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Re-Storying Teaching: Using Narradrama to Address Burnout in Public School Teachers

Capstone Thesis

Lesley University

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Clinical Mental Health Counseling with a Specialization in Drama Therapy

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Abstract

The public school system in the United States is experiencing an increasing crisis in teacher retention and effectiveness due, in part, to the effects of burnout on teaching staff. Teachers often face significant stressors such as tense parent-teacher relationships, state and federal mandates on testing, low financial compensation and limited benefits, and negative sociocultural stereotypes about their roles and responsibilities as educators (Westervelt, 2016; von der Embse et al., 2019). These stressors, if not managed effectively on an individual and systemic level, can lead to burnout (Maslach, 2001). This condition involves symptoms such as emotional and physical exhaustion, disinvestment from responsibilities, and a sense of inadequacy or ineffectiveness in one's performance. This literature review examines current research into how burnout develops as well as how it may be addressed with individual teachers and through the public school systems in which they work, with interventions such as psychoeducation, mindfulness, and narrative therapy. Then, it considers literature relating to drama therapy and its use in school settings and suggests that narradrama, may be another approach to treating burnout in teachers.

Keywords: burnout, teaching, narrative therapy, drama therapy, narradrama

Introduction

The state of public education in the United States is generally considered to be in the midst of crisis, particularly after the onset of the COVID-19 global pandemic. Part of that crisis involves the increasing shortage of teaching professionals, many of whom left the profession due to experiencing burnout (Seidel, 2014; Westervelt, 2016). Burnout occurs when workplace stress becomes overwhelming and negatively impacts an individual's professional and personal functioning (Freudenberger, 1974; Maslach et al., 2001). For teachers, workplace stressors can include low salaries, time-intensive responsibilities, a lack of autonomy and respect in their position, and competing sociocultural perceptions of the profession itself (Westervelt, 2016).

The research on treatment for burnout has increased significantly in recent years and has focused primarily on individual interventions, including mindfulness, psychoeducation, and changing behavioral patterns (von der Embse et al., 2019), all to varying degrees of effectiveness. Narrative therapy, primarily a group intervention, involves therapists and clients working together to explore how clients make sense of their experiences and how those narratives shape their perceptions and self-identities (Lingli, 2017), though the research on its effect in this specific context is limited in part because of its qualitative, subjective approach. Drama therapy, a type of creative arts therapy that uses dramatic and embodied methods to achieve therapeutic change, may also be an effective intervention for burnout, though the research is limited (Frydman & Pitre, 2019; Mayor & Frydman, 2019; Jones, 2007). Building off the literature suggesting the effectiveness of both drama therapy and narrative therapy with teachers, this literature review explores the potential uses of narradrama to address burnout in teaching professionals.

Researcher Reflexivity

In authoring this literature review, it is essential to acknowledge my various identities and experiences in relation to the topics included. In some ways, my background and identities mirror those of the target population: public school teachers within the United States. I am white, female-bodied, in my 30's, have obtained a bachelor's degree, and am currently pursuing a master's degree. According to the National Center for Education Statistics (NCES; 2019), each of these traits is held by the highest or second-highest percentage of public and private school elementary and secondary education teachers.

Not only am I similar to a majority of teachers in the United States, I had dreams of becoming a teacher. My earliest memory of a vocational goal involved being a teacher and while planning for college in high school, I set my sights on becoming a high school theatre teacher. When I began my undergraduate education, I was pursuing a dual degree in theatre and secondary education. However, after I was accepted to the College of Education my junior year, I was exposed to the reality of teaching in the United States. I heard stories from fellow classmates, professors, and guest lecturers from the education field: it was incredibly hard to be a teacher. According to those horror stories, teachers were vastly underpaid and overworked and immensely pressured by out-of-touch school administrators, increasing government-mandated testing, demanding parents, and unmotivated students. Though everyone also spoke of their passion for teaching, their love of their students, and their drive to improve the field, I became overwhelmed with fear.

I wasn't alone; according to Seidel (2014), "40 to 50 percent of new teachers leave within their first five years on the job" (para. 6). By that point in my life, I had been diagnosed with major depressive disorder and had struggled to maintain my mental and physical health as a college student. I recognized that I was highly likely to be one of those new teachers who burned

out and, in order to prevent that kind of stress and instability in my near future, I decided to drop my degree in education and find another career path that was better suited to my temperament, one which allowed greater autonomy in my role, more flexibility in my work schedule, and more focused engagement with individuals or small groups.

