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Intersections in Clowning and Drama Therapy's Core Processes

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Abstract

This thesis explores potential intersections of drama therapy and an embodied clowning exercise known as leading centers. The aim is to further establish relations and a common lexicon between therapeutic circus arts and drama therapy. To guide this coupling, drama therapy's newly revised core processes per Frydman et al. (2022) were utilized as a framework when coding the leading center exercise. Three out of seven drama therapy core processes were investigated: embodiment, dramatic projection, and distancing. These were determined to be most salient for the purposes of this thesis as they were recently the most emergent core processes coded in Elowe et al.'s (2022) meta-analytic literature review comparing therapeutic circus arts to drama therapy. The clowning exercise was conducted in an outpatient agency that served court-mandated, substance-use, and dually diagnosed individuals. The results showed a high compliance rate in completing the exercise and embodiment was featured as the most emergent core process. The author believes that this is due to the fact that physical gesture is objectively more observable than the characteristics of distancing and dramatic projection. Limitations included sample size, confirmation bias (given the author's identity and relationship to circus), and client compliance could have been skewed because the clients were mostly court-mandated and sought positive feedback for their progress notes. Future research is needed to confirm the validity of any results; however, the study might suggest strong parallels between clowning and drama therapy.

Keywords: Clowning, Circus, Therapeutic Circus Arts (TCA), Drama Therapy (DT), Core Processes (CP), Dramatic Projection, Distancing, Embodiment

Author Identification Statement

At the time of this paper, I identified as a cis-gendered, heterosexual, white male[1]. Although I consider myself oriented toward allying with underserved peoples, I believe I have been unequally afforded privileges that render me unaware of a full scope of cultural competencies. My aim is toward life-long learning to foster further understanding of my positionality, how it affects my world view, and the associated inequities.

[1] This identity statement was drafted in Spring 2023. It is possible that with developing understanding of identity politics some terms herein may become unusable- I take accountability for this and welcome feedback.

Intersections in Clowning and Drama Therapy's Core Processes

Introduction

The link between trauma, its mental health consequences, and their proclivity to internalize into one's body, beyond cerebral cognition, is gaining traction as a psychological mainstay in the therapeutic milieu (Solomon & Heide, 2005; van der Kolk, 2014). Drama therapy (DT) has been suggested as a method to externalize embodied responses and blockages due to mental health challenges (Johnson & Emunah, 2009, 2021; van der Kolk, 2014). Drama therapy itself is a modality of the creative arts therapy canon that utilizes theatrical exercises as interventions.

Numerous drama therapists agree on the importance of working through the body to restore well-being (Johnson & Emunah, 2021). Authors Renee Emunah & David Read Johnson (2009) note that, "[t]rauma, violence, pain, love, and all-powerful experiences are felt and recalled in the body," and report that, "awareness of interconnection between, body, mind, and emotion has been increasing…" (p. 28). Johnson (2021) furthers that humans often disconnect their minds and bodies into two distinct beings, "…the classic split between mind and body" (p. 128). Wiener et al. (2021) add that DT is a tool that can unlock, "often inaccessible," repressed, "emotion and imagery," from, "areas of the mind/body/brain system, that are holding the traumatic imprint" (p. 417).

The use of such knowledge is integral in DT as a practical application when working with internalized traumatic impacts. "By using action methods that embody the emotional issues through movement and enactment, clients are able to recall memories through feedback from the body and senses," (Linden, 2009, p. 214). Drama therapist Eleanor Irwin (2009) details that:

> When drama therapists work in this area, they are primarily working in a preverbal mode in mind-body-emotion states that are out of conscious awareness. It is this work in the unconscious realm that accounts in part, for the power of drama to access deep feelings and buried memories (p. 234).

Precursors to DT like Viola Spolin (1999) also cite what she calls, "body memory…memory retained in the body at the point of past experience…opposed to mind or intellectual retention…" (p. 357). Spolin spot lit physical movement's importance in contrast with pure intellectualization when she wrote, "physical and sensory relationship[s] with the artform opens the door for insight…" (1999, p. 16). Boal (1992) concurred, "one's physical and psychic apparatuses are completely inseparable…a bodily movement 'is' a thought and a thought expresses itself in corporeal form" (p. 61). The process of working with such internal information in DT is known as embodiment and makes up one of several critical key elements of the practice called the core processes (CP) (Jones, 1991; Frydman et al., 2021).

Throughout the course of DT's evolution, a lexical and theoretical structure known as the CP has developed aimed at identifying key elements that occur in DT interventions (Frydman et al, 2022; Jones, 1991, 2007). The core processes have become synonymous with DT education, practice, and professional standards per the North American Drama Therapy Association, the accepted United States credentialing body. Therefore, when engaging in research and development of DT interventions it can be necessary to employ critical inquiry into the relationship of said intervention with these CP.

In addition to the widely used CP metric, the umbrella of DT practices hosts many different intervention models and theories that have developed over the past several decades (Johnson & Emunah, 2009, 2021). Throughout the process of defining and operationalizing

different DT methodologies the link between DT and circus arts has often been suggested (Carp, 1998; Elowe et al., 2022; Pendzik & Raviv, 2011; Spiegel et al., 2015). Therapeutic circus arts (TCA), "intentionally directs the individual to use the art form of circus to create meaningful change," and practices involving TCA have begun to blend into the DT zeitgeist through research articles, journals, case studies, and interventions (Elowe et al., 2022, p. 251.)

This salient coupling of TCA and DT was recently reviewed by Elowe et al. (2022) as the authors investigated the presence of CP in TCA research through meta-analytic literature coding. They discovered that many CP were thematically present within TCA methodologies. Interventions that utilize TCA include several modalities of circus techniques: one prevalent facet being clowning. Of the articles (n = 40) explored by Elowe et al. twelve focused specifically on clown-related interventions that all had emergent CP. Therefore, on paper, there is a suggested potential that CP are inherent in therapeutic methods utilizing clowning.

I am a working circus artist, the locus of my performing career is rooted in clowning. I am a charter member of the Coalition for Circus Arts in Drama Therapy, a research lab at Lesley University, and recently co-authored the aforementioned literature review that explored the potentials of circus arts, DT, and clowning (Elowe et al., 2022). However, only one article in this review spoke of anything besides what is commonly known as hospital/healthcare/medical clowning or the insertion of clowns into hospital or hospital-like settings for comfort, encouragement, laughter, and bonding. While this feature of clowning serving people in need is fantastic, I was curious about how theatrical clown training might fit into DT.

My background in clowning coupled with Elowe et al.'s (2022) findings cultivated a curiosity to directly observe CP processes in action during clown-based interventions. I believe many clown training exercises, facilitated in workshops, productions, and masterclasses are

transferable to DT. This thesis investigates if my personal sentiments align with clown exercise participants' external experiences. I explored this by charting CP during a common physical theatre/clowning exercise adapted to fit the DT model of warmup, culminating enactment, and closure (Emunah, 2019; Johnson & Emunah, 2021). My hope is that this pilot exercise will springboard practical examples in coupling the art of clowning and DT.

