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How Can Drama Therapy Support the Military Spouse During A Deployment Cycle: A

Literature Review

Lesley University

5 May 2019

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Drama Therapy

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Abstract

Between September 11th 2001 and 2013, over 2.5 million individuals in the American military have embarked on deployments to combat zones, with a recorded 55 percent of the active service members leaving behind significant others for anywhere between 4 to 24 months at a time (Kees, Nerenberg, Bachrach, & Sommer, 2015). There is very little empirical research focusing on the effect deployment has on spouses; but research thus far demonstrates that deployment has a significant impact on the mental health of spouses (Werner-Wilson et al., 2011). Studies in this review highlight general needs and the specific strains of depression, anxiety and isolation that often occurs for military spouses during deployment (Mansfield et al., 2010; Verdeli, Baily, Vousoura, & Belser, 2011). Relevant drama therapy publications are reviewed on group work with depression, anxiety and isolation resulting in positive “changes in mood and relationships” in older people with dementia, to include an observed increased willingness to interact and an overall brightening (Jennings, 2018, p. 224). This literature review investigates possibilities for using drama therapy to support spouses within the American military community during deployments, and points to future recommendations and research.

Keywords: military, armed forces, military installation base, military spouse, drama therapy, deployment, duty station/post/base, civilian, dramatic reality

How Can Drama Therapy Support the Military Spouse During A Deployment Cycle: A Literature Review

Introduction

In interviews, military spouses were noted to aspire to take overwhelming challenges and find ways to allow difficulties to make them stronger (Eubanks 2013). Spouses frequently refrain from showing their vulnerability, fear or any need for help due to feeling compelled to be independently strong, for either the sake of their children, their spouse, the military or their country (Aducci, Baptist, George, Barros, & Nelson Goff, 2011). Military spouses are an underserved population who statistically have additional barriers between themselves and therapy (Lewy, Oliver, & McFarland, 2014). This capstone focuses on how these spouses may be served by drama therapy, an approach that historically aims to serve to meet psychological, emotional and social change needs for everyone, especially those without a voice (Medical News Today, 2016). Drama therapy groups create a reflective place where people can bring their focus to hidden elements of themselves, challenging and sometimes painful experiences, that clients would usually avoid in daily life (Cassidy, Gumley, & Turnbull, 2017).

The literature review option was chosen for this capstone thesis for several reasons. The primary reason for selecting this option is due to the clear lack of current research and/or application of drama therapy with military spouses. The second reason for choosing this option is due to this writer's deep motivation to conduct research and group therapy work utilizing drama therapy with military spouses during a deployment cycle in the future. This writer has personal ties relating to these two areas, identifying as a military spouse as well as working toward a future as a drama therapist. The personal connections lead to a challenge of finding a helpful application of this writer's skills to fill the gap currently existing between drama therapy and the mental health services provided to the military spouse during a deployment.

Methods

The literature review was completed by reviewing research that supports the concept of using drama therapy with military spouses during deployment cycles. This involved finding studies that demonstrate the need for support during deployment, defining what the needs are of military spouses, and depicting how drama therapy benefits populations that exhibit similar hardships and symptomology. Careful consideration was taken during the selection and ruling out of literature to be used within the thesis, with specific intent of focusing on the most helpful foundation to precede future research and practice for serving this population.

Searches for research, articles, case studies and any literature regarding the thesis topic was primarily conducted over the time period of October 2017 through April 2019. The key word searches included at least three synonyms for each word. Some specific words used were: military, armed forces, service member/military spouse, army wife, active duty member husband, same sex military couples/spouse(s)/partner(s), military families/ deployment/mental health, support, needs/drama therapy, dramatherapy, therapy, creative arts, treatment, therapy group(s), mental health provider. The majority of these searches were conducted on EBSCO Host.

This writer has maintained a record of the process in a journal for personal reflexivity. Specific attention was given to personal connection to the thesis topic due to identifying as a military spouse as well as a drama therapist in training. A file compiling references and notes was also kept, including any useful literature, studies and organizations to be utilized for future reference during research or work with this population.

Literature Review

The Military Spouse

Overview. There are over 700,000 military spouses in the United States armed forces communities (Veterans United, 2013). The frequently utilized support organization for military

spouses, Military OneSource (2019) depicts the military spouse as a significant other, belonging to, “a strong, proud military community that counts more than five million warriors, family members and caregivers around the world”. For the purposes of this paper, a military spouse is defined as a person in a romantic relationship with someone enlisted in any military service branch; this includes unmarried and married significant others. It should be noted that much of the literature and research primarily focuses on married significant others. This writer chose to expand the definition of military spouse beyond the norm of married female and often heterosexual spouse for several reasons; this writer recognizes the importance to set a precedence for inclusion for all people who are in committed relationships with service members and thus experience the hardships of any other military significant other, regardless of marital status, sexual orientation and gender. The inclusion and representation of the military spouses who are marginalized within this underserved population deserve to be included in future studies, samples and the resulting treatment plan recommendations. While websites such as Veterans Affairs (2017), Military One Source (2017), and Military Spouses (Jacobs, 2014) include considerations for supports, benefits and community information for male spouses and same sex military partners, the need for inclusion in deployment military spouse research and peer reviewed mental health publications is clear. Unmarried spouses typically find support solely through online connection to other spouses; due to not having dependent status they are excluded from official supports during and outside of deployment times, such as health insurance and approval to join their significant other when they move to a new duty station (Operation We are Here, 2019).

There are important facets and distinctions to be made within the military communities and the lives of spouses; however, this literature review will not delve into detail regarding the

differentiations between the living demands, environment and psychological stress of active duty military spouses versus reserve/national guard spouses, nor the varied armed forces branches and the conditions of isolation spouses in remote duty stations or non-military community stations may experience compared to those in more predominantly military neighborhoods (Alwine, 2015; U.S. Department of Defense, 2019).

