therapy, Auto-immune diseases, Children and Adolescents and Trauma.

Keywords defined

Drama Therapy: “Drama Therapy is the intentional and systematic use of drama/theatre processes to achieve psychological growth and change. The tools are derived from theatre, the goals are rooted in psychotherapy.” (Emunah, 1994, p. 3).

Auto-Immune Diseases: “A healthy immune system defends the body against disease and infection. But if the immune system malfunctions, it mistakenly attacks healthy cells, tissues, and organs. Called auto-immune disease, these attacks can affect any part of the body, weakening bodily function and even turning life-threatening.” (Autoimmune Diseases, 2022).

Children and adolescents: “The World Health Organisation (WHO) defines adolescents as those people between 10 and 19 years of age. The great majority of adolescents are, therefore, included in the age-based definition of “child”, adopted by the *Convention on the Rights of the Child*, as a person under the age of 18 years.” (WHO, 2022).

Trauma: “Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual’s ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel a full range of emotions and experiences.”(Unyte Integrated Listening, 2022).

Chapter One: Introduction to Research

Title

Auto-immune Disease and Drama Therapy: An Integrative Literature Review that investigates the capacities of Drama Therapy approaches in the treatment of children and adolescents who are diagnosed with chronic Auto-immune diseases.

Introduction

At the age of eleven years old, I was diagnosed with my first auto-immune disease. My doctor told me that I had an auto-immune disease called Hashimoto's Thyroiditis, and it would be a part of me for the rest of my life. Then last year I was diagnosed with my second auto-immune disease. My immune system began attacking my body again, specifically my digestional tract and I developed Celiacs Disease. The problem is that no one has been able to actually identify the causes of these diseases, and while there is treatment available, it is a chronic illness. An auto-immune disease is an illness where the immune system recognizes cells, tissue and organs in the body as foreign and begins attacking them. Diseases such as Rheumatoid Arthritis, Type 1 diabetes, Systemic lupus erythematosus, Hashimotos, Celiacs disease and Multiple Sclerosis are all identified as auto-immune diseases (Healthline, 2019).

When I was diagnosed with my first auto-immune condition, I was just beginning puberty, which meant I was already “at war” with my ever-changing body. I had extreme confusion and difficulty in accepting the fact that my own body had attacked one of my organs, and the very mechanism that was supposed to keep me safe, could be killing me. My endocrinologist suggested I see a psychologist specialising in working with children recently diagnosed with chronic illnesses, and while the talking was somewhat helpful, I felt that it completely negated the fact that this disease sat in my body. It felt like while my mind was receiving some therapy my body, the host of my troubles, was being neglected. Herein lies what I aim to research. I want to examine how Drama Therapy can be utilised when working with children and adolescents who have been diagnosed with an auto-immune disease and then further exploring the possible link between auto-immune disease diagnosis and a further diagnosis of a trauma-related illness such as PTSD. “ Similarly, medical diagnosis of illness or disease, such as cardiovascular issues, lung disease, cancer, or autoimmune diseases, can be traumatic and lead to PTSD.” (Trauma and Chronic Illness - Khiron Clinics, 2021). Due to my personal background with the illness it can be said that I may have biases towards the

effect an auto-immune diagnosis may have on the diagnosis of clinical trauma in children and adolescents. It is important to note that I am aware that not all those diagnosed with auto-immune diseases will experience a clinical trauma post-diagnosis, however I had an interest in understanding if there is a relationship between the two. It is in my opinion that further understanding the possible relationship between trauma and auto-immune disease diagnosis could further benefit an understanding about which Drama Therapy approaches might be more successful when working with children and adolescents who have been diagnosed with auto-immune diseases.

In my research I aim to investigate, through the review of relevant professional literature, whether Drama Therapy approaches can be utilised in a successful manner in addressing the illness itself as well as explore and possibly treat the potential traumatic response that children and adolescents diagnosed with chronic auto-immune diseases might experience. By looking at the theoretical underpinnings of the approaches, combined with various research that has been conducted on the Drama Therapy approaches, I aim to gain a better understanding as to which approach might be more desirable and might have a more profound effect when looking at addressing the effects of the illness itself as well as the possibility of trauma that may be induced by being diagnosed with an auto-immune disease.

Statement of Intention

Throughout my research I intend to define specific concepts that are paramount to my research. These concepts include, Auto-immune diseases, Trauma, the Neuroscience behind trauma and the utilisation of Drama Therapy in working with children and adolescents who have been diagnosed with auto-immune diseases. I further explore and further conceptualise various Drama Therapy approaches and how these approaches may or may not prove to be successful in working with children and adolescents who have been diagnosed with auto-immune diseases. I am also aware that one of the most crucial elements when working with any therapeutic medium, is that of the therapeutic relationship between therapist and client. After clearly defining these concepts I aim to further review theories and evidence that explore the effectiveness of Drama Therapy practices in the treatment of trauma.

I will also examine the literature in neuroscience in order to explore its relationship to working with the body, and how embodied therapies might aid children and adolescents who

are diagnosed with auto-immune diseases. “In developing interpretations of patients’ embodied experience of illness, phenomenologists of medicine have engaged in discussions with the phenomenological tradition, especially focusing on ideas concerning the body.” (Grinfelde, 2018).

Rationale

It is my belief that I have identified a gap in the literature pertaining to drama therapy, auto-immune diseases and the relationship between trauma and a diagnosis of auto-immune diseases. I hope to fill these gaps by further identifying and understanding how Drama Therapy methods might be helpful in working with children and adolescents suffering from auto-immune diseases. By analysing and correlating various sources, my hope from undertaking this research is to add to the body of knowledge about Drama Therapy by further exploring Drama Therapy, auto-immune diseases, Trauma, and the use of Drama Therapy in working with children and adolescents.

Research questions:

1. Is there a connection between being diagnosed with an auto-immune disease and the potential of developing a traumatic response to the illness?
2. Is Drama Therapy a potentially useful approach for working with children and adolescents who have been diagnosed with auto-immune diseases?
3. Are there drama therapy approaches that are best suited to working with trauma?
4. How can an investigation into the neuroscience and neurobiology of trauma aid a Drama Therapist's understanding of clients who have been diagnosed with an auto-immune disease?

Ethical considerations

I did not utilise any human participants for this research, and I did not interview any professionals in any of the fields that are mentioned throughout this research. I have completed my TRREE Ethics training in Introduction to Research Ethics, Research Ethics Evaluation and Informed Consent. My ethical considerations lie within The University of the Witwatersrand’s code of ethics and because I am referencing other professionals' work I am ethically responsible to correctly reference all work that is not my own.

Chapter Two: Methodology

Method

My methodology for this research paper can be situated within the framework of a Literature Review, as defined as follows. “A literature review can broadly be described as a more or less systematic way of collecting and synthesising previous research.”(Baumeister & Leary, 1997; Tranfield, Denyer, & Smart, 2003) as cited in (Snyder, 2019). My research utilised an interpretive paradigm (Chilisa, 2020) as I aimed to interpret current literature on Drama Therapy; the treatment of chronic illness and the potential for trauma in relationship to the diagnosis of a chronic disease.

An integrative review usually has a different purpose, with the aim to assess, critique, and synthesise the literature on a research topic in a way that enables new theoretical frameworks and perspectives to emerge. An integrative review usually has a different purpose, with the aim to assess, critique, and synthesise the literature on a research topic in a way that enables new theoretical frameworks and perspectives to emerge (Torraco, 2005) as cited in Snyder, 2019.

This integrative literature review addresses the emerging topic of the potential use of Drama therapy with children and adolescents who are diagnosed with an auto-immune illness. The contribution that this research may offer, lies in the advancement of knowledge on the treatments available for the children and adolescents with auto-immune illnesses. A further outcome will be to better understand the potential relationship between the diagnosis of an auto-immune disease and any consequent traumatic response.

Utilising Google Scholar, the library found within The University of the Witwaterstrand campus and the library found within the Drama For Life building, my objective is to assemble data and information on my chosen topic. I intended to utilise at least twenty-five articles and at least fifteen academic books in order to accumulate literature on my chosen topic. Along with verified websites, juried publications and at least ten peer-reviewed articles, it was my hope to find substantive sources to support my research. Wherever possible I have attempted to not include unverified websites, unverified sources and unjuried publications.

Through a preliminary google-search on Auto-immune diseases and Drama Therapy, I have

found very few articles and literature that investigate the use of Drama Therapy for children and adolescents who have been diagnosed with auto-immune diseases. The most common results in a google-search yields search terms linked to Auto-immune diseases and biomedical treatment. This further illustrates why I think that this research could prove important, both in the psychological treatment of children and adolescents diagnosed with auto-immune diseases and the utilisation of Drama Therapy as a treatment approach.

Aims:

1. Investigate the psychological effects of diagnosis with an auto-immune disease upon children and adolescents.
2. Explore the possible connection between chronic illness and the potential of developing a traumatic response to the illness.
3. Explore the ways in which Drama Therapy approaches can be utilised when working with children and adolescents who have been diagnosed with an auto-immune disease.
4. Using neuroscience and previous research to understand the effects of Trauma and how Drama Therapy may be useful in the treatment of Trauma and Trauma-related illnesses like PTSD.

Chapter Three: Literature Review

Introduction to the Literature review

This literature review consists of literature that identifies what an auto-immune disease is, as well as the effects of this disease on its host and how a diagnosis of this disease could possibly induce a traumatic response. After displaying an understanding on the workings of this disease, I then look at how this disease could affect children and adolescents and how by working with various Drama Therapy capacities, one may be able to reduce the psychological effects of this disease with this age group. Further investigation is undertaken to ascertain which Drama Therapy approaches might be most successful when working with children and adolescents who have auto-immune diseases and trauma is then systematically deconstructed and analysed for relevance. I conclude this review by analysing the literature found within the field of Neuroscience and its relevance to the topic under construction. I did this in order to correlate how the effects this disease has on the host, could induce trauma and how that trauma could be treated through the work done in Drama Therapy.

1. Auto-Immune Diseases

1a. The effects of an Auto-immune Disease diagnosis

An auto-immune disease occurs when there is over-activity of the immune system. During the case of an overactive immune system, the body begins attacking and damaging its own tissues and cells (Hoffman, 2022). There are currently more than eighty autoimmune diseases (Healthline, 2019) that can be identified and diagnosed. All of these carry different criteria for diagnosis, and are accompanied with varying symptoms that often have different degrees of severity. The cure as well as the cause of auto-immune diseases is largely unknown.

