

https://dspace.org/

Catch and release: A Practice-based analysis using interviews from healthcare workers, to explore the impact on self-care, using 5 Drama Therapy core principles and practices.

Adlam, Antoné

2024
University of the Witwatersrand, Johannesburg
https://hdl.handle.net/10539/42457

ADLAM, ANTONE. (2024).Catch and release: A Practice-based analysis using interviews from healthcare workers, to explore the impact on self-care, using 5 Drama Therapy core principles and practices. [Master's dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/42457

Downloaded from a DSpace repository. https://dspace.org/

RESEARCH REPORT

RESEARCHER: ANTONÉ ADLAM, 1906319

SUPERVISOR: LINDA (MDENA) THIBEDI

Wits School of Arts

Drama for Life

Master Research Report

RESEARCHER: Antoné Adlam

STUDENT NO: 1906319

RESEARCH TITLE: *Catch and Release: A Practice-based analysis using interviews from healthcare workers, to explore the impact on self-care, using 5 Drama Therapy core principles and practices.*

SUPERVISOR: Linda (Mdena) Thibedi

Research assignment submitted to University of the Witwatersrand in partial fulfilment of requirements of B.A. (Masters) in the field of Drama Therapy.

NAME **: Antoné Adlam**

STUDENT NUMBER **: 1906319**

COURSE **: Research Report**

COURSE CODE **: WSOA7082A**

SUPERVISOR : **Linda (Mdena) Thibedi**

TITLE **: *Catch and release: A Practice-based analysis using interviews from healthcare workers, to explore the impact on self-care, using 5 Drama Therapy core principles and practices.***

Plagiarism declaration

1. I know that plagiarism is wrong. Plagiarism is to use another's work and to pretend that it is one's own
2. I have used the author-date convention for citation and referencing. Each significant contribution to and quotation in this essay from the work or works of other people has been acknowledged through citation and reference.
3. This essay is my own work.
4. I have not allowed and will not allow anyone to copy my work with the intention of passing it off as his or her own work.
5. I have done the word processing and formatting of this assignment myself. I understand that the correct formatting is part of the mark for this assignment and that it is therefore wrong for another person to do it for me.



Signature

13 March 2024

Date

Abstract

This is a Practice-based Research study analysing the impact of five core principles from Phil Jones's nine core principles in drama therapy. Data was collected from interviews with healthcare workers within a private hospital in Johannesburg. This research aimed to find the most suitable core principle for each interviewee, in order for them to practice self-care in an explorative and creative manner. While the research identified the importance of drama therapy and the core processes used within the researcher's rehearsals and solo performance based on the answers from interviews with the healthcare workers, the researcher identified the unique approaches and impact drama therapy holds to practice self-care. The integration of the core principles (as named by Jones, 1996) are embodiment, play, dramatic projection, interactive audience and witnessing, as well as dramatherapeutic empathy and distancing.

Key Words: Drama therapy, self-care, Core Principles, practice-based research, healthcare workers, Johannesburg private hospital.

Table of Contents

Title: ..... 1&2

Chapter 1: 6

Introduction 6

1.1 Background to study 7

1.2 Rationale 9

1.3 Research Questions 11

1.4.1 Aims 11

1.4.2 Objectives 11

1.5 Theoretical Framework 11

Chapter 2: Literature Review 16

2.1 Drama therapy defined: 16

2.2 Impact of Drama Therapy for self-care 17

2.3 Phil Jones's nine core principles 17

2.4 South African private hospital spaces and healthcare workers 19

2.5 Self-care 21

Chapter 3: Methodology and Methods 23

3.1 Practice as Research 23

3.2 Data Collection Methods 23

Using interviews to collect data: 24

Embodiment as a process for self-care: 25

Play as a tool for discovery: 25

Dramatic projection as an exploration tool: 25

Empathy and distancing as a tool to explore the self: 26

Performance as a tool for capturing data: 26

3.3 Research Instruments 26

Field Notes: 26

Photographs: 26

Photographs 26

Voice recording: 27

I voice recorded, ... 27

Video Recording: 27

Video Recordings....27
Ethical considerations....27
Chapter 4:....28
Narrative discussion of process from interviews to solo performance....28
4.1 Introduction....28
Beginning the process with interviews:....28
Rehearsals using data collection from interviews & core principles as practices and methods....29
Showcasing what I was exploring through a solo performance:....31
Narrative summary:....33
Chapter 5: Analysis....34
The analysis of how drama therapy can work, through conducting online interviews with healthcare workers:....34
The intention to encourage healthcare workers to focus more on self-care:....35
The analysis of using five core principles within a solo performance:....35
What comes out of Embodiment:....36
Puppetry through Dramatic Projection:....37
Interactive audience and witnessing during interviews and the performance:....38
Drama therapeutic empathy and distancing as a performer and researcher:....38
Playing and emotions, how play is mis/understood:....39
Analysis and discovery of solo performance:....39
Summary of analysis:....42
Chapter 6: Conclusion and Recommendations....44
Overall Conclusion....46
Reference list....48

Title:

Catch and Release: A Practice-based analysis using interviews from healthcare workers, to explore the impact on self-care, using 5 Drama Therapy core principles and practices.

Chapter 1:

Introduction

I have a story to tell, a story that includes myself, my grandmothers, healthcare workers and private hospitals in Johannesburg.

For months since August 2022, I have been in and out of hospitals with both of my grandmothers being ill due to severe strokes. Both grandmothers were placed in different hospitals, specifically private hospitals, where I witnessed and observed two very different approaches to how the healthcare workers and system take care of their patients.

When looking back to both of my grandmothers, I noticed that context and environment play a big role in their stay and health. One grandmother (whom for this study I will call A), was in critical care in a private hospital in the western part of Johannesburg (which I will call D). She was treated with care, well fed, cleaned, and looked after. Comparatively, my other grandmother (whom for this study I will call B) was also in critical care, but in another hospital that, for the purposes of this study, I will call C in the north of Johannesburg. She was malnourished, always in a dirty nappy, and full of bruises due to ill-treatment from healthcare staff.

Private hospitals in Johannesburg have a great function within the healthcare system (Matsebula and Willie, 2007). Private hospitals provide more services than public hospitals, have better-equipped facilities and allow patients quicker access to care than their public counterparts. Most private hospitals in Johannesburg are classified as being among the best in the country, namely Netcare, Medi-Clinic, and Life Healthcare (Matsebula & Willie, 2007: 164). However, despite the facilities and equipment being better in private hospital spaces, they still face some problems. According to Matsebula and Willie (2007:166), private hospitals are suffering a severe shortage of staff, thus being highly dependent on those who do work, leading to high rates of burnout in nurses. Healthcare workers (especially in South Africa) experience worker burnout, which is burnout due to a shortage of staff and challenging work schedules (Durham, 2022). According to the Health Protection Surveillance Centre (2023), the term

healthcare workers is described as doctors, nurses, practitioners, therapists, medical technicians, etc. who work in a health and social care setting in which they aim to provide care, health needs, well-being, and community services to people.

According to a reading by Menscher and Maul (2016), a trauma-held space is a space in which high levels of trauma events occur frequently. In my opinion, a hospital can be seen as a trauma-held space due to traumatic situations such as death, violence, surgery, traumatic brain injuries, and more. Within my experience, I have noticed the unsettling feelings, trauma, dysregulation, and imbalance a hospital space holds for me in my own body, and I wondered whether it holds the same experience for healthcare workers, patients, and other visitors. As all those unsettling feelings arose in me, I was finding an interest towards the healthcare workers.

As these feelings arose, I then started to think about drama therapy and how drama therapy focuses on this idea of self-care. It is always focused on allowing a person's holistic well-being, and as I sat with this idea of drama therapy and its focus on self-care, I then wondered how it could work when looking at a hospital space and these healthcare workers. I wondered and struggled with it for days, until one day it did. It happened on a hot summer day in a drama therapy class at the University of Witwatersrand. We were reading the article *Drama as Therapy: Theory, Practice and Research* by Phil Jones (1996), about the nine core principles, and how these principles were used as tools in various spaces. Then that day was the day I decided I would explore the ways how the nine core principles, especially the five; play, dramatic projection, interactive audience and witnessing, embodiment and dramatherapuetic empathy and distancing, could allow healthcare workers in private hospitals in Johannesburg to creatively express themselves and practice self-care. That is how my story to this research study, officially made its departure.

1.1 Background to study

At the beginning of the year 2023, I did a Practice as Research project (PaR) which from here on out will be referred to as PaR. Within the PaR I tested one of the drama therapy approaches, the nine core principles (Jones, 1996). I tested out five of the drama therapy's nine core principles used by Phil Jones. They were dramatic projection, play, embodiment, dramatherapeutic empathy and distancing, and interactive audience and witnessing. I facilitated five workshops with healthcare workers, specifically nurses, at Campus Health at the University of the Witwatersrand in Johannesburg. Within this PaR I wanted to test out how the five processes engage healthcare workers in self-care and whether their bodies experience

trauma within a trauma-held space or not. Although I did a drama therapy approach within the PaR, I communicated that it is not therapy but rather a method that is being tested. In addition, as I engaged with the processes I discovered that the space itself holds trauma, but the healthcare workers who work there do not express trauma. They just don't have a space to express themselves and self-reflect.

As a researcher, looking at the data gathered through a drama therapy lens and testing out the method in my PaR, I experienced which specific principles worked and others did not. I then continued the journey of practising the method with healthcare workers to engage with self-care, I was curious to explore whether the same principles will continue to be more effective or not. The data gathered from the PaR showed that the more effective principles were play, embodiment, dramatic projection, dramatherapeutic empathy and distancing and interactive audience and witnessing. These are the five principles which are being explored further in this research report. I believe that these were effective because they allowed the healthcare workers to engage with self-care unconsciously, through a drama medium.

Rudlin (2023), states that drama therapy is a modality which holds therapeutic value but does not feel therapeutic. She further explains that the therapeutic value lies within dramatic games and exercises which enable one to express and release issues and emotions without using words (Rudlin, 2023). Such an example was with the Wits Wellness Centre. The Wits Wellness Centre is situated on campus and is accessible to students and staff. Onsite they have one doctor, two paramedics, one psychiatric nurse and five nurses (2020). In this space I identified that drama therapy breaks barriers, allowing people to self-reflect and become aware of themselves. The process was done within the Wits Community, which was small and consisted of a limited number of doctors and nurses. Opening hours were from 8 AM – 5 PM. I thought that it could be interesting to see how these processes and principles worked for healthcare workers outside of the micro clinic and in a macro healthcare space who are not only working with students. I have done interviews, which allowed me to compare and understand whether the method was only effective for smaller groups with minimal trauma-held experiences, or if it works for both spaces, which experience much higher levels of trauma and stress.

I concluded this by doing the interviews with six healthcare workers from a private hospital in Johannesburg via online, which allowed me to understand how they practice self-care within their professional spaces and at home. Additionally, the new knowledge that arose from the interviews and solo rehearsals with five of the nine core principles, led me to identify how

much drama therapy is needed within the space through engaging with five of the nine core principles and processes and interviews, which led to my solo performance. It also included the positionality of drama therapy among healthcare workers, and what the value of the practice could bring to a healthcare environment. Another was gaining new knowledge on how healthcare workers engaged in self-care and creative holistic expression (Jones, 1996). Finally, I identified whether the method was able to work for the space to lessen the idea of a 'trauma-held' space. Finding new knowledge on how healthcare workers can practice self-care with five of the nine core principles and practices enabled greater care for a space that potentially lacks it. The interviews, rehearsals, and solo performance enabled me to know which practices and processes can be potentially more beneficial for themselves, their environment (both interpersonally and socially), and the patients.

