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Exploring Burnout in the Mental Health Field through Dramatic Projection and Puppets:

A Group Experiential

Capstone Thesis

Lesley University

May 2, 2024

Amanda Delore

Clinical Mental Health Counseling: Drama Therapy

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Abstract

Mental health clinicians are more likely to experience burnout within their profession because of the influence of experiences of secondary trauma and compassion fatigue. Often within a professional space where mental health workers are employed, the topic of self-care is mentioned but not explored in the context of skills to engage in self-care and combat burnout. The following community engagement project explored how burnout is experienced by current mental health professionals through the execution of creating and using puppets. Puppets were used to explore how burnout affects professional mental health workers in a partial hospital program (PHP) in Norwell, Massachusetts. This paper will discuss the use of puppetry as a way to connect with co-workers in an expressive manner, exploring the themes of burnout and self-care.

Key Words: drama therapy, puppets, burnout, self-care, mental health professionals

Introduction

“Isn’t being a therapist or a counselor such a humbling career? It’s like I am a human who does not have any of the answers to your problems. So, I am going to allow you a space to express yourself and process what needs to be processed, so that you are able to make a choice that feels authentic to your values and morals. A therapist or counselor is not someone special, we are just as human as the next person. We do not have special powers to access all of the answers to questions or concerns that clients might be searching for; sure we have the tools of our education and training, but we are trying to find answers to our own life questions. We are humans too!”

-Amanda Delore, Journaling Thoughts

Working within the field of mental health, clinical staff are enrolled to be a source of support for others. When continuously providing care for others and not equally prioritizing one’s own mental health and well being, mental health professionals are at risk of experiencing burnout (Posluns, 2019, p.2). When clinical staff are experiencing symptoms of burnout, they may be feeling similar or equivalently challenging emotions as clients who are seeking their support (Wardle & Mayorga, 2016, pp.9-10). There is a substantial amount of work on the subjects of burnout within helping professions, as well as research about the benefits of self-care to prevent burnout (Baker & Gabriel, 2021, Butler et. al., 2019, Clark et. al., 2022, Leung et. al., 2023, Posluns & Gall, 2019). It is also inevitable to experience some level of burnout working within the field of mental health (Clark, 2022, pp.185-194). The solution to burnout is not to eliminate it completely. Instead, the goal is to provide mental health workers adequate and beneficial support and spaces to process their experiences. This support will help decrease stress, tiredness, and emotional exhaustion, giving clinicians the emotional and physical strength necessary to provide quality care for their clients (Clark et. al., 2021, p.188).

The topic of this paper stems from a desire to explore the limited research about mental health practitioners living with their own mental health challenges. The original desire shifted into the current aim of gaining insights into the similarities and differences in individual experiences of burnout. Thus, this writer conducted a group exploration using drama therapy. This experience incorporated creative processes and projective techniques with clinical mental health professionals. The author aimed to uncover the benefits of professionals collaboratively exploring significant topics in a therapeutic setting.

Personal Statement

I acknowledge that my perspective is influenced by the intersecting identities that describe myself. A few of these identities include: white, queer, female bodied individual who has lived within the New England state of Massachusetts for their entire life. Additionally, I am influenced by the experiences that I have lived through. Whether that be traveling within and outside of the U.S with my family for vacation, or receiving my own inpatient mental health treatment. The people who I have within close social circles, as well as all of the fellow beings who I have had the opportunity to cross paths with, have also impacted my understanding of the world. I am a mental health professional who is client centered and who makes every effort to act from a place of love and within my professional work to refrain from doing harm.

Literature Review

Defining and Understanding Burnout

The term “burnout” was coined by Dr. Herbert Freudenberger, a psychologist who first used it in a publication in 1974, “Burnout: The High Cost of High Achievement.” It was defined as “the extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results” (Wardle & Mayorga, 2016, p.9). Mental

health practitioners are vulnerable to becoming burnt-out, due to the style of the profession and the demands of the work environment; both of these categories contain challenges that may have the capability of contributing and increasing a clinician's level of stress. Posluns & Gall (2019), named multiple stressors within both categories mentioned above. They included clients' behavior and progress in therapy that may signal the burnout of the clinician, and that the increase in demands of work may elevate an individual's level of stress (Posluns & Gall, 2019, p.1). Professionals within mental health are in a position where they are offering clients support, empathy, and compassion, without receiving similar responses in return (p.1). The effects of burnout include the symptoms the clinician experiences, and the awareness of the clinician when working with clients which has the potential to affect the client's care and safety. A clinician who is working while they are in a state of burnout is less capable of providing effective therapeutic care. This allows for a greater chance of inappropriate behaviors and harm to be engaged in by both the client and the clinician (Posluns & Gall, 2019, p.9). When a mental health practitioner is experiencing burnout, and continuing to work without addressing their own needs, they are putting themselves and their clients at risk of harm (Baker & Gabriel, 2021, p.438).

Although burnout is a term that is used by people across multiple professions, mental health professionals are more likely to develop burnout due to the stress and demands of their position (Leung et.al., 2023, p.14). An abundance of persistent stress contributes to the development of burnout (Winburn, 2023, p.169). The discussion around the concern of stress experienced by mental health professionals is one that has been examined for decades (Posluns & Gall, 2019, p.2). The term is also common in everyday conversations when people are describing their physical, emotional or cognitive tiredness. Other professionals may likely

experience general work stress, which is a component of burnout (Posluns & Gall, 2019, p.3). Within research, it is commonly agreed upon that burnout entails, “emotional exhaustion, depersonalization, less self-efficacy and personal accomplishment diminishing” (p.3). It is also commonly acknowledged within research that burnout is a challenge where the solution is about finding effective forms of prevention (p.3).

