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Using Animal as Metaphor in Drama Therapy with Psychiatric Patients in an Intensive Outpatient Program Group Therapy Session: An Intervention

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Abstract

Drama therapy may be uniquely suited to help people with mental illness who have negative beliefs about what it means to be mentally ill. It focuses on helping the individual expand their sense of what a person with mental illness can be, as well as their awareness of the other roles they may play in their lives. In the current study, the author developed a drama therapy intervention for psychiatric patients in an intensive outpatient program (IOP). The intervention uses pre-made cards that depict images of various animals. During the intervention, the participants were asked to discuss how they handle life stressors. Then, using the animal card of their choice, they were asked to relate those experiences to their chosen card. Participants were asked to explore relaxation from their animal's perspective and share their insights with group members. The author found that identifying with the animal role allowed for patients, facilitators, and medical student observers alike to realize the importance of social engagement and connection as a healthy coping mechanism to stress.

Keywords: drama therapy, role theory, mental illness, animal as metaphor, embodiment, medical students, stress

The author identifies as a heterosexual, cis-gender female of mixed European ancestry from the southeastern United States. She is a psychiatrist and medical educator completing her drama therapy training.

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Research by Del Rosal et al. (2021) suggests that people who experience mental illness vary in terms of the extent to which they identify with the role of being mentally ill, and what characteristics they ascribe to that role. Those who strongly identify with the role of a person who is mentally ill, and who hold negative beliefs about what this role entails, tend to have worse psychiatric symptoms, and, in turn, worse outcomes in terms of social and occupational functioning (Del Rosal et al., 2021). From here, drama therapy can be used to examine the roles people perceive themselves as having; it is uniquely suited to helping people explore the roles they have taken on, as well as the roles they wish to let go (Ramsden & Landy, 2021). Role theory, then, suggests that expanding an individual's sense of the numerous roles they may take on, as well as their flexibility in playing these roles, can improve mental wellness (Ramsden & Landy, 2021).

Aesthetic distance is the space the participant perceives between their actual self, their experiences, and that of the character or role that they are taking on in the exercise (Johnson & Emunah, 2021). This use of metaphor or symbolic representation allows for safety and distance from feelings or thoughts that might be overwhelming (Johnson & Emunah, 2021). Furthermore, animals can be used as metaphors that represent features of the roles that people play in their lives, and in doing so, allows for aesthetic distance (Case, 2014). This makes it easier and safer for people to embrace aspects of themselves that they might be unaware of (Case, 2014).

Psychiatric patients of intensive outpatient programs (IOPs) tend to be experiencing more acute distress from their mental illness and may be particularly vulnerable to experiencing low-

self-esteem associated with their symptoms (Yanos et al., 2010). Psychiatric facilities that offer

higher levels of care in larger metropolitan areas often offer some expressive arts activities, such

as art therapy or music therapy, and sometimes drama therapy. However, most facilities in more

rural or smaller/midsize cities, (such as the current study's IOP in Louisiana) tend to be less

likely to offer expressive arts activities outside of the context of recreational therapy, and instead

tend to be centered around more talk therapy with less arts-based interventions. This statement is

based on the author's experience in psychiatric hospitals over 30 years in different locations as

she was unable to find a literature review or study describing this prevalence. Given that patients

with psychiatric illness who are in an IOP setting tend to be experiencing more intense and acute

mental distress, it is important to offer therapeutic programming to them that is effective at

relieving distress and improving wellbeing. Additionally, while there is literature which has

examined the application of drama therapy techniques in an outpatient setting, there is more

limited research about the application of drama therapy principles at higher levels of psychiatric

care (Sajnani, 2021).

The current study involved the development of a drama therapy intervention that uses

animal metaphors and externalization to explore group participants' roles during a group therapy

session. This intervention specifically examines group participants' understanding of the roles

they take on during times of stress and facilitates the identification of coping skills they can use

to manage their stress based on the identification of the relaxation qualities of their selected

animal. The author investigated whether using animals as metaphor could improve patient

wellbeing by expanding the patients' sense of their roles (beyond their illness), and their

flexibility between roles. The current study employed this intervention in a group therapy setting

in order to enhance the intended therapeutic effect, as well as see how feasible these

interventions are for patients requiring a higher level of psychiatric care. The author hopes that this investigation will provide insight as to whether drama therapy-based interventions may be helpful to patients experiencing more acute psychiatric illness, and if these interventions may be more effectively offered to a group rather than on an individual basis.