Despite the shift in career aspirations, I have still spent some of my professional employment in public schools as a behavioral support paraprofessional. I was able to develop meaningful relationships with teachers while in that position, which provided opportunities to see their struggles with occupational stress and, on occasion, burnout. After I complete my master's degree, I intend to continue working in public schools as a mental health professional for both students and staff alike, which translates into having a deep personal investment in understanding and addressing burnout in public school teachers.

Literature Review

Occupational Stress and Burnout

According to the World Health Organization (WHO; 2020b), occupational stress or “work-related stress” is “the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope” (“What is work-related stress?” section, para. 1). WHO (2020b) also explains that workplace stress is “unavoidable [in] the contemporary work environment” and is exacerbated when employees feel unsupported within their workplace or feel a lack of autonomy in their responsibilities (“What is work-related stress?” section, para. 2). Guthier et al. (2020) defined these “job stressors” in terms of workload, time pressure, and complications related to workplace role(s), such as experiencing conflicting or ambiguous responsibilities in their position. (p. 1148).

When chronic and unmanaged, workplace stress may develop into burnout. Burnout is a term credited to Herbert Freudenberger (1974), who described the symptoms he and his colleagues experienced while working as “people who [were] seeking to respond to the recognized needs of people” in such contexts as “free clinics, therapeutic communities, hot lines, crisis intervention centers, women's clinics, gay centers, [and] runaway houses” (p. 161). Freudenberger explained burnout using his observations as well as his own experiences, referencing physical symptoms like “exhaustion and fatigue, being unable to shake a lingering cold, suffering from frequent headaches and gastrointestinal disturbances, sleeplessness and shortness of breath” (p. 160). He also summarized the behavioral signs of burnout in terms of emotion management: “The burn-out candidate finds it just too difficult to hold in feelings” (p. 160). These feelings and behaviors may include “anger,” “instantaneous irritation,” “paranoia,” brashness, recreational drug use, “rigid, stubborn, and inflexible” thinking, a “negative attitude,” and signs of depression and isolation (pp. 160-161).

However, the term had existed at least a decade before Freudenberger published his article. A 1961 book titled *A Burn-Out Case* by Graham Greene appears to be the first piece of literature to use the phrase “burnout” in relation to occupation and tells the fictionalized story of “a spiritually tormented and disillusioned architect [who] quits his job and withdraws into the African jungle” (Maslach et al., 2001, p. 398). As such, though Freudenberger’s publication may have been the first instance of the psychological community recognizing burnout as a condition, the symptoms were phenomena long experienced by individuals across myriad occupational and cultural settings. In fact, Maslach et al. (2001) noted that burnout was notable in its emergence from “both practitioners and social commentators long before it became a focus of systematic study by researchers” (p. 398). Though these “non-academic origins” (p. 398) at first led to

scientific and academic skepticism, it is a strength to recognize that the conception of burnout as a psychological condition is rooted in the lived experiences of individuals speaking out about the challenges and struggles within their work environments and professional roles (Maslach et al., 2001).

Currently, there is some debate amongst the medical and psychological communities as to whether burnout exists as a unique psychiatric condition, how it is expressed, and how it originates (Heinemann & Heinemann, 2017; Koutsimani et al., 2019; Maslach et al., 2001). Some of this debate is influenced by the cultural roots of burnout and other related disorders. According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), burnout is not considered a distinct psychiatric condition, though is referenced twice as a cultural phenomenon, first in connection to somatic symptom disorder as a “culture-related diagnostic issue” (p. 313) and then in relation to shenjing shuairuo (a condition unique to Chinese culture) and neurasthenia. Somatic symptom disorder, shenjing shuairuo, and neurasthenia all involve physical symptoms relating to the nervous system (American Psychiatric Association, 2013; Köhne, 2019). These associations with other cultural concepts of “nervous exhaustion” illustrate that burnout is as much a physical experience as it is a psychological one (Köhne, 2019, p. E-2).