Defining Wellness

If conceptualizing burnout as being on one end of a spectrum, the opposing end would be wellness. There are a variety of definitions that have been written that attempt to gather a complete perception of wellness. Roscoe (2009) noted that the World Health Organization’s 1967 definition of wellness conceptualized wellness as having complete physical, mental, and social well-being. This definition was inclusive of understanding that wellness meant more than the absence of illness. There is a theme within the varying definition of wellness that names either absence of illness or the ability to care and cope with illness for one’s self. There have been additions to the definition of wellness throughout the years. In 1980 Hettler wrote about the inclusion of occupational wellness, and in 2004 Myers supported the incorporation of a holistic model of wellness (Roscoe, 2009, pp. 217-218). Occupational wellness as defined by Hettler, is related to an individual’s satisfaction with their work and the extent that their occupation incorporates the expression of their values (p.221). The idea of a holistic model for wellness contains similarities to holistic psychological assessments and evaluations. The biopsychosocial model originally written and explained by Engel, went through the process of being examined to include the spiritual component of a person’s health and well-being (Saad et. al., 2017, p.1).

Also inline with the concept of understanding wellness as a multifaceted construct, is the basis of Abraham Maslow's hierarchy of needs and self-actualization. Maslow's theory of self-actualization refers to an individual striving to reach their full potential, not just in a physical state but also their psychological well-being. According to Maslow, self-actualization is obtained when one works to achieve their higher level needs. These needs begin with basic physiological needs and progress toward the realm of self-transcendence; which has been depicted as the hierarchy of needs (Maslow, 1993, pp. 259-269).

Wellness and burnout are within a spectrum and on polar ends from one another. Both burnout and wellness are complex; each not having a simple definition that is applicable to every individual's experience. For the purpose of this thesis burnout will be discussed using the definition from Wolfe (1981), "a feeling of emotional and physical exhaustion that is intertwined with an intense sense of failure and frustration" (Wardle & Mayorga, 2016, p.9). Wellness will be defined as a state of being when a person experiences minimal to no challenges or discomforts within their physical, mental, or emotional self (Roscoe, 2009, pp. 216-223).

Self Care

One method of maintaining wellness and preventing burnout is practicing self-care. When researching a definition of self-care using the Oxford Dictionary website, there was a page with the development of the definition for this term. In 1567, self care was first defined as "concern or regard for oneself; self-interested behaviour" (Self-care, 2023). Self-care has been defined as "the activity of taking care of one's own health, appearance, or well-being" (Self-care, 2023). Mental health practitioners who have been working within the field and who are perceived as a master therapist, refer to self-care as a key aspect of professional

functioning. Posluns & Gall (2019), noted that experienced practitioners engage in more self-care than newer practitioners in the career field. They break down self-care into five categories or focuses to engage in that have been reported to lessen stress. These five focuses are: “awareness, flexibility, social support, physical health, and spirituality”. “Self care is recommended as a preventative approach by occupational health researchers and master therapists, and has been supported by empirical research” (p.11). These five focal areas of self-care also relate to Maslow's hierarchy of needs and the biopsychosocial-spiritual model of conceptualizing a person’s needs and care. This relation occurs because of the shared comprehension of wellness being attainable when needs of all groupings are being addressed. Through activities rooted in drama therapy there are opportunities for an individual to simultaneously address a variety of needs that will guide them to a state of well-being. These needs include and are not limited to emotional, cognitive, physical and spiritual based needs.

Drama Therapy

Drama therapy as defined within the webpage for the North American Drama Therapy Association (What is drama therapy, 2021) titled Scope of Practice, “Drama therapy is defined as the intentional use of drama and theatre processes to achieve therapeutic goals” (What is drama therapy, 2021). Armstrong et al. (2015) said “drama therapy provides clients with many unique opportunities for emotional expression and exploration through drama and theater techniques and materials” (p.148). “Drama therapy promotes wellness and healing within the context of a therapeutic relationship for individuals of varying ability levels across the lifespan” (What is drama therapy, 2021). Drama therapists often use their own physical selves as a tool of the therapy practice, another common tool within drama therapy practices are puppets. Puppets are a tool which can serve as an extension of the person themselves or be their own separate

entity. An important part of conceptualizing drama therapy practices and understanding how drama therapy is related to aspects of the variations of psychotherapy theories, is through the core processes of drama therapy. Active witnessing, distancing, dramatic play, dramatic projection, embodiment, engagement in dramatic reality, and multidimensional relationship are the seven drama therapy core processes most recently identified within a Delphi study published most recently in 2022 (Frydman et al., 2022, p.8). For purposes of this thesis, the most prominent core processes involve engagement in dramatic reality, distancing, dramatic projection and embodiment and will be defined below.

Tools of a Drama Therapist

Self as Instrument

Drama therapists will use their own selves as a tool or instrument within the therapeutic space. To allow this use of oneself drama therapists are encouraged to work from a space of their embodied selves. Interacting with clients from a place of personal embodiment signifies, “being deeply involved in a self which is not a disembodied intellect, but one in which the world is a part of bodily memories, feelings, perceptions and impressions” (Jones, 2007, p.76). Research and various psychology theories speak to the connection between body, emotions and identity (p.226). An embodied place of self-engagement aids in the therapeutic relations with others because, “The body is often described as the primary means by which communication occurs between self and other” (p.227). A drama therapist utilizing their own self as an instrument is using themselves to communicate with clients. Dari Halprin wrote about the influence of movement in various aspects of life. Movement is seen and experienced physically, socially, environmentally in both the most complex and simplest of forms, in shorthand, “Movement is the basis of life” (Levine & Levine, 1999, p.133) Drama therapists often times

have “to become” another person, being, even a concept within the therapy space for the client to interact with. The use of voice and sounds one creates in addition to movements and gestures guide the drama therapist in accurately portraying the other.