A deployment is described as an instance where a service member is sent to a combat environment, or location on assignment, during which the mission requires the military member be separated from their family longer than a typical temporary duty trip (TDY); deployment length depends on the branch, the combat zone location and the mission, but typically the shortest deployment lasts 6 months with longer deployments averaging around 24 months (Davis, Blaschke & Stafford, 2012; U.S. Department of Defense, 2019). There are variations between the military branches as to how frequently a military service member is deployed and in turn how accustomed their spouses are to coping with deployments. For example, army families typically expect one deployment each year or every other year, while navy families are accustomed to “routine 6-month sea duty deployments” (Davis et al., 2012. p. S5). Generally for all military families, a deployment mindset begins when the military member is given notice of a date they will depart for a deployment (Davis et al., 2012). Preparation for a deployment is a stressful and busy time period, during which training missions separate the uniformed service member from their family and home responsibilities in advance of their actual deployment departure; training duties that are frequently sprung on the family regardless of preset plans the family may have (Davis et al., 2012).

Military spouses are inundated with the picture of being strong for their military significant other, expected to hold it together on the home front and are overwhelmingly required

to look the part (Aducci et al., 2011). A person in a committed relationship with to a military member is in a constant influx of challenges prior to deployments, during separation and post deployment which include but are not limited to, mental health needs, managing finances, limited emotional supports, and frequently the demand of acting as single parent (Myrick, Barnes, Green, & Nowicki, 2018). Military spouses rarely are afforded the luxury of living near family support systems. In many cases military spouses move every 3-4 years, with some of the moves requiring relocation overseas (Alwine, 2015; U.S. Department of Defense, 2019). According to Davis et al. (2012), 60% of families have been moved by their military duty assignment at least once in three years. Davis et al. (2012) states that in “a recent survey of active duty families with deployed service members, 47% reported 3 or more moves in the past 3 years” (p. S4).

It is important to note that the bulk of the published research on the needs of military spouses during deployment reviewed is largely between the years of 2006 and 2012, possibly due to the APA creating the Presidential Task Force on Military Deployment Services for Youth, Families and Service Members in 2006 (American Psychological Association, 2007). As Verdelli et al. (2011) explain, this task force was created “in response to concerns raised by members of the military community about the psychological needs and resources available to service members and their families” (p. 4).

Needs during deployment. As mentioned above, the military spouses make up a large population of people within the military community and yet the literature that has been published specifically to consider the experience of the military spouse, points out the severe lack of research that focuses on what occurs for a spouse during a wartime deployment (Davis, Ward, & Storm, 2011). Spouses report a tremendous amount of stress is experienced during deployment,

partially due to having unreliable communication with their significant other and a general lack of updated information about the deployment from official sources (Faber, Willerton, Clymer, Macdermid, & Weiss, 2008). Communication is characterized as occasional at best, which increases the anxiety the spouses feel about their loved ones' wellbeing, in addition to concerns with being solely responsible for all homefront bills, tasks, and chores (Faber et al., 2008). There is a demanding confusion of roles when these task divisions change and the spouse left at home must acquire the skills necessary to step in shoes usually worn by their deployed loved one (Mansfield, Kaufman, Marshall, Gaynes, Morrissey, & Engel, 2010).

Military spouses are faced with the usual stress any American family experiences with the added unique stressors to military life. These include, but are not limited to, frequent moving, continuous adaptation to new community settings, living in foreign countries, routine separations from significant other apart from deployment, and the constant worry caused by fluctuating between not receiving enough information and receiving too much (such as the cases when accidents at an assignment location are disclosed) (Davis, Blaschke & Stafford, 2012; Rea, Behnke, Huff, & Allen, 2015).

Sufficient notice provided to military members and their spouses is not always possible, relying heavily on the needs of the mission within the command of the service member's duty station (U.S. Department of Defense, 2019). In a quantitative pilot study, the developmental stages of coping before, during and after a deployment were illustrated (Werner-Wilson et al., 2011). In this limited study, it was discovered that the short notice often given of an upcoming deployment can intensify the stress of deployment (Werner-Wilson et al., 2011). This study also discussed a "conflict resolution stage" where a spouse who has experienced multiple deployments may "begin to withdraw as they prepare for the next deployment cycle" leaving

researchers to note this finding may “explain the higher divorce rate in military couples” (Werner-Wilson et al., 2011). In review of this study, it was observed that these claims were not substantiated with data to support that conflict or withdrawal are of high levels, or long term, or correlated with higher divorce rates.

One of the studies reviewed differentiates between the stages of deployment: predeployment, deployment, reunion, and postdeployment (Pincus, House, Christensen, & Adler, 2005). These named stages of deployment add to the knowledge base being built for practitioners seeking to serve this population effectively during any of these stages of deployment. There are varying levels of stress and needs for sustaining wellbeing throughout the deployment cycle, thus needs of support will vary depending on the stage one is currently in.

The need for support for the military spouse can be overwhelming, as one military spouse in an study interview explains, “I’m responsible for everything from paying the bills on time to getting the kids out of bed to getting the kids home and everything in between...every pipe in our backyard had to be dug up in the middle of winter and I had our pipes replaced [...] I’ve kinda been a carpenter while he’s been gone” (Aducci et al., 2011, p. 238).

There are common claims among the publications observing the military spouse during deployments, including that wives that are left behind frequently present with signs of anxiety, despair, and struggle with new roles usually occupied by their husbands, reporting to be too overwhelmed to effectively take care of themselves while attempting to tend to everything else (Aducci et al., 2011; Joseph & Afifi, 2010; Kees & Rosenblum 2015; Kennedy, 2006; Rea et al., 2015). Further, there are risk factors observed for individuals who may have a more difficult time coping during a deployment, including: pre-existing psychological conditions, predeployment stressors on the marriage such as finances, spouses for which English is not the

primary language with limited resources in the spouse's native tongue, and living overseas and the lack of a return date for the military member from deployment (Davis, Blaschke & Stafford, 2012).

The military spouse and depression. Given the extensive demands mentioned above that spouses have to contend with while being separated from their loved one, in addition to the daily stressors typical to any person, it does not seem a far leap to suspect depression may be elevated for this population. In one study, out of 569 military spouses 78 percent of the participants, reported mild to severe depression (Mansfield et al., 2010). In another study, 44 percent of participants presented with untreated mental health needs, including but not limited to anxiety, depressive mood, and panic attacks (Lewy et al., 2014). As a whole, deployments may aggravate or increase symptoms for pre-existing conditions, such as depression for military spouses (Mansfield et al., 2010).