The exact aetiology of most autoimmune diseases remains unknown, nonetheless, several factors contributing to the induction or exacerbation of autoimmune reactions have been suggested. These include the genetic profile and lifestyle of the affected individual in addition to environmental triggers such as bacterial, parasitic, fungal and viral infections. Infections caused by viruses usually trigger a potent immune response that is necessary for the containment of the infection; however, in some cases, a failure in the regulation of this immune response may lead to harmful immune reactions directed against the host's antigens (Hussein & Rahal, 2019: 394).

Through my literature review on auto-immune diseases, I did not aim to locate how each differing disease affects the host, but rather how the commonality of the immune system attacking its own cells might be considered when looking at potential treatment for the possible psychological effects that could accompany an auto-immune disease diagnosis. Some of the somatic effects of an auto-immune disease can include, but are not limited to, fatigue, aching muscles, swelling and redness, numbness and tingling in the hands and feet, hair loss and skin rashes (Healthline, 2019). However these somatic effects are just the commonalities in features seen with all auto-immune diseases. As stated above there are over eighty auto-immune diseases, meaning that with each individual disease, may come differing and more uncomfortable or painful symptoms. Along with the physical effects of the disease as seen above, I further explore the psychological effects that are experienced by those who are diagnosed with an auto-immune disease, and how the diagnosis could possibly impact the client's emotional and mental well-being.

Psychiatric symptoms are common to many autoimmune disorders. Patients often will have mood disorders, anxiety, cognitive deficits, delirium, and psychosis. These symptoms may reflect the direct or indirect effect of the autoimmune disorder on the central nervous system, may be related to medications used to treat the disorder, or may be a direct psychological impact from suffering with the autoimmune disorder. Accurately recognizing the psychiatric component and generating a differential diagnosis is a complex task for the treating physician. Treatment of the psychiatric component to the disorder often will include addressing steroid induced side effects, psychotropic medications, psychotherapy, patient and family education, and a strong physician-patient relationship (Weiss et al., 2005: 413).

According to Edmunson(2014) most traumas come from the external environment: a natural disaster, an attacker, a war. Medical trauma however, comes from within. One's bodies are the source of danger, and, as such, it can seem that a safe haven is not available. A further investigation in this literature review explores whether being diagnosed with an auto-immune disease could lead to a further diagnosis or the development of psychological trauma, and how that could potentially affect the child or adolescent.

1b. Auto-immune Diseases and Trauma

“To fall ill is to fall victim to a process of alienation in which the body becomes increasingly

disturbing and in the end not mine—despite in some sense always remaining mine, of course; this is why we call it an alienating process” (Leder 1990; Svenaeus 2001; Toombs 1992; Zaner 1981) as cited in Svenaeus (2009:58). It has been observed that there could be a predisposition to mental illnesses, such as mood disorders; for those suffering severe infections, and chronic illnesses; such as auto-immune diseases (Skerrett, 2013). This literature review investigates whether being diagnosed with an auto-immune disease may lead to the specific diagnosis of a trauma-related disorder; such as PTSD.

From social and emotional burdens to physical challenges, many people with autoimmune disease experience significant disruption to their lives. The need for mental health support often goes hand-in-hand with the importance of managing disease symptoms, and yet many treatment protocols lack emphasis on mental health support. Many patients agree that mental health is not discussed enough in the context of autoimmune disease treatment. The emotional and mental dimensions of illness tend to be deeply personal, and can often feel isolating. Struggles with unprocessed worry, grief, fear, or anger are not unusual to those with chronic illness. Additionally, many people find themselves feeling stigmatised or alienated by the circumstances of their illness (Serraino, 2021, para. 3-5).

“Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual’s ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel a full range of emotions and experiences.”(Unyte Integrated Listening, 2022). The documented effects as to the psychological responses to Trauma can include; depression, anxiety, flashbacks, paranoia and sleep disturbances (Van Der Kolk, McFarlane and Weisaeth, 2012: 6). There are varying types of Trauma and can be categorised into Acute Trauma; which results from a single stressful or dangerous event, Chronic trauma; which is caused by repeated and prolonged exposure to highly stressful events and Complex trauma which is a result of exposure to multiple traumatic events. Trauma can have long-term effects on the person’s well-being. If symptoms persist and do not decrease in severity, it can indicate that the trauma has developed into a mental health disorder called post-traumatic stress disorder (PTSD)(Leonard, 2020).

According to Song et al(2018), there is an established link between Auto-immune diseases and Trauma, with most studies focusing on how trauma can be a catalyst for generating an immune response. “Findings from the present study demonstrated that not only patients with PTSD, but also individuals with other and more common stress-related disorders,

experienced considerably increased relative risk of autoimmune disease” (Song et al., 2018: 2395). According to Katrinli et al(2022), understanding the comorbidity that exists between PTSD and immune-related conditions, is essential for future discovery of diagnostic and therapeutic tools.

The term ‘post-traumatic stress disorder’ or PTSD, was originally associated with war veterans. But this mental health problem can affect anyone exposed to a frightening, traumatic and/or life threatening episode and a critical illness certainly falls into that category (Parker et al., 2015: 1121).

Edmondson(2014) has stated that approximately 12 to 25 percent of people who experience life-threatening illness develop medically-induced PTSD. Not only is the development of PTSD now recognized as a threat when being diagnosed with a chronic illness, but the EST model of PTSD was created in order to categorise this trauma diagnosis.

The Enduring Somatic Threat(EST) model of PTSD recognizes that chronic illness presents an enduring rather than discrete threat. The dangers that we have experienced in the past due to our illness likely will re-emerge. Thus, treatment should focus heavily on developing coping skills(Willard Virant, 2019, para. 9).

Price, van Stolk-Cooke, Brier and Legrand, (2018: 22) found that: “Interventions administered shortly after a traumatic event have the potential to prevent posttraumatic stress disorder (PTSD) and related mental health conditions.”.

Children receiving painful or invasive medical procedures or long-term treatment as a result of chronic illness, accidents, or injuries are at a higher risk of developing post-traumatic stress symptoms. Research has also indicated that children’s *perceptions* of the event are critical- if children perceive the event as extremely frightening, life-threatening, sudden, or extremely painful they will also be at greater risk for developing post-traumatic stress symptoms (Flowers, 2017, para. 2).

2. Children and Adolescents

2a. Defining children and adolescents

According to The World Health Organisation (WHO, 2022) adolescents are defined as people between 10 and 19 years of age. The great majority of adolescents are, therefore, included in the age-based definition of “child”. Based on the *Convention on the Rights of the Child*, a person under the age of 18 years old is defined as a child.

2b. Children and adolescents and Auto-immune Diseases

As stated by Amador-Patarroyo (2012), The age at onset of auto-immune diseases can vary depending on the disease. “For example, sixty-five percent of patients with systemic lupus erythematosus (SLE) start manifesting their symptoms between ages 16 and 55. Another 20 percent manifest them before age 16 and the remaining 15 percent after age 55” (Amador-Patarroyo et al., 2012).

It is necessary to increase our understanding of how psychological stress can affect the immune system at a young age because autoimmune diseases, especially type 1 diabetes, are alarmingly common in children. Psychological stress may be involved in other autoimmune diseases, such as celiac disease, systemic lupus erythematosus, and juvenile idiopathic arthritis, that frequently occur in children as well. A number of them have observed that the autoimmune disease itself causes psychological stress. We are far from fully understanding how long-term psychological stress is linked to autoimmune response in children with a high risk of, or already diagnosed, autoimmune disease (Faresjo, 2015: 117).

2c. Children and adolescents and Trauma

According to Weber and Haen(2005):

Finding effective treatments for children is particularly important because the window of opportunity to influence critical stages in a child's life is relatively narrow; because we are still uncertain about the long-term effects of many medications that are being used in children; and because many forms of psychotherapy that rely largely on Cognitive and language based skills may not be the most useful approaches for children, particularly young children. (Weber. and Haen, 2005: xvii).

Some of the impact of trauma is noted by other authors as below.

“The impact of trauma on the lives of children is overlooked at the risk of increasing numbers of adults with depression, eating disorders, phobias, substance abuse and disrupted interpersonal relationships. (Meichenbaum, 1994; Clark, 1997)” as cited in (Davis, 1999). By further exploring the risk of a trauma diagnosis due to an auto-immune disease diagnosis, it is in my opinion that we might mitigate the risks of future disorders as stated above.

Children may be particularly vulnerable to the disorienting effects of overwhelming life stressors because they have a more limited framework of past experience to use in attempting to make sense of such events. They may be more amenable than adults, however, to the buffering potential of others' support and intervention, as they are more apt to rely on adults and to use their assistance and nurturing (Carbonell & Parteleno-Barehmi, 1999: 286).

Not only are children at risk for developing a traumatic response to their chronic illness diagnosis, but there is evidence of increased vulnerability, in terms of emotional and behavioural development, of children with a chronic disease (Chess & Hertzog, 1992). Along with these vulnerabilities, children and adolescents who experience trauma may exhibit a sense of powerlessness or helplessness, a fragmentation of bodily experience, destructiveness and rage, dissociation and attachment disorders (Carbonell & Parteleno-Barehmi, 1999:287). All of these are at risk of continuing into adulthood (Richter, Snider, & Gorey, 1997) and require intervention.

Myburgh(2015) comments on the contribution that the creative arts therapies have to make towards working with trauma as follows:

“The creative arts therapies have a unique contribution to make to the diagnosis and treatment of most disorders related to trauma because victims of psychological trauma have difficulty expressing their experiences”(Myburgh, 2015: 43).

2d. Drama Therapy with Children and Adolescents

As stated by Landy (2005); “Although drama therapy is practised widely with adults and elders, It is of special benefit to children and adolescents, whose means of expression is often more playful and imaginative and less verbal than that of their older counterparts.” (Landy, 2005: xxiv).

Children, like adults, engage in meaning seeking activities and interactions. As children and

young people work to make sense of the world around them adults need to remember to listen to what they have to say about their world, which may mean we need to engage with children and young people using methods that make it more likely that they will be able to communicate what they think and feel to us (Bannister and Huntington, 2002: 13).