1.2 Rationale

According to an article by Benjamin (2022: 2), healthcare workers in Johannesburg hospitals are "being ordered to care in a society that does not value the work of caring". With the time I spent in hospitals (visiting my grandmothers), I started to become aware of what appears to me as dysregulation within healthcare workers. As time passed, I wondered whether healthcare workers in other hospital spaces appeared to be dysregulated in the specific hospital of grandmother B. I then wondered what drama therapy would bring to the hospital spaces, for healthcare workers to become regulated and engage in self-care. According to Nyatela et al. (2022:4), "the need for self-care has grown rapidly within healthcare systems". Self-care is a common practice that is very complex and difficult to do, especially when it comes to caregiving and caring for others. According to Yeh (2020), it is very easy for a healthcare worker to neglect self-care. De Villiers (2021:3) also states that South Africa and its healthcare system are "a canvas painted with painful contrasts when it comes to the care of the healthcare workers".

An article by Aikman (2019:4) states that workers within the healthcare sector face a crisis because of its "interconnected and complex" nature. Furthermore, he states that the problems from the past are interconnected with the problems of the present, making all problems difficult to repair which leads ineffectual healthcare workers and systems with staff having poor attitudes towards patients (Aikman, 2019). Aikman (2019) states that according to studies the reason for it can not only be worker burnout but also organisational issues within the hospital itself, such as "poor communication, insecurities about their profession, and a need to assert

control over the environment and an ingrained perception of patient inferiority" (Aikman, 2019:16). This observation led me to notice that in grandmother B's space just how dysregulated the healthcare workers appeared to be, and it also seemed that they had little care towards their hospital space and themselves.

An article by de Villiers (2021), states that South Africa's private healthcare system faces two major areas of challenges. The first challenge is that there are too many patients and too few hospitals and healthcare workers, in both private and public hospitals due to the South African population rapidly growing (Cleary, 2020). The second challenge is the "medical negligence in the South African healthcare system" (Aikman, 2019:5). Aikman states that there has been growth in patient empowerment, which is the empowerment of individuals to sue doctors easily. The problem with that is that because of the threat of being sued so easily, healthcare workers do as little as possible, which leads to neglect. As I am aware of the challenges that public hospitals face, I have come to understand that private hospitals also suffer from challenges which are usually overlooked due to it being a 'private' space. This can allow people to think, presumptuously, that it has fewer challenges. Thus, my interest in this research report was researching private hospitals rather than public ones.

The hospital space holds distress and trauma, where healthcare workers do not feel they have a space to breathe or regulate (Cleary, 2020). Cleary further writes about the more challenging areas that healthcare workers face, such as being short of staff, lack of personal equipment, poor leadership (impacting the "morale of workers"), and holistic distress. This initiated me to explore how a Practice as Research method in drama therapy, can generate care and creative expression. Such a method in drama therapy is Phil Jones' nine core principles, which is a humanistic approach enabling spontaneity and expression of interpersonal issues through creative drama techniques with therapeutic intervention (Park, 2019). Additionally, there is a significant lack of self-care support for healthcare workers in private hospitals in Johannesburg. If they are unable to care for themselves, how can they effectively take care of others? it is very important to prioritise the well-being of those who care for us. Neglecting the needs of these healthcare workers can lead to more burnout and a potential breakdown of the healthcare system. By putting drama therapy and the five core principles into practice within these spaces, we could promote a balance between caring for others and self-care among healthcare workers, ultimately strengthening the healthcare system.

1.3 Research Questions

- What is the usefulness of five of drama therapy's nine core principles (Jones, 1996), in enabling holistic expression and self-care for South African Healthcare Workers?
- What are the reasons for the healthcare workers to neglect self-care?
- To what extent does drama therapy raise awareness for creative expression among healthcare workers in Johannesburg?

1.4.1 Aims

- This research aimed to explore whether the analysis of five drama therapy core principles could generate the idea of self-care among healthcare workers through my own embodied practice-based process.

1.4.2 Objectives

- I interviewed the healthcare workers via Zoom, Teams, and WhatsApp to gain data and a better understanding on how they practice self-care.
- From the found interview data I then did solo rehearsals which allowed me to engage with the data gathering themes and working with drama practices and five core principles namely: dramatic projection, play, embodiment, dramatherapeutic empathy and distancing and lastly interactive audience and witnessing of Phil Jones.
- With the data collected from the interviews and rehearsals, the objective was then to do a solo performance in which I, as the researcher through practice, embodied the healthcare workers' stories of self-care.

1.5 Theoretical Framework

Within this research, I engaged with four different theories throughout my research. Two theories were used within my main scope of the research and two other theories aided in the understanding of the practice of drama therapy and the nine core principles practically. The first two theories used for my main scope were the nine core principles created by Jones in 1996 and the theory of drama therapy itself that was created by Slade in the 1930s. In addition, my other theories were the self-actualization theory by Maslow in the 1960s and the humanistic theory by Rogers in 1959.

Drama therapy was developed by Slade in the 1930s (Jones, 1996). Slade discovered that it had a therapeutic value when he did dramatic exercises with mentally ill patients within a hospital. Drama therapy is the combination between creative arts and psychology which aims to empower a person's most authentic self within their daily lives (Fontana & Lucilia, 1993). Drama therapy incorporates psychological theories from Freud, Jung and Winnicott, while including the principles of play (Fontana & Lucilia, 1993). Other models are the humanistic model of Rogers; and self-actualisation from Maslow which incorporates processes of unconditional positive regard, listening, and empathy of the self (Fontana & Lucilia, 1993). According to Mayson (2020:36), drama therapy is "an active, embodied and creative approach to psychotherapy" using techniques such as story, role-play, dramatic projection, embodiment, and play. These techniques in drama therapy, allow the therapist to identify behaviours, emotions, and feelings that the client is struggling with. Mayson (2021) further explains, in another article, that one needs to keep in mind that every client's needs differ. This results in the therapist using drama therapeutic techniques embedded in the nine core principles which might enable empathy, communication, self-confidence, and self-expression.

The nine core principles are the most used core approaches in drama therapy practice. These principles were illuminated by Jones (1996), a drama therapist, theorist, and teacher (Cassidy, Turnbull & Gumley, 2014). He has worked in various settings such as schools, private practice, and hospitals (Cassidy et al., 2014). Jones (1996) states that the nine core principles and practices serve as a framework for understanding any therapeutic mechanisms and facilitate personal growth, self-expression, and healing (Jones, 1996). The nine core principles are used as the basics in drama therapy (Mqwathi, 2018). The nine core principles according to Mqwathi (2018) are used as an underlying guide in therapy consisting of various techniques these nine core principles are play, dramatic projection, interactive audience and witnessing, life-drama connection, transformation, embodiment, personification, impersonation, dramatherapeutic empathy and distancing and therapeutic performance process (Jones, 1996).

From these nine core principles within the study, only five were explored, which were play, embodiment, dramatic projection, dramatherapeutic empathy and distancing and interactive audience and witnessing. Additionally, before exploring these principles, it is also important to understand the theory of the principles. The first principle's theory is play. Play was first discovered by Peter Slade in 1930. Koukourikos, Tsaloglidou, Tzeha, Lliadis, Frantzana, Katsimbeli and Kourkouta (2021) write that play is a tool that is widely used within all psychotherapy types. Firstly, play is usually used within therapy as a form of language,

especially within children, because it is a way that children can easily communicate. However, it can also be used for adults, using it to learn and understand behaviours that are not usually understood. Play allows children and adults to learn psychomotor and social skills and communicate joy, fear, anger, anxiety and sadness (Sayre, 2020). Using play could allow healthcare workers to create play scenarios that portray their experiences in their daily lives. According to a blog by Easycare Health Clinic (2021), play allows for understanding and empowerment within the situations in their lives, which can increase self-care and decrease stress, which is important for healthcare workers, due to the constant traumatic environment, a form of lightness and free expression then becomes important.

Secondly embodiment. Aposhyan (2023) explains that embodiment is an approach used in drama therapy which allows people to emphasize the "body-mind connection" and that most of our knowledge is "grounded in our bodies, whether it is sensory or physical. Using embodiment allows a person in drama therapy to give an emotion or situation, which allows for greater self-awareness, release of something deeper or to detect something that a person might not have been aware of. Using this core principle as a theory allowed me to understand how embodiment allows for the expression of emotions that can generate self-care for healthcare workers. According to a study by Mori (2022), embodiment refers to the acknowledgement of processing and re-experiencing experiences interpersonally or environmentally, meaning that when healthcare workers interact with embodiment it may provide a form of working through unconscious or conscious issues that could not be spoken.

Then comes dramatic projection. Phil Jones (2007) states that dramatic projection is a drama therapeutic technique which allows "clients; feelings and inner experiences from real life into dramatic presentations", which allows for these interpersonal feelings to be externalized and expressed. Using this tool theoretically can enable me as the researcher to establish what emotions and feelings healthcare workers are experiencing and to release them creatively and dramatically, without having to address them directly (Jones, 2007). It could also allow the effect and outcomes of drama therapy on healthcare workers, and how this technique can generate self-care within the healthcare workers. According to Cassidy, Gumley and Turnbull (2017), using dramatic projection enables one to play and engage with both reality and the imagination, allowing one to find a balance which allows for empathy towards others in the space and oneself, which leads to finding self-care.

Dramatherapuetic empathy and distancing is a technique used in drama therapy to explore emotions, feelings, experiences and issues in a distanced manner, meaning placing oneself closer to the situation and separating it from being too personal (Landy, 1983). This distancing technique allows a person to come to interact with the emotions and form empathy towards them. Using this within theory enables one to gain knowledge on the problems that healthcare workers are facing daily, allowing them to feel safe enough to share the problems openly.

Interactive audience and witnessing according to (Rudel, 2020), has been rooted in theatre before it became a core principle by Jones. Interactive audience and witnessing allows a person who is performing either themselves or another, to be witnessed by others, or it is to be an audience witnessing something (Rudel, 2020). Within drama therapy, both those roles hold great importance, because not only does one have to just be a witness or audience, but one can jump in and play a role and still witness. This provides a form of distance also but for a client to express and imagine, which allows for a person to relate or become aware of emotions, feelings, issues or experiences interpersonally or of others. Using this core principle enables knowledge of others and yourself and using it as a tool for healthcare workers might enable empathy and understanding of their issues and each other.

The other theories are the self-actualization theory by Maslow and the humanistic theory by Carl Rogers. The self-actualization theory is a complete realization of one's potential and the full development of one's abilities and appreciation for life, while additionally allowing a person to be in touch with their emotions, feelings, experiences, and the present moment, and always being willing to grow and change (Perera, 2023). An online article describes how it is a process in which a person is becoming a "self" holistically, a positive process allowing a person to reach their full potential (Selva, 2017). Additionally, the self-actualization theory states that the environment a person is exposed to could influence their behaviours, thoughts, and feelings. This theory assisted me in making use of my concept with the knowledge of how to build self-actualization among healthcare workers to provide them the opportunity to find the 'self' and reach their full potential. Additionally enabling me to identify how the nine core principles can generate self-actualization, which automatically engages with humanism. This allowed me as the researcher to identify how healthcare workers can bring in the idea of humanism within the hospital environment and additionally to its use for meeting their higher needs. This was when using the nine core principles, and principles of the self-actualisation theory, such as safety, life satisfaction, problem-solving and psychological well-being

(Higgins, 2016). Additionally, this might also enable creativity spontaneousness, self-actualisation, and care for themselves and others (Higgins, 2016).

The other theory is Roger's humanistic theory. The humanistic theory "emphasizes the individual's personal growth, the centrality of human values, and the creative, active nature of human beings" (Mcleod, 2023:5). Rogers also states that "all humans exist in a world which is loaded with experiences" (Main, 2020:30), meaning that through these experiences, including external objects and people, certain emotions, feelings, behaviours, ideas regarding people and reality, thoughts are indicated. Using both theories allowed me to understand my concept better, as well as the aim to identify certain thoughts, feelings, behaviours, etc. among the healthcare workers in working towards self-actualization. Using the concept of the nine core principles in performance, in which only five techniques were used after the interviews, assisted me in identifying whether creative expression enables healthcare workers to find balance within themselves holistically, while also finding humanism and self-actualization (Jones, 2007).