In two observational studies, the levels of depression and anxiety of military spouses were significantly higher when compared to the general population (Lester et al., 2010; Verdelli, Baily, Vousoura, & Belser, 2011). In Lester et al.'s (2010) study, like much of the research with this population, the sample used was small and only included select branches of the armed forces; in this case it only included 163 active duty married spouses from the Marines and Army. A separate study with spouses of National Guard members, when compared to the civilian population, displayed heightened prevalence of depression, as well as other conditions such as alcohol dependency and post-traumatic stress disorder (Gorman et al., 2011). This study did not measure symptoms specific to deployment and was not conducted during the active deployment cycle period (Gorman et al., 2011).

Further, a study completed at Anglia Ruskin University reported that pregnant significant others of service members, were at higher risk for depression during a deployment cycle (European Union News, 2019). Similar findings, in a review of US and UK deployment effects on families, illustrated the increased risk to mental health for pregnant military spouses (Godier-McBard, Libbitson, Hooks, Fossey, 2019; Mansfield et al., 2010; Verdeli et al., 2011).

Between the years 2003 and 2006, a study including 250,000 female spouses of military members in the Army was conducted (Mansfield et al., 2010). This study found that, in evaluating the mental health of spouses during deployment, the deployment as well as the length of the separation adversely impacted the mental emotional wellbeing of the military spouses. Army wives whose husbands were on deployment anywhere from 1 to 11 months were more likely to be diagnosed with depressive disorder, with 27.4 excess for every 1,000 women (Mansfield et al., 2010). Deployment that extended beyond 11 months resulted in 39.3 excess of instances of depressive disorders (Mansfield et al., 2010). Mansfield et al. (2010) also reported other disorders were discovered to increase during a prolonged deployment, including sleep disorders, anxiety, acute stress reaction and adjustment disorders, though depression was the most significant. The authors also noted that the historically held stigma of avoiding mental health care to protect one's career by the military members may also affect the attitudes of the military spouses and prevent them seeking mental health treatment for themselves.

The military spouse and anxiety. The majority of the literature reviewed mentions heightened anxiety for military spouses during deployment; specifically, the pattern that pre-existing mental health conditions such as anxiety may be aggravated by the circumstances of deployment (Mansfield et al., 2010; Verdeli et al., 2011). It was observed in many publications (Gorman et al., 2011; Lester et al., 2010; Mansfield et al., 2010; Verdeli et al., 2011; Werner-

Wilson et al., 2011), that the anxiety experienced by spouses was often secondarily mentioned in a list of other diagnoses or experiences during deployment. Additionally, the symptoms of anxiety frequently were described without labeling them as anxiety.

Myrick, Barnes, Green, and Nowicki (2018) emphasize, “Nondeployed spouses [...] experience a wide range of symptoms and stressors [...] and increased anxiety for their deployed soldier” (p. 173). A qualitative study found that the biggest stressor for the families of reserve service members during a deployment was fear for the safety of their service member (Faber et al., 2008, p. 225). The National Institute of Health (2013) studied 163 spouses from Army and Marine Corp branches, finding that “the needs of spouses with elevated anxiety are less well met by social support networks compared to depression” (Green, Nurius, & Lester, 2013, p. 8). The study also found indicators that the mental health of the military spouse impacts the rest of the family’s psychosocial health (Green, Nurius, & Lester, 2013).

The military spouse and the desire for connection. In a therapy study with military spouses during deployment, the spouses were asked what was the most helpful support during the deployment (Rea, Behnke, Huff & Allen, 2015). As Rea et al. (2015) found, “they reported comfort in knowing that someone else understood their experiences, especially when they struggled with a lack of understanding by those not affiliated with the military” (p. 338). Spouses who are under the stress of deployment while experiencing the isolation of having limited support are susceptible to psychological distress; having social support in place has been observed to increase military spouse ability by 24 percent, to help with adjustment and coping during deployment (Green, Nurius, & Lester, 2013; Orthner & Rose, 2006). Having the support of others during deployment has shown to decrease stress (Rosen & Moghadam, 2002). The Office of the Secretary of Defense demonstrated correlations between a feeling of belonging to a

community and ability to cope with stress (Office of the Under Secretary, 2009). Similarly, Conforte, DeLeon, Engel, Ling, Bakalar, and Tanofsky-Kraff (2017) discussed the use of online community supports where in-person supports are lacking by “military families, who may feel isolated when a family member deploys” (p. 1574).

The existing body of literature explores the significant need military spouses have during deployment for connection to others (Davis, Blaschke & Stafford, 2012; Hayek, 2018; Lewy et al., 2014; Mansfield et al., 2010; Verdeli et al., 2011; Werner-Wilson et al., 2011). There are many online avenues organized specifically for military spouses, and often by military spouses, to provide a sense of community as well as resources. One of the most frequently used resources for connection are Facebook groups and pages specific to military branch, military installation, location and need (Military One Source. 2019). Another online source is Blog Brigade, which is an online community blog where military spouses around the world communicate with one another about their experiences, fears and questions (Military One Source. 2019). These listed resources are a small percentage of the internet based support locations utilized by military spouses (Rea et al., 2015).

The *Military Medicine* journal released an article that spotlights the lack of up to date research on the outcomes of military support, as well as the programs currently in place at the time of publication (Conforte et al., 2017). The authors of the paper found that the studies on the effectiveness of support services currently in place are sorely needed (Conforte et al., 2017). Some relevant questions surfaced regarding the frequent overlap of services offered by civilian and government organizations, while other areas of need are not appearing to be met (Conforte, 2017). One of the problems faced by military families is “the overlap in services can lead to some confusion over which support service is most suitable” (Conforte et al., 2017. p. 1580).

Further, they suggest there is not much consolidation or communication between the private, public, non-profit and government sectors providing the support, despite the Department of Defense's official stance of recognizing the importance of promoting a healthy community and providing support for military families in the face of the stress frequently experienced.