Literature Review

To understand the long history, influence, and general well-roundedness of the CP to DT, it is important to examine their evolution. Phil Jones (1991) initiated a theoretical exploration of this system in the 1990's. "While there are many forms of drama therapy practice, the core processes are a set of practices found across all major models of drama therapy," (Elowe et al., 2022, p. 253). Frydman et al. (2022) synthesize the origin of CP as such:

> ...the drama therapy core processes are common factors across drama therapy approaches that represent universal in-session process variables…locating fundamental and connective conceptual elements is critical in establishing a foundation that can be utilized by researchers, practitioners, and educators (p. 1).

Examining Jones (1991, 1996, 2007) reveals an initial impetus to link drama therapy to traditional therapeutic models through systemization. Jones noted that developing DT research attempted to clarify foundational aspects of the practice, but he perceived blurred lines between therapeutic theatre, drama therapy, and other psychotherapeutic models, therefore he began crafting the CP to better understand DT's innate features (2007).

Jones (1991, 1996, 2007) created five initial CP, which evolved over the following 30 years. The continuum of shifts within his original framework is varied from major to minor. As it stands three of Jones' original CP have withstood the test of time and are related to witnessing,

projection, and distance. However, all of Jones' original CP theories have been instrumental in future CP evolutions. For this paper, I used the latest iterations of CP per Frydman et al. (2022).

Frydman et al. (2022) updated the CP using a verified peer review system, the Delphi Method, to investigate Jones's full library of original CP work (1991-2016) with the aim to advance the operationalization of the CP. These authors first conducted a CP literature review and complied what they termed the legacy CP. The Delphi Round One occurred with a group (n = 5) of drama therapists labeled original panelists (OP) who edited the amalgamized CP definitions according to their expertise. Additional DT evaluators (n = 25) reviewed these edited CP quantitively and qualitatively during Delphi Round Two. The quantitative results satisfied McHugh's (2012) inter-rater reliability (IRR) 80% agreement threshold (M = 92%, Mdn = 92%, SD = 3.70%). Qualitative feedback was thematically analyzed by the researchers and presented to the OP for revision into a finalized CP schematic during Delphi Round Three. In sum, the OP shifted Jones' multi-decade 10-item legacy CP to seven items- dismissing and editing several and adding a new one (engagement in dramatic reality), ad fin creating a new CP schematic[1].

Noted limitations include that the evaluators only represent a small percentage of registered drama therapists, yet credibility is strong due to the Delphi method's noted safeguards in, "attrition…transparency…response fatigue…[and] strategies in selecting…respondents" (Frydman et al., 2022, pp. 3-4). Member checking, thick process descriptions, honest limitations, and the consensual IRR threshold suggest transferability. Potential reluctance for communal DT CP change may affect transferability and confirmability. However, the study is a salient step in CP evolution as ultimately an updated CP lexicon was created by a large audit of DT additional evaluators indicating positive growth in contemporary CP.

[1] See table 1

Therapeutic circus arts

A key facet for this study is DT's relationship to therapeutic circus arts (TCA). It has been suggested that there is an implicit relationship between the two due to their performative nature (Gordon et al., 2018; Pendzik & Raviv, 2011). Historically circus arts link to social

Table 1:

Drama therapy core process schematic.

Core Process	Here is what the process is:	Here is what the process does:	Here is what is observed while the process is taking place:
Active Witnessing	The process by which participants notice aspects of themselves, others in a group, or the drama therapist. At the same time, participants are seen by the drama therapist, other group members, or an invited audience.	Active witnessing may create a heightened experience. For those in the role of witness to oneself or others, active witnessing helps create perspective and is a forum for the offering and receiving of supportive feedback when relevant. For those being witnessed, active witnessing promotes the experience of being supported, acknowledged, validated, and helps develop perspective or new understanding.	While the participant(s), therapist(s), or audience member(s) is/are involved in a drama therapy process, they demonstrate active witnessing by watching, listening, reflecting, interacting, engaging emotionally, demonstrating empathy, and/or providing feedback to others and/or oneself.
Distancing	A process of titrating emotion and cognition through engagement with dramatic media.	Allows the participant(s) to move between feeling and thinking, helping participant(s) to fully feel, express, and tolerate emotions and/or expand perspective, awareness, and capacity for self-regulation.	There is a noticeable shift from a place of emotional flooding or intellectualizing; the participant(s) move(s) or is/are guided along a continuum of emotional and cognitive expression.
Dramatic Play	Engagement in a co-created improvised relationship with reality, utilizing imagination and spontaneity. Typically, there is a sense of experimentation, and an engagement in experiential processes that are expressive and collaborative.	Allows the participant(s) and drama therapist(s) to explore aspects of reality (such as time, place, events, consequences, attitudes, actions, and held ideas). It creates an environment for cognitive, emotional, developmental, and interpersonal flexibility and generates new possibilities and empowerment without real-life consequences.	Mutual participation in imaginative and spontaneous activity within various degrees of structure.
Dramatic Projection	The process of outwardly expressing and representing aspects of oneself, others, social forces, feelings, and experiences onto dramatic material (e.g., puppets, props, masks, text, role, story) and engaging with that material.	Achieves aesthetic distance away from or toward the dramatic material; externalizes inner experiences, dynamics, or other issues and creates dialogue between internal material and external expressions; the external expression and exploration of personal material helps participants to develop parts of self, insight, perspective, and behavioral change.	Dramatic material is brought into action or expression. The participant(s) may also identify a life-drama connection.
Embodiment	A physical, vocal, or emotional inhabiting of the body; attending to sensations; touch; the spectrum of physicalized expression of emotions, thoughts, reactions, impulses, and inner experiences.	Supports an intentional sense of presence and immediacy, and a connectedness between (or reintegration of) mind, body, emotion, and/or a heightened awareness of transpersonal and intersectional identities. The individual takes on a bodily identity, resulting in expanded kinesthetic awareness, insight, or perspective; release; and/or new behaviors. The participant (s) might explore the personal, social, ecological, and/or political forces that influence one's experience of the body, including how the body may be socialized, racialized, gendered or otherwise viewed in specific contexts.	The participant(s) is/are engaged in a dramatic activity that is physical or vocal, with the primary focus of the activity being the body and its range of abilities; a heightened or altered use of the body for the task of expression and/or awareness of senses or behaviors.
Engagement in Dramatic Reality	Participating in a transition from external reality to a liminal state, bringing the imaginal realm into outward expression; an in-session departure from ordinary life.	Allows the participant(s) a flexible space to express and explore their inner and external experience and to review past experiences and rehearse future possibilities for real life within an imaginative reality; it brings together the imagined and the real.	An offer/invitation is made by a drama therapist or participant(s), there is an agreement to participate, and then a transition into a dramatic reality; something from the imaginal realm is made concrete; inner experience is made visible, tangible, and/or audible.
Multidimensional Relationship	The inter-relationship between participant(s), drama therapist(s), and dramatic reality.	Participant(s), drama therapist(s), and group interactions are mutually and dynamically influenced by what takes place within and outside of dramatic reality.	The participant(s) engage(s) with the drama therapist, other group members (when applicable), and the dramatic reality. Spoken and unspoken connections between what takes place in dramatic reality and real-life concerns and goals may be observed.