Chapter 2: Literature Review

There have only been a few studies that explored the links between drama therapy, its nine core principles and its use within hospitals and among healthcare workers in Johannesburg (Dzolganovski, 2011). Because of this lack of investigation, this literature review aims to start with curiosity about the current information that has been explored and to better understand and analyse whether drama therapy and the use of Phil Jones' core principles can enable self-care and have an impact upon healthcare workers working in private hospitals in Johannesburg. This study mainly focuses on only five out of the nine core principles. These are play, embodiment, dramatic projection, interactive audience and witnessing and drama therapeutic empathy and distancing, and the impact of these principles, the principles and practice of the nine core principles, drama therapy, self-care and drama therapy that have also become an important lens into the topic. This research provides an analytic creative exploration between the links of interviews held with healthcare workers within private hospitals in Johannesburg, and the possible impact drama therapy and the nine core principles can have. Additionally, how using five of the nine core principles could enable me as the researcher to analyse them from a contemporary and creative perspective to put them into practice.

2.1 Drama therapy defined:

According to Emunah (1994:14), drama therapy allows one to "view and accept parts of ourselves which make up the whole self". According to the North American Drama Therapy Association from here on out will be referenced NADA (2021:2), drama therapy is an "embodied practice that is active and experiential." Therefore, drama therapy is a creative, active, and explorative approach to psychotherapy. Drama therapy makes use of dramatic processes that allow for growth and change in interpersonal and social relationships and inner experiences. Phil Jones, states that drama therapy puts a focus on pretence and play (Jones, 2011). Additionally, the focus on pretence and play allows clients to diffuse their coyness, spontaneity, and imagination to be present for their unconsciousness to come to the surface (Micheali, 2011). Drama therapy allows participants to tell their stories, express their feelings, solve problems, achieve catharsis, or set goals (Jones, 2021). Furthermore, NADA further explains that drama therapy is a strength- and client-based approach that promotes positive holistic change. Additionally, drama therapy uses a humanistic and client-led approach to enable a way of allowing a person to find holistic healing through creativity. Following

NADA's approach to humanism and creativity has enabled the analysis of finding ways for how healthcare workers can find self-care within a trauma-held space.

In a South African drama therapist's master's research report, Qhobela (2015:30), writes about drama therapy and the description of it, stating that drama therapy is a combination of drama and psychology. Qhobela adds that drama therapy is an embodied practice that engages in play, embodiment, and theatre elements and techniques, allowing people to re-engage with one another physically (meaning with their bodies) and directly (with words) (Qhobela, 2015). She also states that drama therapy works with "mental, emotional, sometimes physical, social and spiritual parts of a person's life and how those affect their mental well-being" (Qhobela, 2015:31). Thus, the use of the drama therapy practice could allow for the engagement of self-care and well-being to emerge. Drama therapy provides spaces for people to engage with play, embodiment, and role, which allows for experimentation of the mental, emotional, physical, social, and spiritual parts of a person's life in a distanced and creative manner (Qhobela, 2015). This enables individuals to feel unrestricted and inspired to explore without constraints.

2.2 Impact of Drama Therapy for self-care

The National Institute of Health (2023) conducted a study that demonstrated the efficacy of drama therapy in improving mental health, well-being, peer communication, growth and self-esteem. Engaging in drama therapy allows individuals to creatively express themselves and practice self-care in a non-judgemental environment, which can positively impact healthcare workers in caring for themselves, their surroundings, patients and colleagues.

According to Grainger (1990:136), a drama therapy space provides a platform for individuals and groups to freely express their emotions through dramatization, which offers both motivational and therapeutic benefits. Suggesting that drama therapy could be beneficial or healthcare workers in trauma-held environments by helping them process their thoughts, emotions, situations, and experiences creatively. Thus, fostering a sense of self-care and creative expression.

2.3 Phil Jones's nine core principles

The North American Drama Therapy Association report that drama therapy operates on a foundation of nine core principles (2021). These nine core principles, encapsulated by Jones (1996), are embodiment, play, dramatic projection, therapeutic performance process, personification and impersonation, transformation, interactive audience and witnessing, drama therapeutic empathy and distancing, and finally, life-drama connection.

Within this research, only five of the nine core principles were used and shifted into a form of practice for data collection. The five core principles used were play, embodiment, dramatic projection, interactive audience and witnessing and drama therapeutic empathy and distancing. The core principles do not follow a specific order nor does one need to achieve one in order to achieve the other. However, for the purposes of this research report the first core principle that this literature review will engage with is *dramatic projection*. Jones (1996) states that dramatic projection is the process where clients project parts of themselves or their experiences into dramatic materials, theatrical or enactment, and they then externalise their inner conflicts. This is where clients project a characteristic of themselves, experience or social or interpersonal issues on material, theatrical or into an enactment, leading to the externalisation of inner conflicts (Dzolganovski, 2011). A study was conducted in 2023 by Orikibi, Keisair, Sajnani, and de Witte, where they examined the impact of drama-based therapies, one of the tools included dramatic projection, on the mental health of healthcare workers. They let each participant engage in a form of embodied dramatic projection, by either exploring a situation that took place within the facility with only their bodies or playing out a scenario metaphorically that related to the situations or experiences of the facility where they played various roles (Orikibi, Keisair, Sajnani & de Witte, 2023). The study found that the use of dramatic projection had a beneficial effect on the behavioural and psychological well-being of the healthcare workers. Additionally applying this technique to healthcare workers in private hospital settings in Johannesburg could potentially yield similar positive outcomes. By engaging in dramatic projection, healthcare workers may have the opportunity to explore and creatively process unconscious experiences that impact them, ultimately promoting self-care.

Jones (2015:8) states that play is the "process of communication and awakening to a therapeutic space and relationship of people", thus the second principle to be looked at is *play*. Jones (1996) writes that play is a part of an expressive continuation which is part of drama. According to Mayson (2020), play is a core element used within drama therapy that allows clients to engage their realities in an empathetic, distanced, and malleable manner. It is also used as an entry point in drama therapy to work with clients and enables people to generate empathy for their own and other people's lives around them (Mayson, 2020). Play, used in drama therapy is a method which involves an individual or group of people to be expressive and enter a playing state, allowing clients to be more playful when experiencing their attitudes, issues, and experiences in life. Jones in his writing states that play is a way to facilitate voice and to representation of a human in different ways (2015).

The third principle to be explored is *embodiment*. Embodiment is the way that the body relates to an individual's "identity" during drama therapy (Dzolganovski, 2011). Jones (1996:114) writes that embodiment is focused on the way that a client expresses themselves physically and how they encounter materials in the "here and now" of a dramatic expression. In practice, it is focused on how a client expresses themselves physically and interact with materials in the present during dramatic presentation. Jones (1996) explains that embodiment is connected to taking on various identities and changing them. The fourth principle to be reviewed is *interactive audience and witnessing,* a term coined by Jones as where either an individual or a group is being an audience to others or themselves within a drama therapy session (Dzolganovski, 2011:43). According to Jones (1996:112), "witnessing is the act of being an audience to others or oneself in drama therapy… the audience can play an important part in the process of dramatic projection and the creation of support and perspective". This principle used as a method in practice is used as a way of showing the different possible interactions that have happened within sessions. This allows others to witness the experience without any knowledge of what has happened. Furthermore, the fifth and final principle is *drama therapeutic empathy and distancing,* a term coined by Jones, where empathy is used to motivate emotional resonance and involvement of others or themselves (Dzolanovski, 2011). According to Jones (1996:106), distancing is used to encourage the entanglement of experiences or emotions in a much more logical, thoughtful, and reflective manner. Additionally, although the empathy is distanced it allows the person or client to warm up to the material.

Using these core processes allows for grounding, communication, creative expression, healing, appreciation, and honouring of experiences (Jones, 2005:50). Jones (2008: 36) states that the "nine core principles and practices are used as a way of communicating and reflecting upon clinical practice". Jones further explains that by using the nine core principles, within practice, individuals are given a space in which they can project aspects of themselves that they are too shy to share, into a dramatic medium. This method enables positive change in a distanced way that does not feel like someone is sharing an experience or issue directly but rather creatively, which allows for a form of self-reflection and self-care to happen unconsciously.

2.4 South African private hospital spaces and healthcare workers

According to Mayson (2020), the poor accessibility and inconsistent efficacy of treatment offered by South Africa's mental healthcare is in critical need to be addressed. Additionally, due to poor financial mismanagement, 70% of healthcare workers have moved to private healthcare and only 30% are left within the public sector. However, both sectors have been

understaffed, underpaid, and severely burnt out (Bisnauth, Davies, Manoreng, Struthers, Mcintyre & Reese, 2022). Matsebule and Willie (2007:172) note a rapid expansion of hospitals in South Africa, since 1991, accompanied by various challenges. These challenges include a surge in medical schemes, inefficient decision-making regarding medical equipment, and an increase in non-functional beds, resulting in reduced healthcare accessibility for patients and inadequate salaries, which is only half of their full amount, for healthcare workers. Moreover, Mtathi (2022) highlights shortcomings within the private healthcare system, where hospitals prioritise dividends over profits, leading to unfair practices and compromising the quality of care provided to patients and healthcare workers. These issues emphasise the urgent need for extensive reforms in South Africa's healthcare sector to ensure equitable access to quality healthcare services.

Gibson (2024), highlights the ongoing challenges faced by South African private hospitals, including constant staff rotations and the resulting inability to provide constant care to patients. Additionally, this constant rotation leads to the prevention of healthcare workers from taking necessary breaks and practising self-care. The author emphasises the need for systematic changes within the healthcare system to address the issue of overworked healthcare workers. Additionally, private hospitals lately are increasingly relying on technology to perform tasks previously done by healthcare workers (Gibson, 2004). Leading to concerns about job security and the well-being of these healthcare workers. This shift towards technology-driven healthcare practices has the potential to marginalise healthcare workers and impact their ability to practice self-care because there is a constant worry about not having work or being able to take care of their families and themselves.

Additionally, reviewing the literature about healthcare workers makes it of greater importance to first understand potentially why healthcare workers might have taken less care of one grandmother in one hospital than the other. The one hospital that grandmother B was in, was much more technology-driven, which might potentially lead to the healthcare workers being overwhelmed of potentially losing their jobs, or the reason could be due to them being understaffed, overworked or not being able to fully build a relationship with her, because of the constant rotation within the hospital. Thus, incorporating drama therapy and the five core principles into the private hospital space might allow a healthcare worker to empathize with others and patients, but also to practice self-care and lessen the stress they might be experiencing within the space. Through the literature, I have noticed the gap within the hospital

and that is to take care of themselves and others, and allowing for care to generate, may enable less burnout and more self-care.

2.5 Self-care

According to The South African College of Applied Psychology, (Durnham, 2022:8) self-care is a "conscious decision to look after one's health holistically". Holistic means mental, emotional, physical, and spiritual. Self-care is one of the most important themes when working in spaces that cause distress and trauma, such as healthcare systems. Kelmenson (2020) states that when it comes to healthcare workers, they are often inclined to put self-care last because they constantly need to care for others. He also states that as a healthcare provider, working in constant high-stress trauma environments, the instinct of the healthcare worker is often to "just keep going". But this can lead to burn-out and harm oneself interpersonally, due to the demands of their environment (Kelmenson, 2020:16).

In the book "Care of the Soul" by Moore (2016), he writes about the importance of living a more soulful and compassionate life. He states that we constantly are caught in a never-ending cycle of wanting to be successful, need for materialistic possessions and social expectations, but we never make time to practice self-care. Further in the book he writes how important it is to practice self-care and to take a journey interpersonally, to heal yourself and the fragments that have been hurt. in Moore's book, he describes that people ought to emphasize embracing the messiness to accept our imperfections and to find beauty in the chaos which is very fitting to the life that healthcare workers face in their everyday lives (2016). When one is practising self-care, it is not a luxury to have but much rather a necessity not only for our own well-being but also for others (Moore, 2016).

Paying attention to one's mental health enables one to face challenges with care and awareness. Especially initiating it through drama therapy. This method enables self-care by aiding individuals to create new awareness of old issues and experiences, while enabling new skills to function in their daily lives (Michaeli, 2011). According to a dissertation by Russel (2016:17), "self-care in its various forms, curative, preventative and rehabilitative, is neither contemporary nor reactionary. It is the basic health behaviour in all societies, past and present". Healthcare workers have mentioned the neglect in self-care and taking care of themselves. Practising self-care takes time and understanding, especially when it comes to healthcare workers. Thus, taking care of yourself and your mental health can allow you to understand your body within the trauma-held medical space, create boundaries in the space and between peers,

allowing one to take a step back and breathe, create awareness, and develop new skills one can use within the space and in their personal lives when they feel burnt out (Mtathi, 2022).