Landy (2005) identifies a gap in the research and literature pertaining to working with children and adolescents with Drama Therapy (Landy, 2005). A more specific gap was identified when looking at how children and adolescents who have been diagnosed with auto-immune diseases might benefit from psychological treatment. When psychoanalysts such as Anna Freud (1927) and Melanie Klein (1964/1968) began pioneering child psychoanalysis, they discovered that play was an effective way of understanding and treating children (Irwin, 2005: 3). Children under the age of twelve often lack the introspective and intellectual skills, as well as not having the ability to make use of abstract verbal reasoning, which inhibits them from successfully engaging with traditional counselling or talk-therapy. However, play enables children to come into therapy and make use of toys, art and other playful tools in order to communicate with others (Kottman, 2011: 4).

Huizinga (1938) described play as ‘a volitional act, within certain limits of space and time, according to voluntarily accepted, but compelling rules, being a goal in itself, accompanied by feelings of excitement and joy, different from everyday life (Nijhof et al., 2018). Play is able to encourage self-expression, make use of projection and accessing the unconscious, be used as a vehicle for direct and indirect teaching, encourage competence and self-control and assist in building rapport between the client and the therapist, as well as relationship enhancement. Play encourages creative problem solving, allows the child client to experience catharsis and lastly can be used for abreaction (Kottman, 2011).

Abreaction allows children to relieve (symbolically) stressful or traumatic events and re-experience the feelings associated with those events. The purpose of abreaction is to provide children with a vehicle through which they can release some of the negative thoughts and emotions attached to painful experiences. This process helps them gain a sense of mastery over their own negative experiences and interactions, which may assist them with their adjustment to past traumas (Kottman, 2011:6).

Drama Therapy is rooted not only in theatre, performance and storytelling, but also heavily in play (Landy, 2009). The way in which the Drama Therapist provides a space for the client to

enter into a space of safety and begin to play, allows the client to enact roles, and contain their creations in order to “lead them out of the shadows of denial and compulsion into the light of acceptance and transformation” (Landy, 2009: xxiv). Play allows for the client to communicate with the therapist using their chosen mediums which in turn allows for them to experience a sense of self, work on exercising self-control and encouraging self-expression (Kottman, 2011). The isolating effects of an auto-immune disease (Serraino, 2021) can be combated by encouraging the client to engage in play which allows the client to experience positive emotion. The fun that is experienced through play can allow children to experience laughter and have a good time in accepting their environment (Kottman, 2011).

Children need help to express the unspeakable, to externalise what has shut down their psyche, and find means to gather resilience. Trauma, violence, pain, love and all powerful experiences are felt and recalled in the body. The awareness of the interconnection between body, mind and emotion has been increasing, especially in its impact on children’s development. It is likely that Drama Therapy, as well as other creative therapies, will be sought out in the future specifically for this population (Johnson, 2009: 30).

Due to the fact that auto-immune diseases will likely re-emerge (Willard Virant, 2019), it is important that psychological treatment for those diagnosed with auto-immune diseases also focuses on developing coping skills (Willard Virant, 2019). “A positive, significant correlation was found between children’s level of playfulness and their coping skills.” (Saunders et al., 1999). Children often do not have age-appropriate control over their lives (Kottman, 2011), and this feeling of lack of control can be further exacerbated by not being able to predict what their illness is likely to do next. Play can assist by allowing the clients to discover their own power and how to share power and control with others in a healthy way (Kottman, 2011: 12). Play also allows for the adaptability of a child to be enhanced, along with promoting cognitive, social, emotional and psychomotor functioning. Systematic play research will help to develop interventions for young patients, to better cope with the negative consequences of their illness and stimulate healthy development (Nijhof et al., 2018).

3. Drama Therapy

3a. Introduction to the section

This chapter aims to posit knowledge on Drama Therapy as a therapeutic approach, as well as to how Drama Therapy may be useful for the treatment of Trauma and trauma-related mental illnesses. I looked to various capacities seen within the Drama Therapy framework in order to further my understanding of how these capacities might be particularly beneficial for the treatment of trauma. After gaining an understanding of these elements, I then look to see how Drama Therapy may be a suitable treatment for children and adolescents who have been diagnosed with an auto-immune disease and the possible trauma that such a diagnosis may induce.

3b. Drama Therapy as a Therapeutic Approach

According to Jones (2009), an important element in Drama Therapy includes that of playing and imagination. Not only is it imperative that the therapist knows how to play, but also nurturing and further developing the ability of play within the client can be of huge value. Lahad (2014), has stated that an important resource for flexible thinking and problem solving for children is that of playing make-believe.

The ability to pretend through play or fantasy is positively related to their coping abilities. Children with more daydreaming skills are better able to fantasise as a means of managing intense emotions such as anger. Research shows that children with less of an ability to imagine are more impulsive and less organised compared to children with a greater imaginative ability. The use of imagination specifically in coping with trauma has been noted by many investigators (Lahad, 2014: xv).

According to Read Johnson (2009), : In the beginning there was Moreno who developed the form of Psychodrama. This visionary single-handedly initiated the development of Psychodrama in the 1920s which would later influence the development of the field of Drama Therapy. According to the British Association of Dramatherapists (2020), Drama Therapy can be stated as;

A form of Psychotherapy. Dramatherapists are both clinicians and artists that draw on their knowledge of theatre and therapy to use as a medium for psychological therapy that may include drama, story-making, music, movement, and art; to work with any issue that has

presented itself.

3c. Drama Therapy and Trauma

“Drama Therapy is a form of active imagination that has tremendous potential in the treatment of trauma. The act of imagining enables a dialogue between body, mind and emotions.” (Lahad, M. 2014: xv).

Other theorists have written about the use of Drama Therapy with trauma including, David Read Johnson (2014), Robert Landy (1994) and Mooli Lahad (2003). According to Sajnani and Read Jonshon (2014: 16): “Drama Therapy does in fact offer potentially more impactful effects for traumatised populations and it is our duty to identify these effects and to strengthen them in our work.” They continue that currently Drama Therapists are applying standardised methods to traumatised populations (Sajnani and Read Johnson, 2014).

Perhaps the most important advance in our field will be the development of trauma specific models of treatment that specifically targets symptoms of PTSD. Currently the majority of drama therapists are applying their standard methods to traumatised populations, rather than developing trauma-focused approaches (Sajnani and Read Johnson, 2014: 18).

There are several approaches in Drama Therapy that were investigated throughout this research, including but not limited to, Developmental transformations (DVT) and Rene Emunah’s integrative five phase model of Drama Therapy. Play and embodiment are often utilised and found within the Drama Therapy framework, and may be an important factor that differentiates Drama Therapy treatment of trauma from other Psychological interventions.

“Embodiment is the way in which one experiences being in their own body; it is the state of being where mind and body connect, and “consciousness infuses substance. Embodiment can be disrupted by certain life experiences, such as trauma, in which there can be a “feeling like one cannot live another second in this body” or “complete dissociation where one has exited the body”. In order to work towards DvT’s aim of tolerating instability, and for allowing one to have a restorative and therapeutic experience, one needs to be present within their own body. Therefore, before the transforming, or encountering can occur, the goal is to bring the patients into a state of embodiment.” (Johnson, 2014: 72) as cited in Pollock (2018: 5).

3d. Developmental Transformations(DVT)

One of the most cited methods with regards to the treatment of traumatised populations utilising Drama Therapy can be read about in the work of David Read Johnson and his Developmental Transformations approach. “DVT has been proven to be highly effective in clients with PTSD due to the re-enactment of the trauma in the play space that provides vividness to the trauma.” (Hormadaly, 2018). The power of DVT is in the immediacy and the “now” of the practice. A DVT trained Drama Therapist works with clients to create repeating forms(images, ideas, concepts or words) through which the client is encouraged to begin to stabilise their experience. The repetition of these forms then becomes the client's representation of reality (Johnson, 2014: 70).

DVT aims to lower the clients fear of instability therefore when they are met with the instability of the environment there is less resistance and more desensitisation. This desensitisation is what aligns DVT with many trauma-centred treatments, as they work with clients to desensitise themselves to the fear-based schemas that are distorting their lives (Johnson, 2014: 72). This desensitisation is often achieved in the playspace, as play itself is an unstable concept and through play clients work to achieve comfortability in; change, the alteration of events and being able to look at situations from different perspectives (Johnson, 2014: 72). This can also be mirrored in trauma treatment as clients work to, “place their own traumatic experiences within the conditions of the play: to allow them to transform, to be jointly owned, and to not be broken into various pieces and recombined in new ways.” (Johnson, 2014: 72). Through the therapy process, the therapist encourages the client to notice the behaviour of the other and allow the feelings associated with that to arise and then work towards animating that feeling through association of images and ideas and then lastly expressing those images or ideas outwardly through one's own behaviour (Johnson, 2014: 72).

Johnson has taken his methodologies a step further with the creation of Trauma-centred developmental transformations (2009) which has been embedded within a trauma-centred psychotherapeutic approach (Johnson and Lubin, 2009) as cited in Sajnani and Read Johnson (2014: 68). This approach is based on the assumptions that cognition, emotion, behaviour and interpersonal relations are distorted as a result of fear and pervasive avoidance by the victim and society does not alter the fear schema (Johnson, 2014). Therefore, Johnson utilises trauma-centred treatment to work with the clients in “overcoming the avoidance of the victim

in order to desensitise the fear-based schemas that have taken root.” (Johnson, 2014: 68). The importance of reducing avoidance of the traumatic event, feelings related to the event or people related to the trauma is what posits DVT as a trauma-centred approach. By working with play, the DVT therapist allows the client to reverse roles and take on and identify with the role of their aggressor, and by then further addressing their victimisation by dominating their playmate. However mastery of the phenomenon of domination over others is not the main objective, and the therapist works in stages with the client in order to transform this avoidant stand (Johnson, 2014: 75).

Through initiating a challenge, the therapist works towards invoking the “warrior” in the client, which can sometimes be diminished due to the powerful effect of trauma. Once this “warrior” is awoken, the client can then begin battling with the therapist or other clients in the group in their respective roles. Because the therapist makes being the victim so dramatic and fun, after several rounds, the client sees that it is more fun to play the victim than the perpetrator, this now puts the client in the vulnerable role that would be consistent with their trauma. After continuous repetition of the client being fully immersed in the play and the role of the victim, will experience the release leaving them possibly more relaxed and open for whatever may come next. Once this release has occurred, the therapist will switch roles and become a comforting figure as they work to comfort and console the clients role as the therapist cares for the victim. Often this comforting role can be taken on by the caregivers of the client if the client is young and they are present in the session (Johnson, 2014: 77).