(Frydman et al., 2022, p. 80)

outreach in providing training to underserved populations (Arrighi, 2014; Fournier et al., 2014;

Spiegel et al., 2019). The modus operandi of such resources is, “co-opting of circus skills to an agenda of social change…using the circus arts as intervention...as a result of complex social factors…[for those] suffering disenfranchisement, or as a result of mental and physical health challenges,” (Arrighi, 2014, pp. 206-207). A strongly supported circus arts modality in therapy is clowning (Feniger-Schal et al., 2020; Gordon et al., 2018; Koller & Gryski, 2008; Pendzik & Raviv, 2011). “[The] therapeutic aspects of clowning are not exclusively associated with humor and joy; they are also related to the dramatic tools (or more specifically, drama therapy tools) utilized by clowns” (Pendzik & Raviv, 2011, p. 268). Cheryl Carp expounded on the usage of clown-character-creativity in her 1998 article, describing several transformative elements clown roles support including, “[p]lay, spontaneity, lightheartedness, humor, and creativity…primary ingredients in the healing process…[t]he clown provides a creative outlet through which to discover and work with unconscious contents,” (p. 249).

Most relevant to this thesis is her theory that a clown’s relationship to bodily movement provides a, “symbolic voice to the unconscious” (Carp, 1998, p. 249). Carp agrees with internalized trauma experts like van der Kolk (2014), Bacci (1993), and Solomon and Heide (2005) as she notes that our intellects are intrinsically connected to the way we present physically in space. She furthers that clown work can catalyze change by unlocking latent, repressed mental data embedded within the body as, “[i]nner impulses guide new patterns of movement, revealing unconscious contents which become essential for the continued therapeutic process. (Carp, 1998, p. 249).

Evidenced-based studies for TCA’s therapeutic efficacy is limited, however, there are promising future directions in research currently in publication. Kingsnorth et al. (2010) studied children (N = 8) with diverse medical needs and disabilities in a pediatric hospital. They

compared physiological arousal during interactions with therapeutic clowns (TC) to the observation of a children's television show (TV) used as control. An A-B-A-B assessment was employed during each activity using ethically designed finger receptors and a chest band that measured autonomic nervous system (ANS) functions associated with emotional stimulation. Additionally, an observational rubric of two positive and four negative facial expressions was coded by trained facilitators while clients participated with TC and observed TV.

Biometric results indicated a statistical significance ($p = .05$) of "higher frequencies of [ANS] arousal," during TC in comparison to TV (Kingsnorth et al., 2010, p. 5). Observational data coded increased emotional reactivity during TC, charting ($n = 22$) positive and ($n = 12$) negative expressions versus generally prolonged flattened affect during TV. Statistical analysis of the data revealed an overall stimulus increase post-TC ($t = 15$) versus pre-TC ($t = 5$) and significant improvement in well-being in biomarkers ($p = .05$) during TC versus TV. Construct validity is reliable in terms of the ANS device and metrics given its history of use, however, observational coding criteria were created in-house, which does not allow for meta-analytic verification. More so, the authors designed an algorithm specifically for the study; no parallel research is available to cross-reference its effectiveness. Thus, the developmental stage of this new method scaffolds threats to internal validity in testing, measurement, and bias. Finally, external validity is limited due to the small sample size ($n = 7$) of completed surveys. However, the data posits a strong case for circus intervention research due to potentially innovative physiological measurement findings.

Heller and Taglialatela (2018) conducted a quantitative study examining children between ages 4 and 17 ($N = 15$, $M = 6.53$, $SD = 1.96$) at two 8-week Circus Art Therapy (CAT) workshops. CAT included the use of circus apparatus, dance/movement therapy,

psychoeducation, and Adlerian play therapy. The aim was to measure "physical and emotional benefits," throughout the workshop (p. 69). Assessments were conducted via parental surveys charting advancements pre, mid, and post-intervention. The authors note that parental reports were chosen for their previously established and meta-analytically confirmed construct validity per Bratton (2005).

Results reported parentally perceived improvements in mid-session "teamwork," (p = .004), two-session growth in "following direction," (p = .044), and "physicality," refinement was noted mid (p = .015) and post-session (p = .006); however enhanced "sociability [and]...emotional control," were not significant (Heller & Taglialatela, 2018, p. 75). Although improvements occurred at different intervals during the study, it suggests overall efficacy in circus arts' ability to enhance behavioral, collaborative, and proprioceptive domains. Selection bias in the pre-interview process may threaten internal validity in testing and the data may suggest attrition as improvements were found to be significant mid-session but level off thereafter. It should be noted that both articles examined here transparently discuss concerns about external validity due to the population sizes and measurement tools (Heller & Taglialatela, 2018; Kingsnorth et al., 2010).

Despite validity limitations in sample size, lack of demographic variety, new measurement instruments, and low meta-analytic equivalents, these authors highlight their studies as indicative of a need for continuing research to further the field and increase construct /external validation. Thus, strengthening an argument for future directions in research regarding circus arts/clowning's therapeutic efficacy (Elowe et al., 2022; Heller & Taglialatela, 2018; Kingsnorth et al., 2010).

To further this hypothesis of DT and TCA cohesion through the lexicon of the CP Elowe et al. (2022) recently sought these commonalities in their research. Their group of five TCA researchers qualitatively coded DT CP in existing TCA literature (N = 50) to foster intermodal cohesion. Inclusion criteria stated sources must relate to TCA, be peer-reviewed, post-1995, in English, and include, "a clearly identified circus intervention or case study" (p. 13). After establishing criteria for CP definitions[2], based on the canon of DT CP literature, two researchers coded each article. In instances of disagreement, inter-rater reliability was fostered through discussion requiring a 75% consensus for coding acceptance. 40 articles were included, and the coded CP appeared regularly (M = 65%, Mdn = 67%, SD = 20.32%).