Chapter 3: Methodology and Methods

3.1 Practice as Research

This research employs Practice as Research (PaR). Friedman states that "knowledge embodies agency and purpose… knowledge is embodied in human beings" (Friedman, 2001:41). With the aforementioned quote by Friedman, I have come to understand that knowledge, research, and information is not only done through traditional research but rather through research that has action within. Therefore, the knowledge, agency, and purpose found in human beings, enabled me to do my research through a Practice-based research approach. PaR is work where one explores the research question through an exploratory and creative practice, which in this case was drama therapy and its nine core principles (Bolt, 2014). According to Gauntlett (2021), Practice-based research is work that explores a specific research question, through an "action-based" process. It is an exploratory process immersed in creative practice (Gauntlett, 2021). It is embodied to gain knowledge and data. The reason for choosing PaR is to not provide universal facts, but rather to gain new knowledge and give insight into the connected, subjective, unique, and individualised world we live in. This is done through creative practice and embodiment. In addition, I have used a creative embodied practice for interventions, such as the nine core principles.

PaR's goals are to improve consumer welfare, meaning it is based on helping people and taking on methodologies different from traditional research (Friedman, 2001). Therefore, I chose it as a methodology for data collection, because it enabled me to collect data through the healthcare worker's reactions, thoughts and behaviours towards the techniques explained and used within the nine core principles and practices as a method.

3.2 Data Collection Methods

This section of my research report now looks at the data different methods I used to collect data. In the middle of the year, I got into contact with a private hospital in Johannesburg that provided me with numbers of six Healthcare workers, who I got into contact with via WhatsApp and Email. After we got in contact and I sent consent forms and participation information sheets, they were invited to engage in short 30–45-minute interviews via Zoom, MS Teams, and WhatsApp which I recorded with consent.

Only specific principles were used, which were dramatherapeutic empathy and distancing, play, dramatic projection, embodiment and interactive audience and witnessing, because of its creative expression within these principles and practice. Additionally, I used only a few

because, during the interviews, I tried to incorporate them within my research questions, and the ways I interacted with the healthcare workers to see how they would react towards the chosen principles. Thus, this data collection method then allowed me to gather enough data to find answers to my research questions and the solo performance I did after the interviews. Additionally, also using this method enabled me to gain knowledge on how they engage with self-care and what the relationships are between their bodies and a trauma-held space in Johannesburg. Additionally, this enabled new knowledge to be generated through the embodied work of drama therapy, with the data collected from the interviews and my own rehearsals from the data allowing me to understand the work of the principles and practices, as well as my research focus. I used five core principles and interviews as my method to guide my methodology in this research.

Using interviews to collect data:

Before I engaged with the core principles, I had to collect data to answer my research questions about how these principles used in practice might work within the healthcare space. I engaged with six healthcare workers who work in a private hospital in Johannesburg. I have chosen to not name the hospital and to keep the healthcare practitioners' identities hidden for ethical reasons. The interviews were done online mostly through MS Teams. MS Teams is an online video calling platform from Windows, allowing people to connect whenever and wherever. The interviews were usually between 30-60 minutes long, depending on the time the interviewees had. I composed a set of questions which consisted of the following; *"What does self-care mean to you", "Do you practice self-care personally and within the workspace?", "If you do not practice self-care within the workspace, would you like to?", "Do you know what drama therapy is, would you like me to explain?", "In my research, I am using five of the nine core principles, do you know what it is, if not would you like me to explain to you what it is?", "After explaining what core principles I am using, is there anyone that stood out for you?", "Would you like to engage with one of them?", "Lastly is drama therapy and the five of the nine core principles something you would like to engage with when practising self-care?".* This method allowed me to gather first-hand, lived data from the healthcare workers which I incorporated into my rehearsals where I was exploring how I was able to put the given data onto my body in a distanced manner using five of the nine core principles and seeing if it could fit and be used in practice.

Embodiment as a process for self-care:

Due to my aims within the research, guided by the topic, I considered the physical experience of the healthcare workers and how they practice self-care. Self-care, according to everyday Health (2023) means to choose "self-initiated behaviour to incorporate good health and general well-being", through physical, mental and emotional means. Additionally, as I interviewed the healthcare workers it became apparent that the biggest self-care issue which is most easily left behind, was the physical self-care that influences your mental and emotional self. Healthcare workers work long hours, resulting in a lack of sleep and overworking of the body, which can lead to burnout (Aikman, 2019). This is why I made use of the nine core principles and practice of embodiment as a method within the research. I have done an embodied solo performance of the data collected from the healthcare workers and put it to work in my own body. What I wanted to find out is how the workers feel in relation to their bodies and so the principle I selected was the tacit knowledge because the body itself carries a lot of knowledge (Bhebhe, 2014). This allowed me to gain embodied knowledge relating to my research questions on whether drama therapy and its principles and practices have an impact or not.

Play as a tool for discovery:

Play is one of the most common principles used in drama therapy (Mayson, 2020). This method allowed me to take the data collected from the interviews and create a solo performance, which in turn enabled me to take the data and transform it into what it could be in drama therapy. This allowed me to explore and see where the data could go, and how play can generate self-care in a light and playful manner. This also gave me credibility for the different roles I interacted with and to analyse them in a dramatherapeutic way.

Dramatic projection as an exploration tool:

Dramatic projection is one of the nine core principles which allows a person to project feelings and issues onto an object or role and personify it dramatically through role-play (Park, 2019). This was used as a method because it allowed me within my solo performance to project the healthcare workers' feelings and experiences onto myself, facilitating a way of understanding how they engage with self-care and what their feelings, behaviours and thoughts were within the private healthcare space that they work in. This allowed me to also play around with the data in an ethical manner which supports my research topic and questions.

Empathy and distancing as a tool to explore the self:

As an aid to not get too attached and carry the healthcare worker's stories too personally, I have made use of the dramatherapeutic empathy and distancing principle and practice to engage with the research and the work. This also allowed me to step into the different roles of the healthcare workers and find empathy for what they had shared with me during the interviews in a manner that, whilst creative, was still respectful to them. This also allowed me to reflect on my rehearsals which led to my solo performance.

Performance as a tool for capturing data:

Using performance as a data collection method allowed me to carry out the answers of the interviewees and how they can work with the five chosen core principles (1996). My performance aimed to let me come to an understanding of how drama therapy can fit into the healthcare space and how it could enable healthcare workers to practice self-care. Second, to analyse the potential impact of the core principles for these healthcare workers so that they can creatively express themselves. Finally, to analyse whether the chosen five core principles can be used in practice for healthcare workers and as a method.

3.3 Research Instruments

Field Notes:

Field Notetaking is where I made notes of or recorded any activities or observations that I experienced during my rehearsals with five of the nine core principles after the interviews with the healthcare workers (Park, 2019). During every rehearsal, I had a small notepad where I wrote down important observations and experiences. Furthermore, I used field note-taking to identify the most effective principles that were mentioned when doing the interviews, as well as to compare thoughts, behaviours, actions, and reactions to the methods I was experiencing during the rehearsals that led to my solo performance.

Photographs:

Photographs were taken with a camera, capturing various shots and angles of the actions taking place during my rehearsals for the solo performance. The photographs are available for future research and stored within a password-protected computer that I only have access to.

Voice recording:

I voice recorded, via a recorder, the healthcare worker's answers during the online interviews. The voice recordings allowed me to go back to the data collected and establish how they engage with self-care, what they think about drama therapy and whether they know of it or not. This enabled me to generate data collection for my research report.

Video Recording:

Video Recordings were done via a digital device to capture my rehearsals and solo performance. Within the video recordings I can go back and identify what behaviours, embodiment and process I went through when I engaged with the nine core principles.

Interviews:

Interviews were done online via Zoom, Teams, and WhatsApp with six healthcare workers working in a private hospital in Johannesburg. This allowed me to gather important information and collect data for my research. The data collected also enabled me to rehearse for my solo performance when engaging with the nine core principles and practices.

Ethical considerations

Ethical clearance was attained through by the University's Human Research Ethics Committee (Non-Medical), and the research process followed all ethical protocols. Consent forms and Participation information sheets were created and sent via email to those who participated in the interviews. Through the participant information sheet, participants were made aware of what their involvement entailed. It was clearly stated that their names will used during the interviews, but anonymity will be used within the research report using pseudonyms. In case the questions triggered any difficulties for the participants, safety measures are also put into place, by allowing for breathing space or moving on to the next question. Human participants were used in this research report when I engaged in interviews, and the ethical considerations for this are low risk the researcher conducted the interviews online and executed the practices and principles using myself as the performer and researcher. Thus, allowing the process to be low risk, enabling the therapeutic intentions, and testing of the method to be discovered, rather than practising therapy with participants.

Chapter 4:
Narrative discussion of process from interviews to solo performance

4.1 Introduction

This chapter provides a narrative description (Kaluza 2023:5) and gives insight to the reader of the process I had with the healthcare workers, the analysis that led to my solo performance and the analysis and engagement of the five chosen core principles (Jones, 1996). This narrative description also relates to the primary research questions and aims, which were to analyse how dramatic projection, play, embodiment, interactive audience and witnessing, and drama therapeutic empathy and distancing (Jones, 1996) could potentially enable healthcare workers to practice self-care and holistically express themselves. During the process of the interviews, various themes arose, which led me to my solo performance and being able to use the principles as a tool and method within the research. This also suggests that, for the most part, drama therapy is a helping tool and using the chosen principles can enable healthcare workers to engage in self-care.

Beginning the process with interviews:

In November 2023 I got into contact with six healthcare workers from a private hospital in Johannesburg. I will name these healthcare workers E, F, G, H, I and J, in line with my ethical responsibilities. I conducted the interviews over two days. Some could only be 30 minutes long, due to the time constraint that the healthcare workers face. Before I could conduct any interview, I had to first send out a Participatory information sheet and a consent form. This was to provide the healthcare workers with a bit more insight into what my research entails and for them to consent to all questions I asked. After a few days, I then started my interviews. The interview questions that I asked the participants related to my research topic and research questions. A few of the questions that were asked by me as the researcher were; “What do you do and where do you work?”, “Do you experience a lot of stress and/or trauma in your workspace?”, “How does it affect you holistically?”, “What does self-care mean to you?”, “Do you practice self-care?”, “Does the hospital space provide any self-care workshops, if so what are they and not do you want them to?”, “Do you know what drama therapy is?”, “Would you like to incorporate drama therapy into your workspace to learn more about self-care?” and “After explaining Phil Jones’ nine core principles and the five I am using which would you like to engage with the most?”, etc. From the answers to these questions, various themes of burnout, stress and lack of self-care arose.

When I asked Healthcare workers questions about what self-care means to them and what they do to practice self-care the following was shared: “Wow, I haven’t thought about myself in a long while” (Interviewee G, 26/10/2023). From this answer, she shared that she usually just continues and forgets about what she needs, because of the need to constantly take care of others within her workspace and home. Another answer from an interviewee was, “... I had to take a break from the healthcare sector to focus on myself” (Interviewee E, 25/10/2023). As these answers were given, I then incorporated what drama therapy is and if they would like to engage with something named the nine core principles. I explained that I had chosen five of the nine and further asked if they had the choice of what they would engage with and this is what they had to say: “I have been to a recovery centre for burnout before… and if I had the choice I would engage with puppetry and masking… it sounds like fun” (Interviewee G, 26/10/2023). From these interviews, I discovered various themes that arose within each interviewee. The themes were used within the rehearsal space.