Despite its absence in the DSM-5, burnout is included in the *International Statistical Classification of Diseases and Related Health Problems* (11th ed.; *ICD-11*; WHO, 2020a), which conceptualized it as a health condition that impacts employment and acknowledged both the physical and the psychological dimensions of the syndrome. Its inclusion in the ICD-11 also suggests it is a somewhat global phenomenon, not unique to the United States and its specific cultural norms related to occupation. In the ICD-11 (WHO, 2020a), it is defined as

a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. (para. 1)

Despite these myriad conceptualizations of burnout, there is still debate regarding its existence as a discrete syndrome. Because of its absence as a formal diagnosis in the DSM-5, Koutsimani et al. (2019) reported that, "in order for clinicians to proceed with their treatment, they turn to alternative diagnoses like the ones of depression or exhaustion" (p. 2). Koutsimani et al. (2019) conducted a meta-analysis of the relationships between burnout and depression and burnout and anxiety. According to their results, there is an association between burnout and depression but not one so strong as to suggest they are one construct, i.e. they are two separate psychological conditions. The results were similar in comparing anxiety and burnout, also suggesting they are separate constructs. Koutsimani et al. (2019) concluded that burnout "share[s] some common characteristics" with depression and anxiety and "they probably develop in tandem" (p. 14). This is important when considering how to address and treat burnout as some treatments for depression, anxiety, and/or burnout may require more specific, targeted strategies and mistaking one construct for another may lead to ineffective interventions for patients (Koutsimani et al., 2019).

There is also some contention regarding the individual versus systemic elements of burnout as a syndrome. Richardson (2017), in reviewing and expanding a previous meta-analysis from Richard & Rothstein (2008), acknowledged the need for organization-level programs in

order to foster greater workplace wellness. Burnout can be viewed as an individual response to stress, making it a subjective experience (Koutsimani et al., 2019). As such, Richardson (2017) highlighted interventions such as “cognitive-behavioral skills training, meditation, and exercise” as effective approaches for addressing burnout (p. 424). However, Glazer (2011), as quoted in Richardson (2017), identified the problem of relying solely on an individualized conception of burnout: “Putting too much of the onus for stress prevention, coping, and management on the individual suggests that the individual is always in control” (p. 424). More accurately, the individual is responding to stress originating in, and perpetuated by, their occupation and their workplace culture (Koutsimani et al., 2019; Richardson, 2017). To address this issue, Richardson (2017) suggested several approaches that showed success in their meta-analysis, identified as workplace stress management initiatives and organization wellness programs. The former are intended more towards “restoring resources that have been depleted by the work environment,” whereas the latter are “more preventative, enhancing job and personal resources for all employees” (Richardson, 2017, p. 423). One approach involved increasing employees’ job control or the influence an employee has over what responsibilities they hold in their position and how they meet those responsibilities. Another involved increasing resources for employees which may provide additional layers of mental health support, such as social support groups amongst coworkers or mental health literacy for organizational leaders.

Occupational Stress and Burnout in Teaching

Maslach (2001) characterized burnout as having “roots in care-giving and service occupations, in which the core of the job was the relationship between provider and recipient” (p. 400). Teaching could be described in this manner, with the teacher being a provider of educational skills and interpersonal care and the student being a recipient of the teacher’s

offerings. As both caregivers and service-providers, teachers are especially vulnerable to the “emotional and interpersonal stressors” that can develop into burnout (Maslach, 2001, p. 399). Several of these stressors are referenced in an article titled *What Are the Main Reasons Teachers Call It Quits?* (Westervelt, 2016), including low salaries, a lack of pre-employment preparation and training, a data-driven and achievements-driven model for education, a lack of resources or the expectation for teachers to privately furnish them, a “toxic political climate,” and strained relationships with parents (para. 40).

The Maslach Burnout Inventory is a scale first established by Maslach and Jackson in 1981 and is the most prevalent assessment used in research on burnout because it has “the strongest psychometric properties” (Maslach, 2001, p. 401). The Maslach Burnout Inventory, Educators Survey (MBI-ES) (Maslach, 2001) is an assessment designed specifically for use with teachers to understand the individual impacts of those stressors: However, there is some skepticism with regards to cross-cultural validity with both the MBI and the MBI-ES, particularly because of its development in Western occupational settings (Aboagye et al., 2018). One potential issue with validity lies in its factor structure. The MBI is based on three factors: emotional exhaustion, personal accomplishment, and depersonalization. In their factor-analytic meta-analysis of the MBI, Worley et al. (2008) reported anywhere from two to five dimensions. Aboagye et al. (2018) also addressed the variance in results based on culture and gender. These variations may be influenced by cultural factors like religion, region, work attitudes, and social support, as well as by socioeconomic status and gender identity (Aboagye et al., 2018). This is particularly relevant given the increasing cultural diversity of teachers within the United States (NCES, 2019) as well as when considering international research on burnout and interventions.