In another article, an Air Force spouse wrote about the significant need for connection during deployment as well as times outside of active deployment (Hayek, 2018). Hayek (2018) describes "the ritual of any military spouses following a move" as the impulse to immediately seek out others for support and friendship, wherever and however possible (p. 2). This is done by chatting up "strangers on the playground" and even cooking "meals for new neighbors" (Hayek, 2018, p. 2). Hayek's (2018) piece focuses on the vitality of community for spouses during deployment, going so far as to say "the strength of a community back home helps deployed service members" in that they know their spouses left behind are cared for (p. 4). Hayek (2018) gives a clear picture of the need for community in depicting her journey of being alone for 23 out of 38 months that she and her husband lived at their last military base. She describes the chaos of her deployed life as the culmination of her braving things falling apart around her describing how "pipes burst, the roof leaked." She also managed to also give birth to a child and keep the homefront going. Importantly, Hayek's (2018) explains, "the community around us was my lifeline" (p. 4). Indeed, it is not uncommon for military spouses to be the primary support for their military significant others and also for each other .

Although I am not aiming to explain in detail the various differences between the lives and stressors of people belonging to the different branches and between the active duty and reserve/national guard component, it is important to note that the need for connections and the availability or lack there of in regards to community does greatly differs between these

components (Davis, Blaschke & Stafford, 2012). Most national guard and reserve families live away from military installations and are intermeshed into the civilian world, often leaving these individuals with a disconnection with military resources (Davis et al., 2012). Some military spouses return to the town and in some cases, country, that they consider home during a deployment (Davis et al., 2012), presenting a further disconnection from receiving services offered within their military community while gaining the support of comforting home networks such as family and friends. The challenge of a military spouse living in a civilian community with few military resources can deepen difficulties as they are removed from people who can relate to their experience and to the military culture; this goes beyond relationship and can be observed in the mental health treatment of the spouses as well. Military spouses often do not seek help for themselves, but frequently when a military spouse seeks therapy they are “served by civilian providers with few connections to military or veterans’ health care systems and limited knowledge of military culture” (Lewy et al., 2014, p.1170).

Prevalent Deployment Support and Treatment Interventions for Military Spouses

Given the significant needs of military spouses outlined above, it is important to synthesize the existing interventions and supports for military spouses. The most prevalent intervention currently in place to treat military spouse mental health needs is traditional psychotherapy (Gottman, Gottman, & Atkins, 2011; Lester et al., 2011; Verdelli et al., 2011). Military spouses living on or near military installations overseas have mental health centers where they may meet with therapists for mostly individual sessions on base, as well as utilizing the support groups and events hosted by the family support or readiness center, a center located on a military installation; the title of this center depends on the military service branch (Military One Source, 2019). In addition to mental health support, the military installations overseas

generally provide deployment and post deployment perks to spouses such as discounted trips and free childcare (Military One Source, 2019). Depending on the location of the military installation in the US, some of the military resources are allocated for spouses, though the majority of these bases encourage spouses to seek mental health treatment as well as other necessary supports outside of what the family readiness group offers, off base (Military One Source, 2019). Nearly all military installations, regardless of location, have a military chaplain who serves as a trained counselor who military spouses may also utilize for support in lieu of the other mental health options (Conforte et al., 2017).

Military spouses who are supported in feeling ready for a deployment are observed to be more able to cope during and after deployment (Davis et al., 2012). Historically, it was not always the military's responsibility to provide services and healthcare for spouses. With an increase of military members bringing their spouses with them to their posts, the Dependent Medical Care Act was passed in 1956, in recognition of the new needs posed by growing military family dynamics (Davis et al., 2012). This new act provided healthcare coverage to dependents: military spouses and children. In 1985 congress passed the Military Family Act, and the Department of Defense in turn, put in place the Family Policy in 1988, solidifying the comprehensive healthcare to include mental health supports insurance coverage and access that the military families receive today (Davis et al., 2012). This was the start to the challenge for "US armed forces to critically evaluate and address evolving military family support requirements" (Davis, Blaschke & Stafford, 2012, p. S4).

One of the more updated services for dependents is the Exceptional Family Member Program (Air Force's Personnel, 2019). The EEMP was created by the Department of Defense to serve all branches of the military, and is a mandatory program for all active duty members who

have a family member with special needs (Air Force Personnel, 2019). This ensures that the family members receive the support that they require and prevents the military from sending the family to a remote or overseas location where the dependents may not have access to the medical accommodation they need. The enrollment is mandatory; this is because some families choose not to disclose their conditions and then after the military has moved the family, potentially across the world, the exceptional family member's needs may not be able to be met (Air Force's Personnel, 2019). According to the Air Force Personnel DoD website, officially there are 97 EFMP-0FS coordinators who are available for assistance to military spouses and children at all major installations (Air Force's Personnel, 2019). These coordinators provide the families with arranged services of support on and off-base through needs assessments and interviews to determine resources appropriate for and needed by each family member (Air Force's Personnel, 2019). Some of the services in practice are referrals to specialists, workshops, support groups, and an advocate for improved services for families (Air Force's Personnel, 2019).

The Military One Source (2019) has many online forums, links and descriptions of various online and in-person services spouses may seek and receive depending on their service branch. It is explained, "each service branch has a Family Readiness Group, but the names and resources available may differ depending on your service branch" (Military One Source, 2019). Unlike the readiness support center mentioned earlier, these family readiness groups are organizations or leaders who provide information and links to community in more of a peer-to-peer fashion (Military One Source, 2019). There is another service offered by Military One Source that is online, by which someone may have a peer consultation with someone with life experience in the military community and holds a master's degree in psychology or a related field (Military One Source, 2019).

In one quantitative pilot study, the intervention effectiveness for military spouses during deployment was examined using a proposed HomeFront Strong curriculum (Kees, Nerenberg, Bachrach & Sommer, 2015). In the curriculum, goals were outlined for the development of mental health needs at progressing stages during a deployment cycle (Kees et al., 2015). Kees et al. (2015) report that building a community with emphasis on connection to others and support was implemented during the sixth session out of eight. It was discovered that while the program participation was credited with reduced symptoms of depression, the key characteristics found for positive ability to cope included social support (Kees et al., 2015). As a whole, both the type of interventions provided and studies on their effectiveness are seriously limited.

When developing a program to meet the needs of the military spouse population, there are unique limitations due to lack of childcare, hesitation to seek mental health support due to taboos, financial strain, and lastly, resources on base may be utilized through the military installation to support the enactment of therapy (Tanielian, Karney, Chandra, Meadows, & Deployment Life Study Team, 2014). The reviewed literature suggests that there is a lack of studies on these unique needs and limitations, as well as effective supports, for military spouses.