Developmental Transformations (DVT) was one of the most cited methods with regards to the treatment of traumatised populations. “DVT has been proven to be highly effective in clients with PTSD due to the re-enactment of the trauma in the play space that provides vividness to the trauma.” (Hormadaly, 2018). Johnson has also taken his methodologies a step further with the creation of Trauma-centred developmental transformations (2009) which has been embedded within a trauma-centred psychotherapeutic approach (Johnson and Lubin, 2009) as cited in Sajnani and Read Johnson (2014: 68). The importance of reducing avoidance of the traumatic event, feelings related to the event or people related to the trauma is what posits DVT as a trauma-centred approach. By working with play, the DVT therapist allows the client to reverse roles and take on and identify with the role of their aggressor, and by then further addressing their victimisation by dominating their playmate.

3e. Role Theory

Robert Landy (1994) has been able to conceptualise the importance of Role and Role Theory for over two decades and is one of the most influential and prolific Drama Therapists author's on this topic. One of the most important understandings of Role Theory, is that Role is not a fixed entity but something that should be able to adapt according to the changes in the individual's life (Landy, 2009). The role, the counterrole and the guide are the roles that are explored in the therapy space, with an ultimate goal of the therapist moving away from their role as the guide, and clients creating their own internal guide. "Role Theory operates on the premise that the client does not have an understanding of their role, has a limited role repertoire or is playing a role that is inappropriately aligned with other roles" (Landy, 2009: 68). Through the *role taxonomy* assessment, the therapist can begin understanding how the client views themselves and their roles and by creating this understanding, the therapeutic process of the Role Method can then be engaged with.

The therapeutic process then follows eight steps that involve; invoking the role, naming the role, playing out the role, exploring alternative qualities in a sub-role, reflecting upon the role play, relating the fictional role to everyday life, integrating roles and finally social modelling (Landy, 2009: 75). The next enquiry into this method, would be its applicability for those suffering from Trauma. While Landy has stated that he has utilised this work for clients suffering from PTSD, there is little empirical research done on the effectiveness of this method (Landy, 2009: 80). This research further explores understandings from other literature that speaks to the implications of trauma on the body. Then when comparatively analysing the literature found with this Drama Therapy capability, the expectation is that the literature will provide evidence as to how this approach may be used with clients who have experienced trauma and how role theory may be beneficial in their treatment.

According to the research conducted by The Centre for Substance Abuse Treatment; in the article titled, *Understanding the Impact of Trauma* (2014), this source summarises that: By initially identifying the emotional and somatic impact trauma can have on a client, one could then begin to formulate an understanding how Role may be beneficial when working with children or adolescents who may experience a traumatic response after being diagnosed with an auto-immune disease. The somatic reactions to trauma can include and are not limited to; exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion,

physical arousal, and blunted affect. Delayed responses to trauma can include persistent fatigue, sleep disorders, nightmares, fear of recurrence, anxiety focused on flashbacks, depression, and avoidance of emotions, sensations, or activities that are associated with the trauma. Somatic symptoms can present in the forms of; sleep disturbances; gastrointestinal, cardiovascular, neurological, musculoskeletal, respiratory, and dermatological disorders; and substance use disorders (2014). Some trauma survivors may also have difficulty regulating emotions and start numbing by detaching emotions from thoughts, behaviours, and memories.

In Role Theory, the therapist facilitates the client's play in order to help the client discover a balance of affect and cognition so that the client is then able to work through difficulties with the capacities to feel and reflect (Landy, 2009: 71). The importance of being able to feel and reflect could be beneficial when dealing with clients who have begun numbing due to a traumatic event (Landy, 2009). The reflection utilised in Role Theory is both verbal and nonverbal, and this is said to be a benefit when looking to holistic psychological treatment for those that have suffered trauma (Landy, 2009).

One strong justification for a verbal form of reflection outside the enactment is in the recent research in neuroscience (Demasio, 1994 and Van Der Kolk, 2002) offering a holistic, integrative model of the brain. For optimal therapeutic benefits to occur in recovery, for example, from trauma, both hemispheres of the brain need to be activated. Working entirely through non-verbal means, as in working entirely through verbal means, mitigates against a holistic conception of psychological healing (Landy, 2009: 77).

Not only is the role of reflection an important aspect of Role Theory, but also the way in which clients are able to enact roles could be beneficial to increasing social functioning and empathy when clients are having difficulty avoiding emotions. "Moreover, the skills involved with acting have been thought to increase social functioning and empathy by requiring participants to imagine themselves as another (Mirabella, 2015)" as cited in (Chiang et al., 2019). The correlation between Role Theory and Narradrama can be made, as clients take on the role of the protagonist and antagonist of their "problem-saturated" stories (Dunne, 2009) and work in these roles and with role reversal in order to gain new perspectives and better understandings of the other. This allows the client to "encompass and assimilate the multitude of roles and facets of self that are manifested in relation to others." (Emunah, 2009: 43).

3f. Narradrama

Pamela Dunne has been able to integrate the worlds of Narrative Therapy and Drama Therapy and created what is known as Narradrama (2000). Narrative Therapy is based on the work of Michael White and David Epston (White, 1986; White & Epston, 1990). “It is considered a theoretical approach because it is a combination of theory, ethics, and respectful speaking and listening rather than an adherence to a series of defined concepts (O’Connor, Meakes, Pickering, & Shuman, 1997)” as cited in Garo & Lawson (2019). The Narrative Therapist views the client as the expert on his or her own life and is based on the concept that the client can solve his or her problem through the co-construction of the conversation between the client and the therapist. The client may not be able to see any alternative solutions to their problems as they are stuck in the “problem-saturated” story.

It is with the help of the therapist that the client works on “re-authoring” their story and moving from the “problem-saturated” story to the “alternative story.” (Dunne, 2009). Dunne has taken this element of “problem-saturated” stories, which is normally spoken through with a narrative therapist, and has creative tools, utilised in Drama Therapy, such as; art, poetry, movement and music to add a more varied means of communication for the client (Dunne, 2009). Narradrama encourages the clients to take on different roles and work on dramatising and embodying the “alternative story”. One of the most important aspects in Narradrama is that of externalisation as defined below.

Externalisation helps participants distance themselves from the problem and perceive their relationship to it. Externalisation helps participants exercise increased objectivity when deciding whether to challenge the problem, change their relationship to the problem, or restructure the way they relate to the problem (Dunne, 2009: 179).

While in Narrative Therapy this externalisation is largely done through verbalizations of the problems, in Narradrama, externalisations can be done through movement, images, art and sculptures. The Narradrama Therapist works with the client in order to deconstruct the “problem-saturated” story and then through creative techniques; like role-play, embodiment, art or music the therapist works with the client to reconstruct an “alternative story.”

3g. The Integrative Five Phase Model of Drama Therapy

Renée Emunah’s Integrative Five Phase model, utilises dramatic play, theatre, role theory

and role play, psychodrama and dramatic ritual in order to allow the clients to create associations between the fictional scenes that they create and their real life (Emunah, 2009: 39). “But eventually the roles are shed, the masks unravelled, and the fictional scenarios give way to life scenes (Emunah, 1998)” as cited in Emunah (2009). During the beginnings of this process, there is a strong emphasis on creating a trusting and playful environment with the therapist and within the client group. Emunah believes that, “the building of trust and interrelationships within the group(or between the therapist and client) provides a critical foundation to the later personal, emotional work” (Emunah, 2009: 39). Due to the nature of the other group members being involved in each other's processes and taking on roles for clients in the group, this foundation is what will allow future group work to have depth and a stronger amount of witnessing and empathy amongst group members (Emunah, 2009).

Emunah does state that this process is not linear and the first two stages of playing and building trust can always be revisited if the group or individual is not yet ready to progress to the next phase, or is approaching the next phases with cognitive disruption (Emunah,2009). Once that foundation has been built, Emunah then moves onto the Psychodramatic enactment and storytelling phase of the model. This is where there is seen to be research on the effectiveness in the treatment of trauma. As seen later on in the literature review in the section on Psychodrama, there has been various research detailing the uses of this approach when dealing with clients who have been affected by trauma. Psychodrama encourages group members to tell a story, verbally and through physical movement. This then allows the emotions that accompany the story to be brought to the surface, as well as bringing up difficulties. Through the externalisation and physicalization of these stories, the client is able to work through the emotions and work on finding solutions (Kipper, 1992; Yablonsky, 1976) as cited in Carbonell & Partelano-Barehmi (1999).

In addition to telling the story, psychodrama provides an opportunity to retell and to enact one's story. Through such portrayals, traumatised individuals can begin to reframe victimisation as survival, helplessness as limitations to one's sense of agency, and the future as potentially hopeful rather than inevitably a painful continuation of the past or present. The drama does not entail denying one's experience or the suffering associated with it, but restructures the person's understanding of the trauma and offers tools for coping with its effects. This reframing of the traumatic experience needs to include the reconstruction of the self beyond the "victim" self-definition that so often follows traumatization (Carbonell &

Parteleno-Barehmi, 1999: 285).

The way in which Emunah combines several elements of Drama Therapy and Psychodrama have also allowed her to view how the aspects of self-revelatory performance can be of great benefit when working with client's who may present with trauma. Emunah (1994) describes self-revelatory performance as, "a form of Drama Therapy and theatre in which a performer fashions an original theatrical piece based on current unresolved real-life issues, with an aim toward healing or psychologically grappling with this material." Much like in the integrative five phase model, the foundation of Self-revelatory theatre is built upon a foundation of a safe space that encourages the client's to explore without the fear or judgement or oppression (Herman, 1997) as cited in Emunah (2014). Self-revelatory performance utilises the concepts of re-exposure and desensitisation that is often used to work with clients to reduce traumatic symptoms (Emunah, 2014).

A similar approach was used to help patients process trauma by having them imagine emotion-provoking imagery or recollect a traumatic event. Both approaches theorised that physiological or emotional responses to a fear-provoking stimulus represented a maladaptive "fear structure" which could be weakened via the desensitisation process (Markowitz & Fanselow, 2020: 167).

3h. Psychodrama

Psychodrama was created by Jacob Levy Moreno during the 1920s, who developed Psychodrama on the basis of Role Theory, Sociometry, the theory of creativity and spontaneity and psychodrama intervention constructs (Emunah et al., 2009: 393).