My overall experience of the interviews was quite interesting. As I engaged with the six healthcare workers over two days, I started to reflect a lot on what was said and how it relates to my research questions. I located moments for myself on how the healthcare workers reacted when I asked certain questions and how much of the creative tool they wanted to invite in. It appeared to me that when we spoke about how they experienced the hospital space, they were willing to share but when it came to them having to think about themselves emotionally, it seemed to me they felt stuck. It also seemed to me that interviewees E, F and I were much more open to expressing their emotions, compared to E and G. Moreover, looking at my role within the space I would say that I played various roles. I played as a researcher, drama therapist in training, witness, observer, listener, and confidant. According to Verrastro (2016) engaging with various roles allows for people to feel safe, free of judgement and non-threatened. This allowed an open space for the six healthcare workers to share openly.

<u>Rehearsals using data collection from interviews & core principles as practices and methods.</u>

After collecting the data from my interviews, I took time for myself to go through the interviews again. The interviews were recorded for rehearsal and performance purposes, which allowed me to engage with the work more clearly. I took a few days and gathered common themes found. The common themes were *“Healthcare worker vs. Self”, “Burnout”, “Sacrifice”, “Freedom vs. Confinement”, “Passion”, “Dedications”, “Humankind”, “Self-awareness”, “Isolation”, “Needs to be met”, “Healthcare worker vs. healthcare worker”,* just

to name a few. I made use of these themes throughout my rehearsals and into my solo performance.

On another note, I found it interesting that I struggled at the beginning of rehearsals to find movement and a relationship between the interviews, solo performance and the five core principles. I then made use of Authentic Movement created by Whitehouse (1950). Authentic Movement is a therapeutic approach which is based on Carl Jung's "active imagination" of finding a connection between the conscious and the unconscious (2020). Usually, Authentic Movement includes an individual who moves and a witness. In this case, I did not make use of a witness, but much rather the improvisational self-directed impulse movement. This experience allows one to listen to the body and gives it a safe space to express what it wants to express. I had to create my own safe space within the space where I was rehearsing because this was a space where I had attended class and done exams. This then enabled me to start placing my own body within the role of a healthcare worker, because I started to identify how space affects one's mind, emotions, and spirit. As I started to play around with the role of the healthcare worker and how space could potentially affect them holistically and how they look at their self-care, I could use the core principles authentically as well.

As I started playing around with the roles and core principles authentically, I began to automatically think of my questions within my research. As I was rehearsing using my body and playing the role of the healthcare worker constantly using their body, I was able to go back to the theme of stagnation and pain. This led me to want to incorporate creating a body map which is also broken down into different pieces of paper (Hughes & da Silva, 2011). I started to notice the different emotions coming up, finding myself feeling different emotions of excitement, pain, exhaustion, passion and anger, emotions that were spoken about within the interviews. This allowed me to explore two of the interviewees – G and H – who said that emotions are felt every day but one is not always able to talk about it which made me explore dramatic projection and play, using therapeutic masks often used in psychodrama (Pires, Rojas, Sales & Vieira, 2021) and scarves to explore emotions and roles., and if emotions can be expressed or not and whether one can find a balance within these emotions. Along with these materials, I incorporated drawings, which allowed me to be able to portray the healthcare workers and bring them into the rehearsal space with me, so to speak.

My overall experience from the rehearsal process was quite challenging. In the beginning, I did not know where to start or whether I was doing the correct thing or not. I wanted to honour

each interview and each chosen principle I was engaging with during every rehearsal. What made it challenging was combining the two into my own body and using it as data for rehearsals. Challenging because I wanted to engage and work with the principles in workshops with the healthcare workers, so they could experience what drama therapy is and creatively express themselves. Although I had challenges with my rehearsals, I kept an open mind and incorporated as much of the work as I possibly could, which led me to the solo performance. Rehearsing allowed me to constantly go back to my research questions and aims, and to ask myself how I can adapt and apply them. I also challenged myself to work with the five core principles in a creative way as a researcher using the interviewee's answers which then led to 1 December 2023 when I did my solo performance.

Showcasing what I was exploring through a solo performance:

Having gone through a process of 11 rehearsals, from 16-30 November 2023, in which I incorporated the data collected from the interviews and combining them with my research questions, aims and dramatic projection, embodiment, play, interactive audience and witnessing, and drama therapeutic empathy and distancing, I finally concluded what my solo performance will be and how it will be shown. My solo performance was done on 1 December 2023, at the Wits Art Museum in Room 1501. At first, my initial idea was to perform within a hospital in front of the Healthcare Workers but ethically I was not able to, leading me to make use of the 1501 space. The reason I made use of a solo performance was to represent the interview process, what they have said about drama therapy and which core principles they would like to engage with. Landy, Hodermarska, Mowers & Perrin (2012) write about the importance of performance and the role it plays within drama therapy. The journal states that "… performance allows for the therapist to step into the shoes of a client and play the role as presented… the projection of oneself onto the other" (Landy, Hodermarska, Mowers & Perrin, 2012:52). Thus, by performing I could still find ways of answering my research questions and incorporate how the five principles can be used as a method and practice within the private hospital space.

My 27-minute solo performance was an abstract movement piece in which I portrayed the interviewees, the data that was shared, how they feel about self-care, how they would have engaged with drama therapy and which of the five given core principles they would have wanted to explore more of. During the performance, I made use of various materials such as charcoal, paper, scarves, paper plates, crayons, and the space's walls by sticking things to them. Each one of the materials and performance movements represented a core principle within the

research. The paper plates represented the therapeutic mask, a dramatic projection tool created by Bermúdes (1960), representing the emotions and interest in the core principles of interviewees F and J. The next was making use of play, which was done throughout the performance, but also done when working with the scarves. The scarves were the representation of interviewees E and I. Another was paper to create a body map. The body map is used within drama therapy as a narrative exercise to indicate what feelings, emotions, or physical pain a person is experiencing by marking it on a drawn-out body, on a piece of paper, indicating how they are affected and where (Malchiodi, 2023). It indicated the healthcare workers' emotions and physical pain they feel during and after being in the hospital space. I then portrayed it as an embodied action. It also indicated how much the healthcare workers make use of their bodies every day and where they feel pain. Interviewees F, G and J were interested in engaging with the exercise. The next materials used were charcoal and paper. These were used to make a drawing of each healthcare worker abstractly; it was framed in a box that was also drawn on the paper with charcoal. Each paper was done with a different part of my body, portraying me playing the roles of the healthcare workers but also representing them within the space. Another was that they are always embodied, always moving, they are embodied people.

Play (Jones, 1996) was a core principle used a lot within the performance itself, and dramatic projection (Jones, 1996). In one part of the performance, I played around with a hand puppet which indicated how interviewee E would have wanted to explore self-care. I had one song that I had playing on repeat, I did this with reason: according to Margulis (2013:10), playing music on repeat enables witnesses of performance to "look at a performance as a whole, and find parts that are progressing moment by moment". Also, the hospital space can be seen as a place that has the same rhythm, it's a space dedicated to helping people the whole time. In the performance I started in a curled-up ball and ended in a curled-up ball, the reason being that healthcare workers want to focus on themselves but do not always have the space or time for it, but during the interviews, they found a way to express what they wanted to, thus me moving around with big movement and emotions, which was also making use of the core principles embodiment (Jones, 1996). Abstractly using these core principles enabled the drama therapeutic empathy and distancing (Jones, 1996) to happen, enabling empathy through my movement and rehearsals, but allowing distance by only engaging in the roles. Lastly, I used interactive audience and witnessing (Jones, 1996) during the performance by having audience members witness the experience. When looking at both audience members during my solo performance and the healthcare workers during the interviews, I would say that the audience

members were not active but much rather just witnesses to the performance and data. Whereas the engagements with the healthcare workers online had more moments of engagement in which the healthcare workers and I were witnessing each other and interacting on the same level on the same topic of self-care and burnout.

My overall experience from the solo performance was that of learning. I had constant questions, answers and challenges while performing. Performing enabled me to step into the data from the healthcare workers, seeing how it is that they would have engaged with the core principles to practice self-care. As mentioned above, I do wish to have done it with them in workshops, but as a researcher, I adapted and did an abstract performance to analyse how drama therapy would work and fit into the healthcare space, especially a private hospital space in Johannesburg. It enabled me to notice the power that lies within the principles of practising self-care. Although I did a solo performance and only conducted interviews with healthcare workers, there was still a form of drama therapy that lay within the interviews and drama therapy is something the healthcare workers are interested in.

Narrative summary:

Drama therapy, performance and the chosen principles used can be recommended for healthcare workers and private hospitals in Johannesburg because they embrace and give power and ability for creative expression and acknowledgement of self-care within individuals and groups within the healthcare space. Inviting healthcare workers to creatively express themselves through drama therapy may break down the walls of burnout and work through the trauma that they face within the hospital spaces. The nine core principles (1996) and drama therapy are humanistic approaches which look at individuals holistically, potentially allowing for self-actualisation and acceptance of their daily lives (Shcrader, 2020). It opens a space for them to talk about mental health and learn how to work through it. Kremer (2017:42) writes that how a process of drama therapy and engaging with the core principles allows for a balanced life which "leads a person to experience his or her uniqueness together with the recognition that there are forces both within and without him/her that transcends personal and conscious understanding" (Kremer, 2017:42).

The next chapter will analyse how the process was used to get to the aims of the research. Furthermore, how the analysis of the five chosen core principles can enable healthcare workers to practice self-care and drama therapy fit into the private healthcare space.

Chapter 5: Analysis

From the beginning of the research, there were three specific research intentions set out. The three intentions are all related to analysing how effective my chosen methods can be. The first intention was to analyse how drama therapy can work in a private hospital space in Johannesburg, through conducting online interviews with healthcare workers. The other intention was to encourage healthcare workers to focus more on self-care. The third intention was to analyse whether using five out of nine core principles (1996) within a solo performance was able to allow healthcare workers to practice self-care in a creative expressive way. Specific data collected from interviews and moments from solo rehearsals and performances will be analysed to demonstrate the three intentions.

The analysis of how drama therapy can work, through conducting online interviews with healthcare workers:

Drama therapy is a form which allows human beings to grow holistically, by creating stories, playing with experiences, and rehearsing new behaviours allowing them to heal and implement it in their real life later (Bailey, 2022). During my interviews, I noticed how each healthcare worker was hesitant regarding drama therapy in the beginning because they did not know what drama therapy was. *"I do not know what drama therapy is, I would first have to engage with it before I can say if it might work or not"* (Interviewee I, 26/10/2023). Some were more hesitant than others. Within the interviews I conducted with healthcare workers and research that has been done in the past, I have noticed that drama therapy is something that could be implemented in healthcare spaces.

Drama therapy is something that people usually steer away from until they interact with it (Interviewee J, 26/10/2023). I am not saying that it is for everyone, but some people would like to engage with creativity to learn, practice self-care and express emotions; *"I have never done drama therapy before, but I would like to do it. The puppetry and working with the masks sound like fun"* (Interviewee I, 26/10/2023), whereas another healthcare worker stated, *"I am not familiar with this, and I do not think I would want to engage with it, but there is always space to try"* (Interviewee H, 25/10/2023). Therefore, this analysis, states that drama therapy is something that could be implemented and tried out within hospital spaces as much as possible because the willingness to try and implement is already a step towards some self-care for healthcare workers.

The intention to encourage healthcare workers to focus more on self-care:

During the interviews I had with the healthcare workers I felt that it was important to provide a safe and open space for them to engage with me. The reason I say this is because if I did not make them feel safe or listened to, they potentially would not have shared as much as they did and only provided basic answers. This research aimed to encourage healthcare workers to focus on themselves and practice self-care. When conducting the interviews I asked questions related to what the healthcare workers' needs are to focus on self-care. During the interview, each of the healthcare workers stated that they had either forgotten how to practice self-care, did not think about themselves or had experienced burnout and had to take a break from caring.

> *Sometimes I just want a break, I just wish I could step away and talk about my needs. But within this space, people do not want to talk about it. We are either too busy working and then we get burnt out or we completely forget to think about ourselves. I would like to engage in a workshop where I can think about myself and just have a space to talk about what happened today. I would like it to be creative* (Interviewee F 26/10/2023).