Literature Review

To start, this literature review will touch on some basic theories from drama therapy, including the importance of role theory. Next, an overview of animal metaphors will be provided. Finally, this review will discuss why drama therapy might be particularly useful in working with patients with psychiatric disorders who require higher levels of medical care.

Examining the Identified Patient Role

Patients in IOPs may be labeled as manic depressive, schizophrenic, or as addicts, among other things, and often must manage and cope with varying levels of stress during treatment (Conner, 2017). This labeling can create a narrative and a self-fulfilling prophecy in the individual in which overidentification with the label becomes a stressor (Conner, 2017). Receiving a diagnosis of an illness that is often associated with stigma can make a person feel powerless, and as if they have no ability to change it. This added stress can exacerbate the symptoms of a person's already existing mental health diagnosis. Receiving a mental health diagnosis may also inadvertently cause an individual to take on a specific role that offers minimal flexibility and knowledge of how to shift into alternative roles. An example of this would be labeling the person as an "identified patient," which can create both a narrative and a self-fulfilling prophecy in the individual. Additionally, unlike in patients with other illnesses such as cancer, a person with a mental illness may be more likely to be perceived by others as being responsible, at least in part, for their illness (Conner, 2017).

The importance of patient created narratives and self-fulfilling prophecies is also reflected in the internally and externally held attitudes toward these individuals, as well as the protections these attitudes may offer. People experiencing mental illness are not only impacted by the symptoms of their mental illness but are also impacted by the attitudes and beliefs that they themselves, as well as others, hold about what it means to be a person with mental illness. These attitudes and beliefs can be complex. In some cases, it is thought that identifying with the role of a person with a mental illness based on certain attitudes can be protective. The Rejection-Identification model first proposed when studying identification with ethnic and racial groups, (Schmitt & Branscombe, 2002) suggests that members of a stigmatized group can have improved psychological well-being by increasing their affiliation with their stigmatized group. In effect, rejecting the norms, negative attitudes and affiliation with the stigmatizing group may allow one to find a sense of identity within the stigmatized group (Schmitt & Branscombe, 2002). Additionally, according to Crabtree et al. (2010), when people who might otherwise be stigmatized and viewed in a negative light, join a group with similar members this social identification and support reduces stigma, rejection, and negative stereotypes. In fact, research on group identification in mental health support groups found that when people socially identify with others based on shared characteristics, this social support allows the group and individuals to resist stigma and judgment of each other. Patient identification with certain roles related to their mental illness, however, may not always be beneficial.

Research that looks specifically at those with mental illness, however, suggests that identification with the role of being mentally ill tends to have negative consequences (Yanos et al., 2010). In a comprehensive meta-analysis, Yanos et al. (2010) analyzed over 100 studies from 42 countries and examined how identification with the role of a mentally ill person impacted that

individual. They found that most frequently, people who identified with being mentally ill had higher self-stigma, lower self-esteem, decreased quality of social relationships, and less hope than persons with mental illness who identified less closely with the mentally ill identity. They also found that increased identification with mental illness was associated with a higher risk of suicide, increased likelihood of avoidant coping strategies, and decreased quality of vocational functioning (Yanos et al., 2010). Given these high-risk factors, it must also be considered that patients may form negative identifications that may potentially have negative consequences associated with them.

There is widespread prevalence of negative stereotypes against people with mental illness. In their meta-analysis, Schomerus et al. (2012) examined reports that looked at changes in attitudes toward mental illness over time in over 16 countries. They found that even as the public increasingly endorsed the belief that mental illness can have a biological basis and that professional treatment does have clinical utility, there were no changes in the rates of people that believed the negative stereotypes about those with mental illness. Some of the most commonly identified stereotypes were that people with mental illness are scary, prone to be violent, and that they are to blame for their illness (Watson et.al., 2007). They also found that a majority of the participants did not want to accept a person with serious mental illness as a co-worker, neighbor, friend, or as someone who was marrying into their family (Schomerus et al., 2012). Commonly held stereotypes can and do go beyond societal definitions and can lead to more circumstantial identifications that patients may place upon themselves.

Internal Stigma

People with mental illness are confronted with stereotypes of what it means to be mentally ill. This, in turn, affects their identity as they struggle to cope with not only their mental

illness, but with learning how the roles they engage in are affected by the perception of what it means to be mentally ill (Del Rosal et al., 2021). Aside from this, individuals must also deal with their own stigma toward themselves, and how they may perceive themselves differently as a result (Livingston et al., 2010). Generally speaking, everyone is different in terms of how they believe their mental illness affects the roles they play in their lives. This can also apply to the roles that individuals feel they must let go of or take on because of their mental illness (Del Rosal et al., 2021).