Psychodrama is often utilised during group therapy, and consists of members of the group working with a therapist in order to dramatise a personal problem or conflict. The other group members can take part in the drama, though each performance focuses on a single person's concerns (Gepp, 2022). The group process is imperative to this practice as the group "fosters simultaneous reconnection among cognitive, affective, and physiological aspects of past experience through reenactment. They also create actual experiences of safety, trust, self-efficacy, actualization, and self-worth." (Carbonell & Parteleno-Barehmi, 1999: 287).

Psychodrama provides an opportunity for group members to tell a story or describe a situation in a manner that illustrates, verbally and through physical movement, the emotions it elicits,

the dilemmas it poses, and the solutions it suggests (Kipper, 1992; Yablonsky, 1976). In addition to telling the story, psychodrama provides an opportunity to retell and to enact one's story. Through such portrayals, traumatised individuals can begin to reframe victimisation as survival, helplessness as limitations to one's sense of agency, and the future as potentially hopeful rather than inevitably a painful continuation of the past or present (Carbonell & Parteleno-Barehmi, 1999: 289).

Though largely understudied (Cloitre, 2009), psychodynamic approaches have been widely used for treatment of PTSD among practitioners (Schottenbauer, Arnkoff, Glass, & Gray, 2006) as cited in Wöller et al (2012). “Psychodrama, through the phenomenon of surplus reality, has the capacity to renegotiate past traumatic experience by providing corrective and reparative experiences in the here and now (Giacomucci, in-press; Hudgins & Toscani, 2013)” as cited in Wöller et al (2012).

Psychodrama is not traditional role-playing because all group members can relate their own story to the psychodrama scene and/or the role dynamics of their psychodrama role. They are bringing themselves into the role that creates a rich emotional experience for everyone. In this way, there are multiple layers of object relations activated during the psychodrama as each group member's story is touched upon indirectly (Giacomucci & Stone, 2018: 8).

There has been research with regards to depression and trauma and how Psychodrama may be a beneficial treatment (Giacomucci & Marquit, 2020). Due to the fact that psychodrama heavily deals with group dynamics and inter-relationships, there has been evidence to suggest that this form of therapy is beneficial for those who experience depression. As clients with depressive disorder have reported issues in social relationships, once participating in psychodramatic activities, there was said to be a decrease in detachment and social isolation (Dehnavi et al., 2016). Not only have studies been done, capturing the qualitative and quantitative data on the effects of Psychodrama with traumatised clients (Giacomucci & Marquit, 2020), but there is also evidence to suggest the relationship between Psychodrama and Neuroscience.

Experience changes the brain (Siegel, 2012). A psychodramatic experience has the potential of changing the intrapsychic and somatic imprints of trauma by accessing the traumatic neural network and providing the client with a safe way of renegotiating their trauma and facilitating a completion of the central nervous system's survival responses (fight/flight/freeze) (Levine,

2010; Porges, 2017; Giacomucci and Stone, 2018:10) as cited in Siegel (2012).

Psychodrama and the creative arts therapies engage the whole person and the whole brain in the therapeutic process (Baker et al, 2018). Because of this, these therapies can be seen as an effective treatment for PTSD. Through the process of play, story-telling and Role Theory, the clients are able to “renegotiate trauma while providing a sense of containment, control, empowerment, and pleasure through the process of engaging with art.” (Giacomucci & Marquit, 2020).

3i. Mooli Lahad’s approach to working with Trauma

Lahad (2009) works with the arts therapies in the treatment of trauma, as well as utilising traditional treatment for the symptoms of trauma, Imaginal exposure (IE), and how it can be used in conjunction with Drama Therapy techniques in order to provide symptomatic relief. Mooli Lahad has been instrumental in championing the Arts Therapies for the treatment of trauma. His work in constructing *The Integrative Model Of Resiliency* (Lahad, 2009), and the accompanying BASICPH (2009) framework was created by analysing materials that “focused on the subjects of coping, resiliency and other related topics, such as efficacy, hardiness, and wellness, and we tried to classify their outcomes according to our concept.” (Lahad, 2009).

Resilience enhancement techniques are more recently receiving greater attention (Bonanno, 2005). Here the creative arts therapies can presumably make an important contribution, since most studies of resilience point to the 7 importance of creativity, humour, flexibility, and activity, all of which are incorporated into creative arts therapy methods (Lahad, 1999,2000; Raynor, 2002) as cited in Foa et al (2009: 600).

Lahad’s work with Imaginal exposure and how it is a beneficial element in trauma treatment and how that can be mirrored when working in arts therapies is an important step in working to prove the validity of arts therapies and how they could be beneficial when looking at the trauma-specific therapeutic approaches in Drama Therapy. “In Imaginal exposure (IE) patients are asked to recall the details of the traumatic event while focusing their attention on any occurring sensory feelings, thoughts, and emotions. Exposure to such memories results in reduction of fear and avoidance.” (Arntz et al., 2007). Lahad (2009) suggests that IE can be connected to what he calls "transcendence into fantastic reality" and states that IE contains an as-if space (fantastic reality) because the event is not really happening.

IE and Drama Therapy can both hold elements of cognitive interventions, including identification of distorted cognitions, cognitive reprocessing, and reframing. “The aim is to impact the client’s narrative of their traumatic experience, often termed restorying: the use of journaling, writing, and storytelling are common narrative techniques used in the creative arts therapies(Lahad, 2000; Rose, 1999) as cited in Foa et al (2009: 480).

By providing a wider range of stimuli (visual, sonic, tactile, and kinesthetic), the creative arts therapies may increase the vividness of imaginal exposure. By providing concretized forms of representation (visual, written, enacted), the creative arts therapies may help decrease avoidance. Both of these effects should lead to greater habituation of the client’s fear response. The behavioural nature of the creative arts therapies may also support or enhance cognitive restructuring strategies. All of these potential effects appear to be especially helpful with clients with dissociative tendencies (Altman, 2000; Kluft, 1992; Mills, 1995) as cited in Foa et al (2009: 482).

4. Neuroscience

4a. Neuroscience as a field of study

According to Sussman (2021), Neuroscience is defined as the branch of science concerned with the study of the nervous system. It is a multidisciplinary field integrating numerous perspectives from biology, psychology, and medicine, and consists of several sub-fields ranging from the study of neurochemicals to the study of behaviour and thought. Welma De Beer stated that, “Neuroscience proved that trauma affects the whole human being: our thinking, feeling and doing(actions), and physical Well- being.” (De Beer, 2022, pers. comm., March).

4b. Neuroscience and Trauma

Sigmund Freud began the discussion on how neurophysiology and biology begin to “construct a set of regulatory principles for psychological processes and a neuropsychological model of brain function” (Schoore, 2009: 190). Freud was thus able to see neurobiology as a discipline that could “bridge the gap between biology and psychoanalysis, especially in the study of the unconscious and its fundamental impact on all aspects of the human experience” (Schoore, 2009: 190).

The recent emergence of Neuroscience and Neurobiology, has continued the examination started a century ago by Freud, and the investigation into the connection between the body and trauma has begun to emerge. This research has been fundamental in furthering the understanding of the impact of trauma and the neurological implications of this trauma on the body. According to Solomin and Heide (2005), Neuroscience research has been revolutionised by powerful neuroimaging techniques and biomedical advances. This has led to the elucidation of the biological effects of psychological trauma. This in turn has created an important understanding that psychological trauma can disrupt homeostasis and can cause acute and chronic effects on organs and biological systems. Van Der Kolk (2006) has also stated that exposure to trauma can have a biological effect on the brain.

Exposed to traumatic reminders, subjects had cerebral blood flow increases in the right medial orbitofrontal cortex, insula, amygdala, and anterior temporal pole, and in a relative deactivation in the left anterior prefrontal cortex, specifically in Broca’s area, the expressive speech centre in the brain, the area necessary to communicate what one is thinking and feeling

(Van Der Kolk, 2006: 2).

Van Der Kolk (2006) has also explored the effects of trauma on sustained attention and working memory, which causes difficulty performing with focused concentration. Neuroimaging suggests that this is most likely due to a dysfunction of frontal–subcortical circuitry, and deficits in corticothalamic integration. “Many traumatised children and adults, confronted with chronically overwhelming emotions, lose their capacity to use emotions as guides for effective action.” (Van Der Kolk, 2006: 4). Linking the neurobiology behind trauma to the physiological effect of trauma, is one of Van Der Kolk's main contributions to the fields of Psychology and Neuroscience. “Psychology and psychiatry, as disciplines, have paid scant attention to the deficient orientation and action patterns that are triggered by sensory input, and, instead, tend to narrowly focus on either neurochemistry or emotional states” (Van Der Kolk, 2006: 5).

According to Van Der Kolk (2006) it is important to comprehend the biological effects of trauma and how that can impact the traumatised individual:

Most traumas occur in the context of interpersonal relationships, which involve boundary violations, loss of autonomous action, and loss of self- regulation. When people lack sources of support and sustenance, such as is common with abused children, women trapped in domestic violence, and incarcerated men, they are likely to learn to respond to abuse and threat with mechanistic compliance or resigned submission. Particularly if the brutalization has been repetitive and unrelenting, they are vulnerable to continue to become physiologically dysregulated and go into states of extreme hypo- and hyperarousal, accompanied by physical immobilisation. Often, these responses become habitual, and, as a result, many victims develop chronic problems initiating effective, independent action, even in situations where, rationally, they could be expected to be able to stand up for themselves and take care of things (Van Der Kolk, 2006: 7).

Van Der Kolk (2006) has also proposed that there is emerging evidence in the treatment of trauma to suggest that, “In order to keep old trauma from intruding into current experience, patients need to deal with the internal residues of the past” (Van Der Kolk, 2006: 12). Van Der Kolk (2006) has also utilised the neurobiology to state that this treatment needs to “activate their mPFC, insula, and anterior cingulate by learning to tolerate orienting and focusing their attention on their internal experience, while interweaving and conjoining cognitive, emotional, and sensorimotor elements of their traumatic experience” (Van Der

Kolk, 2006: 12).