Puppetry

“Why Puppets?”(Lockhart, n.d., p.48), is a question that a 14 year old male client asked Juliet Lockhart. In the moment of questioning Lockhart found herself overwhelmed with verbal explanations, but none that completely encompassed the versatility and benefits of puppets. Puppets are not only a tool commonly used in drama therapy for projective work; they also allow those using them to engage in embodiment, narrative story work, witnessing, and play. They can also serve as an extension of one’s own embodied self. Through opportunities to engage in play, individuals will also experience moments of creativity and spontaneity (Irwin, 1976, pp.535-536). As written by Baker (2012), puppets are a tool that offer characteristics that could be restricted by the limitations of being a person. It is easier for a puppet to portray realistic features in an exaggerated form. Baker wrote, “Puppets can defy the laws of nature and fly, they can die and come to life again. When acting through a puppet I am not defined by my race or sex; puppets can be purple, red or blue and anyone can play a male or female part” (Baker, 2012, p.104). During a virtual NADTA workshop in the Fall of 2023, the brain component within the construction of a puppet was discussed. In the workshop, Dr. Jessica Litwak spoke about how creating a brain for the puppet assists with defining the purpose and intention for the crafted puppet (Litwak, 2023).

Processes of a Drama Therapist

Dramatic Projection and Embodiment

Dramatic projection is defined as, “the client’s externalization of their internal experience onto objects, tangible, or intangible dramatic material” (Armstrong et al., 2015, p.150). When using puppets, there is a definitive object that can be projected onto. Embodiment is defined within the Delphi study as, “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” (Frydman et al., 2022, p.8). Within defining dramatic embodiment, Armstrong et al. (2015) stated the same components of embodiment and also names that it is occurring within a dramatic reality and or includes the use of dramatic media (p.150). When working with a dramatic media such as a puppet, the movement of the client operating the puppet exemplifies dramatic embodiment.

Distancing

Within drama therapy based work distancing refers to the titration of emotion and cognition during the engagement of the activity (Frydman et. al., 2022, p.8). Distancing is in relation to other people present as well as materials being used and non tangential others related to sensations, emotions and thoughts (Landy, 1983, p.175). Over and under distancing are variations of how one person is in relation to others. When distancing is referred to as being over distance it means there is more of a disconnect between those in relation. The reference of under distancing means those in relation have a very strong connection. Landy (1983) stated distancing is a therapeutic tool both clients and clinicians are trying to balance. He wrote, “Distancing is a means of separating oneself from the other, bringing oneself closer to the other, and generally maintaining a balance between the two states of separation and closeness” (p. 175). Distancing may also occur for an individual internally in relation to their affect. Phil Jones wrote, “clients who feel emotionally overwhelmed may, within the therapy, try to develop a

more distanced perspective” (Jones, 2007, p.95). The reverse may also be experienced and helpful, allowing an individual to create less distance related to a particular emotion.

Distancing Related to Puppetry

Puppets allow for opportunities to distance physically and intellectually. Puppets and using puppets to portray stories of personal experiences creates a spectrum of areas to distance oneself from the other. Landy shared how clients building their own puppet is a way of creating changes in distancing. He stated, “The value of creating one’s own puppet as opposed to using a prefabricated one is that it brings the client into a closer relationship with the character he is creating” (Landy, 1983, p.180).

Engagement in Dramatic Reality

In the field of drama therapy, dramatic reality is understood and defined as a reality involving a “departure from ordinary life into a world that is both actual and hypothetical: it is the establishment of a world within the world” (Pendzik, 2006, p.272). When working with puppets this may also include the realities of the puppets. One component of the dramatic reality that Pendzik (2006) also wrote about in the article is how dramatic reality is, “as malleable as dough” (p.275). With this amount of flexibility and capability, there are moments where participants engaging within a dramatic reality might need and find safety in more fixed boundaries or guidelines.

Expressive Arts Therapy

Expressive arts therapy combines multiple forms of the creative arts in counseling, psychotherapy or other forms of interdisciplinary mental health professions (What is IEAT, 2017). It is recognized as an intermodal or multimodal approach, because it incorporates various creative arts into one session with clients (What is IEAT, 2017). Natalie Rogers within

Foundations of Expressive Arts Therapy (1999), articulated, “when we use the arts for self-healing or therapeutic purposes, it is most beneficial if we are not concerned about the beauty of the visual art, the grammar and style of the writing, or the harmonic flow of the song”(Levine & Levine, 1999, p.115). The art processes are being utilized to express and release instead of the verbal manner used within psychotherapy processes (Zimmermann, 2020, p.3). Expressive arts therapy has 12 dimensions that define the parameters of the expansive definition (Donohue, 2011, p.497). The creative process, intermodal theory, the power of play, temenos and play space are four of the twelve dimensions that add additional context for the capstone project discussed, and reinforce the drama therapy core processes.

Methods

Location

A community engagement project was established for the team and staff working at a counseling center in Norwell, Massachusetts. This writer was a clinical intern at the counseling center where the group experiential was held.

Session One Setting

The first one hour session occurred on Thursday February 1, 2024 and took place in an adult partial hospital program (PHP) group therapy room. This room had windows around two of the four walls. There were about 20 black cushioned armchairs around the perimeter of the room with one wall open for the double doors, and a second open for a white board and table with extra paper, white board markers and pencils. There were two long folding tables open for the session, and they both had an array of materials and tools that would be used to create the puppets.

Session Two Setting

The second one hour session happened on Thursday February 8, 2024 and one of the adolescent PHP group rooms was used. This room was more narrow compared to the room where the first session happened. It had windows along one of the longer walls of the rectangular shaped room. There were similar black cushioned armchairs around the perimeter of the room, there were also two lamps on to help light the space. The second session also did not begin precisely on time due to the business of the PHP program day that had previously concluded. The group gathered around 3:15pm to start the second session of the community engagement project.

Participants

For both sessions of the exploration, the providers in attendance consisted of mental health counselors, social workers, an occupational therapist and counseling clinical intern. All participants had some form of experience working within the partial hospital level of care. Also, all of the participants had been introduced to the facilitator prior to the project, and the majority had worked with the facilitator as they completed their internship.