A scoping review and meta-analysis by Del Rosal et al. (2021) examined the internal stigma of mental illness and how this stigma can affect those diagnosed with mental illnesses. An inverse relationship was found between self-stigma and "subjective recovery, self-esteem, quality of life, hopeful feelings, empowerment, personal functioning, and stigma resistance" (pp. 328-329). Specifically, people who internalized stigma felt more depressed, and perceived more social stigma from their peers. Researchers also noted that some patients have more of a tendency to let this stigma effect their internal beliefs about themselves, while others are more able to resist negative associations with their diagnosis. Thus, it can be said that role expansion through role therapy can help patients broaden their role repertoire to better cope with both external and internal stigma.

Role Therapy

While drama therapy is specifically concerned with the roles people perceive themselves as having, role theory suggests that expanding an individual's sense of the numerous roles they play and improving their ability to shift between these roles can improve mental wellness. Role theory, a core approach in drama therapy, is a concept that was developed by Landy and other practitioners who believed that dramatic metaphor reflects our subconscious, unconscious and

conscious psychological processes that are happening internally (Ramsden & Landy, 2021). Specifically, these practitioners (2021) suggest the role that an individual plays is defined either by patterns of behavior, or ways of "thinking, feeling, valuing, or acting" (p. 86). More importantly, a person does not just play one role, but may have a number of roles they manifest at different points in their life; these roles are not fixed, however, and can change (Gervais, 2021).

One goal of drama therapy is to expand an individual's range of roles, as well as their flexibility to shift between their roles. Studies have shown that role theory not only exposes individuals to their past, present, and future, but that these self-perceived roles can also be contradictory (Keisari, 2021). It allows individuals the opportunity to resolve these contradictions, in part by experiencing new roles and new narratives that allow us to see things differently; we are able to see things from multiple new perspectives that emerge from parts of ourselves we may have previously been unaware of (Ramsden & Landy, 2021). From this perspective, wellness, in terms of mental health, is our ability to take on contradictory roles while being able to manage these contradictions while modulating and regulating our distress (Keisari, 2021). So, in drama therapy, we may work to alleviate stress with a client by identifying the roles in a person's life and by exploring how these roles may be expanded or transformed within therapy. Role play is a major component of drama therapy that enhances the ability of patients to take on another's perspective and understand their mental states (Feniger-Schaal & Koren-Karie, 2021).

Role Taking

Ramsden and Landy (2021), in their discussion on Landy's classic work on role theory and the role method of drama therapy, looked at what happens between healthy and unhealthy

people in terms of their ability to take on roles. While these terms might be more sensitive if the authors were not labeling people as healthy or unhealthy, but as people with adaptive or maladaptive coping skills, these authors did use the terms health and unhealthy people. These authors noted that healthy people with more adaptive coping skills are able to take on multiple roles in a flexible manner (Ramsden & Landy, 2021). They also noted that, in contrast, the unhealthy people had a lot of difficulty moving between roles and tended to have a narrower set of roles they embraced.

The authors note that a person who is unhealthy is not able to understand and internalize roles that they can call on when needed (Ramsden & Landy, 2021). These authors found that using role play provides some aesthetic distance for the actor to merge with the role, and to take on playing and trying out different roles. It would follow from their discussion of these unhealthy people with mental illness, or people with maladaptive coping skills, that they may have primarily been stuck in internalized roles that they assumed they must take on because of their own or outside stereotypes of mental illness. Teaching them to expand into or project multiple roles will allow them to have role flexibility in order to live beyond a singular internalized role and try on new roles that extend past the role of mental illness.

Dramatic Projection

In drama therapy, participants experience dramatic projection, which is the process of taking things inside of themselves that they may or may not be consciously aware of and recreating a symbolic representation of these processes as an external metaphor or experience to create an external reality expressed through a dramatic story or representation (Feniger-Schaal &, Koren-Karie, 2021). When such experiences are externalized, it allows for conversation and interaction to take place between the internal and external representations of these experiences.

Participants can try on new roles by projecting parts of themselves onto images they choose (Jones, 2007). These core processes of embodiment and dramatic projection create opportunities for participants to externalize these parts of themselves, creating distance and emotional safety, while allowing them to see themselves from a new perspective (Mayor & Frydman, 2021). It is important to help people externalize their problems so that the individual will realize that they are not defined by their problem, but instead, are aware that their problems exist separate from themselves (Conner, 2017).