There are many justifications for addressing occupational stress and burnout in teachers beyond the individual teachers' wellbeing. As explained by von der Embse et al. (2019), occupational stress and burnout are also linked to negative impacts on the school climate in which they work. For schools, these effects can include "chronic understaffing" as a result of high absenteeism in teachers, which reduces the quality of instruction for students and challenges financial and occupational resources (p. 1329) to account for employee absence. Additionally, the attrition rate is 8% for teachers, "twice that of high-performing countries like Finland or Singapore" (Westervelt, 2016, para. 2). This high turnover amongst staff leads to additional resources being directed towards interviewing, hiring, and training new staff rather than towards supporting and further developing current staff (von der Embse et al., 2019).

The negative impacts of occupational stress and burnout for teachers are also felt directly by their students. "Teacher stress and student behavior are strongly linked; while teachers report that student behavior is a source of stress, teachers also manage student behavior differently under high levels of stress" (von der Embse et al., 2019, p. 1329). Herman et al. (2018) specifically looked at the relationships between teacher stress, burnout, self-efficacy, and coping on student outcomes by surveying "121 general education teachers and 1,817 students in kindergarten to fourth grade" (p. 92). Through descriptive statistical analysis, Herman et al. (2018) established four profiles amongst the participating teachers: Stressed/Low Coping (3% of teachers), Stressed/Moderate Coping (30%), Stressed/High Coping (60%), and Well-Adjusted (7%) (p. 94). When comparing their emerging four profiles against student achievement and behavioral rates through inferential statistical tests, Herman et al. (2018) found statistically significant correlations between the profiles and students' prosocial behaviors, disruptive behavior, and concentration problems. Essentially, teachers who experienced high levels of stress

and low levels of coping had a higher rate of students who displayed challenging behaviors in the classroom and experienced more academic difficulties.

Effects of COVID-19 on Teaching

In December 2019, the Chinese government reported the occurrence of a new strain of coronavirus, 2019-nCov, causing sometimes fatal cases of pneumonia (Santos et al., 2021; Reichmann, 2020). What began as animal-to-human transmission of a respiratory infection in Wuhan, China quickly morphed into human-to-human transmission across the globe, with the WHO declaring it a Public Health Emergency of International Concern and the U.S. government declaring a public health crisis by the end of January 2020 (Santos et al., 2021; Reichmann, 2020).

This pandemic has had an overwhelming effect on teachers in the United States. Teaching was already considered “one of the most stressful occupations in the U.S.,” but that stress has increased significantly due to the challenges of the COVID-19 pandemic (Cardoza, 2021, para. 7). Cardoza (2021) reported that teachers felt exhausted, worried, challenged, and as if “they had reached a breaking point” (para. 4), citing experiences with extra responsibilities while at school like maintaining health and safety protocols, frequently transitioning between virtual, hybrid, and fully in-person models of teaching, political divides, parental judgment, developing technology skills, a lack of work-life balance, and worrying about their students’ academic progress and mental and physical health. According to Cardoza, teachers have individually implemented stress management techniques like social engagements, physical activity, and therapy. Additionally, school districts are attempting to support their staff by offering interventions such as “yoga classes, counseling sessions, and mental health webinars” (para. 11). However, this hasn’t prevented teachers from experiencing burnout; 28% of recently

surveyed teachers with the National Education Association responded that the pandemic “had made them more likely to leave teaching or retire early” (Singer, 2021, para. 11). The pandemic stress has led to a documented increase in retirement applications in some school districts and other districts are experiencing even greater school staffing problems than they had seen pre-pandemic (Singer, 2021). It is possible that this increased teacher attrition related to pandemic stress will lead to a “teacher exodus” in the near future (Singer, 2021, para. 14), potentially adding additional occupational stress to teachers who remain in the field and perpetuating a cycle of burnout within education professionals.

Children are also faced with increased stress related to their education during the pandemic (Cardoza, 2021; Santos et al., 2021; Singer, 2021). Some teachers are concerned about the impact that virtual schooling has had on their students’ educational progress, while others are considering the moral implications of assessing academic achievement while their students manage potential pandemic stress (Singer, 2021). Additionally, some teachers’ concerns for their students’ mental and physical health have led to many teachers performing extra labor in order to support their students (Cardoza, 2021; Santos et al., 2021). Singer (2021) likened this extra labor to teachers “becom[ing] impromptu social workers for their students” (para. 9).