Limitations included using only English articles which threatens transferability and verifiability. Inter-rater reliability wanes given the circus arts/DT backgrounds of the researchers, risking confirmation bias. Most relevant to this paper, the authors acknowledge Frydman et al.'s (2022) revised CP; however, the TCA paper had already been accepted prior to its publication. Despite these limitations, this comprehensive pilot literature review posits strength in suggestions for future intermodal research (Elowe et al., 2022) and helps to build a theoretical foundation for future TCA and DT research.

The timing of shifting CP definitions and its effect on Elowe et al.'s (2022) research is a working example of why Frydman et al.'s (2022) statement of need for CP operationalization is critical for DT. Both research teams' suggestion to further standardized language for empirical evidence could ultimately enhance DT acceptance in broad settings and within managed care. Circus arts, outreach, clowning, and related circus as mental health interventions currently lack a surplus of empirical research to support evidence-based impacts (Elowe et al., 2022; Kingsnorth

[2] See table 2

et al., 2010). However, some preliminary studies suggest efficacy in behavioral modification (Heller & Taglialatela, 2018).

Working with dually diagnosed populations

The aforementioned research indicated DT, CP, and TCA therapeutic potentials; however, it is also important to examine the scope of DT within the parameters of the population and this thesis: individuals with substance use disorder (SUD) and co-occurring mental health presentations. The efficacy of DT interventions in service of individuals in recovery and/or with co-occurring mental health challenges has been suggested as, "…possess[ing] great potential to improve social functioning and interpersonal communication and minimize a negative sense of self… help[ing] the participants build a new supportive sober community…," (Cheung et al, 2021, p. 1).

Jaaniste (2008) profiled a 9-week study of dually diagnosed individuals that utilized therapeutic theatre with several embodied DT interventions. The study surveyed clients (n = 5) presenting with co-occurring substance use disorder and mental health diagnoses. The candidates were assessed pre-intervention using the Rosenberg Self-Esteem Scale (RSES), the Substance Abuse Treatment Scale (SATS), the Clinician rating of Alcohol Use Disorder (CRAUD), and the Clinician rating of Drug Use Disorder (CRDUD). The intervention consisted of an eleven-week program that coupled DT interventions with psychoeducation followed by a structured form of performance-based therapeutic theatre for an audience (Salas, 2009). The CP of embodiment was a key fixture in the process as participants engaged in body sculpts- creating living statues based on prompts, self-emergent processes, collaborative inquiry, and projectivity playing different roles/characters throughout the eleven-week process. Post-test scores revealed that although there was not a significant increase in RSES scores, four out of the five individuals either

maintained remission/abstinence or moved closer toward it by engaging in harm reduction during the process according to their SATS, CRAUD, and CRDUD feedback. The small sample size and unavailable data for meta-analytic cross-referencing are limitations of the study, nevertheless, it heralds positive suggestions for DT's efficacy in dual diagnostic settings.

Dr. Laura Wood and Dave Mowers (2019) further support the notion that DT can enhance clients' wellbeing across a spectrum of mental health and chemically dependent presentations. Wood and Mowers (2019) article promoted an up to 16-week operationalized DT intervention called the Co-active Therapeutic Theatre Model (CoATT). The model draws from various DT mainstays including, "autobiographical therapeutic performance… the intersection between performance and psychotherapy, and lays claim to a historical back- ground that encompasses many concepts underpinning drama therapy," (p. 219). Practically speaking CoATT combines improvisation, playwriting, and public performance rooted in, "positivist framework of Insurance Payer/Medical definitions of recovery and the postmodern, social constructivist framework that honours multiple narratives and truths regarding the behaviour and nature of a recovery process lived by individuals," (p. 221).

The intervention showed efficacy with chemically dependent client's in recovery as well as those managing eating disorders and aphasia (Wood & Mowers, 2019). Cheung et al. (2021; 2022) and Wood et al. (2020) furthered CoATT's therapeutic potential in their investigations of its interaction with individuals presenting with severe mental illnesses, aphasia, and dual diagnoses. Wood et al. employed applied thematic analysis to qualitatively survey their client's (n = 5) reflections during aphasia recovery. Their participants reported benefits and improvements in socialization, self-esteem, and the ability to verbalize during recovery. Of

course, confirmation bias could play a part in these results given that Wood and Mowers created the CoATT model.

An argument against such barriers is that as of late other DT researchers have begun using this method and are beginning to share similar suggestions. Cheung et al. (2021; 2022) reported on utilizing DT's CoATT model with populations in recovery from severe mental illness and chemical dependency. In regard to severe mental illness, they sampled a group (N = 8) and conducted pre-tests using several quantitative scales that measured theatrical comfort, perceived stress, and day-to-day satisfaction. After a 12-week virtual CoATT intervention followed by a publicly streamed performance, they retested participants and found quantitatively that the participants (n = 6) comfort in utilizing theatre as therapeutic work and their belief in its effectiveness significantly increased per the Theatre Impact Scale. Qualitatively the authors coded salient themes shared by the completing group who found new strengths due to creative arts as interventions such as self-advocacy and interpersonal skills (Cheung et al., 2022).

In regard to dually diagnosed individuals, Cheung et al. (2021) published a letter to the editor detailing a prospective article that entailed working with various manic depressive, personality, and substance use disorders. The authors conducted pre-test assessments to measure various aspects of their clients' presentations including their comfort with theatrical interventions, awareness of diagnostic labels, and their general knowledge in regard to substance use. Similar to the aforementioned models this study consisted of initial participant led research and development that scaffolded familiarity with theatre, playfulness, and creative expression followed by a culminating therapeutic theatre performance element.

Quantitatively no significant reductions or changes were seen within the scales, however qualitative reports, "showed participants' general acceptance and enjoyment of drama therapy"

(Cheung et al., 2021, p. 1). The authors note that funding, access to clients, and that the intervention was process-oriented rather than results-oriented were limitations that might have affected their ability to produce significant results. Given the nature of a letter to an editor the authors do not provide exact figures as the full study is still in process, however, they illuminate that their focus group self-reflections harbored positive impacts and suggest further studies in these types of DT intervention models. In addition to their claims, the authors provide meta-analytic comparables that support their hypothesis. (Cheung et al., 2021).

Clown work and chemical dependency

Although there is no official evidence to support the marriage of clown work and DT for those in recovery or the dually diagnosed Gordon et al. (2018) have strong anecdotal suggestions of efficacy via their clowning workshop case studies that have been facilitated for over a decade. They describe their population as multi-cultural and often court-mandated consisting of eight to twelve participants per session. The intervention is a multi-tiered process lasting up to 16 weeks beginning with warm-up exercises and culminating in the creation of masks, clown characters, and storytelling. To date client post-workshop surveys (n = 70) indicate beneficial experiences.

> Clients attested to the following positive results…improved relationships with their families…enhanced sense of balance in their lives…greater emotional flexibility…greater ability cope with life change…an increased level of creativity…a newly found sense of achievement, including the discovery of strengths that they weren't aware of before…increased self-awareness paired with the ability to laugh at themselves and their former afflictions…the strengthening of self-esteem and an openness to others in a less critical and judgmental way (Gordon et al., 2018, p. 93).