Dramatic projection is part of a core process in drama therapy that allows for distance to be created between the person and their problems (Jones, 1991). This distance may allow individuals to experience the metaphor of the problem with emotions and expression without being emotionally overwhelmed. In fact, it has been noted that within the field of drama therapy there may be a connection between a client's emotional expression and their engagement in drama therapy processes (Armstrong et al., 2016).

Integrating the arts into group therapy allows participants to have a visual external representation of these internal processes, that can be kept and held as a piece of art (Sonnone & Rochford, 2020). According to Feniger-Shaal and Koren-Karie (2021), arts-based modalities inside of the therapeutic process provide an individual with the opportunity to externally represent their inner reality, which can include any feelings or ideas that can be symbolized by objects, stories, pictures, etc. This process of externalization is a common goal within any therapeutic relationship within drama therapy.

Evidence for Use of Expressive Arts Therapy (Including Drama Therapy) with Psychiatric Patients

Drama therapy engages the body differently than other arts-based modalities. According to Parsons et al. (2020), in their article in using the expressive arts in counseling, there are biological effects from the creative use of the body when endorphins, which relieve pain and produce joy, are released, as well as other neurochemicals such as monoamines. These authors note that the creative use of the body, along with a reduction in the stress hormones or cortisol, all lend themselves to a sense of wellbeing and euphoria from the activities. The engagement of both the physical body and the imagination creates a powerful combination that, in the treatment of depression, can invoke a sense of agency and feeling of liveliness and empowerment (Parsons et al., 2020). Ultimately, drama therapy and the use of dramatic projection allows for play inside of the therapeutic space, which, in turn, allows one to be in the present moment, responding with childlike joy in a spontaneous manner that allows for us to ask for our needs and nurture our inner child in this pretend play that feels like reality. (Feniger-Schaal & Koren-Karie, 2021).

Several studies have looked at the impact that drama therapy can have on psychiatric patients at various levels of care. One study by Sancar et al. (2017) looked at the specific outcomes related to the use of drama therapy with patients diagnosed with severe mental illness in an outpatient setting. Applying Yalom's Group Curative Factors scale, the quantitative results were based on pre- and post-test measures that included the global assessment of functioning and the Wilcoxon Signed Ranks test. Here, the authors found that drama therapy sessions offered over a 24-week time frame resulted in a decreased loss of overall functioning. It was also found that hope, group cohesion, and altruism were higher as a result of the drama therapy interventions.

Ron, a drama therapist, has reflected on why drama therapy may be useful for psychiatric patients diagnosed with mental illnesses specifically. In his research using psychodrama

techniques with inpatient psychiatric patients, he noted that, among other phenomena, role-playing in particular (i.e., where the patient takes on a role related to their sense of sense) was valuable to patients (Ron, 2018). So, it can be said that drama therapy may be uniquely beneficial for the IOP population, and that these benefits may go beyond those of traditional talk therapy. By utilizing techniques used in drama therapy, individuals in IOPs may develop the confidence to begin to try on new roles, such as going outside of the identified patient role and trying on the roles in which they are not locked into the ill person or the stressed person role.

Finally, drama therapist Nisha Sajnani (2021) concluded that, while there is promising research that suggests the effectiveness of drama therapy techniques even with patients requiring higher levels of psychiatric care, more research should be conducted.

A number of expressive art therapists have examined the usefulness of expressive arts more generally in group settings. For example, Wadeson (2010) indicated that group art therapy can be particularly useful for socially withdrawn individuals who might otherwise struggle to participate in a more traditional talk therapy group. In another example, Sonnone and Rochford (2020) found that art therapy allows us to share our internal processes, thoughts, and feelings without having to share it in a more formal and verbal way. The integration of expressive arts, particularly visual art, drama, movement, and music is often utilized inside of these groups as is it is particularly helpful for people who may be isolated and withdrawn or whose defenses might make it difficult for them to connect with others in a traditional group therapy that relies primarily on talking (Sonnone & Rochford, 2020). Even for individuals who may otherwise be able to easily participate in more traditional talk therapies, it can be said that the group art therapy approaches may provide an opportunity for group members to understand one another on a deeper and more expressive level (Wadeson, 2010).