4c. Neuroscience and Drama Therapy

Frydman (2014) has observed that current trends in Drama Therapy literature have highlighted a theoretical movement toward the dominant neuroscience paradigm within the field of psychology (Frydman et al, 2014). Frydman (2016) states that the scope of drama therapy theory stands to benefit from a continued and critical dialogue with neuroscientific subfields (cognitive, affective, developmental, behavioural and neuropsychological) (Frydman, 2016: 41). As further research is conducted into the disruptions in the experience of physical sensations and the automatic activation of fixed action patterns in traumatised children and adults, there have been found to be deficits in the treatment of traumatised individuals (Van Der Kolk, 2006). The continuation of this thinking is to understand the medical and psychological implications of trauma on the individual as paramount when working towards finding a treatment. As stated by Van Der Kolk (2006):

The discovery that sensory input can automatically stimulate hormonal secretions and influence the activation of brain regions involved in attention and memory once again confronts psychology with the limitations of conscious control over our actions and emotions. This is particularly relevant for understanding and treating traumatised individuals. The fact that reminders of the past automatically activate certain neurobiological responses explains why trauma survivors are vulnerable to react with irrational-subcortically initiated responses that are irrelevant, and even harmful, in the present. Traumatized individuals may blow up in response to minor provocations; freeze when frustrated, or become helpless in the face of trivial challenges. Without a historical context to understand the somatic and behavioural residues from the past, their emotions appear out of place and their actions bizarre (Van Der Kolk, 2006:1).

Van Der Kolk (2006) has observed the importance of current “mindful” approaches to the treatment of trauma, such as dialectical behaviour therapy (DBT). However Van Der Kolk (2006) also identifies that “non-Western cultures have healing traditions that activate and use physical movement and breath, such as yoga, chi qong, and tai chi all of which claim to regulate emotional and physiological states” (Van Der Kolk, 2006: 6). Van Der Kolk's criticism is that this understanding has largely remained outside of the mainstream western medical and psychological teachings (Van Der Kolk, 2006).

Although Van der Kolk's recommendations remain controversial in the scientific community, he validates what many seasoned clinicians have recognised for a long time: that creative arts therapy with a sand play therapy, art drama, music, somatic, massage, yoga, and the martial arts offer considerable benefit to clients who have not fully benefited from traditional talk therapies. It seems consistent with a holistic approach and appreciation of mind-body integration, that these therapies would have a legitimate place in treatment of mental health disorders, and may occupy an essential role in the treatment of trauma (Carey, 2006: 25).

With regards to the treatment of a traumatised individual, Van Der Kolk(2006) states:

Lazar's study lends support to the notion that treatment of traumatic stress may need to include becoming mindful: that is, learning to become a careful observer of the ebb and flow of internal experience, and noticing whatever thoughts, feelings, body sensations, and impulses emerge. In order to deal with the past, it is helpful for traumatised people to learn to activate their capacity for introspection and develop a deep curiosity about their internal experience. This is necessary in order to identify their physical sensations and to translate their emotions and sensations into communicable language—understandable, most of all, to themselves. Traumatized individuals need to learn that it is safe to have feelings and sensations. If they learn to attend to inner experience they will become aware that bodily experience never remains static. Unlike at the moment of a trauma, when everything seems to freeze in time, physical sensations and emotions are in a constant state of flux. They need to learn to tell the difference between a sensation and an emotion. Once they realise that their internal sensations continuously shift and change, particularly if they learn to develop a certain degree of control over their physiological states by breathing, and movement, they will viscerally discover that remembering the past does not inevitably result in overwhelming emotions (Van Der Kolk, 2006: 12).

The connection between Van Der Kolk's work and Drama Therapy, lies in his belief that "Interoceptive, body-oriented therapies can directly confront a core clinical issue in PTSD: traumatised individuals are prone to experience the present with physical sensations and emotions associated with the past." (Van Der Kolk, 2006: 13). Van Der Kolk (2006) has stressed the importance of the client focusing on their physical self-experience and increasing their self-awareness during therapy, rather than "focusing exclusively on the meaning that people make of their experience—their narrative of the past." (Van Der Kolk, 2006: 13).

If past experience is embodied in current physiological states and action tendencies and the trauma is reenacted in breath, gestures, sensory perceptions, movement, emotion and thought,

therapy may be most effective if it facilitates self-awareness and self-regulation. Once patients become aware of their sensations and action tendencies they can set about discovering new ways of orienting themselves to their surroundings and exploring novel ways of engaging with potential sources of mastery and pleasure (Van Der Kolk, 2006: 13).

However, Van Der Kolk is not alone in his belief in the power of the creative arts-therapies when working with trauma and neuroscience. Frydman (2016) has noted the growing movement of the creative arts therapies movement towards a neuroscience paradigm. As Drama Therapists start identifying their own contributions to the fields of trauma treatment and neuroscience (Frydman, 2016). Frydman also points to the relationship between Drama Therapy and Psychodrama and how Hug (2007), speaks back to the “power of psychodrama on hemispheric integration, outlining neurobiological aspects of brain-body connectivity.” (Frydman, 2016: 41).

Neuroscience, the biology of the patient and more phenomenological approaches to treatment can be seen of great value when dealing with Chronic patients, as there is an emphasis on the lived body of the patient, as not just on the biological body (Svenaeus, 2009). “In helping persons with chronic pain it is often necessary to focus on their everyday style of life—what the phenomenologist calls the “life world”—in order to bring about change and improvement” (Svenaeus, 2009: 64).

In summary Siegel and Bryson (2011) have stated as to why they believe Drama Therapy can be imperative when looking at the treatment of those who have suffered trauma, from a biological and neuroscientific lens.

Play and Drama therapy are whole brain activities, which help our children become better integrated so they can use their whole brain in a coordinated way. For example, we want them to be horizontally integrated, so that their left-brain logic works well with their right-brain emotions. We also want them to be vertically integrated, so that the physically higher parts of their brain, which let them thoughtfully consider their actions, work well with the lower parts, which are more concerned with instinct, gut reactions and survival (Siegel and Bryson, 2011: 7).

Chapter Four: Findings and Discussions

Introduction to the Chapter

This chapter takes into account the research collected, analysed and reviewed throughout this research paper in order to answer the research questions that were posed at the very beginning of this research.

Restating the Research questions:

1. Is there a connection between being diagnosed with an auto-immune disease and the potential of developing a traumatic response to the illness?
2. Is Drama Therapy a potentially useful approach for working with children and adolescents who have been diagnosed with auto-immune diseases?
3. Are there drama therapy approaches that are best suited to working with trauma?
4. How can an investigation into the neuroscience and neurobiology of trauma aid a Drama Therapist's understanding of clients who have been diagnosed with an auto-immune disease?

1. Auto-Immune Disease and Trauma

Is there a connection between being diagnosed with an auto-immune disease and the potential of developing a traumatic response to the illness?

The initial research question queried the connection between developing a traumatic response after being diagnosed with an auto-immune disease. I think it is important to understand what the symptoms and diagnostic features are for Trauma-related illnesses in order to more comprehensively understand how those diagnosed with auto-immune diseases may react. In order to further understand the impact of a diagnosis of a mental health disorder, such as PTSD, the Diagnostic criteria for Post-traumatic Stress Disorder can be broken up into six different criteria and are further stipulated by the DSM-5 (2013) as shown in the attached appendix A.

I think creating a further understanding about how PTSD or trauma-related disorders can be classified was important when I began to look at how trauma can affect the body and how a diagnosis of a chronic condition can affect the body in a traumatic way. Understanding this effect on the body then was correlated with the Drama Therapy approaches I investigated and

ways in which they could be beneficial when treating the targeted client group, which has been written about throughout this research.

When beginning this research, I found it difficult to locate any information or studies that discussed this “phenomena” of having a traumatic response to being diagnosed with an auto-immune disease. Due to the fact that this was my personal response to the diagnosis of my first auto-immune disease, I thought that this might be an isolated incident. There is a lack of research that investigates the correlation between auto-immune diseases and a secondary diagnosis of trauma, however I was able to locate a study conducted by Edmonson (2014), in which it is stated that approximately 12 to 25 percent of people who experience life-threatening illness develop medically-induced PTSD. So while it appears there is some investigation being done into the “phenomena”, I was not able to locate any other substantiated research that stipulates a relationship between the diagnosis of an auto-immune disease and the psychological impact of being diagnosed with this disease. However, I was able to further explore the notion that PTSD is now being recognized as a threat when being diagnosed with a chronic illness, and the EST model of PTSD has been created in order to categorise this trauma diagnosis. It is my belief that this research may be imperative when further looking at the psychological impacts on a client who may have been diagnosed with a chronic illness, taking into consideration the biological impacts of the illness, as well as the psychological effects.

I do however understand that not all those diagnosed with an auto-immune disease will have a traumatic response, experience trauma, or be faced with the development of PTSD. Therefore this research did take into account the above statement and looked to provide evidence as to why those diagnosed with a life-altering disease, like an auto-immune disease, might utilise Drama Therapy in order to deal with the emotional issues that arise in relationship to this diagnosis as well as to possibly prevent a potential diagnosis of a trauma-related disorder, such as PTSD or Acute Stress Disorder in the future. Through this research, I aim to consolidate theoretical evidence that indicates that there could be a link between diagnosis of auto-immune diseases and trauma in children and adolescents. I investigate the causal relationships between the two in order to further understand the impact that Drama Therapy approaches could have in working with potential clients who have been diagnosed with auto-immune conditions.

While it can be seen that there is a small connection between developing a traumatic response to being diagnosed with chronic medical conditions, such as auto-immune diseases, I did expect to find a higher correlation between the two. I also expected to find more research regarding the psychological impacts of being diagnosed with an auto-immune disease. However, there was very little research I could locate with regards to any symptomatic relief after being diagnosed with an auto-immune disease, including that of psychological aspects of the condition. That being said I do intend to continue with this research and work to further explore the possible correlation between being diagnosed with chronic health conditions and the induction of a secondary psychological trauma diagnosis.

2. Drama Therapy with Children and Adolescents

Is Drama Therapy a potentially useful approach for working with children and adolescents who have been diagnosed with auto-immune diseases?

I then began evaluating the effectiveness of Drama Therapy as a therapeutic medium for children and adolescents and specifically those that have been diagnosed with an auto-immune disease. It has been identified that there is a noticeable gap in the research pertaining to the use of Drama Therapy with children and adolescents (Landy, 2005). However, it has been stated that the use of play (Landy, 2005) and symbolic use of toys (Kottman, 2011) is imperative when working with children and adolescents in a therapeutic setting. Both play and symbolism are foundational when working with Drama Therapy (Jones, 2015), so one could think that Drama Therapy would be the medium of choice when engaging with children and adolescents in a therapeutic manner. It is my belief that Drama Therapy is most suitable for children and adolescents as it can hold many forms of play, movement, song and has varied media that can encourage the client to begin engaging with these forms in the therapeutic space. This engagement in the therapy space can be so beneficial for building rapport with the therapist, gaining confidence and trust in a space, encouraging self-expression and engaging with materials and concepts that one might not be able to occupy in spaces outside of the therapeutic one.