Drama Therapy

Drama therapy is a therapeutic process during which “clients and therapists are co-creating the plot line together” (Cassidy, Gumley, & Turnbull, 2017. p. 183). Drama therapy is not defined by one theory and was not created by one person, but rather has numerous working theoretical approaches and practices world wide (Jennings, 1994; Johnson & Emunah, 2009). Dr. Pam Dunne (2010) stated in her book *Double stick tape*, “drama allows a person to take numerous perspectives, playing self, character, director, audience, and writer,” creating an opportunity for transformation (p. 11). When discussing drama therapy work with families, Emunah (1994)

pointed out that, “the roles we play in life stem from the roles cultivated within our family origin” (p. 300). Drama therapy is a therapeutic approach that allows for a multifaceted, adaptable and individualized treatment. Through dramatic techniques, clients may “engage with highly problematic material” through the use of symbolism, metaphor and action (Jones, 2007. p. 270). Below I address literature on drama therapy with the military, depression, anxiety, and being used to build connection.

Drama therapy and military. There are no known studies in which drama therapy is used with military spouses. There have been several published studies depicting the use of drama therapy with veteran military service members (Baumgartner, 1986; Forrester & Johnson, 1996; James & Johnson, 1996; Ditino & Johnson, 1997). A study conducted under the creative arts programs at Walter Reed National Military Medical Center in Maryland used drama therapy techniques with active duty military members, organized with a group therapy model (Dempsey, 2018). This pilot study noted that it was important to provide opportunities for the patients to connect commonalities among the group members, while ensuring more comfortable sharing through the vehicle of playfulness (Dempsey, 2018). The majority of participants, active duty members suffering from Traumatic Brain Injury, found drama therapy to be helpful (Dempsey, 2018). To be exact, Dempsey (2018) reported 77 percent of the participants responded to a survey saying they would recommend drama therapy as an intervention other service members should seek as part of treatment.

Despite this initial research, there is little evidence base for the use of drama therapy in the military, and none with military spouses. Given this limited literature, it will be helpful to look at the use of drama therapy with depression, anxiety and connection, given these are key needs of military spouses (Aducci et al., 2011; Lewy et al., 2014; Werner-Wilson et al., 2011).

Drama therapy and depression. In an explorative qualitative study implementing the dramatic reality element of drama therapy for symptoms of depression, an argument was made that people with depression would be empowered to actively participate in reducing their symptoms and may be able to do this using the imagination with particular emphasis on positive imagery (Chapman, 2014). This study's results provide insight for the importance of establishing the severity of depressive symptoms and implementing positive imagery (Chapman, 2014).

A small qualitative study in the UK used a series of interviews with 7 recruited drama therapist participants as well as 7 recruited client participants (Cassidy, Gumley, & Turnbull, 2017). The participants were struggling with mental health difficulties, including severe depression, bipolar disorder, mood disorder, anxiety, obsessive compulsive disorder and a history of substance abuse (Cassidy et al., 2017). There were limitations in the diversity of this study, with the clients aged between 30 and 50 years old and all identifying as white, including the therapists. The study aimed to understand the overall experience of the drama therapy process for both clients and therapists. Cassidy et al. (2017), highlighted three core drama therapy change processes resulting from the work and interviews, "being allowed and allowing self to play and try out different ways of being: and being actively involved in therapy: creating something visible and having physical experiences using the body" (p. 178). One client diagnosed with severe depression reported feeling safe in the drama therapy group with specific appreciation for the aesthetic distance provided since "most of the stuff is symbolic rather than asking direct questions" (Cassidy et al., 2017, p. 180). This study demonstrated the way in which drama therapists encourage clients to "act in ways that may not be socially acceptable outside of the therapy space" in order to expand their experience of their own roles and behavior in life

(Cassidy et al., 2017, p. 180). Empowering clients to play and to push the boundary of what they are usually allowed to do opened the process of change for clients (Cassidy et al., 2017).

Before working on emotional work in the drama therapy group, the therapist builds relationship with the group and is able to contain what occurs, as well as assess whether the group members are ready for that stage of the process (Emunah, 1994). Additionally, drama therapists have used experiential techniques to prompt emotional responses so that clients with emotional disturbances were more aware of their feelings (Keulen-de Vos, vand den Broek, Bernstein, & Vallentin, 2017). In a more specific reference to depression and drama therapy, Reinstein (2002) provided a detailed report of selected clinical case studies depicting the benefits of using drama therapy with elderly individuals diagnosed with depression. Dramatic play, use of metaphor opportunities to express previously suppressed feelings in a less direct way, and the power of witnessing in a group setting were noted to appear particularly significant to the positive impact in the treatment for elderly individuals with depression (Reinstein, 2002). While there are observed similarities between approaches of drama therapy and other approaches used in the treatment of depression, certain beneficial methods are unique to drama therapy, such as the “use of playful exercises [which] can break down barriers and encourage laughter and relaxation” (Reinstein, 2002, p. 12).

In a study considering the treatment of depression within the various approaches of creative arts therapies, including drama therapy, it was observed that therapists working “with depression especially valued the benefits of group work for their clients” (Zubala, MacIntyre, Gleeson, & Karkou, 2013, p. 463). In this qualitative study involving 395 UK based creative arts therapists, Zubala et al. (2013) discovered that approximately 91% of the clients served by the therapists have symptoms of depression. In a separate publication, a series of drama therapy

group work targeting depression, anxiety, and isolation in older people with dementia, resulted in observed positive “changes in mood and relationships” in participants after engaging in drama therapy groups (Jennings, 2018, p. 224).

McAdam and Johnson (2018) presented the favorable effect of reducing depressive symptoms through the utilization of drama therapy groups and individual work with adolescents. The authors approach took into account the significant correlation between adolescents with depressive symptoms and those with past traumatic experiences (McAdam & Johnson, 2018). Due to the frequent overlap of the symptoms of PTSD and depression, the authors often used drama therapy in a way that served to meet the needs of PTSD and aimed to reduce depressive symptoms secondarily (McAdam & Johnson, 2018). The Trauma-Centered Developmental Transformations approach was employed, allowing a focus on “improvised, mutual, embodied play between the therapist and client that helps rigid behavioral patterns become more flexible, lowering the client’s fears around life’s inherent instability” (McAdam & Johnson, 2018, p. 64). The case studies provided by McAdam and Johnson suggest potential for positive impact, but were limited to two individuals, and thus only depict the effectiveness of Trauma-Centered drama therapy for these two adolescents (2018).