Animal as Metaphor

Humans have been relating to animals and have been attributing symbolic meaning to them since the earliest recorded times. Animals can be used as metaphors that represent features of the roles that people play in their lives. In her Encyclopedia of Animal Symbolism in Art, Werness (2004) discusses how widespread and pervasive animal symbolism is throughout different cultures and time periods; she notes that there are two main forms of animal symbolism: (1) anthropomorphism, which is the projection of human qualities onto animals, and (2) zoomorphism, which imagines humans as animals. Werness (2004) notes that, while animals cannot speak, with a few exceptions that include parrots, it is the human's feelings about the animals which creates powerful and symbolic experiences with these animals.

Scholars have also written on the symbolism that humans may attribute to animals, and specifically, how that symbolism may be used in therapeutic settings. In her paper about art therapy, Sheila Henderson (1999) proposed a framework for understanding how a client might select an animal image, and how that image may end up resonating in a way that is therapeutic. Henderson proposed three main considerations that might contribute to the selection of the animal image: (1) the thought of what the animal symbolizes; (2) the thought of how the animal appeals aesthetically to the client; (3) the thought of how the animal might represent some lost aspect of the self. Henderson then found that once the client had selected an animal, exploration of that choice could contribute to self-exploration, as well as serve as a way to explore innate self-potential.

Art therapist and psychotherapist Caroline Case (2014), in her book Imagining Animals, also discussed how the specific use of animal imagery can be particularly useful in distancing in drama therapy. Case described a common process in drama therapy; by using the process of

creating an externalized metaphor, it provides safety, and a holding space that may allow a person to be more comfortable and talk more freely about parts of the self. In essence, Case says that this can help facilitate people to have conversations with aspects of themselves. The author also discusses the connection between Jung's archetypes and role theory in drama therapy and points out how animal imagery can be used in an analogous way.

Garrett (2015) has also discussed her work with the use of small cards displaying various types of imagery, including animal imagery. The author shares that there may also be some practical advantages to using imagery cards, namely that using pre-made cards may be less expensive (from a materials perspective), less time-consuming, and may not be as intimidating to people as having to create art on paper might be. She also notes that even clients who do not identify as being artistic can benefit from being able to have activities which allow for an outward expression of their feelings without the pressure of having to create an aesthetic product.

Possible Benefits for Observing Medical Students

There were medical students having their first exposure to psychiatric patients who participated and observed the intervention presented in this paper; this intervention may have benefited their understanding of and compassion for patients with psychiatric illness. Medical students training in psychiatry are just as susceptible to negative stereotypes about the mentally ill as other medical professionals are to negative stereotypes about the medically ill (Stuber et al., 2014). This research survey of these psychiatric mental health professionals found that, despite having less bias than a control group, there was still significant stigma associated with certain mental health diagnoses. For example, 40% of mental health professionals say they would not want a family member to marry someone with schizophrenia, and 30% would not want that person as a co-worker. This stigma toward those diagnosed with mental illness was less present

in mental health professionals who had more experience either in their work or were diagnosed with a mental illness themselves. A seemingly incongruent finding, however, was that mental health professionals who held the most negative perceptions and stereotypes toward the mentally ill were more likely to experience their own symptoms of mental illness, such as anxiety, depression, suicidal thoughts or substance abuse. Like other mental health professionals who may hold biases, even as they themselves struggle with mental illness, medical students are not immune to depression or being burnt out, with up to 80% of students suffering from burnout (Hankir et. al., 2021).

The improvement of participants' compassion for one another, which is another function of group drama therapy, may also extend to observers of the group as well. This is particularly interesting to consider in medical settings, where Hojat et al. (2009) found that medical education for all types of trainees, including physicians, is an intense experience that often leads to burnout, and to a significant erosion of empathy for themselves and others.

Empathy is thought to be important in medical settings because it improves the insight into and awareness of how a patient experiences pain and suffering, and it encourages physicians to be more compassionate (Dyrbye & Shanafelt, 2015). In one study, researchers were interested to see if they could improve empathy in medical students by incorporating more arts-based processing into the curriculum (Potash et al., 2014). One hundred sixty medical students were randomized into groups where they either participated in an arts-making workshop, or in a problem-solving workshop. Students in the arts-making workshop reflected on their experiences through the creation of poetry, reflective prose, and visual artwork, whereas students in the problem-solving workshop wrote a more conventional clinical case summary. Researchers found that while there was no difference in empathy between groups, the students participating in the

arts group reported a perceived benefit in terms of their understanding of self, their patients, and their role as a doctor. Students reflected in the art group that thinking too much on the diseases could be a barrier to understanding their patient's stories and get in the way of the students having empathy for their patient's pain and suffering (Potash et al., 2014). Another study showed that improvisation activities that involve taking on imagined roles in medical school help students to become more engaged, relaxed, and attuned (Neal et al., 2021).