While the medium is picking up traction within the therapeutic community, there still needs to be further empirical research conducted in order to definitively state the impact that this therapeutic approach has on children and adolescents. Not only is the medium in which children and adolescents receiving therapeutic support understudied, I also believe that the

way in which chronic illness affects children and adolescents needs to be investigated in further studies. It is in my opinion that understanding how this disease affects children and adolescents can be beneficial when working towards a treatment goal for working with psychological stress. It is in my opinion that children perceive disease and chronic illness differently from adults, so I think it is imperative that this is taken into account when looking at therapeutic treatment for children and adolescents. This thinking is substantiated in the work of Carbonell & Partelano-Barehmi (1999).

3. Drama Therapy approaches and Trauma

Are there drama therapy approaches that are best suited to working with trauma?

In this research I explore how varying techniques utilised in Drama Therapy might be utilised in working with chronic illness and the possible trauma that children and adolescents who have been diagnosed with an auto-immune disease might possibly face. I then looked to further substantiate why I believe that this therapeutic medium could prove vital in treating those who are experiencing chronic illness as well as trauma-related illnesses such as Acute-stress disorder, or PTSD. It is in my opinion that although this field may be in its infancy, I believe that the efficacy of the work of Drama Therapists with PTSD is beginning to gain traction.

Through further investigation into the various capabilities used in Drama Therapy, it is in my opinion that I have been able to further substantiate as to why I believe Drama Therapy could be advantageous for children and adolescents who have been diagnosed with auto-immune diseases. I did this in hopes to begin working towards the creation of a therapeutic intervention utilising Drama Therapy capacities. Currently Drama Therapists are applying standardised methods to working with traumatised populations (Sajnani and Read Johnson, 2014: 18). That is why I looked to consider the benefits of looking at several standard methods, and identifying elements in these methods that could be most helpful when working with a population who have been diagnosed with chronic health conditions and now might face a subsequent psychological diagnosis, like PTSD. The therapist can then begin looking at how these elements might be able to be used and possibly combined in order to create a specific Drama Therapy method or intervention that is targeted specifically for children and adolescents who are suffering from the effects of being diagnosed with a chronic health condition, like an auto-immune diseases and the possible trauma that may accompany this

diagnosis. Below I investigate several Drama Therapy approaches in-order to work towards defining the elements that might come into play in this targeted approach.

3a. Developmental Transformations

An element of the DVT approach that lends itself to thinking about how it could be beneficial for the group of children and adolescents diagnosed with auto-immune conditions is the concept of playing the “aggressor” in the therapy space. One could begin working with the notion that the immune system itself is the aggressor, and working with the clients to establish dominance and control over the organ that has maintained dominance over them since their diagnosis. However, it is my belief that the benefits of externalising the internal organ that is responsible for the child or adolescent experiencing sickness or somatic symptoms could be highly valuable. I believe that there is a sense of a “lack of control” over oneself when diagnosed with an auto-immune disease, so allowing the client to gain that control back and assert dominance over their body through play, movement and story, might prove very cathartic and therefore useful in the treatment of this condition.

The importance of the playspace in DVT is also imperative as this is where the clients engage with desensitisation and work to move the feelings and sensations associated with the events, and learnt about in the playspace, into the outside world. In the therapeutic relationship, clients are encouraged to work on outwardly expressing feelings and emotions that arise during the play (Johnson, 2014). Auto-immune diseases are very internal and often may not present externally, so the importance of externalising the feelings associated with these diseases can be important when working with the psychological impacts of the diagnosis. Through DVT, the therapist works towards invoking the “warrior” role in the client, which can sometimes be diminished due to the powerful effect of trauma or the isolating effects of an auto-immune disease. Through the literature it can be seen that this approach can be used effectively with children and adolescents who have trauma, and I do believe that it can be further modified and utilised specifically with children and adolescents who have been diagnosed with an auto-immune disease.

As seen above and throughout the literature on Developmental Transformations, it has been demonstrated that this Drama Therapy approach can be utilised in order to address the specified client group. In order to gain empirical evidence as to how successful this intervention may be, further studies need to be conducted with the targeted group.

3b. The application of Role Theory as an approach

Unfortunately due to lack of research, it can not be stated that Role Theory is effective as a trauma-centred approach within a Drama Therapy frame. However, as described above, it is in my opinion that there could be some benefit to the utilisation of Role Theory in the treatment of clients who have suffered from trauma or have a trauma-related diagnosis after being diagnosed with a chronic health condition. When looking at my chosen client group, I think that identifying the role the client would play post-diagnosis of a chronic illness, such as an auto-immune disease, could be beneficial in the client exploring how their roles might shift and change due to the changes occurring in their lives. Landy (2009) states that a “healthy” person is defined as such because they have role flexibility and are able to shift between roles as life circumstances change. It is in my opinion that working with children and adolescents and exploring their roles both pre and post-diagnosis of an auto-immune disease could be beneficial in giving the client a greater and deeper understanding of the impact the disease may have on their lives. Also including the disease as a new role in the client’s life might be beneficial when working to externalise their feelings and behaviour with regards to being diagnosed with an auto-immune disease.

However based on the approach of Landy (2009) I believe that through Role Theory, the therapist can work at facilitating the client’s use of play in order to help the client discover a balance of affect and cognition so that the client is then able to work through difficulties with the capacities to feel and reflect (Landy, 2009: 71). The importance of being able to feel and reflect could be beneficial when dealing with clients who have begun numbing due to a traumatic event (Landy, 2009). So while there is not a specific targeted approach for Role Theory in the treatment of Trauma, I do believe that elements of the approach can be beneficial when working with the client group discussed throughout this essay.

3c. Narradrama as an approach in working with trauma

Very little research output that I could find that was done on the effectiveness of Narradrama in the treatment of trauma, however because there is a strong correlation with Role and Narrative Therapy, which has been researched with regards to the treatment of trauma, it can be assumed that this approach would yield promising results. Phil Jones (2015: 4) stated that, “One way to approach trauma is via its story, or its different stories: the ways its meanings have emerged and what this can reveal about how ‘trauma’ is currently engaged with in its

lived contexts.”. It is my belief that the reconstruction of this alternative story is where this method could prove advantageous in addressing the “problem-saturated” stories that clients being diagnosed with auto-immune diseases may hold.

I think being able to “re-author” their story and move from the “problem-saturated” story, that is so heavily focused on their illness, towards an alternative story could help the clients with achieving agency in their life and over their bodies. As stated above, there is a sense of no longer having “control” over one's body when diagnosed with an auto-immune disease, so I believe that working with the “re-authoring” of the relationship that the client has with their body could be important when reframing the sense of control they now have over their own body. Being able to work with the body and physically alter the story of the “sick body” might again prove beneficial when wanting to reestablish the relationship the client now has with their body. Giving the child or adolescent a sense of power over their own bodies could be a powerful experience and can be done through the alteration of their stories, seen in this approach. In my experience it often feels as if an auto-immune disease can take away the sense of control and ownership of one's body, and I think finding a way to allow children to experience their bodies through story, can be positive when wanting to look at the new relationship that might develop with their bodies due to being diagnosed with an auto-immune disease.

3d. The Integrative Five Phase Model of Drama Therapy approach

This approach was analysed for its suitability in working with the client group discussed throughout this research. I believe that there may be great potential in addressing the clients diagnosed with this disease and the trauma that may accompany this diagnosis. The element of the group work utilised with this approach could be beneficial when working with a group of children and adolescents who have all been diagnosed with chronic illnesses. Due to the nature of the other group members being involved in each other's processes and taking on roles for clients in the group, this foundation is what will allow future group work to have depth and a stronger amount of witnessing and empathy amongst group members (Emunah, 2009). Self-revelatory performance forms a part of this approach, and there have been several studies aimed at looking at the efficacy in the treatment of somatic symptoms brought on by trauma utilising self-revelatory performance. In her research essay titled, *Exploring the Hero's Journey as a Transformative Experience: Self-revelatory Performance as Personal Therapy and Healing* (2011), Jennifer Furlong discusses the impact of self-revelatory

performance in addressing the trauma she has dealt with from her past after being diagnosed with Systemic Lupus Erythematosus, which is an auto-immune disease.

While there is research indicating the benefits of Self-revelatory performance and Psychodrama, both of which can be found in the Integrative Five Phase Model of Drama Therapy, on those experiencing trauma, there is little evidence to suggest that the integrative five phase model in its entirety is beneficial. As an independent method, there seems to be less empirical data and research concerning this model's efficiency when looking at a trauma-centred approach. Due to the way in which Psychodrama is utilised in this approach and the research stating that Psychodrama can be used for individuals experiencing the effects of trauma (Carbonell & Partelano-Barehmi, 1999), it can be assumed that this is reciprocated with the use of the integrative five phase model for the treatment of somatic and psychological effects relating to trauma.

There have been several studies aimed at looking at the efficacy in the treatment of somatic symptoms brought on by trauma utilising self-revelatory performance. It is clear that there is a link between this method and the effectiveness in the treatment (Emunah, 2014). However, when examining the integrative five phase model independently, there seems to be less empirical data and research concerning this model's efficiency when looking at a trauma-centred approach. Due to the way in which Psychodrama is utilised in this approach and the research stating that Psychodrama can be used for individuals experiencing the effects of trauma (Carbonell & Partelano-Barehmi, 1999), it can be assumed that this reciprocates with the use of the integrative five phase model for the treatment of somatic and psychological effects relating to trauma.

However the way in which this approach is conducted and is able to lead the group slowly through the initial phases of therapy by first establishing rapport and developing a group connection is something important that the other approaches do not necessarily consider, and it could be a vital step in creating a sense of belonging with the group. The literature states that being diagnosed with an auto-immune disease can feel very isolating, so I think by first establishing group cohesion, there may be a greater therapeutic benefit when moving into the later stages of this approach. I do believe that the five steps outlined in this approach can be used successfully when working with a group of children and adolescents who have been diagnosed with auto-immune diseases.