These case studies demonstrate the capability drama therapists possess in meeting the needs of those suffering with depressive symptoms through necessary treatment (Cassidy et al., 2017; Chapman, 2014; Jennings, 2018; McAdam & Johnson, 2018; Reinstein, 2002; Zubala et al., 2013). There were limited publications found to adequately conclude the empirical effect drama therapy has in the treatment of depression. It would be most advantageous to obtain access to more research depicting specific impacts and benefits of drama therapy with depression.

Drama therapy and anxiety. In a case study in a psychiatric hospital in Germany, the role theory approach within drama therapy was found to be instrumental in grasping the unique psychological processes of a client diagnosed with a personality and anxiety disorder (Klees, 2016). The client strived to treat her anxiety, which at times was so overwhelming that it would cause a “sense of impending doom [keeping] her from leaving the house for a week” (Klees, 2016, p. 101). In this example, Klees (2016) provides a specific drama therapy intervention called the *Hero’s Journey*, which was noted to be particularly helpful in cases of trauma, with people who may have difficulty getting in touch with their emotions, or those prone to becoming overwhelmed by their feelings. This instance was examining only one patient with anxiety symptoms, and only through an individual therapy lens (Klees, 2016).

Other methods within the drama therapy approach use experiential work to provide a hands-on experience for clients in the safety of the playspace, expanding their roles, and giving them the chance to rescript elements in their life that need reworking (Landy, 2010). Rescripting is used in multiple approaches outside of drama therapy, and is described by cognitive behavioral therapists working with individuals experiencing anxiety, with Obsessive Compulsive Disorder or PTSD; the clinician elicits hard to remember memories that are relived, felt and experienced by a client, and works on altering cognitive distortions based on these memories, resulting in changes in behaviors of the client in response to the edited material (Rush, Grunert, Mendelsohn, & Smucker, 2000).

In a conference paper, it was expressed that drama therapy methods illustrated an effectiveness on decreasing symptoms of social anxiety in children (Anari, Ddadsetan, & Sedghpour, 2009). The study was conducted with participants ranging between 10 to 11 years old, with a random sample of 300 individuals from 2 schools in the city of Tehran (Anari et al.,

2009). The sample was reduced to 32 based on selecting the participants with the highest demonstrated levels of social anxiety as measured on the Liebowitz Social Anxiety Scale for Children and Adolescents (Anari et al., 2009). According to the authors, the 6-week drama therapy group meeting twice weekly, and when compared with the control group, the participants demonstrated a significant decrease in symptoms of Social Anxiety Disorder (Anari et al., 2009).

One publication highlighted the prospects of implementing comedic improvisation in a therapy group with people suffering from social anxiety disorder (Sheesley, Pfeffer, & Barish, 2016). The paper references an ongoing clinical service integrating cognitive behavioral therapy and comedic improv therapy to treat people suffering with social anxiety (Sheesly et al., 2016). The authors express belief that stigma associated with mental disorders and treatment may more easily be overcome by the atmosphere an improv comedy therapy group can provide (Sheesly et al., 2016). The improv comedy paper did not mention the implementation of this method by drama therapists, though it was noted in limitations that findings demonstrated a need for group therapists employing comedic improvisation to have training in improv (Sheesly et al., 2016). Drama therapy methods innately include improvisation techniques and thus training in improv is a given (Gale, 2018; Jung, 2018; Stefanska, 2015).

Another theoretical approach of drama therapy is Developmental Transformations (DvT), in which the goal is to “increase the client’s self-confidence and capacity in managing life’s instabilities” (Sanjani & Johnson, 2014. p. 71). Play guides one to explore, grow, and adapt, which allows clients to play with challenging feelings allowing a release from being overwhelmed by the anxiety, fear, anger or other feelings experienced. DvT has been used with older adults to treat symptoms of anxiety specific to death (Smith, 2000). It was revealed that the embodied exploration, the creative outlet for existential discovery, and the opportunities

provided through interpersonal play for self growth, decreased client fear of death while increasing interpersonal relations between group members and therapist (Smith, 2000). The author reported feeling the drama therapy work conducted using DvT allowed therapist and clients to be “together in [their] aloneness” (Smith, 2000. p. 331).

Drama therapy and desire for connection. Drama therapy is most often implemented in group therapy settings (Emunah & Johnson, 2009), though the treatment model is also practiced in an individual therapy situation. A vast world of therapeutic possibility is opened up when creating a dramatic playspace in which a group of people can create connections to each other and discover that they can lean on others experiencing what they are also going through. While leaning on one another, the drama therapy group encourages creative risk, the nature of this is good practice for life, “as we acknowledge that life is not just following predetermined scripts, but can be revived and refreshed moment by moment” (Pitruzzella, 2016, p. 283). The interpersonal focus and benefit is also central in individual therapy where a drama therapist creates a unique working relationship with their client. As Emunah (1994) argues, “therapists are trained to maintain clear boundaries between themselves and their clients and to monitor the degree of emotion they express with their clients” (p. 65). In drama therapy, through the action in the theatre of playing together, therapists have the permission to feel their clients pain (Emunah, 1994).

Drama therapists are afforded the usefulness and versatility of serving any person, even those facing unpredictable psychiatric conditions and stigma. Drama therapy has an organic tendency toward building community between participants; supportive therapeutic relationships are created regardless of the diagnosis or population. With an interpersonal focus of connection, drama therapy is used to treat the needs of patients with conditions as severe as schizophrenia

(Butler, 2012), to empower and give voice to silenced people's inner stories (Dunne, 2006), to heal the traumatically wounded (Sajnani & Johnson, 2014), and to identify difficult roles in client's lives while exploring and expanding their use of one's abilities in roles (Landy & Butler, 2012). There are varying types of connection to others that is created for those participating in drama therapy, depending on the stage of therapy and the drama therapy technique being used (Houghham, 2012). Some of the drama therapy work offers a chance at delving deep into one's own story, where as other points participants may find themselves spontaneously creating community through the means of embodying a tableaux or group sculpture (Houghham, 2012).