Participant F's answer just made me realise the need for and importance of self-care, and how easy it is to neglect oneself to care for others. In answer to one of my research questions as to why they tend to neglect self-care, the answers were that there is no safe space to talk, and it is a challenge to take time to breathe and just express and create. Additionally, healthcare workers constantly are on the move whether it is at work or home. All the healthcare workers that I interviewed had families, and what they told me was that when they are at work, they must take care of others, and when they are at home, they also take care of others. Leading them to not take space to care for themselves, leading them to neglect self-care. However, letting them engage in drama therapy, might allow them a short period to explore themselves interpersonally again, whether it is only 30 minutes or 3 hours, online or in person. It will be a time when they can reconnect with themselves and others in the same situation. That is what drama therapy may offer them, a space to breathe, a space to be listened to and understood. Drama therapy could allow them to become aware of self-care, and to raise awareness of creative expression among the healthcare workers in Johannesburg.

The analysis of using five core principles within a solo performance:

Reclam (2018:3) writes that "the stage and performance are instrumental to the instruction of mankind… and the stage is instrumental to the happiness of mankind". In the beginning processes before my solo performance, I had challenges of whether the data collected was able

to work, relate to my aims or answer my questions, because of not engaging in workshops. Furthermore, engaging with the performance allowed me to play the roles of the healthcare workers, identifying the different ways one can bring drama therapy and self-care to others within the healthcare space.

Jones (1996:109), explains that when a client engages in a creative impersonation, an embodied moment, or even a moment where dramatic projection of some sort, it allows them to express themselves and to "experience what is it to be another or play themselves being another". Engaging with the interviewees and using their answers and the chosen five core principles to create a solo performance enabled me to engage in the question of whether drama therapy itself and using the nine core principles could allow healthcare workers to practice self-care creatively and expressively or not.

What comes out of Embodiment:

Bailey (2022) explains that embodiment allows something abstract to become concrete through the body. Using the body and embodiment allows people to use all their senses, and experiences to become more real. Embodiment is one of the most prominent core principles that has been used within the solo performance. Landy (2012) states that an embodied process is a way of sharing information with others, supports the aesthetic model of drama therapy, explores the relationships between experiences and allows for a way of distancing. One of the healthcare workers (E) shared that healthcare workers are extremely embodied individuals, *"we are constantly making use of our body, running around, standing, doing, our bodies are our tools"* (interviewee E, 25/10/2023). Thus, incorporating the embodiment mostly within the performance was a way of using my body as a tool to explore and present the experiences of the interviewees. I engaged in physical activities such as jumps, running, turns and exhausting my body from start to finish. Even when sitting down, a part of me was always in motion, whether it was making a hand gesture, a finger tracing a pattern or my facial expressions changing. I frequently rolled on the floor and utilised my body as a tool in the space, as interviewee E described. This physical experience not only helped me embody the roles of healthcare workers and their experiences but also provided a cathartic release for my own personal emotions.

When analysing embodiment, I have concluded that this is a core principle that could be used within the healthcare space, because it can enable healthcare workers to practice self-actualization, which can allow them to reach their fullest potential and with that to also practice

more self-care. This means that using embodiment might allow them to creatively express themselves within their bodies (Jones, 1996). Engaging with embodiment provided the most information on how it might potentially feel to be a healthcare worker who is constantly using the body in a traumatic or trauma-held space. I have done this by allowing my body to step into the healthcare worker role. "Embodiment allows clients to 'experience' and 're-experience' to learn, practice new behaviours, or experiment with how to change old behaviours" (Bailey, 2022:5). Within the Bailey article she states that using the body is a way of expressing and a way of understanding. Healthcare worker A shared how she would like to be embodied and interact with the core principle, embodiment because she constantly feels stuck in her body despite using it every day. This is why embodiment is a fitted principle to use in practice and the data gathered could enable them to practice self-care.

Puppetry through Dramatic Projection:

Dramatic projection according to Bailey (2022) is closely related to embodiment, but in a much more metaphorical way. What this means is that it allows experiences and emotions to be portrayed with another object, may it be puppetry or masking. During my solo performance, during the movement, there was a part in which I used both hands as puppets. This portrayed healthcare worker E. She said that she does not feel comfortable directly sharing what she feels, as the interview continued and we spoke about the core principles I am using she stated that she would like to engage with puppetry, *"I have not played with a puppet by myself, the only time was when I worked with an occupational therapist"* (Interviewee G, 25/10/2023). The healthcare worker explained how she had taken a break from healthcare, due to her being burnt out. She then had to work with an occupational therapist and said that working with the puppet allowed her to feel better because she did not directly talk about her problems. As I tried to portray that moment that interviewee E shared with me when she engaged with the puppet, there was a moment where the puppet was leading, which was my one hand, and the other hand was over my mouth. This form portrays how using a different form of expression allowed for sharing and talking. Eventually, I took away my hand and started talking with the puppet, looking at it, and talking to everyone else.

According to Jones (2007), using dramatic projection is usually when an individual struggles to ask for help or finds it difficult to externalise emotions, behaviour, or feelings. Thus, incorporating dramatic projection (which was a challenge for me during rehearsal), enabled me to portray the process of how the healthcare worker found a way to use a core principle to generate self-care without her noticing it.

Interactive audience and witnessing during interviews and the performance:

Jones (2007) emphasizes how witnessing generates therapeutic possibilities and allows a person to observe the feelings and behaviours of either themselves or others in a meta-level. This core principle was used in a way to allowed the healthcare workers to witness what they have shared within the interviews. Doing a solo performance engaging with the data and sending back the performance via a video could enable the healthcare workers to witness their feelings, behaviours, themselves, and others practically and abstractly. According to Jones (2007) being a witness, such as the witness during the performance and the healthcare workers, and being witnessed, during the solo performance, allows for one to either generate an audience aspect of oneself towards your own experience, while also intensifying your engagement to yourself and your life events. This means that allowing the healthcare workers to witness their own experiences allowed them to find a way to engage with their lack of self-care, needs, and burnout experiences and find ways to want to creatively express themselves.

Drama therapeutic empathy and distancing as a performer and researcher:

Bailey writes that empathy and distancing allow for a drama therapist to "change the degree to which a role being played is like you symbolically or actually like you" (2022:6). The reason for using distancing as a principle within research and performance is because sometimes an experience or problem can be too hard to deal with directly. This is addressed by using distancing within a role or in a fictionalized way. It makes it easier to see it from another perspective and to represent the problem in a metaphor. This enables a form of empathy to develop as well.

Within the performance, I made use of this principle myself, by playing a role in a distanced manner to not get too attached to myself. Another reason as to why I made use of it is to generate empathy within the performance. When analysing the principles in the performance it made me notice that when using this principle for healthcare workers, it might enable them to distance themselves from burnout or neglect in self-care and project it in another way. It may allow them to generate empathy for themselves and others going through the same thing and understand the importance of practising self-care for themselves. This allows them to see the experience in a wider context, which could potentially allow them to creatively express and want to practice self-care.

Playing and emotions, how play is mis/understood:

During the rehearsals, and the solo performance I found myself constantly playing, playing with the scarves, the drawing materials, therapeutic masks, and body map drawings. Play is one of the most used core principles in drama therapy which holds a lot of therapeutic value. According to Pietrangelo (2019), play allows one to process emotions and articulate problems without feeling the seriousness of it. Play is also one of the principles which generates the most self-care. Thus, during the interviews and within the solo performance I wanted to make use of play the most. When mentioning play while conducting the interviews there was a moment of silence from each healthcare worker, the reason being that play is something that is usually related to being a child or child-like. The more the play was explained in a drama-therapeutic way, the more open each became towards it.

When engaging in play, it is usually the most difficult to encourage it with adults or people who experience high levels of stress or trauma (Pietrangelo, 2019). Therefore, by using play within the performance or a playful tone I discovered that I found healing within myself, which could also be healing towards the healthcare worker. This was done by skipping, being playful with the scarves, or even just engaging with the drawings. Using play for a healthcare worker could enable laughter and expression of some sort that can allow them to achieve self-actualization and practice self-care. When analysing it as a principle in practice and as a method, I discovered that it may be one of the most popular principles to generate self-care within healthcare workers as individuals and as a group.

Analysis and discovery of solo performance:

In my title, I have written “catch and release” as my first words, and these words were the first words I also thought of when starting my research process and have still been prominent throughout the whole research process. During the research process, my only goal in the beginning was to gain as much information about healthcare workers and self-care as possible, I wanted to constantly ‘catch’ the information but never knew how I would portray it to show the importance of self-care within healthcare workers. As the process then continued, I decided it was best to make use of practices such as performance and the five core principles on my own body to make myself understand how it may be possible for healthcare workers to focus more on themselves and their self-care, a way to release the information I have caught. If I did not use the performance, practically engaging in the principles I do not know whether I would have been able to fully understand how the healthcare workers felt or how my own body felt

when engaging with them. Thus, I gathered my data from the interviews and explored within my solo performance to shift my mind into the discovery of self-care and the use of five core principles.

In the beginning, I found it difficult to make use of the principles on myself. I could not understand how I would be able to understand it from a healthcare worker's perspective. So, I played around with the principles and the different roles and themes I had discovered within the interviews and data I had been collecting. As I was playing around, I noticed how I started to engage with them. The core principles, play, embodiment, dramatic projection, dramatherapeutic empathy and distancing and interactive audience and witnessing (Jones, 1996) gave me a form of therapy without me noticing it. The form of therapy I am mentioning is the creative expression of enabling self-care for myself. I noticed how my body started to play around and move when I got anxious or distressed. I noticed how dramatherapiuetic empathy and distancing (Jones, 1996) gave me a form of empathy for the healthcare workers when I stepped into their roles during and after performance, and a sense of distancing my own emotions and theirs, from the data, so that I could focus on what I needed to. Engaging within the principles, also allowed me to step into a humanistic approach of Roger (2023), where I started to become more empathetic towards the healthcare workers. Using a humanistic approach can allow healthcare workers to reach self-actualization, by which self-care can take place. Moreover, allowing me to start to get to know my own body much more and what my feelings were during and after my performance. Through the explorative analysis of the principles, I started to notice how they provide a form of self-care without noticing it. Allowing one to be present and find the sense of release metaphorically.

As I have noticed these changes engaging with the principles myself and looking back at the performance, it was important to understand how my own body felt and if my body felt a certain way, whether the healthcare workers also felt that way. When I had a debrief with myself, I wanted to understand what my body felt after the performance. I made use of a lot of movement, such as jumps, rolls on the floor, drawing with my body and using emotions. I noticed that my body was tired and sore, and as I further questioned it. I got to the answer that my body was trying to release the data that was held up within me by the healthcare workers. I discovered that I wanted the charcoal from the drawings to be on my feet, arms and face almost like body paint or a costume, because I had to take on the roles of the healthcare workers. To understand them, to know how if they were in the positions of engaging with drama therapy, how

they would creatively express themselves and understand self-care. I noticed my body was tired, it was tired because I ran around the space. Without me noticing I was trying to overwork my body, to make myself tired and see how I would want to care for my body after being so busy. This, therefore, allowed for shifts and changes within my body. Sajewska and Sosnowska (2018) states that when using the body in practice or during a performance it becomes "metonymic of self, of character, of presence". They further explain that the body is a product of fiction and knowledge of truth for oneself and for others. When looking back and analysing my body within the performance. I noticed that was moving around, playing, portraying different roles of the healthcare workers and the data they provided. The more I played and moved, the more I stepped into each character, it felt that I played each emotion, each feeling and interaction as best as I could. Moreover, as I finished, I then noticed my body then and how tired it was, how it felt that my body had been oppressed by work, when it only performed for 27 minutes.

During the performance I built a body map which indicated each physical or emotional situation or pain that each healthcare worker is and have been experiencing while working in the hospital. Looking back at the body map my initial idea was to indicate each piece of paper to each healthcare worker experiencing a particular thing on a particular part of the body, but after the performance looking back at the body map as a whole, I created I noticed that the whole-body map was an indication of what the healthcare workers actually all experience at the same time every day. Three specific examples to look back to are the head which presented how all healthcare workers are constantly in a state of being overwhelmed, never being able to take a break or having a break to stop and think back to what their own needs are, making them tired, anxious, and neglecting their own mental health. The second example was the neck and shoulders, here I noticed only after my performance that they all said that they feel like they are carrying a lot of weight on their shoulders, having to take responsibility everywhere daily, and just needing a time to take break. The third most prominent example where their feet, in which they said that they are always running around, having to be everywhere all the time. Furthermore, from these prominent examples within the body map it made me realise that self-care is something that they think of last, they are always so busy thinking of what to do next and neglecting their own needs.