3e. The Psychodrama approach and its relationship to working with trauma

This approach was viewed through the lens that since the 1920s, Jacob Moreno has been utilising this approach to treat those suffering from psychological distress, particularly psychological distress caused by trauma. Psychodrama is a group process that encourages group members to tell a story, verbally and through physical movement. This then allows the emotions that accompany the story to be brought to the surface, as well as bringing up difficulties. Through the externalisation and physicalization of these stories, the client is able to work through the emotions and work on finding solutions (Kipper, 1992; Yablonsky, 1976). The importance of the externalisation of the stories of the group members is what is considered to be imperative in this approach. Jones (2015) has stated the importance of externalisation and how it forms one of the foundational tools in Drama Therapy. Not only is externalisation a vital tool in Drama Therapy, but I think it can be vital when working with the targeted client group in a group therapy approach. Auto-immune diseases can be very internalised and often may not show external symptoms. This is where externalisation in therapy may be beneficial for this population when working in a group, as they are able to explore how they may be struggling with the disease or diagnosis in an external manner in a group setting.

While there have been no studies looking at the effect this approach has on children and adolescents diagnosed with auto-immune diseases, should these children or adolescents be diagnosed with a trauma-related illness due to their diagnosis, it can be seen that Psychodrama may be an effective group treatment (Giacomucci & Marquit, 2020). I think that being able to enact the story of the disease and diagnosis in a room full of clients of a similar age, that are also suffering from an auto-immune disease, could alleviate the isolation and depression felt after being diagnosed with an auto-immune disease (Serraino, 2021). While I am aware that Psychodrama is not a Drama Therapy approach, I think because of the relationship it has to The Integrative Five Phase Model of Drama Therapy, and the research and work being done with Psychodrama and traumatised populations, I felt it beneficial to explore this approach and how it may relate to my specific client population in a group setting. Once again the importance of group work and externalisation seen in Psychodrama, can be beneficial when working with children and adolescents who have been diagnosed with auto-immune diseases. However I believe that the stages seen in The Integrative Five Phase Model of Drama Therapy might be more beneficial to this client group due to their age and

the importance of establishing a sense of connection, play and trust. Although this model holds many of the same elements seen in Psychodrama, I would choose this approach over a strictly Psychodramatic approach.

3f. Mooli Lahad's approach to working with trauma

When looking at how this model may be beneficial in the mental health treatment for children and adolescents who have been diagnosed with an auto-immune disease, one could argue that working with Lahad's (2009) resilience techniques could be imperative when working with those diagnosed with a chronic illness. In a study assessing levels of resilience and how these may affect those living with a chronic illness developing a disability later in life, it was found that; "resilience is protective against ADL (activity of daily living) and IADL (instrumental activity of daily living) limitations, and that resilience modifies the relationship between the onset of a new chronic condition and subsequent disability" (Manning et al., 2014). The further use of IE and Drama Therapy could also be of use when looking at the potential relationship between being diagnosed with an auto-immune disease and the subsequent psychological impact that may have on a child or adolescent and how this could possibly translate into a secondary diagnosis of a trauma-related illness.

I am aware that this approach does not necessarily have the structure or needed theoretical framework to begin working with this approach with my designated client population and treatment aims in mind. However, I do think that it was important to further explore the way in which an established and esteemed Drama Therapist like Lahad has begun utilising Drama Therapy when working with traumatised populations. I don't think that this approach could be utilised in isolation when working with the targeted client group, however I do think that the IADL tool could be used to further research qualitative and quantitative data that may be obtained from the aforementioned client group after they have engaged in Drama Therapy group sessions.

4. Neuroscience, Trauma and Drama Therapy

How can an investigation into the neuroscience and neurobiology of trauma aid a Drama Therapist's understanding of clients who have been diagnosed with an auto-immune disease?

Lastly this research question looked to identify if creating a better understanding of the

neuroscience and neurobiology of trauma could aid a Drama Therapist's understanding of clients who have been diagnosed with an auto-immune disease. I do believe that through developing a greater understanding of the connection between the brain and the body, Drama Therapists will be able to better identify which Drama Therapy approaches might be beneficial for the use of children and adolescents diagnosed with auto-immune diseases and the subsequent trauma that may accompany this diagnosis.

Therefore, I think it is vital that Drama Therapists working with children and adolescents who may not only have a chronic illness, but also be experiencing the psychological effects of trauma, fully comprehend the physical and emotional toll of what it means when being diagnosed with an auto-immune disease. As stated above, an auto-immune disease not only affects the tissues and organs of the body, but also the physicality and movement of the body (Healthline, 2019). Neuroscience proves vital in connecting the biological distress that occurs in someone being diagnosed with an auto-immune condition, and how the biological stress may in turn greatly affect the psychological health of the individual diagnosed. It is also important For Drama Therapists to note how the tools and techniques used in the practice have a biological effect on the client. Siegel and Bryson (2011) stated how play and Drama Therapy make use of the whole brain and work to integrate the left and right brain centres. Creating the connection between the unseen, biological phenomena that occur during a Drama Therapist's work and the emotional and behavioural changes that more visibly occur during and after the therapeutic sessions could be a powerful approach when looking to transform the way in which the field of Drama Therapy is seen and understood.

I did however expect to find greater empirical research linking Neuroscience to Drama Therapy and how this therapeutic medium might have an effect on the brain and consequently influence the therapeutic relationship. It is my belief that both the fields of Neuroscience and Drama Therapy can benefit from continued research into their inter-relationship, and I do intend to continue exploring and researching on this correlation. I do think that I was able to learn a lot about the effects that trauma can have on the brain, as well as how that effect can be worked with during psychological treatment. That is where I think the connection between Neuroscience and Drama Therapy can continue to expand, as Drama Therapists work to create a greater understanding of the brain and how our practice, which largely includes the brain and body, can be worked with in order to achieve the best results when formulating a treatment plan. While I do think that I was able to gain personal growth and knowledge from

analysing the research question stated above, I do not think that there is enough literature yet, to support a connection between Neuroscience and Drama Therapy.

Chapter Five: Conclusion

Introduction

In beginning this research, I set out questions and aims that I was hopeful that this research would accomplish. When concluding this research I will evaluate if the above research paper has been able to effectively execute the intended aims.

Conclusion to the Research

After a thorough investigation into the literature I do believe that I was able to effectively complete one of my main aims in this research, which was conducting an investigation as to which Drama Therapy approaches could be most successful when working therapeutically with children and adolescents who have been diagnosed with auto-immune diseases. In the findings I am able to state why I believe specific capacities within certain approaches could be most beneficial when working with my chosen client group. Not only was I able to extensively explore Drama Therapy approaches, but I also believe that I have been able to add to the knowledge and body of literature as to how Drama Therapy can be utilised in psychological treatment with those diagnosed with auto-immune diseases.

Following this study, it is my opinion that there exists a paucity of research on working with auto-immune diseases through Drama Therapy within both the international as well as the South African context, therefore I looked at further researching approaches to working with chronic illness through a global lens. It is in my opinion that the nature of Drama Therapy lies within embodied work and that working with the body through Drama Therapy, it might be instrumental in the treatment of auto-immune diseases, as they often can affect the body's physicality and movement in a profound way.

The literature suggests that children and adolescents handle disease, illness and trauma differently when compared to adults and should therefore have alternative means of treatment with regards to stress and psychological distress. Overall, the research strongly supports that there can be significant psychological effects when diagnosed with a chronic condition such as an auto-immune disease, including but not limited to Post-Traumatic Stress Disorder(PTSD). As an outcome of my research, I have determined that Drama Therapy can be seen as an effective tool for treating children and adolescents who have been diagnosed with auto-immune disorders and the possible traumatic response to this diagnosis, as Drama

Therapy tools and techniques are able to communicate with the child using language that they are familiar with through storytelling, movement and most importantly play. Lastly there is biological understanding as to what occurs in the brain during a traumatic event, as well as how Drama Therapy tools and techniques make use of the body and the “whole brain” (Siegel and Bryson, 2011). My research has determined that bridging the gap in scientific and empirical knowledge with regards to research in Drama Therapy is important and necessary. It is my hope that I have been able to add to the body of literature in the field of Drama Therapy and its application to working with children and adolescents who have been diagnosed with auto-immune diseases and are suffering traumatic consequences in relation to this diagnosis.

Future Recommendations

The next step in this research might be to have human participants participating in a research study in order to conduct empirical research that might identify the most effective Drama Therapy approach to treating children and adolescents who have auto-immune diseases and the physiological trauma that may be induced due to the diagnosis of the disease. By taking all the above literature into account I would advocate that there are several approaches within the Drama Therapy framework that could be utilised, and that empirically measuring as to which approach has had the most profound effect on the participants would give further information as to which approach might be most beneficial for the client group discussed throughout the research. I also look to begin furthering the connection and research as to why I believe creating a greater understanding of Neuroscience could be beneficial to Drama Therapists in understanding their work. Delving more into my craft and my passion has been so rewarding and taking my personal experience and looking at research that could have been potentially helpful to my twelve-year old self, who was scared and confused about the effect the auto-immune disease had on my body, has been so cathartic and empowering. I look forward to being able to work with those who have been impacted by chronic illness and keep adding to the growing research in the field of Drama Therapy.

Chapter Six: Reference List and Appendix A

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Appendix A: DSM-5 classification

American Psychiatric Association (2013, pp. 309.81) Diagnostic and statistical manual of mental disorders: DSM-5. 5th edn. Washington, D.C.: American Psychiatric Publishing.

A. The person has been exposed to a traumatic event in which both of the following were present:

1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
2. The person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganised or agitated behaviour.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event. Note: In young children, there may be frightening dreams without recognizable content.
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). 165 Note: in young children, trauma-specific re-enactment may occur.
4. Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.
5. Physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general

responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma.
3. Inability to recall an important aspect of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feeling detachment or estrangement from others.
6. Restricted range of affect (e.g. unable to have loving feelings).
7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

1. Difficulty falling or staying asleep.
2. Irritability or outbursts of anger.
3. Difficulty concentrating.
4. Hypervigilance.
5. Exaggerated startle response.

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other areas of functioning. Specify if: Acute: if duration of symptoms is less than 3 months; Chronic: if duration of symptoms is 3 months or more. Specify if: With delayed onset: if onset of symptoms is at least 6 months after the stressor.