Thus Gordon et al. (2018) indicated promising future directions in the coupling of TCA and DT, which is why this thesis posits furthering this investigation. The increasing sample size here is a good indicator, but ultimately more data, especially quantitative, and peer-review in the clowning field is needed to further official suggestions for efficacy.

Based on this relatable research it would appear that DT, the CP, and TCA may have applied implications when working with chemically dependent, mental health presenting, or dually diagnosed populations given that DT's CP is widely accepted and utilized within the field and its implications have been charted in TCA literature (Elowe et al., 2022; Frydman et al. 2022; Johnson & Emunah, 2009, 2021; Jones, 1991, 2007). Furthermore, the developing quantitative and qualitative evidence of TCA's efficacy in practice and the healing potentials of therapeutic theatre point toward the need for further study (Cheung et al., 2021, 2022; Elowe et al., 2022; Heller & Taglialatela, 2019; Jaaniste, 2008; Kingsnorth et al., 2010; Wood & Mowers, 2019). Coupled with the evolving zeitgeist of the mind/body connectivity and implications in embodied therapy these intersecting fields are primed for investigation (Bailey, 2009; Gluck, 2021; Johnson & Emunah, 2009, 2021; Linden, 2021; Solomon & Heide, 2005; van der Kolk, 2014; Wiener et al., 2021).

Suggested origins of this thesis' intervention

This thesis' intervention was an adaptation of an exercise that is widely used in theatrical clowning work that I hypothesized would access embodied sensory responses through clowning (Carp, 1998; Solomon & Heide, 2005; van der Kolk, 2014). Often called leading centers (LC), this theatre game's prevalence is documented in prominent clown teacher and director Stefan Haves' (2022) book, *The Power of Ha*. He details it during an audition process with *Cirque du Soleil*, "applicants were instructed to walk across the wide stage…'Following their own

nose'…followed by their body" (p. 41). He continues, "[t]he manner of one's walk can reveal much about one's persona, depending upon which body part leads" (p. 41). In practice, the exercise consists of electing one part of an individual's body as the leader and adjusting one's movement to be led by said body part.

Not surprisingly LC already found a way into the DT milieu as utilized and described in Gordon et al.'s 2018 article. They feature it as an integral step in their clown workshop for recovering individuals, calling it, "characterization through physicality" (p. 90).

> Participants are instructed to lead their movements with different body parts: nose, chin, chest, stomach, pelvis, and knees. They physically create and develop a character that is suggested by each body part, recognizing how personality is held and expressed with the body…They are asked to pay attention to behavioral patterns that can be recognized in the person's walk…This work begins to deconstruct fixed mindsets and behaviors, aiming at developing emotional flexibility; it provides a good basis for giving birth to the clown through the body (p. 90).

Determining the origination point of an exercise like this is complicated and likely impossible, however, several theatrical mavens may give some insight into similar methods in history.

Jerzy Grotowski (1975) highlights embodied theatre games in his canon of work when describing his, "plastic exercises," which use the whole body for physical expression (p. 108). He proposes linking feelings to body-centered exercises, "[c]hoose an emotional impulse…and transfer it to a particular part of the body…which then has to give it expression" (p. 112). Viola Spolin (1986) posits exercises in, "total body involvement," suggesting ways, "to test (and demonstrate), the effectiveness of games focusing on parts of the body" (p. 101). She also recommends exercises where participants, "list emotions with which to show the attitudes of

parts of their bodies…for instance…sad stomach- angry chest- joyous legs…" (Spolin, 1999, p. 238).

Augusto Boal (1992) coined the term, "image theatre," wherein his players used only bodily movements to create, "statues…in order to work beyond cognition…so that they don't think with words," for their creation of political theatre (p. 3). Additionally, he theorizes on, "the primacy of emotion," or the intricacies of the body's mechanistic functioning and how it is often overlooked (p. 40). He dissects how seemingly ordinary acts like seeing and walking are actually incredibly proprioceptively complex and taken for granted. To reconnect with such, "primacy," he suggests, "muscular exercises," where, "actors relax all the muscles in their body and focus their attention on each individual muscle" (pp. 40-42). These theories fall under the umbrella of Boal's, "first unity…the unity of physical and psychic apparatuses" (p. 61).

Methods

Although LC is used within the professional circus world and has significant historical context theatrically, it was significantly adapted to serve this thesis' population. The setting for this study was an outpatient counseling agency with self-referred and court-mandated clientele. The intervention was conducted with four different groups totaling twenty-two clients. Presentations were either chemically dependent (n =16) or co-occurring with mental health presentations including major depressive disorders, schizophrenia, bipolar disorders, trauma presentations, and anxiety and other stressor-related disorders (n = 6*)*.

Several key format adaptations were made based on the generally recognized DT intervention format of warmup, enactment, and closing (Emunah, 2019; Johnson & Emunah, 2021). The working structure of the intervention was a body-scan warmup, a sedentary embodied

externalization of leading centers in the style of an interview, and a simple de-roling/closing reflection.

In order to test LC's potential as a DT intervention three CP's were charted during the exercise using an observational notation guide[2]. The intentionally selected CP were dramatic projection, embodiment, and distancing per Frydman et al's (2022) article. They were documented by utilizing in and post-session journaling for content analysis. The reason behind the selection is two-fold. In Elowe et al.'s (2022) article the authors coded TCA articles for CP, the top five emergent CP were: Life/drama connection, transformation, empathy & distancing, role, and play. However shortly after this article was published, Frydman et al. (2022) did a large-scale refresh of the CP and revised several of these groupings, therefore, it was most useful for future research to utilize the newly suggested CP. In researching the revisions two of the three (embodiment and distancing) CP were found to be most in alignment with the top emergent CP found in Elowe et al's (2022) prior TCA research. In addition, dramatic projection was selected because it appears most in alignment with the potential of leading center work. This is due to its implications in externalization:

> Dramatic projection, "externalizes inner experiences, dynamics, or other issues and creates dialogue between internal material and external expressions; the external expression and exploration of personal material helps participants to develop parts of self, insight, perspective, and behavioral change (Frydman et al., 2022, p. 8).