Methods

This intervention was designed to facilitate role exploration using an animal as a metaphor with patients attending a group therapy session as part of an IOP psychiatric treatment program. Overall, the author planned to monitor the participants' engagement by focusing on the "big three: vocal tone, body language, and facial expression" (Schneider, 2007, p. 28). The author anticipated that there would be increased social engagement as reflected by these changes. The author also anticipated possible increased spontaneity, creativity, movement, and increased participation on the part of the participants, described by Keisari as the "evolution of life stories, the evolution of playfulness and the expansion of social engagement" (2021, p. 1).

Participants

This intervention was utilized with psychiatric patients who were enrolled in an IOP at the author's drama therapy internship site. The site is located in a private psychiatric hospital affiliated with an academic medical center. The intervention was utilized during a group therapy session with patients experiencing illnesses that included depressive, bipolar, psychotic, anxiety and substance use disorders. The group consisted of eight psychiatric patients from diverse economic and racial backgrounds. Patients ranged in age from 18 to 65 years and older. Members of the group were experiencing moderate impairment from their condition but did not

require psychiatric inpatient hospitalization. Participants in the IOP attended the program Monday through Thursday mornings for approximately 8 to twelve weeks; there was also a rolling admissions process where newer patients were admitted as older patients were discharged. As such, most participants were familiar with one another even though the length of time each participant spent in the program varied.

The author acted as the primary facilitator of the intervention, along with a licensed mental health professional to help assist the author as the co-facilitator of the group. Two medical students on their psychiatry clerkship also volunteered to be present in order to help with the group and enrich their understanding of the psychotherapeutic process. Additionally, the author also hoped that the psychiatric students who participated in the experience of drama therapy alongside the patients would be able to gain a different perspective on their interactions with an understanding of psychiatric patients. The author also anticipated that the techniques that involved imagination, spontaneity and creativity could possibly impact the co-facilitators of the activity and the medical students as well.

Materials

For the current study, the intervention used "The Wild Unknown Animal Spirit Deck" art cards, created by Kim Krans. They contain 63 ink and watercolor images of animals that Krans describes as "archetypes." This deck was chosen because this author had previous familiarity with its use from a drama therapy intervention in which she was a participant. Alongside this deck of cards, participants also used blank sheets of paper and markers.

Figure 1

Sample Card

Note. Sample Card from "The Wild Unknown Animal Spirit Deck"

Procedure

This intervention took place during a 2-hour group therapy session and included a warm-up exercise, the main intervention, and a closure exercise. During the warm-up exercise, participants were asked to experience how they are feeling coming into the group, and to express this feeling as an embodied movement and sound to the other members of the group. This warmed participants up to the idea of embodiment, while also building cohesion and connection in the group.

Prior to the main intervention, participants checked in with one another by verbally taking turns to share their current stressors. Next, this author displayed the animal cards on a table, and participants were asked to look at the cards and select one that resonated with their experience in the present moment. Participants were then asked to share about their animal card selection and why this selection resonated with them. They were also asked to imagine and share how their animal might respond to stress, and then, later, how their animal might relax.

Participants were asked to share what characteristics they might want to emulate from that animal into their own role they take on when relaxing. The participants were then

encouraged to share with one another what they learned from selecting their animal, and what they learned about themselves as a result. Participants were also asked to provide feedback to their peers about whether previously shared ideas might have applied to them as well. This intervention had also included an option for the participants to engage in conversations with the different parts of the self as represented by the animal while in the metaphor. The group did not have time to use this option, though.

During the closure exercise, after a demonstration of how to do so by the author, participants were asked to de-role from their selected animal by shaking it off. Part of the closure of the group was to explore with each other what the experience was like, and to discover group themes that might be held in common. The group engaged in a brief reflective exercise to write what they learned from the experience and what they wanted to take with them as a result. These reflections were shared verbally and were also written on post-it notes.

There were a number of additional considerations that the author took into account when developing this intervention. In particular, there was one patient who had visual impairment; this group member was asked to select an animal from her imagination, without the use of the cards as visual cues. While movement and body engagement were an option, the author also considered that some participants may have had physical limitations, so modifications were planned in case they were needed. The author was also aware that certain participants may have preferred to take more of an observational role. The author took into account that it is important to accommodate these patients and to acknowledge the validity of this role; as such, the author planned on having a backup art or journaling activity for any individual participants who opted not to participate in the group activities.