Another part of the performance was the use of puppetry. In an article from Bernier and O'Hare (2005), it is written that puppetry is used as a therapeutic tool to provide comfort, trust, and

build self-esteem, because of the metaphorical way of letting out fears, emotions, and experiences. During the performance, I made use of puppetry as a form of dramatic projection (Jones, 1996). This was done with my hands where I played around with a puppet and my own body. What I did was to allow the puppet to bring emotions out of me metaphorically and abstractly. Portraying how a healthcare worker (F), said she wanted to engage with a puppet to explore herself more but was shy to use a puppet and play with it. Using a puppet within the performance made me think of only myself and my hand. which provided me a space to be 'silly', bursting with emotions on my face and body. Thus, when allowing a healthcare worker to use a puppet can allow for the expressions of experiences to be spoken about in a free and safe space. Using the puppet and not themselves to speak directly to others allows to play and project it onto another object which could allow the process of self-care to develop. Using another object can allow healthcare workers to distance themselves from the real world and empathise much more, which can potentially provide a form of self-care.

When looking back at the research, and the various challenges I faced such as not being able to engage with healthcare workers in workshops or not being able to work with them face to face but rather in an interview almost made me step back and not do practice-based research. Moreover, when I then went deeper into my research by turning it around and making use of the data still in a practice-based why allowed me as the researcher to discover and explore much more of my research, healthcare, and self-care than I would have if I had not done it as practice-based. According to Gauntlett (2021), using a practice-based approach allows the researcher to play various roles, to be a creator, a researcher, and a therapist and engage much deeper with the research. In drama therapy, we make use of the body, and to move around the space and play (Kremer, 2017). It allowed me as the researcher to give a unique insight into what self-care means and its importance; to feel the tiredness of the healthcare workers making use of their bodies every day and to critically think about how much the body holds and what core principle enabled me as a researcher to express the most.

Summary of analysis:

This chapter has articulated the importance and need for self-care for healthcare workers within private hospitals in Johannesburg. This has been done by analysing drama therapy's core principles, dramatic projection, play, embodiment, interactive audience and witnessing, and drama therapeutic empathy and distancing within a solo performance and data collected from the interviews. This chapter also articulated the importance of using the principles for self-care

and how the analysis of my solo performance and the changes that my own body had gone through during the process. It also indicated the importance of these principles and how they did not only allow for discovery of the importance of self-care for the healthcare workers but also on my own body. This chapter has shown the need these healthcare workers have for more embodied mental health workshops and the interest in drama therapy within these spaces. As Fors (2021) states drama therapy creates more opportunities for the self, exploring emotions and needs in various ways. This chapter has also analysed the challenges that arose and the application of the core principles with healthcare workers.

Chapter 6: Conclusion and Recommendations

Summary of findings

Within the aforementioned chapters, an analysis has been made to prove that five of the nine core principles which were play, dramatic projection, embodiment, interactive audience and witnessing, and drama therapeutic empathy and distancing (Jones, 1996), have the potential for healthcare workers within private hospitals in Johannesburg to practice self-care and overcome burnout. As healthcare workers tend to usually not focus as much on themselves as on other people, this research has focused on how drama therapy can be implemented within private hospitals, for healthcare workers to practice self-care. By engaging with performance from data collected from interviews with healthcare workers in those private hospital spaces.

Chapter 1 spoke back to where the study initially started, the how, where and when. It provides a brief clarification on the history of why I chose to study healthcare workers in private hospitals in Johannesburg, and why it was important to look at self-care for these healthcare workers. In this chapter, I spoke about my grandmothers and the difference I noticed between two private hospitals, located in Johannesburg. Additionally providing a brief background to private hospitals in Johannesburg, how the system works and how healthcare workers work in a trauma-held space. Lastly mentioning the unsettling feelings, I felt, and what change I could bring to spaces that constantly engage with traumatic situations every day. Furthermore, chapter one also spoke back to my rationale, research questions, aims, objectives and the theoretical framework which enabled my research study to form a body.

Chapter 2 was my literature review, unpacking the most important points to create my research. This consisted of defining what drama therapy is, how it is being used within various spaces, and what its key tools are for clients in promoting positive holistic change. After defining what drama therapy was, it was followed by impacting how drama therapy is used for self-care. identifying, through various studies and articles, how drama therapy has in the past and present allowed individuals and groups to practice self-care creatively and expressively. I further explained how it might be a positive outcome for healthcare workers to engage with, especially being in a trauma-held space where they could not always practice self-care. Another point was to define Phil Jones and the nine core principles. I explained that there are nine core principles, and I only made use of five of them, because it might be the most fitting. Further exploring how Phil Jones's core principles may allow individuals and groups to find aspects of themselves, self-reflect and practice self-care. I then unpacked South African private hospitals

and healthcare workers. In this part, I reviewed the private hospitals in South Africa and the issues within the spaces regarding healthcare workers and what the cause of them being underpaid and burnt out and what the causes are for them not being able to practice self-care. Lastly in the literature review, I looked at self-care itself. What its definition is and the importance of a healthcare worker practising self-care, especially in a clinical setting. Also looking back at the various factors self-care offers and how drama therapy might offer more self-care skills.

Chapter 3 looked at my methodology and methods. In this chapter, I explained what PaR is, and what it means. I further explained how I gathered my data and the methods I used to collect the data, which was done through interviews, my five core principles and the solo performance after my interviews. It also looked at my ethical considerations and the various research instruments that were used within the research study.

Chapter 4 spoke back to the interviews that I had with the healthcare workers and the various challenges that they face within the private hospital in Johannesburg. Although it was a challenge just to have interviews with them and not be able to do workshops, I still believe that I gained enough information, to generate guidance and themes that I can trace back to my research topic and questions. These themes were also helpful for me to incorporate dramatic projection, play, embodiment, drama therapeutic empathy and distancing, and interactive audience and witnessing. It allowed me to play around during rehearsals and the solo performance, which enabled me to explore the need for space, and creative expression that drama therapy and the core principles hold. It allowed me to step into the various roles of healthcare workers and empathise with their emotions in a distanced way. It encouraged me to want to do further workshops with them using these core principles to see how they might react to them when they embody them in their own way. This chapter did indeed allow for a rediscovering of the power of performance and drama therapy, because of the shifts that took place from the interviews right through to the solo performance.

Chapter 5 looked at the nature of the relationship between the interviews, rehearsals, solo performance, drama therapy and the five core principles. It enabled which of the chosen core principles stood out much more and provided a better understanding of the interviews that I had with the healthcare workers. The chapter explains the symbolism and experimentation that took place and how it allowed me to relate and make sense of their life experiences. Moreover, it explained how it embodied the data collected and the themes of each healthcare worker

separately and as a group. This explores how drama therapy itself and the core principles used in a performative way as a method, are helpful for representation and bringing consciousness to the experiences.

Recommendations

The various issues of neglect of self-care, burnout, and lack of time that healthcare workers are facing, make it difficult to completely be present in their working environment. The issue of minimal time for participation in attempting to do research workshops in hospitals led to the difficulty of testing whether the methods and core principles of drama therapy are fully successful or not. However, doing an analysis and having interviews allowed me to find ways that it could work. By working from answers given in interviews, doing a solo performance and incorporating the methods of the core principles, it is still important that the healthcare workers themselves engage with methods of self-care personally. Furthermore, problems were identified which led to the conclusion that drama therapy is something that might be used in the space. This allows healthcare workers to identify problems within themselves and the workspace. Constantly not being able to pay attention to the problems may allow for bigger and deeper neglect of the self and burnout. These are some challenges that emerge when working with the methods from only the researcher's point of view and not being able to have the healthcare workers also engage with it. Because of this, I would recommend that deeper research can be done, by working with the methods and healthcare workers in person and merging the methods into workshops.

Within this research, drama therapy and the use of the five out of nine core principles, has proven to be a helpful method, which offers space for creative exploration and expression which can raise awareness for healthcare workers to practice self-care and overcome burnout. It is a special holder of methods in a distanced and empathetic way, thus believing that through the analysis it is an important mode for healthcare workers to practice self-care within private hospitals in Johannesburg.

Overall Conclusion

Within this research, I investigated how drama therapy and five of the nine core principles (1996) were able to fit into a private hospital space and allow healthcare workers to practice self-care in Johannesburg. This research looked at the core principles, play, dramatic projection, embodiment, interactive audience and witnessing, and drama therapeutic empathy and distancing, as a practice and method to approach how healthcare workers can practice self-care

potentially finding ways not to experience burnout within private hospitals in Johannesburg. It looked at ways of using the analysis of six healthcare workers' answers from interviews within a solo performance done by myself using these five core principles. The goal was to identify the gap for drama therapy within the private South African clinical space and initiate its importance within the healthcare system for healthcare workers. I have also gained new knowledge in the different ways that drama therapy's nine core principles and practices can facilitate holistic creative expression and self-care for healthcare workers. This research report suggested ways to explore how these principles can be taken further and used in all sectors run by Drama Therapists. I can safely say that by engaging with the five core principles and practices and interviewing the healthcare workers, the idea of consistent self-care practice with healthcare workers and drama therapy is something that may be implemented.

Reference list

Aikman, N. (2019) 'The crisis within the South African Healthcare System: A multifactorial disorder', *South African Journal of Bioethics and Law*, 12(2), pp. 52–56. doi:10.7196/sajbl.2019.v12i2.694.

Bailey, S. (2022) *Creative arts therapy careers: Succeeding as a creative professional*. New York: Routledge, Taylor & Francis Group.

'BENEFITS OF PLAY THERAPY' (2021) *Easycare Health Clinic,* 22 April. Available at: https://www.easycare.health/benefits-of-play-therapy/.

Benjamin, N. (2022) 'In a society that does not value the work of caring.', *Labour Research Service,* pp. 2–9.

Bernier, M. and O'Hare, J. (2005a) 'Puppetry in education and therapy: Unlockingdoors to the mind and heart.', *Introduction to puppetry in therapy*, pp. 109–114. doi:10.5040/9781350012936.ch-004.

Bhebhe, S. (2014) *An appreciative inquiry approach to forum theatre on addressing ethnic prejudice for the Hillbrow Community Theatre Group*. dissertation.

Bisnauth, M.A., Davies, N., Monareng, S., Struthers, H., Mcintyre, J.A., and Rees, K. (2022) 'Exploring healthcare workers' experiences of managing patients returning to HIV care in Johannesburg, South Africa', *Global Health Action*, 15(1). doi:10.1080/16549716.2021.2012019.

Cassidy, S., Turnbull, S. and Gumley, A. (2014) 'Exploring core processes facilitating therapeutic change in dramatherapy: A grounded theory analysis of published case studies', *The Arts in Psychotherapy*, 41(4), pp. 353–365. doi: 10.1016/j.aip.2014.07.003.

Cleary, K. (2020) *SA is facing a healthcare worker crisis – what to do?*, *Spotlight*. Available at: https://www.spotlightnsp.co.za/2020/09/25/sa-is-facing-a-healthcare-worker-crisis-what-to-do/ (Accessed: 30 May 2023).

Debi Fischer, M. (2021) *The Nurse's role in cancer treatment decisions for elderly patients*, *Oncology Nursing News*. Available at: https://www.oncnursingnews.com/view/the-nurses-role-in-cancer-treatment-decisions-for-elderly-patients (Accessed: 10 February 2024).

de Villiers, K. (2021) 'Bridging the health inequality gap: An examination of South Africa's social innovation in Health Landscape', *Infectious Diseases of Poverty*, 10(1). doi:10.1186/s40249-021-00804-9.