The process began with a visualization-based warm-up using a body scan to build sensory awareness- vocally guiding clients to feel different corporeal regions in a mindful fashion. This is akin to and inspired by John Kabat Zinn's mindfulness-based stress reduction practices, which

[2] See table 2

is one of the foremost operationalized mindfulness practices to be recognized by managed care (Stahl & Millstine, 2013). “By practicing the body scan you’ll learn to bring your

Table 2:

Client Description: REDACTED. Diagnosis: ETOH Severe & Unspecified Trauma Disorder/ADHD/GAD **Date/Group:** 12/12/22 Process Group, SOP/MOP/PNP/FIT & Self-referred
Disclosed Leading Center: Lower back

Core Process:	**Observed examples (evidenced by):**		
Embodiment: -Aim to physicalize internalized expressions through movements or body positioning[1] -“… dramatic activity that is physical or vocal, with the primary focus of the activity being the body and its range of abilities; a heightened or altered use of the body for the task…”[2]	1. Clenched shoulders.	2. Leaning forward.	3. Demonstrated what the back pain feels like by acting it out.
Distancing: -Use of dramatic activities and engagements rather than direct self-reference to allow a client to feel safe in processing[1] -“There is a noticeable shift from a place of emotional flooding or intellectualizing; the participant(s) move(s) or is/are guided along a continuum of emotional and cognitive expression.”[2]	1. Noted, back was anticipating having to return to work, where it hurts…feeling what it feels at workplace already, after being asked to relax back, notes feeling relieved.	2. Reports back is, “nervous…but excited.” This reflection was shared post-relaxation intervention.	
Dramatic projection: -Use of objects/roles/ideas other than a direct reference to self for processing[1] -“…outwardly expressing and representing aspects of oneself, others, social forces, feelings, and experiences onto dramatic material (e.g., puppets, props, masks, text, role, story) and engaging with that material…brought into action…”[2]	1. States her back, “doesn’t want to go back to work…”		

Additional Notes (Post-Intervention):
-CP of Life drama connection emergent again, back in anticipation of going back to work pre-return.

[1] Elowe et al., 2022
[2] Frydman et al.,2022 (p. 8)

attention directly into your body, part by part, to feel and acknowledge whatever’s present-physically, emotionally, and mentally” (pp. 35-41). Jing et al. (2014) evidenced reductions in

client stress in their study of caregivers who engaged in a six-week mindfulness course that involved the body scan exercise (Cohen-Katz et al., 2005).

A working prompt looked something like, “feeling our shoulders, dropping them away from our ears, and now moving our awareness into our solar plexus- allowing our focus to radiate down our arms and into our hands.” Eventually, the warm-up scaffolded into intrapersonal self-elected leading center work such as, “return to your sense of awareness and notice if any part of your body feels particularly activated or de-activated if you’re feeling any type of sensation in that region, organ, or body part. I invite you to be curious in your focus and awareness here, to allow yourself to listen and simply be present with that or those parts of your body at this moment.”

This method of non-doing and awareness is akin to Gluck’s (2021) suggestions in the intersectionality of mindfulness and DT, “the mover relaxes, opening to and following the physical impulses of their body, letting go of planning or directing the movement” (p. 465). The body scan portion concluded with client’s focusing on a specific region/organ/part of their body- which could include any corporeal interpretation including more conceptual constructs i.e., the mind/thoughts, the soul, and or another non-physically locatable mind/body related phenomena. The body scan was intended to scaffold creativity and awareness through mind/body connection to prepare the clients for upcoming self-disclosure, “the orientation toward letting the body lead and letting go of planning, working with eyes closed, and aspects of the sharing process following the movement” (Gluck, 2021, p. 465).

Following the warm-up portion, an LC interview took place. Haves (2022) description of the movement-based circus/theatrical industry utilization of a LC exercise was a decent jumping-off point for adaptation, however, per DT standards of suggested warmup, enactment, and

closure modeling the LC intervention for this thesis was fashioned as a pre-screened interview (Emunah, 2019; Johnson & Emunah, 2009, 2021). Pre-screened in the idea that participants had already selected an LC to work with, primed from their body scan warm-up. The thought process in this was to allow for a distanced, gradual, supported form of LC election. Ideally fostering spontaneity without pushing or rushing an individual in their discovery process and sharing. In most cases, as only two individuals did not complete the exercise, participants had selected a salient leading center to focus on post-warm-up for the interview portion.

I then invited participants to reflect on what leading center they are working with. This was similar to Gluck's (2021) role stream which indicated a parallel process in mind/body awareness. Clients observe, "what role or character their movement or body position reminds them of…and enters roles through moving, making sounds, and speaking" (Gluck, 2021, p. 465). Given the nature of the setting, room size restrictions, group size, and general dynamics this was conducted as a 1:1 interview format where I posed investigatory questions, summaries, and reflections via the participant's LC disclosures. In terms of facilitation style, I utilized a person-centered orientation a la Carl Rogers in consideration of client safety and to safeguard re-traumatization or work that may be more appropriate for individual therapy (Neukrug, 2017).

This process of interview/monologue is also oriented in the work of Augusto Boal (Boal, 1992; Johnson & Emunah, 2021). Many of Boal's (1992) exercises involve creating improvised images and then having a director, much like the facilitator in this work, interview these images to extract more information. He would build this inquiry into action by a final step of having his actors, "show, by means of a mute physical action, their desires converted into reality, in the form of the image in motion. Their desires are expressed by movement of their bodies," (p. 66). Spolin (1999) also used somatic interview to further the processes of her actors through

questioning internal arousal in what she calls, “sensory awareness” (p. 55). For example, “ the student who previously covered up and insisted that he was comfortable will suddenly remember that his lips were dry…his hands were moist” (1999, p. 54).

Although historically in theatre direction is commonplace for this intervention didactic guidance was minimal- though at times engagement in progressive muscle relaxation or mindfulness was employed if a region was particularly activated. As stated earlier, mindfulness, bodily awareness, and progressive muscle relaxation are evidenced-based, used across many settings, and indicated to reduce stress and arousal (Cohen-Katz et al., 2005; Gluck, 2021; Jing et al., 2014; Kuswa, 2021). These directives were determined on a case-by-case basis and were not applicable to all clientele. A working example loosely based on actual sessions is provided in Table 3[3]. To synthesize, the warm-up aimed to cultivate awareness, lower resistance, and assist clients in identifying their LCs. The culminating enactment of interviews and directive adjustments if appropriate was intended to be self-reflective, client-centered, and guided by

Table 3:

-Facilitator: What leading center are you sitting with? **-Client:** My shoulders. **-Facilitator:** Your shoulders. Say more… **-Client:** During the body scan I felt such tension in my shoulders, they were calling to me. **-Facilitator:** Do they have more to say about that tension? Do they know the reason? **-Client:** Yeah, it’s my job. I’ve been really stressed about it and it’s taking too much time away from my family during the holidays. **-Facilitator:** I see, so they’ve noticed you’re away from your family at work. **-Client:** Yeah. Yeah. **-Facilitator:** Do your shoulder’s have any advice for you? Any way to help alleviate this stress? **-Client:** I’m not sure… **-Facilitator:** I wonder what would happen if you tried to relax your shoulders…perhaps you could close your eyes. Take a few deep breaths and try to feel that relaxation flowing into your shoulders, dropping them away from your ears, and allowing them to loosen a bit…when you’re ready, open your eyes, take as much time as you like. How does that feel? **-Client:** Good. **-Facilitator:** Do they have any advice for you now? **-Client:** Well, I guess they want to say, this is only a temporary situation, after the holidays your schedule will be slower, so maybe I can prioritize my family then. It’s only a couple more weeks- and I still get to see them on the actual holidays.