Results

During the initial warm-up to the intervention, group members checked in with each other about how they were feeling and discussed the ways they were coping with recent stressors. Following this warm-up, the author initiated the primary portion of the intervention, starting with having group participants select an animal card that was resonating with them. Participants then shared about the animal card they selected, and why it resonated with them. As the session was not recorded, and notes were not taken, the comments from individual participants are what was observed as an overall impression from the author that described her reflections or understandings from them rather than any actual statements.

During the discussion, one thing that the author noted was that some participants tended to comment on the physical qualities of the animal and reflected on how those indicated the temperamental characteristics of the animal to which they relate. For example, one participant who selected a lion noted the lion's size and its claws and stated that these things indicated its power and capacity to be fierce. Another participant who selected a dragon described the dragon's skin as vivid and colorful, leading them to think of the dragon as an animal that was full of possibilities Another participant who selected a camel noted the animal's physical resilience, leading him to think of it as an animal that is hardworking and quiet.

Participants also reflected on how they related to their perception of the animal's temperament. In the case of the participant who selected the lion, the participant described the lion as quick to anger and even spontaneously roared in order to emulate the animal. They noted how this tendency may serve a defensive purpose in order to protect the lion from potential threats. Another participant who selected a horse identified with the ways in which they perceived the horse as being an overworked and mistreated animal.

Interestingly, while the author did not ask for participants to embody their animals, participants seemed to independently consider the ways in which the animal moved, and how that reflects on the other qualities of the animal. Some participants who selected animals with the ability to fly shared their sense of the animal as being able to rise above stressors. For example, the participant who selected the dragon described the dragon as being able to fly away when it was stressed. This observation was similarly echoed by the participant that described their unicorn as free. Additionally, one of the medical school students also shared their selection of an otter, noting the tendency of otters to swim holding arms with other otters, and related this to her own sense of swimming in tandem with her family and friends in her life.

Another notable observation was that participants described certain qualities of their selected animal in an aspirational way. One participant who selected a unicorn described the animal as magical and that it cannot get stressed out, alluding to the fact that they too wished to embody these qualities. Another participant who selected an owl described it as an animal who stays out of the drama. She then shared the ways in which she desired to have better boundaries with her family, who she experienced as a significant source of stress.

The most prominent theme that arose was that of participants who were self-isolating to cope with stress, and who were considering how they may need to be more willing to reach out for support so they can cope more successfully. For example, the patient who selected the dolphin initially related to this animal in that he imagined it swimming through the ocean alone during times of stress. As the patient continued to reflect on the metaphor of the dolphin, however, he shared that he realized the dolphin would be more likely to seek out support from companionship in times of stress since they are social animals. Based on this, he realized that self-isolation may be harmful and shared his intention to reach out to friends and family more

during times of distress. This example illustrates that people who are experiencing certain stressors, such as a mental illness, may have a tendency to self-isolate. This may be counterproductive to their needs for connection and companionship, though. In this way, considering the animal as a metaphor allowed participants to expand their role flexibility by emulating the social nature of their selected animal.

There were also a number of challenges that arose during the intervention. In particular, there was a portion of the intervention where participants were asked to select an animal card from the table. While most did so willingly, the author anticipated that certain group members wanted to possibly take on more observational roles; one newer group member expressed his reluctance and initially declined to participate. He was then incidentally pulled from the group to complete intake paperwork, and when he returned mid-session, he was able to listen to the other group members that were sharing. After listening to what some members shared, he decided to participate, and selected an animal to share.

Next, one member of the group required additional accommodations since she was visually impaired (i.e., legally blind) and could not select an animal card by sight; she was asked to use her imagination to think about what animal might resonate with her in the moment. She selected a puppy and participated with the group exercises using this animal. Another participant diagnosed with schizophrenia had been experiencing significant issues with thought blocking (i.e., issues with expressing thoughts or feelings). While this young male participant selected a shark as the animal that he identified with, he struggled during the discussion to articulate why this animal was the one that resonated with him. Other group members did attempt to engage and encourage him by making their own suggestions about how he might relate to the shark.

Finally, another older female patient with visual impairment who had been diagnosed with dementia seemed to enjoy explaining why she had selected the puppy as her animal. At one point during the discussion, though, she interrupted another group member, by sharing about seemingly unrelated topics at length as facilitators struggled to redirect her. Despite her interruptions she seemed engaged in the process of her own metaphor.