Current Interventions for Occupational Stress and Burnout

There have been various approaches to preventing or reducing the symptoms of burnout. According to a literature review by von der Embse et al. (2019), there are four broad categories for these interventions: knowledge-based, behavioral, cognitive-behavioral, and mindfulness-based. Knowledge-based interventions involve psychoeducation or informational training; behavioral interventions target specific behaviors, such as journaling or participating in consultation; cognitive-behavioral interventions use both “training and practice” to target thought

patterns related to stress and behaviors to respond to them (p. 1331); and mindfulness-based interventions involve a greater focus on awareness and understanding of thoughts and feelings related to stressors (von der Embse et al., 2019). In their review, von der Embse et al. (2019) set out to understand the emerging and persistent trends in interventions focused on occupational stress and burnout in teachers by exploring 24 experimental or quasi-experimental studies that specifically involved interventions for teachers working in grades K-12. Von der Embse et al. (2019) concluded that all approaches have merit towards addressing teacher stress and improving outcomes for both teachers and students, but they found that the interventions that specifically involved some component of behavioral regulation (such as yoga, meditation, or exercise) had the greatest effects for teachers. Additionally, they found that “administration of consistent, regular and applied interventions with 8–10 weeks in duration and regular weekly meetings from 60 to 90 min seem necessary to obtain significant, positive outcomes” regardless of intervention type (p. 1339). Though they did not specifically set out to explore the relationship between student behavior and teacher stress, von der Embse et al. (2019) noted that studies which measured improvements in student behavior also reflected improvements in teacher stress, again suggesting a strong reciprocal relationship between the two.

However, the narrow focus of the literature review by von der Embse et al. (2019) on “evidence-based treatments” (p. 1332) may have emphasized quantitative results and thus disregarded other approaches that are considered more qualitative. One such example is narrative therapy, which was first coined in White and Epston’s 1990 book, “Narrative Means to Therapeutic Ends.” Narrative therapy is based on the concept that narratives, or stories, shape how we as individuals view ourselves, our experiences, and the environments we exist in (Morgan, 2000; Brown & Augusta-Scott, 2006). According to Morgan (2000), “the way we have

developed these stories is determined by how we have linked certain events together in a sequence and by the meaning we have attributed to them” (p. 5-6). As such, these narratives aren’t neutral in how they’re told or how they’re heard; rather, they’re heavily influenced by the biases and stereotypes that we hold as individuals, as families, as communities, and as societies (Brown & Augusta-Scott, 2006, p. ix). Lingli (2017) used narrative therapy in a group context with six first-year kindergarten teachers in China to identify their own narratives about their roles as teachers and transform their experiences of burnout. Lingli (2017) first used externalizing conversations with the participants, a narrative strategy designed to separate a client’s identity and personal narrative from the challenges they’re experiencing (Morgan, 2000). Through this process, Lingli encouraged the participants to explore the ways in which their identities as teachers had been influenced and predetermined by cultural expectations and practices in education, which had “defined them as subordinate persons” rather than as well-trained experts who required a level of autonomy in their positions (p. 38). These conversations also allowed the group to share their “beliefs, expectations, and dreams” in order to interrogate those limiting narratives and elicit new perspectives in the individual as well as foster insight amongst all group members regarding their own stories (p. 39). To conclude their work with Lingli, the six novice teachers engaged in a definitional ceremony in which the participants gathered with a six-member group of administrative staff and other teachers and presented their new personal narratives to this “outsider-witness group” (p. 42). In response, this group of peers experienced and reflected on these new narratives and offered the novice teachers the experience of being validated in their efforts, which allowed the teachers to feel “recognized and appreciated” (p. 42). As a result of the definitional ceremony, the six novice teachers “succeeded in reclaiming their own voices and speaking their own definitions of being a new teacher” (p. 42). This kind of

transformation encouraged the novice teachers as well as their witnessing peers to understand burnout as a product of their community's narratives that created challenges within and unduly limited the role of new teachers.

Drama Therapy

Drama therapy is a form of mental health treatment that uses “drama with a healing intention” (Jones, 2007, p. 8). Drama and other forms of creative expression can connect an individual to their subconscious and unconscious thoughts and feelings and through that process of connection, healing can occur (Jones, 2007). Additionally, drama is particularly suited to helping form connections and relationships between individuals and communities (Jones, 2007). These healing connections within oneself and between one another can happen through various mechanics found within drama therapy, including role play, storytelling, witnessing, and embodiment. (Jones, 2007; Dunne et al., 2021).