Session One Participants

There were eleven participants along with the facilitator in the community engagement project space. The majority of the participants were mental health clinicians, there was one occupational therapist, who regularly facilitates groups for both the adult and adolescent PHP programs. There was also one clinical intern, enrolled in a graduate level mental health counseling program. Four of the participants were Lesley University expressive therapy graduates, two graduates from the drama therapy program, one art therapy and one from the expressive arts therapy program. Only two participants had their certification of licensed mental health counselor, and one participant had an LCSW certification.

Session Two Participants

At the second session, there were seven participants present, all returning to the creative space with the facilitator. The four participants who were not present for the second session were either out of the office that day or in a mandatory meeting with the CEO of the counseling center.

Purpose

The exploratory style group was devised to provide the clinical staff a mental health work environment to connect with other professionals about similar and different experiences of burnout. The group was planned to be a space to allow professionals to begin conversations about burnout and how it has impacted them as professionals and in other roles that they carry. Participants engaging with the topic of burnout with the incorporation of puppets was another purposeful component of the group. This writer was inspired by their own past experience of burnout that they felt as an intern and graduate student. This exploration project held importance to the writer because of their own awareness around burnout and the human needs of self-care.

Preparation for Group Exploration

To prepare for facilitating the group exploration with mental health professionals, this writer met with the director of the PHP programs at the counseling center in Norwell, Massachusetts to confirm that space and staff time could be used, and that an email could be sent out to everyone who works in that counseling center to seek participation. The program director and this facilitator met during the second week of January to discuss the needs and questions presented by the facilitator. The program director confirmed that a space could be used, as well as specific times that would allow for more staff to participate. With the confirmed dates, time, and location this facilitator designed a poster for the expressive event. When asking how to

ensure that it would be sent out to all of the staff, the program director assisted by sending the poster to everyone via their work emails, and also included a calendar link and rsvp.

The week before the first experiential, this facilitator gathered supplies that would be needed for creating the puppets, they gathered materials which they already had. These materials included: scissors, hot glue guns, super glue, masking tape, cardboard, paper tubes, thin colored wire, stickers, paint pens, chalk pens, and black bottle caps.

The facilitator also bought supplies from the dollar tree, these items included extra masking tape, and tacky glue, sparkly multi-colored pipe cleaners, purple sparkly floral wrapping, plastic shower caps, and 3 pairs of socks. They also ventured around a local Goodwill Industries International, Inc. store, where they purchased different fabrics, a sponge for a mop, used playing cards, colored light window clings, and two flower pinwheels. The facilitator unassembled the flower pinwheels into their individual components, and cut the sponge into three pieces each about three inches long.

Procedure

Session One Group Procedure

The first session began with this facilitator introducing the participants to the inspiration and motives for leading the experiential. The facilitator and group members then transitioned into a combined introduction and warm-up. The facilitator began to exemplify what was meant when they asked the participants to share their name, their current position at the counseling center, and either a movement, sound, or both sound and movement that reflected how they were feeling in that present moment. After the warm-up the facilitator introduced the first step of creating the puppets: coming up with the brain of the puppet. The participants were all handed an index card and given the instructions of using words, images, or symbols to represent their

intention of growth in regard to future experiences of burnout. The participants could choose to incorporate this brain into the puppet or later discard it as they saw fit. Once the majority of the group members had completed this first step, they were introduced to the specific materials that were on the two tables and free to use the following 25 minutes to create their puppets. After a full 25 minutes of constructing the puppets, the participants were given questions to respond to, by thought or written answer. These questions were as follows, 1) What is this other beings name, 2) What do they want to say about who they are, 3)What is something they want you to know, 4) What is something that they really like, and something they really dislike, 5) Anything else that they need to say to you as their creator. The goal of these questions was to help the puppet creators understand the individuality of the puppets that had emerged in the group space. The facilitator allowed for five minutes of individual introductions, and then instructed the participants to go around with their new creations and have the puppets meet other group members and other puppets. The spontaneous group introductions were given 5 minutes, before the group came back to their seats to do a formal group introduction. During the formal introduction time, participants could choose to introduce their creations or to speak through their creation by letting the puppets introduce themselves. After all of the puppets had been introduced, participants chose to hold onto their new creation until the following week, or to let the facilitator collect the puppets until the next session. To close the group, the warm up was repeated, with everyone who was present as participants sharing their name, and either a movement, sound, or both to represent how they were feeling in the present moment.

Session Two Group Procedure

The group began with everyone introducing and checking into the space, first as just themselves and then from the perspective of their puppet. This exercise, “If you like me ...”, is a

sociometry exercise that is commonly used in psychodrama spaces. The group was mostly seated during this warm-up and each participant provided a prompt for the group to respond to. This prompt was, “if you are like me, you _____”, and each participant could fill in the ending with something true for themselves. After the prompt was shared, the remainder of the group would respond by how close or far away from the center of the group they positioned their hand. If their hand was in toward the center of the space it meant that they agreed with the shared statement and if their hand was outside and away from the center, it signified they disagreed, or felt that they were different. This specific warmup happened three times, the first time the participants were referring to their own self, the second time the puppets were referring to their own selves, and the third time was the puppet referring to their creator’s experience of burnout. After the warm-up, the group split into dyads, to discuss specific topics of burnout. There were three topics that arose: self-care, anxiety/depression symptoms, and quality of care provided to others. In the pairs, the participants took 5 minutes to discuss one of the three themes and another 7 minutes to devise either a sculpt or scene using the puppets in relation to the previous conversation that took place in the pairings. All four of the dyads shared their devised works, and were assigned to respond to another group. Of the four pairs that presented, group one and four were paired up to respond to one another, and groups two and three were similarly paired. The directive for the responses was to either assist the presenting pair or to reflect themes back to the presenters. After all pairs had shared and responded, the puppets were acknowledged for their presence within the creative space. The second session closed with the participants transforming an imaginary drama therapy ball into something to share with the person to their left. When receiving the drama therapy ball the person would say, “thank you, I really needed ___ today”, filling in the blank with something they had gained from participating in the shared experience.