[3] See table 3

the client through their own responses to allow for insight based on the theories of mind/body connectivity and DT CP's of embodiment, projection, and distancing (Elowe et al., 2022; Frydman et al, 2022; Johnson & Emunah, 2021; Jones, 1991;2007; Solomon & Heide, 2005; van der Kolk, 2014).

Post the leading center interview, the intervention closed with a guided process to de-role clients. De-roling is, "a shift in realities from the dramatic to that of everyday life," or basically a concluding movement that indicates an exit from a play space of liminal imaginative possibility and a return to the operations of activities of daily living (Ramsden & Landy, 2021, p. 100). The de-roling process provided a safely distanced space to unpack. For reflection, clients were asked to share one word about their experience and one reflection about what they were taking away from the group. This is a common DT ending check-out as it creates a perceptual boundary wherein clients work within limitations of a short phrase or word to summarize their experience- the aim being to use executive functioning to concretize learning (Hinz, 2009; Lusebrink, 1992). On one end of the spectrum resistant clients had to create manageable reflections, on the other end the typically verbose had a limit to what they could add, scaffolding the idea that, "…the individual has to impose structure on the medium" (Lusebrink, 1992, p. 299). Drama therapists and creative arts researchers have described the usefulness of such perceptual boundary exercises in their work over the years (Emunah, 2019; Hinz, 2009; Lusebrink, 1992; Wiener et al., 2021).

During the session, emergent CP were tallied on a guiding worksheet as I observed them. Directly post-session reflective journaling and content analysis were added to the worksheets and any additional comments were written in the appropriate section.

Results

Results were tallied and compared post intervention to chart which CPs emerged most frequently and differences between groups, ages, identified genders, and whether a client was dually diagnosed or working with solely chemical dependency. Twenty out of twenty-two participants completed the exercise. The three selected emergent CP were observed 98 times (*M* = 1.63, *Mdn* = 1 *SD* = 1) in total. As individual CP categories, embodiment was perceived to occur most frequently with 50 total coding's (*M* = 2.5, *Mdn* = 2.5, *SD* =1.10), followed by distancing at 27 (*M* = 1.35, *Mdn* = 1, *SD* = .58), and then dramatic projection with 21 (*M* = 1.05, *Mdn* = 1, *SD* = .60). The more granular data and calculated results per group, identified gender, and diagnosis are provided as illustrations in the following tables[4].

Table 4:

Perceived Core Processes

	Embodiment	**Distancing**	**Dramatic Projection**	***Totals***
Groups				
All Groups	50	27	21	98
Group 1	22	9	9	40
Group 2	8	4	3	15
Group 3	11	7	5	23
Group 4	9	7	4	20
Gender Identity				
Identifying Females	17	7	5	29
Identifying Males	33	20	16	69
Diagnosis				
Substance Use Disorder Only	34	20	15	69
Dually Diagnosed Individuals	16	7	6	29

[4] See table 4

Discussion

The results showed a high compliance rate, as only two (9.09%) did not complete the intervention. I believe this was due to process time and high engagement from the other participants in that specific group. In the non-compliant group, the check-in took longer than expected and two clients who participated presented highly sensitive material (for confidentiality, details shall not be disclosed) requiring more time and finesse in processing**.**

Overall, I was satisfied with the level of participation and believe that the outliers were consequences of timing. This hypothesis is possible by the fact that all other groups, even those with larger attendance completed the exercise. In an attempt to safeguard the rupture of those not able to participate, I facilitated a post-group check-in with the incomplete clients who noted they felt fine and enjoyed the group.

I experienced tangible examples of affect, humor, and catharsis in many of these sessions. Powerful moments seemed to give permission to other group members to engage, promoting collective openness. It might be interesting to further examine the CP of active witnessing as it, "helps create perspective and is a forum for the offering and receiving of supportive feedback when relevant" (Frydman et al., 2022, p. 80). Gathering data on the role of this idea of mutual support to see if cohesive themes emerge could provide additional insights.

Out of the three CP coded for this paper, embodiment, was the most observed. After unpacking the experience, it is possible that embodiment was most perceived due to several factors, the first being its observability and qualitative properties. Although my perceptions are entirely subjective, I believe that embodiment is easier to objectively observe in comparison to

dramatic projection and distancing. In Frydman et al.'s (2022) description[5] of embodiment they note its observability as being, "engaged in a dramatic activity that is physical or vocal, with the primary focus of the activity being…a heightened or altered use of the body" (p. 80). Dramatic projection and distancing's descriptions seem mercurial in comparison. To me, distancing seemed to emerge as, "titrating emotion and cognition through engagement with dramatic media," while dramatic projection presented as, "the external expression and exploration of personal material helps participants to develop parts of self, insight, perspective, and behavioral change" (p. 80).

When charting distancing and projection I found myself leaning toward only very dynamic occurrences per Frydman et al.'s (2022) guide, to safeguard from bias and counter-transference. I felt it more straightforward to physically *see* shifts in the body when charting embodiment than it was to determine whether, for instance, catharsis occurred or change was imminent in dramatic projection and distancing. Hervey (2007) wrote that embodiment can be more accessible than cognition because "kinesthetic empathy is a function of mirror neurons" (p. 99). Van der Kolk (2014) also discussed the importance of mirror neurons in continued learning beyond infancy in his research. Perhaps there is innateness to the noticing of collective bodies as, "it also has an interpersonal dimension" (Hervey, 2007, p. 98). Overall, I felt more clinical sophistication was required when determining dramatic projection and distancing versus embodiment given their nature.

That being said, perhaps distancing and dramatic projection codes indicated more powerfully convincing CPs than shifts in posture and adjustments in body. Does this mean that when perceived, the more subtle duo fostered enhanced saliency or potential transformation for a

[5] See table 1

client? At this level of research, this is impossible to say. Perhaps a post-session focus group or 1:1 feedback in the future could help discover the impacts of these different CPs. Nevertheless, there is a strong case for embodiment's saliency itself, as many brilliant minds posit mind/body connectivity's importance (Bacci, 1993; Solomon & Heide, 2005; van der Kolk, 2014).