Drama Therapy in Schools

There is already precedent for practicing drama therapy in school settings. Sajnani et al. (2019) used collaborative discourse analysis to examine three trauma-informed drama therapy approaches already in use with students as well as teachers, other school staff, and families. The ENACT method is designed to “practice social and emotional skills” through “drama therapy and developmentally-appropriate creative approaches” including “student-driven therapeutic theatre” (Sajnani et al., 2019, p. 29). The CANY model was designed for application in addressing trauma across many populations, though it has specific applications in school settings, and operates from “three guiding principles...: metaphor as healing tool, group as therapeutic agent, and creativity as health” (Sajnani et al., 2019, p. 33). The ALIVE approach (as referenced in this analysis; it is now known as the Miss Kendra Program [Johnson et al., 2021]) emphasizes

the strengths and positives in clients and uses varying drama therapy techniques to reduce cultural barriers around acknowledging, discussing, and addressing trauma (Sajnani et al., 2019). Though primarily analyzed in terms of their applications with student populations, all three approaches “reflect a desire to engage... the broader school-based community over the long-term” (Sajnani et al., 2019, p. 40). ENACT uses monologues specifically from a teacher’s perspective, ALIVE uses drama therapy techniques in psychoeducational workshops as well as offers individual sessions for staff members, and CANY prioritizes building trauma-informed schools that support every individual within them, including teachers (Sajnani et al., 2019).

One of the very few pieces of research that explores the use of drama therapy specifically for teachers is Frydman and Pitre’s (2019) exploration of how Developmental Transformations (DvT), practiced within the context of the ALIVE model, was used with a teacher for stress-reduction purposes. Frydman and Pitre (2019) defined DvT as an “opportunity to explore subjective psychological material via metaphoric representation, embodiment and improvisational play” which relies heavily on the “relational aspects emerging between therapist and client” (p. 144). The use of DvT with teachers arose organically through the implementation of the ALIVE method within schools; as students were benefiting from stress reduction through DvT sessions, teachers and administrators also voiced interest in participating in sessions in order to better perform in their roles (Frydman & Pitre, 2019). In their article, Frydman and Pitre (2019) provided a case example of one teacher, Ms V, including process notes from one short-form DvT session between Pitre and Ms V. Ms V had been observed as experiencing out-of-character changes in attention and engagement in her teaching practice and classroom management and Ms V had specifically requested the session, presumably in relation to these changes. Within the short-form session, Ms V alluded to “relational issues” that were likely

having a negative influence on her performance in her teaching role (p. 149). Frydman and Pitre (2019) noted that Ms V had been observed as detached in her classroom behavior, which likely led to behavioral responses from her students that could have prompted depersonalization in Ms V, both symptoms of burnout. However, “it [was] postulated that the stress reduction session” reduced the influence of Ms V’s stressors on her classroom engagement and Pitre witnessed the return of her typical professional demeanor after a total of three DvT sessions (p. 150). This single case study suggests that DvT, a method under the drama therapy umbrella, can have positive impacts on the symptoms of burnout in teachers.

Narrative Therapy and Narradrama

Narrative therapy, as introduced earlier in this literature review, focuses on the stories that clients tell and are told about themselves, their experiences, and their challenges (Brown & Augusta-Scott, 2006; Morgan, 2000). According to Brown and Augusta-Scott (2006), “from this view, our stories do not simply represent us, or mirror lived events—they constitute us, shaping our lives and our relationships” (p. ix). Narradrama, as conceived by Dunne (2003), can be viewed as an extension of narrative therapy into the realm of drama therapy. Narrative therapy and narradrama both focus on the role of story within clients’ lives. The key difference is that narrative therapy relies primarily (though not exclusively) on traditional talk therapy while narradrama is grounded in drama therapy practices, using creative processes and “action methods” to support clients as they embody, transform, and witness their own stories (Dunne, 2003, p. 230; Dunne et al, 2021). One of the foundational beliefs in both narrative therapy and narradrama is that clients are their own experts in their narratives and as such, the therapeutic process must center them as collaborators and co-authors in partnership with the therapist (Brown & Augusta-Scott, 2006; Dunne et al., 2021; Morgan, 2000). A mental health professional

using narradrama as an intervention takes on the role of “therapist/facilitator” in order to acknowledge that the participants are leading their own development and progress, whereas the therapist/facilitator is providing support, thus respecting the autonomy and expertise of the participants throughout their own processes (Dunne et al., 2021).