Collection of Observations

This writer gathered and documented information by observing the group and paying attention to key moments in their conversations. They recorded information by taking notes on their computer and rewalking through the entire hour from start to finish afterward, also to add to their notes. The writer also captured images of the creation of the puppets to help them remember different qualities and characteristics of the puppets that were present in the space. This facilitator kept the notes from the two experiential hours separate. They organized their information in the style of a journal entry, and when reviewing this, found examples of themes discussed in the literature that had happened during the groups.

General Observations

Sessions One & Two

When the creative process during session one began, about five (50%) of the group members shared they had never made a puppet. The hour-long session created a time constraint felt by the facilitator, as the participants were creating their puppets. As group members became more comfortable and more focused on the constructing of their puppets, the time constraint was also vocalized by the participants. In a way this creative portion of the project allowed for parallels to when there is a need to transition within an expressive therapy group when working with clients. Towards the concluding minutes of building and fabricating the puppets, participants asked for specifics about how the puppets were going to be used, and how creating puppets related to the topic of burnout.

During the second session, there were a few less group members in attendance. The smaller group size generated increased feelings of safety and openness, while creatively discussing how group members have experienced burnout. This safe group environment

provided space for pairs of co-workers to respond to the presentations of other partnerships.

After the experiential concluded on the 8th, many staff members attended a dinner to celebrate one of the clinicians who was leaving and moving into a higher leadership position. It appeared to the facilitator that folks had a positive experience during the experiential as the transition from one event to the following appeared to feel smooth without a drastic shift in energy from low to high.

Observations of Delight

Observations from Session One

At the beginning of the first part of the intervention all of the participants appeared open to the idea of assisting in the experiential component of the facilitator's thesis. During the development of the puppets the participants were often verbally encouraging each other and supporting each other's artistic ideas. There were also moments within the creating portion of the hour when group members were helping one another to use the materials to design their puppets. Additionally, the group members supported each other in how to properly use the crafting tools available to them. For example, one member instructed another on how to use a hot glue gun effectively and safely. There were no indications of the participants feeling any type of discomfort by the very end of the first hour session. There was an accepting dynamic within the space when the group members were introducing the 11 new beings who were also in the space during closing.

Observations from Session Two

While many times there was laughter filling the room during the second session, it was due to participants deeply relating with one another. Group participants were open to being assigned the dyads by the facilitator and laughing with the partners as they were creating the

devised sculpts. A second moment where there was laughter filling the group space was during the responses to the sculpts created by the dyads. As group members and puppets were reflecting and assisting the presented sculpts, even the participants observing were smiling and expressing joy. The meaningfulness of the group was expressed during the closure of the second session when participants were thanking each other for sharing their challenges of burnout through honesty and laughter.

Observations of Discomfort

Observations from Session One

For the introduction and warm-up, there was a sense of discomfort and unease within the space. The group mood of wariness intensified when the facilitator introduced the first step of creating a puppet; establishing the puppet's "brain". When the instruction was presented to write or depict an intention, questions began to pop-up in the space for the first time. There was a theme of questioning, among most participants, as to what the intention should be. The intention behind the open ended "brain" concept was to give participants a choice of how personal they wanted to get with the concept. This facilitator noticed however, that there was a need being voiced for more boundaries and structure to these instructions. During the puppet building time, there were verbal comments made vocalizing self-doubt by comparing participant's background and education with others who were present. There were a handful of times when the facilitator noticed comparisons being expressed in relation to certain group members having an artistic and expressive therapy training while others did not. Comparisons can strengthen thought patterns related to imposter phenomenon (IP). Experience of IP within a work environment may inhibit someone's pleasure and enjoyment of the work they are doing (Clark, 2021, p.193). There were also comparisons of what others were doing by many of the group members. However, these

comparisons began to fade about 10 minutes into the creation time. As the comparisons faded, support and encouragement of creative ideas were rising.

Observations from Session Two

There were two specific moments within the second session of the community group engagement project where the participants were observed handling their feelings of slight discomfort. The first of the two moments was when the facilitator divided the group into dyads. The second moment was when the facilitator explained the goal of devising a short sculpture within the dyads.

Facilitator Reflection and Response

This writer chose to reflect and respond to the community group project they facilitated through improvised movement and singing. The reason for using movement and singing came from wanting to connect the form of reflection into their own practice of self-care. This writer experiences the engagement of improvised dancing and singing as a method of self-care because it allows them to creatively express their thoughts and emotions. The use of movement and voice as a method of self-care also contributes to this writer's development of their embodied self. Through improvised movement, with the use of singing, and various vocalizations this writer was using their own self as an instrument or therapeutic tool to release feelings that they were storing internally in relation to the group experiential. This writer was also intentional about the songs used to support these processings, using songs that would assist in clarifying emotions and thoughts related to the group experiential. Themes that this writer identifies within the songs' lyrics are organized in table 1.

Pre-exploration

The week before the first group experiential, this writer took time to process, reflect and react to the upcoming experiential that they would be facilitating. This was done in the form of improvised movement to three different songs. The three songs which they improvised movements for included, “Free” by Florence and the Machine, “I lived” by OneRepublic, and “Saturn” by Sleeping at Last. The songs that were used for the improvisation all had an optimistic and hopeful tone. The lyrics in the songs were mostly future oriented. The motions that were captured for the improvised movements contained reaching forward with long extended limbs. Within all of the movement pieces the gestures were executed in a large way. The movements were performed without fear of using the space, and were full of energy.