Yet, is it surprising that perhaps what is perceived as mundane embodied movements are actually indicators of psychological transformation as, "the mind can seldom grasp the paradoxes expressed by the body" (Gordon et al., 2018, p. 92). Given that this was an *embodied* clowning exercise is it not in line with the design to feature embodiment as the main CP? More research would be needed to confirm this, but I believe this could indicate further inquiry not only for DT embodied work but for the poignancy of TCA's use of the body as an instrument for change. Elowe et al. (2022) referenced Seymour and Wise (2017) in affirming these notions that, "embodiment increases one's proprioceptive abilities and activates specific brain regions that aid in development, vestibular systems and overall executive functioning" (p. 262). Perhaps interventions like LCs provide powerful future directions for DT to redirect traditional cognitive biases of pathology in psychotherapy toward embodiment and holism.

Additionally, I regularly experienced a phenomenon involving a CP that was removed by the Delphi panelists during the Frydman et al. (2022) study; the life-drama connection an, "explicit or implicit connection of the metaphoric or realistic dramatic material to the actual life of the client" (Elowe et al., 2022, p. 254). In the additional notes section on the observation guide[6] I reported ten observations of what could be considered life-drama connection. One example is from a client who identified their LC as their brain. They described how they would operate from a collected, calm mindset in order to avoid unnecessary complications. I noted,

[6] See table 2

“client was noting how he can use his calm brain to plan for his day, foresee events and prepare his reactions to be appropriate given such visualizations.” These connections to real events and rehearsals for life were a common occurrence in the milieu, with 20 total clients, ten observations is fifty percent.

I spoke with a co-author of Frydman et al. (2022) regarding my sentiments and post-conversation I felt some clarity on the emergence of this former CP. Doctor Angelle Cook (2022) referenced the article and noted that life-drama connectivity had been integrated into several other CP. Dramatic projection itself includes it, “[t]he participant(s) may also identify a life-drama connection” (Frydman et al., 2022, p. 80). Distancing could be interpreted to scaffold this connection as well through building life skills to, “tolerate emotions and/or expand perspective, awareness, and capacity for self-regulation” (Frydman et al, 2022, p. 80). However, Dr. Cook (2022) also pointed out a re-worked CP that may highlight life-drama connections even further: the multi-dimensional relationship. The new lexicon defines this CP with the following disclaimer, “[s]poken and unspoken connections between what takes place in dramatic reality and real-life concerns and goals may be observed” (Frydman et al., 2022, p. 80). This sits well with what I experienced in milieu.

In terms of TCA correlations, many circus articles coded by Elowe et al. (2022) in their comprehensive TCA literature review included the life-drama connection, as many of the social programs were designed to cultivate better life skills through circus training.

> Life-drama connection’ was coded in 29 TCA articles and was one of the highest coded processes within articles reviewed across all three TCA categories. This may be attributed to the notion that connecting actions in the microcosm to the macrocosm to

> support meaning-making is not unique to drama therapy, but a common strategy across many therapeutic disciplines (Elowe et al., 2022, p. 263).

Due to this resonance if this intervention were to be redone for research purposes, I might suggest assessing the CP of multi-dimensional relations. Additionally, post-group feedback would be a necessity for the qualitative confirmation of the more nuanced CP observed.

Finally, gender identity is important to consider as five (n = 5) participants identified as female and 15 (n = 15) male. Since females made up 25% of the sample the ratio of emergent total CP was expected to follow from their engagement. This tracked as the females totaled 29 (M = 1.9, Mdn = 2, SD = 1.33) and the males 69 (M = 1.53, Mdn = 1, SD = .86), leaving the females at 30%. Although this is only a difference of 5% I felt it should be noted that this most likely occurred due to group size. Two of the female-identifying participants were in a group solely comprised of the duo. During this session I had a greater bandwidth of time and attention for LC work and therefore was able to chart more CP than typical in other groups. However, upon discovering this information I noted a more insidious implication in the data: all (n = 5) but one of the dually diagnosed individuals were female-identifying. Therefore, I feel that any data comparing substance use disorder to dual diagnosis is skewed and unusable due to potential gender bias.

What does this say about the nature of mental health care? Many clients known to me were solely diagnosed with substance use disorders but were reported to have experienced significant trauma, behavioral challenges, and mood discrepancies. McKenzie et al. (2022) noted males are more likely to view mental health as stigmatizing in their qualitative literature review of articles (N = 952) about the male paradigm of mental illness. A key takeaway per the researchers is that, “lower mental health literacy,” is a critical factor in male stigmatization and

combating feelings of isolation and difference while normalizing men's mental health is something not well-researched at present (Mckenzie et al., 2022, p. 2).

There is an argument that women, however, experience the opposite in that mental health treatment, "assumed a biased and unhealthy vision of women's functioning" (Mowbray, 2003, p. 101). Mizock and Brubaker (2021) conducted a qualitative analysis of 20 women's psychiatric experiences. They found through semi-structured interviews that their sample often experienced, "symptom misattribution," a feeling of prejudice and broad labeling in diagnoses (Mizock & Brubaker, 2021, pp. 66-67). Furthermore, women felt that diagnostic interpretations often catastrophized their presentations.

This is inherently problematic for females as, "because of their mental illness history, their strengths have probably often been overlooked, and…they are less able to operate in a mode of agency or autonomy and are more subject to the power and control of others" (Mowbray, 2003, p. 101). The author felt it paramount to highlight this, albeit anecdotal and small, potential discovery of implied gender bias. Given the nature of the industry and the author's continued learning with ethical, cultural, and identity competencies he would be remiss to neglect this feature of his research.

Limitations

I was a co-author in Elowe et al.'s (2022) TCA literature review which risks confirmation bias. As a prospective graduate of a DT program, there is a potential bias for CP perception given my background. The stipulations of the thesis framework negated rigorous data reporting, the sample size was small, and only observational data were collected. Client engagement felt observably promising, but compliance may have been high because this population was heavily mandated and their participation was recorded and reported to the court system. As discussed

should this process be rerun with an internal review board it would be important to obtain qualitative data via self-reporting, focus groups, and/or other post-session feedback from clients to test the validity of CP perceptions.

Conclusion

The hope to instill is that given the aligned ratio of male to female CP emergence per sample size there might be a future indication that embodied rehabilitation could avoid gender bias. This is huge *if* but it could make an interesting large-scale quantitative study. Although bodies differ, mirror neurons may herald innate connectivity that spans throughout humanity. Of course, this theory could risk over-generalizing or hetero-normalizing embodied practices. Cultural contexts, gender accommodations, and diversity measures would have to be cautiously examined to even begin to broadly propose embodiment as a universal language. Akin to a circus artist walking a tightrope, this kind of research could be dangerous, thrilling, and maybe beautiful if done carefully.

> Reality as far as we know can only be physical…through physical relationships all life springs, whether it be a spark of fire from a flint, the roar of the surf hitting the beach, or a child born…the physical is the known, and through it we may find our way to the unknown, the intuitive, and perhaps beyond to the human spirit itself (Spolin, 1999, p. 16).

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