Durham, S. (2022) *How self-care impacts your health*, *SACAP*. Available at: https://www.sacap.edu.za/blog/applied-psychology/self-care/ (Accessed: 27 May 2023).

Dzolganovski, M. (2011) *Drama Therapy and Therapy: Development of a hope-based pr elopement of a hope-based program for hospital implementation,* 9(1). doi:10.1186/s13287-018-1006-y.

Emunah, R. 1994. Acting For Real: Drama Therapy Process, Technique, and Performance. New York and London: Routledge.

Fontana, D. and Valente, L. (1993) 'Drama therapy and the theory of psychological reversals', *The Arts in Psychotherapy*, 20(2), pp. 133–142. doi:10.1016/0197-4556(93)90002-j.

Gauntlett, D. (2021) *What is practice-based research? - Creativity, digital media, tools for thinking*. Available at: https://davidgauntlett.com/research-practice/what-is-practice-based-research/ (Accessed: 6 August 2023).

Grainger, R. 1990. Drama and Healing: The Roots of Drama Therapy. UK: Athenaeum Press.

Greenway, J. and Snow, S. (2021) *Using play scripts for Therapeutic Theatre Interventions a theoretical analysis*. dissertation. Concordia University.

Gibson, D. (2004) 'The gaps in the gaze in South African hospitals', *Social Science & Medicine*, 59(10), pp. 2013–2024. doi:10.1016/s0277-9536(04)00108-x.

Higgins, T. (2016) *Focusing on the self: Humanism and self-actualization*. Available at: https://www.opentextbooks.org.hk/ditatopic/27364 (Accessed: 19 June 2023).

Health eCareers (2022) *Top 10 challenges facing healthcare workers*, *healthecareers.com*. Available at: https://www.healthecareers.com/career-resources/on-the-job/top-10-challenges-facing-healthcare-workers (Accessed: 21 June 2023).

Hughes, E.G. and da Silva, A.M. (2011) 'A pilot study assessing art therapy as a mental health intervention for subfertile women', *Human Reproduction,* 26(3), pp. 611–615. doi:10.1093/humrep/deq385.

Jacobson, S. (2015) *Nine Core Processes, staci jacobson*. Available at: https://stacijacobson.wordpress.com/2015/10/30/nine-core-processes/ (Accessed: 13 July 2023).

Johnson, D.R. and Emunah, R. (2009) *Current approaches in drama therapy*. Springfield, IL: Charles C Thomas, Publisher, Ltd.

Jones, P. (1996) *Drama as therapy: Theory, practice, and Research*. New York, USA: Routledge.

Jones, P. (2007) 'Drama as therapy volume 1', *ResearchGate* [Preprint]. doi:10.4324/9780203932902.

Jones, P. (2015) *Drama For Life Invited Keynote: Trauma and Dramatherapy: play, space, language and relationships, Drama for Life*. Available at: https://discovery.ucl.ac.uk/id/eprint/10021245/1/Jones_South_Africa_Theatre_Journal_Drama_For_Life_Keynote_Trauma_and_Dramatherapy_play_space_language_and_relationships.pdf (Accessed: 13 February 2024).

Jones, P. (2021) *The arts therapies: A revolution in healthcare*. Abingdon, Oxon: Routledge, Taylor & Francis Group.

Kaluza, J. (2023) *Narrative analysis in qualitative research: Examples, methods & types, Narrative Analysis in Qualitative Research: Examples, Methods & Types*. Available at: https://dovetail.com/research/narrative-analysis/#:~:text=Narrative%20analysis%20is%20a%20type,how%20the%20individuals%20experienced%20something. (Accessed: 7 August 2023).

Kelmenson, J. (2020) *The importance of self-care for healthcare providers in times of crisis*, *Cipherhealth*. Available at: https://cipherhealth.com/blog/the-importance-of-self-care-for-healthcare-providers-in-times-of-crisis/#:~:text=Paying%20attention%20to%20your%20own,and%20enjoy%20the%20good%20ones. (Accessed: 18 May 2023).

Koukourikos, K., Tsaloglidou, A., Tzeha, L., Iliadis, C., Frantzana, A., Katsimbeli, A. & Kourkouta, L. (2021) 'An overview of play therapy', *Materia Socio Medica*, 33(4), pp. 293–297. doi:10.5455/msm.2021.33.293-297.

Kremer, L.M. (2017) *Utilising drama therapeutic techniques to externalise and explore shame attached to body dissatisfaction with a group of women.* dissertation.

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

Landy, R. *et al.* (2012) 'Performance as art-based research in Drama therapy supervision', *Journal of Applied Arts & Health*, 3(1), pp. 49–58. doi:10.1386/jaah.3.1.49_1.

Listiakova, I. L. (2015) Analysis of three apporaches in drama therapy. *Journal of Exceptional People,* 1(6), p. 30.

Madeson, M. (2021). *PositivePsychology.com.* [Online]
Available at: https://positivepsychology.com/embodiment-philosophy-practices/#examples (Accessed: 25 June 2023).

Malchiodi, C. (2023) *Restorative embodiment and the art of body mapping, Psychology Today*. Available at: https://www.psychologytoday.com/za/blog/arts-and-health/202301/restorative-embodiment-and-the-art-of-body-mapping#:~:text=Is%20Body%20Mapping%3F-,Body%20mapping%20is%20a%20form%20of%20expressive%20arts%20therapy%20that,HIV%2FAIDS%20and%20organ%20transplantation. (Accessed: 12 March 2024).

Margulis, E.H. (2014) 'The puzzle of musical repetition', *On Repeat*, pp. 1–25. doi:10.1093/acprof:oso/9780199990825.003.0001.

Marschall, A. (2021) *What to know about strengths-based therapy, Verywell Mind*. Available at: https://www.verywellmind.com/strengths-based-therapy-definition-and-techniques-5211679 (Accessed: 8 August 2023).

Matsebula, T. (2007) 'Private Hospitals', *Council for Medical Schemes*, pp. 159–173.

Maynard, K. (2018) *Dramatherapy: History, applications, and outcome measures*, *ACAMH*. Available at: https://www.acamh.org/blog/dramatherapy-history-applications-outcome-measures/#:~:text=The%20first%20use%20of%20Dramatherapy,to%20the%20British%20Medical%20Association. (Accessed: 19 May 2023).

Mayson, J. (2020) *The shape of Drama Therapy in South Africa: Trends in research and practice* [Preprint]. doi:10.1111/j.1467-6346.2010.03393.

Mayson, J. (2022) *So, what is drama therapy?*, *Salisbury House*. Available at: https://www.salisburyhouse.co.za/post/so-what-is-drama-therapy (Accessed: 27 May 2023).

Mcleod, S. (2023) *Humanistic Approach in Psychology (humanism): Definition & examples, Simply Psychology*. Available at: https://www.simplypsychology.org/humanistic.html#:~:text=The%20humanistic%20approach%20emphasizes%20the,overcome%20hardship%2C%20pain%20and%20despair. (Accessed: 13 July 2023).

Menscher, C. and Maul, A. (2016) *Key ingredients for successful trauma-informed care implementation - samhsa, Key Ingredients for Successful Trauma-Informed Care Implementation*. Available at: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf (Accessed: 9 August 2023).

Michaeli, D. (2011) *Drama therapy – healing through role-playing/storytelling*, *SocialWork.Career*. Available at: https://www.socialwork.career/2011/05/drama-therapy-healing-through-role-playingstorytelling.html (Accessed: 21 June 2023).

Moore, T. (2016) *Care of the soul: A guide for cultivating depth and sacredness in everyday life*. New York, NY: Harper Perennial.

Mori, C. (2022) '(Dis)embodiment in Psychology and Psychotherapy: A Critical Historical Analysis and Clinical Implications', *Graduate Student Journal of Psychology (GSJP)*, 18, pp. 1–19.

Mqwathi, V.Z. (2018) *The application of African mourning rituals within the drama therapy space in order to support responses to loss, The application of African mourning rituals within the Drama therapy space in order to support responses to loss*. dissertation. Available at: https://hdl.handle.net/10539/32860 (Accessed: 21 June 2023).

Mtathi, S. (2022) *The right to dignified healthcare work is a ..., OXFAM*. Available at: https://www.oxfam.org.za/wp-content/uploads/2020/08/oxfam_care4carers-report_final_20200720.pdf (Accessed: 10 March 2024).

North American Drama Therapy Association (2021) *Home*, *HOME*. Available at: https://www.nadta.org/#:~:text=What%20is%20Drama%20Therapy%3F,express%20feelings%2C%20or%20achieve%20catharsis. (Accessed: 25 May 2023).

Nyatela, A. *et al.* (2022) 'Self-care can be an alternative to expand access to Universal Health Care: What policymakers, governments and implementers can consider for South Africa', *Frontiers in Reproductive Health*, 4. doi:10.3389/frph.2022.1073246.

Orkibi, H. *et al.* (2023) 'Effectiveness of drama-based therapies on Mental Health Outcomes: A systematic review and meta-analysis of controlled studies.', *Psychology of Aesthetics, Creativity, and the Arts*, pp. 1–13. doi:10.1037/aca0000582.

Park, J. (2019) 'Witnessing in Drama Therapy: A theoretical study', *A Research Paper in The Department of Creative Arts Therapies*, 1, pp. 1–33. doi:10.1386/dtr.4.2.199_1.

Pietrangelo, A. (2019) *Play therapy: What is it, how it works, and Techniques, Healthline*. Available at: https://www.healthline.com/health/play-therapy (Accessed: 5 February 2024).

Pilgrim, K. (2021) 'My Voice is in My Sword: Stage Combat as a Tool in Drama Therapy', *Graduate School of Arts and Social Sciences (GSASS)* [Preprint]. doi:10.3726/978-3-0351-0869-9/33.

Pires, N. *et al.* (2021) ‘Therapeutic mask: An intervention tool for psychodrama with adolescents’, *Frontiers in Psychology*, 11. doi:10.3389/fpsyg.2020.588877.

Qhobela, L.P. (2015) *Dramatherapy and the South African Context: an autoethnographic/self-reflexive investigation on how the perception of race impacts on the professional role of the developing (newly becoming) dramatherapist.* thesis. University of Witwatersrand.

Rudel, R. (2020) *Purposeful Play: A Literature Review of Play Therapy and Projective Techniques of Drama Therapy Projective Techniques of Drama Therapy*. dissertation. Graduate School of Arts and Social Sciences (GSASS).

Rudlin, K. (2023) *Drama therapy may be a creative option for you*, *Verywell Mind*. Available at: https://www.verywellmind.com/what-is-drama-therapy-2610360 (Accessed: 9 March 2024).

Sajewska, D. and Sosnowska, D. (2018) *Body as medium. between theory and technology of theatre*, *The Theatre Times*. Available at: https://thetheatretimes.com/body-as-medium-between-theory-and-technology-of-theatre/ (Accessed: 1 March 2024).

Sayre, D. (2020) ‘Theoretical Foundations of Drama Therapy: Thinking Outside the Binary’, *Drama Therapy Austin*, 18 December. Available at: https://www.dramatherapyaustin.com/foundations-drama-therapy/.

Selva, J. (2017) *What is self-actualization? meaning, theory + examples*, *PositivePsychology.com*. Available at: https://positivepsychology.com/self-actualization/#what-self-actualization (Accessed: 9 March 2024).

Shannon, H. (2020) *The power of authentic movement*, *Medium*. Available at: https://medium.com/@designsense/the-power-of-authentic-movement-c741bae20cf4 (Accessed: 5 February 2024).

Shcrader, J. (2020) *The power of drama therapy*, *Psychology Today*. Available at: https://www.psychologytoday.com/za/blog/mind-matters-menninger/202007/the-power-drama-therapy (Accessed: 22 May 2023).

The University of the Witwatersrand, J. (2020) *Staff members, University of the Witwatersrand*. Available at: https://www.wits.ac.za/campushealth/staff-members/ (Accessed: 11 March 2024).

Yeh, K. (2023) *Avoid burnout by challenging the four barriers to self-care, Parent Self Care*. Available at: https://parentselfcare.com/blog/avoid-burnout-by-challenging-the-four-barriers-to-self-care (Accessed: 10 August 2023).