Post Session One

The week in between the first session and before the second session of the exploration, the facilitator reflected and responded, through improvised singing, to their experience of facilitation. The change from using movement to voice was due to the facilitator’s personal preference of creative reflection. They chose two songs to sing, the first was “Maps” from *Fun Home*, and the second piece was “Before It’s Over” from *DogFight*. For this writer these songs both reflect not feeling stuck in the same spot and the growth that occurs through change. These songs reflected the growth that was felt for this facilitator. The facilitator’s perspectives shifted about their abilities as a mental health professional in training. Their perspectives started with doubt of their ability and allowing their inner critics to be in control and moved toward loving themselves and the incorporation of their authentic self. This growth and release of self-judgment was also captured in the vocal recordings of continuous singing regardless of the sounds of the notes being released.

Post Session Two

For the final response and reflection that was performed through improvised movement, this facilitator used the song “Have Your Way” by Britt Nicole. This song was chosen by the facilitator to move and dance to as the lyrics reflected the challenge of being an emerging mental health care professional, and the transitions that they have within the near future. They also chose to move to a song about having faith because of their experience of having to trust that the overall community project was impactful to all who participated. The movements that were captured during this improvisation were contained within this writer’s personal space. The energy flowing through the movements was equivalent in strength to movements from the first reflection, but were executed using less space. The movements were simple, many of which were rolling their head and neck in circular motions.

Results

The exploration conducted by this writer produced several outcomes. These included the creation of puppets, enhanced empathy among participants, and the sharing of personal experiences by mental health professionals in a therapeutic context. Additionally, the community engagement project provided specific lessons for the writer while facilitating the group. As the group facilitator, this writer encountered results that emphasized the importance of self-care in the role of a group therapist. Key reminders from this experience included the need to avoid striving for perfection, maintaining a flexible mindset, and staying consciously present in each moment

The Created Puppets

The first result of the community engagement project were the puppets made by the participants. There were eleven puppets constructed after the first session of the community engagement project, seven of these puppets were used within the second session of the project.

These seven puppets that were used within the full community engagement process will be identified. In order for this writer to respect the processes and creative entities of all participants, they will use written descriptions of the puppets and refrain from using the puppet's given names.

Puppet 1: was created as a sock puppet, they were created with features that were similar to those of their creator, including having piercings and a similar amount of curl to their hair.

Puppet 2: was a puppet created using a piece of sponge, who was dressed in cloth, and given a face, and in the spot where one might assume there would be ears there were two spiraled balls of purple colored wire.

Puppet 3: was created as a sock puppet with hair made out of pipe cleaners that could be curly or straightened out.

Puppet 4: was created using a cardboard tube wrapped with a variety of cloth and a tangle of yarn at the top of the tube.

Puppet 5: was created with a sock that had pink and red decorations for features.

Puppet 6: was created using a sock that was given the features of the face of a cat.

Puppet 7: this puppet was created using clothes pins, a plastic pastel colored shower cap, and wing-like features.

Strengthening Empathy

The second observation from the community engagement project was augmenting clinical empathy. The sessions that this writer facilitated were not meant to feel like group

therapy. However, the space did allow for all participants to feel and experience therapeutic type work. This was not only an opportunity for the participants to open up safely around their own experiences and relationship to burnout, it also provided them with a space to reconnect with how it might feel for the clients that are attending their PHP groups. Although there are many professionals in the field who have sat in the client side of individual therapy, (Pope, 1994, pp.247-257) there is opportunity for clinicians to expand the empathy they have with clients. One way for empathy to develop is through clinicians being exposed to the client's perspective. Within his book, *The Gift of Therapy* Yalom wrote about using the present, or in his terms the "here and now" to help the client develop empathy within relationship to others (Yalom, 2002, p.23). Mental health professionals are also building their own understanding of empathy with others through the various forms of therapeutic work they provide to clients.

Shared Experiences

A third important result from the group exploration that was facilitated, was the witnessing of shared experiences. Within the topic of mental illness and moments of difficulty, it is common for individuals to feel alone and isolated in their experiences. This occurred more within the second session; participants would share a way that they experience symptoms of burnout building up and other group members would share that they also respond to overwhelming stress in a similar way. Moments of the clinical community members relating to a personal experience of feelings, provided an opportunity for participants to feel less alone and for potential decrease in feelings of shame or guilt around their experiences.

Facilitator Results

The process of leading the group exploration resembled a variety of important reminders that this writer will typically find useful when their own level of stress increases due to internship work. One reminder is that holding oneself to a standard of perfection leads to having too high of expectations for oneself. When participants began to ask questions during the first session, the facilitator could have used this as evidence to support their own negative thoughts about how they did not explain the objective clearly enough. A second reminder is the need to be flexible with the time and how time can have an effect on schedules. There was a designated one hour block of time that everyone in attendance agreed to be present for. Even though this facilitator scheduled out an ideal length for each section of the project, when the project was actually happening there were adjustments that had to be made. A third lesson that it emphasized for the facilitator was the importance of being present in the moment. This was felt by the facilitator during the second session when they learned that there were four original participants that could not be in attendance. The facilitator thought, “How would the session go according to plan?” and “What if other participants decided to leave because there would be a smaller group?” The opportunity to spiral down into the depths of the anxious thoughts was available, however the facilitator attempted to make the best of the second session with the participants that were able to be present that day. Instead of worrying about what could have happened, this facilitator engaged fully and took note of the experience that was able to occur.

Discussion

Review of Project

The two-part experiential facilitated was designed by this writer as a community engagement project that allowed mental health workers to process past experiences of burnout.

Through the participants' smiles, laughter, discussion, and support for one another, participants engaged in the tasks that allow for spontaneity, creativity, and playfulness. Between the two separate sessions of the community engagement project, it was clear through the participants aforementioned body language, that shared creative experiences between mental health professionals are significant. These experiences increase positive disposition within the work environment and in the presence of colleagues.