According to Brown and Augusta-Scott (2006), narrative therapy is “a political process” (p. xi). This is due to its theoretical influences, which include “feminist, postmodern, and critical theory” that explore the complex relationships between power, privilege, and oppression (p. xi). The theoretical foundation of narradrama also includes Bronfenbrenner’s ecological model and Crenshaw’s conceptualization of intersectionality (Dunne et al., 2021). The ecological model posits that individuals develop “within a complex system of relationships affected by multiple levels of the surrounding environment” which can be visualized with concentric circles, the smallest being the closest interpersonal relationships to the individual and expanding out to more abstract relationships such as cultural values and environmental contexts (Berk, 2018, p. 23). Intersectionality also emphasizes the complexity of an individual’s environmental and interpersonal influences, specifically within the realm of sociopolitical identities. It was first coined by Crenshaw to acknowledge the unique oppression experienced by people who are both women and Black, as their experiences of racism and sexism are influenced and compounded by their simultaneous sexual and racial identities (Coleman, 2019). Carty and Mohanty (as cited in Coleman, 2019) generalize intersectionality to all humans by explaining that “all of us... are actually living at the intersections of overlapping systems of privilege and oppression” (para. 8). Both of these theories, as valued and essential influences on the practice of narradrama, shape the practice into one that respects and honors the identities, histories, and lived experiences of each participant and requires each therapist/facilitator to interrogate how their own identities,

values, and biases may present within their therapeutic practices (Dunne, 2021). To reflect these influences and theoretical values, Dunne et al. (2021) highlight specific themes that therapists/facilitators should address within their practices. These include advocacy, macro- and microaggressions, resilience, preferred self-definitions, and social justice (Dunne et al., 2021).

In narradrama and narrative therapy, participants work through a “problem-saturated story,” or a conception of their experiences or history that relies on a fixed narrative of the challenge a participant is facing and how that persistent challenge negatively impacts the participant’s self-perception (Dunne et al., 2021, p. 209; Morgan, 2000). According to Dunne et al. (2021), “dominant, problem-saturated stories restrict the roles and actions we perform, because they filter problem-free experiences from our memories and perceptions” (p. 209). Both narrative therapy and narradrama work towards developing an alternative story which allows participants to reframe their self-identity and make space for new approaches, perceptions, and roles (Brown & Augusta-Scott, 2006; Dunne et al., 2021; Morgan, 2000).

When practiced over multiple sessions, narradrama follows a nine-step approach, though these steps do not have to happen in a linear or sequential fashion (Dunne et al., 2021). Instead, this nine-step process is structured as a way to encourage participants to engage in varying levels of personal insight and expression. The process begins with Step 1, titled “Discover New Descriptions of Self Identity and Preferred Environment.” This step serves as an introduction for participants into the process of narradrama and helps them identify their own strengths, preferences, and existing supports. Step 2 is “Externalize and Map the Influence of the Problem,” which asks participants to identify the core challenge within their specific story and shape its presence in their life. Step 3, “Discover Alternative Stories and Pivotal Moments,” allows participants to develop new understandings of their problem and incorporate more positive,

supportive, and autonomous perspectives on how they can shift their story. Step 4 helps participants “Expand Personal Agency” and identify preferred ways of being. Step 5 asks participants to “Externalize Choices,” a process which compares the future potentials of staying engaged with the problem in the same way versus changing their approaches and perspectives. Step 6, “Illuminate Values,” supports participants as they dig deeper into their own values and understand how those values can be enacted holistically in all aspects of their life. Step 7 is “Expand Possibility Extensions through Roles and Stories” and more specifically encourages participants to incorporate multiple perspectives and roles within their own story through “connecting with nature, archetypes, or animal images” (p. 229). “Re-story Life Story” is step 8 and explicitly places the participant in the role of “author/director of their life story” in order to highlight the way their story has changed throughout the narradrama process (p. 229). Finally, the process wraps up with Step 9, “Reflect and Celebrate,” in which participants are encouraged to look back on their therapeutic process and honor the growth and change they’ve experienced.