Throughout the course of the intervention, participants were increasingly socially engaged and curious as evidenced by asking each other more questions, and by being more willing to share their own experiences. The author noted that participants seemed to have a more upbeat and engaged vocal tone, energetic and ready body posture, and more alert and animated facial expressions. Despite the author observing creativity and some playfulness in participants' responses, the tone of the group was somewhat pensive; while the participants seemed engaged, they appeared to take the discussion quite seriously.

Interestingly, the medical students who were present also became quite engaged in the group. Initially, the author had anticipated that they would select an animal from the deck and share how it resonated with them just as the participants had done. The author was surprised, however, by the apparent intensity with which the exercise seemed to resonate with them. In particular, one student seemed to enthusiastically share about how her animal related to herself in the context of the importance of social connections. Another student had the insight that the exercise allowed people to reflect on themselves almost as though they were looking from the outside, similar to a mirror.

Discussion

Personal Insights

While writing the literature review, the author came across certain terms such as 'healthy' and 'unhealthy.' These terms are outdated and could medicalize our clients. A more modern approach would be to consider the coping skills that a person utilizes as being adaptive or maladaptive, rather than healthy or unhealthy.

Interestingly, the author also had a similar realization about the importance of social engagement, particularly during times of stress. For example, the author selected a fish for her animal, and initially imagined the fish swimming alone during times of stress. Just as the participant who selected the dolphin had shared his insights, the author also reflected on her initial imagery of the lone fish and realized that fish swim in schools for protection.

Alongside these study specific insights, the author was also able to develop confidence in leading structured workshops. Leading groups in this setting requires flexibility to adapt the techniques, in the moment, depending on the participant's needs in the group. Thus, this experience allowed the author to develop the confidence needed to lead groups utilizing drama therapy techniques in a clinical setting.

Reflections

The main activity in this group was to use animal as metaphor to look at different roles that people can take on depending on whether they are stressed out or relaxed. The goal was improving the role flexibility in patients with psychiatric illness. The participants, through using distance and metaphor, were able to use animal cards to portray how their animal might behave in stressful and relaxed states. The author found that this intervention successfully facilitated a discussion in which the participants reflected on how their selected animal's characteristics and temperament reflected their own strengths, as well as the areas for possible interpersonal growth. The author also noted physical changes in participants, such as signs of increased engagement,

which seemed to result in improved group cohesion. This activity allowed for play, which then allowed for self-expression, meaning making, creativity, and enhanced group relationships (Keisari et al., 2020).

While the group members did not directly discuss the stigma, whether it was self-imposed or external, that they experienced as a result of being diagnosed with a mental illness, they did reflect at length on what Ramsden and Landy (2021), might describe as their roles or how they think, feel, and act. The drama therapy intervention also seemed to prompt improved role flexibility, with participants considering the ways in which they may want to change that was inspired by their animal examples. Specifically, through the process of dramatic projection, several participants expressed an improved understanding of the ways in which they may have been self-isolating in response to their mental illness, as well as a desire to emulate the more social nature of adapting to the stressors of their selected animal.

There are numerous possibilities for future expansions of this intervention, as well as certain limitations that will be outlined here. The length of this group was somewhat limited; in longer groups, the author may consider having the patient tell a story from the perspective of the animal that will include relating the stressors that the patient is going through to a description of the stressors the animal is going through. Further, a way to deepen this study would be to have the patients engage in improved embodiment, defined as acting out via physical movement and sound as a response to stress and its attempts at relaxation. Future interventions could also incorporate the ability for a participant to enact imaginary conversations with the animal that represent parts of the self, by having other group members embody these roles and interact with the participant. The closure process may also be expanded upon by including traditional verbal processing, in addition to other techniques such as journaling, joint art, or poetry. Finally,

following future sessions, the author may also create her own journal describing the session, and responding to what happened by using artwork, including poetry and/or creative writing.

Conclusion

Drama therapy may provide patients in these settings a unique opportunity for role examination and expansion that results in a more robust sense of self and sense of self-worth. The author found that the animal as metaphor intervention that was used to facilitate role exploration and role flexibility was useful in group therapy sessions with psychiatric patients in an IOP psychiatric program. In particular, group participants shared that they had improved insight regarding the notion that social engagement, rather than social isolation, was needed for them to heal, handle stress, and maintain interpersonal connections.

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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:_____ _____
Angelle V. Cook, PhD, RDT/BCT E-Signature 5/2/2021 2:15 pm EST