The first session provided space for active witnessing of the creative process of constructing the puppets. During the second session, the intention was still the same, using the puppets to engage in reflection and processing of past experiences of burnout. One outcome of the community engagement project included mental health professionals engaging in play with their colleagues. Group cohesion that formed between employees when allowing the mental health workers a time and space to be involved in creative processes together was another positive outcome. Lastly, the outcome of methods of self-care was easily resembled through the creative sessions. These simple methods of self-care included and were not limited to using crafting materials with various textures, the use of engaging in group discussion, and the use of movement with one's physical body. All of these outcomes were shaped by the emergence of drama therapy core processes and expressive arts therapy core dimensions through the use of puppetry.

Prioritizing Self-Care

This exploration supported the research for mental health professionals experiencing burnout to have a space to engage in self care in the work environment. It also emphasized the work and research that identifies different categories for supporting an individual's self care and

well being. The activities within the group and components within those activities also serve as areas of focus when engaging in self-care. Positive social interactions occurred as colleagues worked within a team environment. The sessions were appropriate times and space for mental health professionals to de-role from their respective roles by laughing with one another and assisting one another in the creation and use of puppets. This promotes positive affect within the work environment. When a work environment stimulates a negative disposition, there is a greater chance of experiencing burn-out (Leung et.al., 2023, p.215). When using the materials to build the puppets there was opportunity for individuals to use their five senses. Self care can often be linked with the use of senses; they are stimulated to help regulate one's emotions and somatic experiences by having awareness while engaging in any activity (Butler et. al., 2019, pp.109-119) The use of materials and the building of a puppet was also a crafting art based activity, for which many individuals use as a form of self-care. The group members were also presented with moments to recognize feelings of gratitude. Gratitude practices relate to self-care as a form of mental/emotional regulation. Additionally, there were a variety of opportunities for the participants of the project to express and release challenges related to burnout in the mental health profession. These were opportunities to express and release feelings of burnout through the use of both verbal and creative elements.

The Value of Drama Therapy & Expressive Arts Within the Experiential

Drama Therapy

Dramatic Reality and Playspace. Through the fulfillment of the exploratory group project drama therapy and expressive arts processes arose through the foundation of a dramatic playspace. As the facilitator of the experiential, this author resonates with the four ways to create

the most potential of using the dramatic reality. Pendzik (2006) discussed four main tasks for facilitation that occur within using dramatic reality. They are, “transition between realities, sustain and enrich materialization of dramatic reality, therapeutic interventions occurring within the dramatic reality, and applying dramatic reality to everyday life” (Pendzik, 2006, p.276). When the clinicians and staff members decided to participate in the experiential, they were consenting to join, engage, and play with one another in a dramatic playspace.

During the first session the participants began to transition between realities when they started to introduce their puppets to one another. Therapeutic interventions within the dramatic reality were a substantial part of the activity directive during the second session. This was evident when one of the dyads and their puppets were tasked to respond or support other presenters. Applying dramatic reality into everyday life coincides with the goals and motivation of this capstone. The participants of this project could take and apply pieces of the project that happened within the dramatic reality. These participants could use these pieces when they are working within the ordinary reality with clients and other staff members. The participants engaged in a dramatic reality for more time during the second section of the exploration. The dramatic reality differs from ordinary reality because it is a place where ordinary reality is mixed with the imaginary (Chapman, 2014, p.140). This author conceptualizes the dramatic reality as a mix of ordinary reality with all of the inner realities of the individuals present. This project also allowed the dramatic reality to include what the participants may have identified as the realities of their puppets. The fluidity and malleability of a playspace was evident in the first part of the experiential when participants were asking questions and looking for specific and concrete directives. The participants’ questions stemmed from their need for a clear and precise directive for the intention of the brain of their puppets. The incorporation of dramatic reality influenced

the natural emergence of drama therapy and expressive arts therapy processes. These therapeutic arts based processes allowed for outcomes that related to practices of self-care within a professional mental health work space.

Core Processes. The second session of the project was allowing the clinical staff to engage in drama therapy based activities; using their puppets to explore the topic of burnout and how it is experienced by mental health professionals. Within this section of the project was where the majority of the seven drama therapy core processes emerged. It was within this portion through the use of puppets, that the clinicians were able to express their experiences of burnout. Using the puppets provided them with a method of distancing from the topic of burnout. This component of interacting with others and with cognitive and emotional material, allowed the individuals to find a space that felt safe enough for them to participate and engage in the group activities.

Distancing. The participants of the community engagement project were provided with an environment to express lived experiences, thoughts, and emotional attachments about burnout. It was also a space to personally reflect and process burnout that has been experienced in relation to being working professionals in a mental health care environment. In order to allow the participants to feel more ease and less discomfort around the topic and sharing within a group, this facilitator provided a space to lessen the intensity of the topic. The puppets were one way of providing the group members a form of distancing that they could use to explore the level of distance from their feelings related to burnout. The participants were in control of the distance that they engaged in. This was also observable in the creation of the puppets. There were participants that modeled their puppets to resemble themselves, while other puppets did not contain visual similarities to their creator. The use of distancing is also applicable for addressing

burnout in a broader practice. This could be facilitated through verbal discussions with mental health professionals about their values and how to incorporate these into all areas of their lives including their careers. Distancing could also help in a more broad approach by guiding mental health professionals to understand their perspectives and influences on their perspectives.

Dramatic Projection and Embodiment. The puppets allowed the participants to distance themselves as needed in the project, while providing a form of distance, the puppets were also used as items of dramatic projection. The puppets were also at times the figures to embody a lived experience of the participants. Instead of asking participants to embody within their own bodies, there was an external object that was representing them and able to convey what was experienced internally. However, the participants did have to embody the position of a guide for the puppet. The participants practiced showing themselves the care and support that is necessary to improve one's well-being, through the care they were giving to their puppets. The actions of care that were executed are then able to be translated toward themselves and with repetition will become habitual behaviors.