Within these 9 steps, there are a wide variety of action methods and techniques available to the therapist/facilitator and participants that originated within narrative therapy and are used in an embodied manner in narradrama (Dunne, 2003; Morgan, 2000). Though this list is not exhaustive, this literature review will highlight some of the most common concepts used in interventions. First is “doubly listening,” which invites both therapist/facilitator and participant to also consider what is *not* being said when the story is being told (Dunne, 2021). This process may offer alternative perceptions of the participant’s role or self-identity within their story (Dunne, 2021). Another method is “re-membering conversations,” in which participants reimagine which figures (real or fictional) are allowed to have a “voice” or a role in their story (Dunne, 2021, p. 212). “Externalization” “helps participants to separate themselves from the

problem and offers new perspectives and disempowers the problem,” thus allowing participants to expand their conceptualization of the problem and grant them greater autonomy in how they wish to address it (Dunne, 2021, p. 214). Participants also use “role expansion” to explore other ways of being and identifying within their own lives through active, embodied role-playing. This process encourages the development of “preferred roles,” or identities and ways of being that may feel more authentic to the participants and may allow them more autonomy in how they engage with challenges. Narradrama, whenever possible, also uses the narrative therapeutic practice of a “reflecting team,” which is a group of individuals who are active observers throughout the process and “whose comments and inquisitive observations help open space for new possibilities and alternative stories” (Dunne, 2003, p. 230).

Discussion

This literature review first explored the concept of burnout and how it manifests for public school teachers in the United States. The current literature presents that toxic stress and burnout amongst educators in schools has become a serious issue for everyone invested in the process of public education, including educators, students, and administrations. Burnout leads to both personal and professional challenges for teachers, impacts the functioning and success of schools, and negatively influences both academic and socioemotional outcomes for students (Cardoza, 2021; Westervelt, 2016; von der Embse et al., 2019; Herman et al., 2018; Singer, 2021; Frydman & Pitre, 2019). Some attempts to contextualize and address burnout have focused on individual efforts teachers can make to improve their mental health and develop more effective coping skills (von der Embse et al., 2019; Cardoza, 2021), one of which was narrative therapy (Lingli, 2017). Though these individualized approaches are effective to varying degrees, their focus neglects the systemic and societal elements that also increase the risk factors for toxic

stress and burnout (Richardson, 2017). This is a significant limitation of the current research into burnout amongst teaching staff, which is particularly egregious considering that many of the factors that educators cite when discussing their symptoms and lived experiences involve the expectations and practices of parents, policies and decisions of school and district administrators, state and federal laws, and systemic dynamics of power and oppression.

Within the field of drama therapy, there is limited research regarding its effectiveness in working with teaching staff, but there is significant precedence for using it in schools and that is a promising indication that further research should be conducted. This literature review serves to suggest that narradrama, an extension of narrative therapy as it relates to drama therapy, is a viable option for working with teachers and may be particularly well suited to responding to the symptoms of burnout. Narradrama as a method is especially strong because of its theoretical and practical focus not only on the individual's conception of their own lived experiences but also the nuanced and intricate sociocultural factors in which that individual is living (Dunne, 2021). Additionally, because burnout may occur due to a lack of control and autonomy within their position, teachers may find narradrama especially effective because it explicitly focuses on collaboration between the participant and the therapist.

For some teachers, narradrama may also feel more accessible than other forms of therapeutic intervention because of its reliance on the concept of storytelling. Many educators work explicitly with stories and storytelling in their own work, not only teaching storytelling as a concept but using stories to explain and illustrate specific concepts. For teachers, using the framework of storytelling and encouraging them to explore their own stories may feel familiar and comfortable, potentially allowing them to engage more effectively in the narradrama process.

There are also several action methods within narradrama that could target specific elements of burnout in teachers. For example, working with teachers to “re-member” their stories may help them identify which figures in their professional (and even personal) lives get to have influence over their conception of their role as an educator. In re-membering, they may find that some voices which have been overwhelming them (such as teachers or administrators) have less power whereas other voices (such as students) become louder and more influential. Some teachers may also appreciate expanding the roles they play inside and beyond their school responsibilities. If they feel overwhelmed by their role as teacher, they may find narradrama helpful in identifying other roles they prefer to play, which may encourage them to live through their story more authentically and feel a greater sense of autonomy and control in which roles they perform and when they choose to perform them.

There is a clear need to address the crisis of burnout in teachers, both on an individual level and at a system level. There is some promising research in how to reduce or eliminate workplace stressors for individual teachers as well as ways in which school administrations can reconsider their school climate and their approach with retaining and respecting teaching professionals. Specifically within the field of drama therapy, there are rich opportunities to continue researching how narradrama may be an effective approach to treating burnout in public school teachers.

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THESIS APPROVAL FORM

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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.

Thesis Advisor: Laura L. Wood, e signature 12.20.2021