In Finland, a study with 134 students experiencing the isolating effects of being bullied, an applied drama method was utilized to improve social relationships using a pre-test and post-test questionnaire as measurement (Joronen, Konu, Rankin, & Astedt-Kurki, 2012). Compared to the control group, the classrooms receiving the drama-based intervention were found to have improved social relationships (Joronen et al., 2012). This study reported approaching statistical significance and authors concluded that these results supported the idea that implementing applied drama methods in the classroom setting may improve the social relationships of primary school students (Joronen et al., 2012). The publications reviewed for community building within a group context illustrated the versatility drama therapy has to create connection across a variety of populations, though it may have been more helpful if a more substantial portion of the literature focused on adults in need of connection (Butler, 2012; Houghham, 2012; Joronen et al., 2012; Sajnani & Johnson, 2014).

Discussion

Though this writer did not find any research or publications depicting drama therapy in use with military spouses, a pattern of common mental health needs experienced by military

spouses were recognized through the literature. Support for depressive mood, anxiety symptoms and a want for connection to peers experiencing the challenge of coping with new responsibilities, unfamiliar roles and compounded stress were the most frequently cited issues (Faber et al., 2008; Godier-McBard, et al., 2019; Lewy, et al., 2014; Mansfield et al., 2010). The bulk of the literature mentions military spouses exhibiting and reporting a marked need for community support and connection to others who share the deployment experience to increase chances for successful coping (Green et al., 2013; Hayak, 2018; Orthner & Rose, 2006; Rea et al., 2015; Rosen, & Moghadam, 2002). In addition, anxiety was frequently mentioned in the literature though noted often as a secondary diagnoses or symptom experienced during a deployment by military spouses (Gorman et al., 2011; Lester et al., 2010; Mansfield et al., 2010; Verdeli et al., 2011; Werner-Wilson et al., 2011). The vast majority of the studies mentioned anxiety but focused on the prevalence of depression (Godier-McBard et al., 2019; Lester et al., 2010; Lewy et al., 2014; Mansfield et al., 2010; Verdeli et al., 2011). The literature made clear that military spouses are in need of support, and simultaneously greatly underserved and understudied. Having the needs of a military spouse met during a deployment has shown to not only be paramount for their own mental health but for the overall psychological and emotional wellbeing of their families who, more often than not rely, on the military spouse (Aducci et al., 2011; Davis et al., 2012; Godier-McBard, Libbitson, Hooks, Fossey, 2019; Gorman et al., 2011; Green et al., 2013).

The existing published literature illustrating cases where drama therapists have worked within the military community is largely limited to work with veterans (Baumgartner, 1986; Ditino & Johnson, 1997; Forrester & Johnson, 1996; James & Johnson, 1996). There was only one study found using drama therapy with active duty members as opposed to veterans

(Dempsey, 2018). At the time of this review, no known studies or published literature exist depicting drama therapy serving the military spouse during a deployment cycle or at any other time. The active duty study (Dempsey, 2018) and the publications working with veterans do demonstrate great potential for positive outcomes of using drama therapy as a treatment with a military based population (Baumgartner, 1986; Ditino & Johnson, 1997; Forrester & Johnson, 1996; James & Johnson, 1996).

It is not a novel concept to implement drama therapy in treatment for anxiety, depression and to build connections within a group or to create an interpersonal therapeutic connection between therapist and client in an individual setting (Emunah & Johnson, 2009; Houghham, 2012; Jennings, 2018; Joronen et al., 2012; Sanjani & Johnson, 2014; Smith, 2000). It should be noted however that this writer also found substantial restrictions in locating drama therapy research based in working with diverse populations suffering from depression and anxiety. More drama therapy research on these populations and symptoms is warranted.

The literature reviewed does depict instances where drama therapy was used to meet clients where they were at, to empower those who needed a voice, to meet the needs of any mental disorder and to provide a supportive and highly adaptive therapeutic approach allowing for clients to explore and grow (Anari et al., 2009; Dunne, 2006; Landy & Butler, 2012; Pitruzzella, 2016; Sajani & Johnson, 2014). It stands to reason that the potential is high for drama therapy to create a play space in which military spouses may connect with one another, where the therapist may walk with the client on their journey, expanding strengths, building coping skills, and to find their voice during the struggles of deployment. Further, drama therapy goes beyond the traditional psychotherapy currently being used as the primary treatment for military spouses, while maintaining the theoretical foundation and abiding by the same code of

ethics. It is exciting to consider the ways in which drama therapy is already primed to meet so many of the needs outlined in this review some of which are: providing role exploration and expansion, gaining empowerment to push against limitations, find new ways to cope with instability, and make deep supportive connections through the interactive nature of a drama therapy group.

Drama therapists who are not apart of the military community have navigated the path of providing mental health services to veterans (Baumgartner, 1986; Ditino & Johnson, 1997; Forrester & Johnson, 1996; James & Johnson, 1996), and have begun to lay a foundation for supporting active duty service members, even though these populations are traditionally served within the military community (Dempsey, 2018). Military spouses are historically served by civilian providers (Rea et al., 2015; Verdeli et al. 2011), and therefore, arguably, might be easier to provide drama therapy treatment for than the previously mentioned military members. It is commonly believed that the military community in general, holds a taboo against seeking mental health support due to fear of mental health services having detrimental effects on a service member's careers (Lewy et al., 2014; Tanielian et al., 2014). Drama therapy, like other interventions before it, has sought to break through the taboo, and drama therapy has a history of creating bridges across such challenges to providing service to difficult to reach populations (Butler, 2012; Emunah & Johnson, 2009; Emunah, 1994).

An additional recommendation is the importance of understanding military culture and civilian therapists educating themselves as much as possible to be sensitive to unique needs of military spouses. Much of the literature has mentioned how frequently military spouses are served by civilian clinicians who may not be familiar with military culture (Lewy et al., 2014; Davis et al., 2012; Tanielian et al., 2014). The National Military Family Association documented

that more than 70% of armed service families living off base (Kees, et al., 2015; National Military Family Association, 2011). Given this, the likelihood of a civilian clinician working in the US and having a military spouse as a client seems probable. Civilian mental health providers are recommended in many of the publications to become familiarized with the military culture, the added stressors unique to the military spouse life and the added challenges that occur during a deployment (Conforte, 2017; Davis et al., 2012; Davis et al., 2011; Gorman et al., 2011; Kees et al., 2015; Lester et al., 2010; Mansfield et al., 2010; Verdeli et al., 2011). In addition to military culture, and the unique demands placed on spouses within the military context, drama therapists may find it helpful to delve further into research that claims a heightened prevalence of mental disorders in the military spouse when compared to the general population (Lester et al., 2010; Verdeli et al., 2011). An additional concern for a civilian drama therapy provider may be the unpredictable life stressors as well as the frequent moves, requiring quick and unexpected termination of the therapeutic relationship (Alwine, 2015; Faber et al., 2008; Hayak, 2018; U.S. Department of Defense, 2019; Werner-Wilson et al., 2011). Based on the lack of publications that elaborate beyond a simple recommendation for practitioners to become familiar with military culture, research that specifically examines how best a civilian mental health clinician, including drama therapists, may serve the military spouse is required for further insight.

Further, nearly all of the studies, publications and periodicals found on military spouses were focused on the military wife. There were authors that pointed out the limitations of not focusing on husbands, while supporting their lack of inclusion of men by circling back to there not being enough previous studies and information about the male spouses (Kennedy, 2006; Rea et al., 2015). There were not any studies or published literature discussing the use of therapy with military spouses that are unmarried or that identify as a same sex couple. The findings of this

literature review support a strong recommendation for more research to be done for the inclusion of unmarried spouses, male spouses and same sex couples. In regards to the unmarried spouses, male significant others and same sex military couples, the literature reviewed does not actually address this sector of the military spouse population. With the aim to find how best to use drama therapy to support all military spouses during a deployment cycle, it is insufficient and unethical to make claims for all spouses based on literature only focused on wives, therefore more research on these populations is needed. Additionally, the military population currently has a higher diversity representation than the general civilian population census and thus future research and treatment should take this into account (Davis et al., 2012).

Future research may also include the differences in circumstances and needs between spouses belonging to the varying branches of military. The Coast Guard in particular appears to be frequently left out of studies and publications. Related to this, there is very little discussion and research in the literature reviewed addressing the potential advantages and disadvantages military spouses have when experienced with multiple deployments verses those military partners who are facing their first deployment. Future research may also take into account the complex challenges faced by the significant others who have dealt with their loved one's past diagnoses of PTSD, TBI or other combat related conditions versus the spouses who have not experienced that prior to current deployment cycle.

This paper also attempted to find connections between the needs of military spouses and the ways in which drama therapy may meet them. The use of role for assessment and for expansion of one's perception of one's role repertoire (Landy, & Butler, 2012; Landy 2010), may be a helpful intervention to allow military spouses who are struggling with a shift in family dynamics and the new responsibilities they have once a deployment cycle begins. Implementing

DvT as an intervention approach could provide the stressed, lonely, and confused spouse opportunities to adapt to the feeling of instability, feel a freedom of exploration, experience new ways of expression, playful connection to others and lead to potential transformation of self (Sanjani & Johnson, 2014). Current approaches supported by some military installations for successful mental health intervention to use with spouses during deployments, take into account the developmental stages of deployment and are able to adapt to the changing needs that progress through these stages (Kees & Rosenblum 2015). Therefore, drama therapy approaches such as the five-phase model (Emunah, 1994) might allow the clinician to move through needs that arise at each deployment stage through flexibility and an increased familiarity within the therapeutic relationship.

Some specific drama therapy interventions may be useful based on the information obtained in this literature review. With the pressures of upholding an image and protecting their significant other's career, military spouses seldom are encouraged to relax and be themselves (Aducci et al. 2011; Faber et al., 2008; Medical News Today, 2016). Thus, using drama therapy activities that are specific to encouraging play and a discovery of acceptance to be one's self may create a good foundation (Cassidy et al., 2017). Games such as the passing of an imaginary ball encourage connection with others, which may build community, and may empower the military spouse with a feeling of control within the creativity of changing the imaginary object to whatever they would like. The use of embodiment through tableaux and the exploration of story may be insightful for the military spouses to explore how they feel about their current journey and what sources of strength they may access for support. An overall struggle with communication between spouse and their significant other as well as with the military representatives, is reportedly a major stressor during deployment (Conforte, 2017; Faber et al., 2008), therefore

drama therapy activities that provide opportunities to vent through characters as well as to set scenes where spouses are able to communicate all they are typically not permitted or able to outside of therapy would be recommended. Due to the elevated reports of anxiety and depression (Lester et al., 2010; Verdeli et al., 2011), the implementation of ritual frequently used in drama therapy (Houghham, 2012) would be particularly important for this population in order to provide them with a consistent and reliable container during the deployment work. Drama therapy interventions such as the Rose, Bud and Thorn activity, that allow the military spouses to appreciate the things they have accomplished, share the struggles they are currently experiencing and to look forward to something positive would be recommended. Activities such as when the group and/or therapist echoes back client's movements and sounds also provides a witnessing component which may further support the need the military spouse has for connection. Drama therapy embodiment such as movement and creating sculptures may give the military spouses a chance to physically represent the problems they are perceiving and to experiment and identify solutions (Emunah, & Johnson, 2009). Military spouses may find the hero's journey (Klees, 2016) a helpful exercise to envision a relatable character they have projected, journeying through a difficult challenge, seeking help from others and overcoming the challenge triumphantly. Finally, playful games such as Expert-gibberish which encourage a drama therapy group to laugh at the challenges of communication while building trust and connecting through body language, provide creative outlets for working on the challenges currently experienced while having the comedic improvisation benefits of drama (Sheesley et al., 2016).

In conclusion, while much future research is needed on military spouse during deployment and the effectiveness of drama therapy to support this population, the literature reviewed in this capstone suggests that drama therapy might be well positioned to provide a

sense of community, social support and mental health treatment for depression and anxiety (Mansfield et al., 2010; Verdeli et al., 2011). The drama therapy client may be encouraged to engage more fully and playfully than traditional therapy in order to heighten the potential for deep transformation (Frydman, 2017), and may help to buffer the serious stressors this population faces. The potential for drama therapy to rise to the occasion of meeting the needs of the military spouse appears great, but research is needed to confirm the specific benefits.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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