Expressive Arts

One of the most important components of the exploration was for the staff members to create their own puppets. The puppets were constructed from a variety of materials that were available. The puppets were some of the most unique results that came from the experiential. For many of the clinicians, their puppets have been housed on their desks and office spaces where there is new potential for the puppets to be noticed by clients and added to their engagement and process of therapy. The construction of the puppets was a creative process that was a component of the community group project. This creative process included time for the participants to

explore using various materials for an artistic objective. Taking items that were recognized from other life experiences and being able to visualize them used within the creation of the puppet allowed the group members to expand their perspectives through the power of play. The power of play within this community based project is observed within the creativity and laughter that was experienced while working in relation to the challenging and heavy theme of burnout.

Intermodal theory is the concept of multiple creative modalities being used in relation to one another. The community engagement project was devised from the perspective and interest of a drama therapist in training. The creative elements of the project involve visual art based components in addition to drama based components. This author made a conscious choice of incorporating the group participants constructing their own puppets to use within the project. This was influenced by the importance of the puppet not feeling completely distanced from the participants and a way for the participants to start interacting with the theme of burnout and how it related to them personally.

The group members participation in the project was also influenced by the comfortability of the group space and participants' behaviors and witnessing within the space. "Creating a free and relational space is crucial in any therapeutic relationship" (Bogart, 2024). The term *temenos* is a greek word commonly used by Jung. "Temenos, meaning a sacred circle where one can be himself without fear"(Bogart, 2024). As the group project began, the group participants introduced themselves using sound and movement to share their responses to the question "how are you feeling in the present moment?" For a majority of the group members, answering this question without the use of words was a new concept that could have left participants feeling exposed. All participants were able to refrain from using describing words and from explaining their sound and movement that they shared. The use of the puppets within the group space

provided the participants with a tool to assist in their sharing about themselves without identifying the perspectives as their own. The incorporation of expressive therapies is valuable to reducing the intensity or frequency of burnout experienced by professionals working in the mental health field because it provides these individuals with time to connect with parts of themselves. These parts of themselves are typically ones that have not been receiving attention that is needed to maintain wellness.

Future Development

This community engagement project offered two one hour experiential workshops to explore burnout through drama therapy. Regardless of its brevity, the facilitator observed moments which exemplify the drama therapy core processes which in return seem to facilitate group cohesion and self-care in action, both factors protective to burnout. These observations have the potential to be explored and developed further in the future. One example of further development of this current capstone is research about whether drama therapy core processes lower occupational stress levels. This future research could relate back to this original thesis in supporting drama therapy as a method of lowering experienced stress levels which could lessen the intensity of burnout experienced within helping professions.

This capstone also provides support for the use of expressive arts therapy groups with an intermodal component as well. The first hour of the group engagement was focused on the creation of puppets as tools. The puppets were created using an array of materials and objects with various colors, patterns and textures. Having an understanding of other expressive arts therapy modalities would also provide additional results about the participant's feelings of burnout in their profession of work.

This community engagement project was focused on the experience of burnout within professionals working in the field of mental health. Burnout is commonly dealt with by professionals in all helping and humanitarian based careers. If this writer were to expand upon this current work that was completed, their interest would be in the transferability and adaptability of utilizing this style group within other settings including schools with teachers, and hospitals with doctors or nurses. This author is also curious about the outcomes of its use in work environments where there is a focus within the hierarchy of positions. A substantial piece of what this writer learned from facilitating the experiential was: 1) the importance, influence and capability of human connection 2) the time and space for building connection around difficult and isolating topics and 3) the importance of laughter. Developing a protocol of this puppetry work could be developed and incorporated into staff meetings or professional development. This writer questions how the consistent conversation of burnout might change the discussions between staff and their supervisors. Additionally, this writer wonders if changes to company policies could diminish the occurrence of burnout across their staff.

Worthy of mentioning is that a two hour long experiential created an environment for mental health professionals to explore an important topic related to the field of mental health; one that is in regard to their own well-being. The culmination of this one time event was produced within a minimal amount of time and is easily transferable to scheduling in busy professional environments including mental health, physical health and educational settings. The therapeutic style space allowed participants to use their creative and playful minds with fellow mental health colleagues. It also allowed group members to connect within their own selves. This author aims to value the importance of having space and opportunities for creativity, spontaneity, and laughter, while also fostering discussion and exploring difficulties that arise. This writer

aspires to remember this when working with future clients as well as in their own personal and professional development.

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Appendix

Table 1

Song Lyrics and Themes from Facilitation Reflection and Self- Care

Themes	Lyrics	Songs	Reflection
Anxiety, Uneasiness, Self-Critical	A feeling comes so fast and I cannot control it I'm on fire, but I'm trying not to show it I'm always running from something I push it back, but it keeps on coming	“Free”	Pre-facilitation
	Feels like I've been here forever	“Have Your Way”	Post second session
Hopeful, Joy, Excitement	But I hear the music, I feel the beat, And for a moment when I'm dancing, I am free	“Free”	Pre-facilitation
	To exist in the face of suffering and death And somehow still keep singing I am free, I am free		
	Hope when you take that jump You don't fear the fall Hope if everybody runs You choose to stay	“I Lived”	
	See a world, Beautiful and strange, Spinnin' off somewhere. Sayin' "Meet me there" Singin' "Follow close, And reach for me See that you've got so much more to be” I can't go back to what I was before, now that I can see so much more There's so much to do, Before it's over	“Before It's Over”	Post first session
	So I'll stop searching for the answers I'll stop praying for an escape And I'll trust You, God, with where I am	“Have Your Way”	Post second session

Sorrow, Reflections of past	<p>The only way you can know You give it all you have And I hope that you don't suffer But take the pain Yeah, with every broken bone I swear I lived</p> <p>Our town is this dot I can draw a circle His whole life fits inside I can draw a circle I can draw a circle You lived your life inside</p> <p>An awkward girl with her guitar, keepin' to herself I've been that girl who fades away</p>	<p>"I Lived"</p> <p>"Maps"</p> <p>"Before It's Over"</p>	<p>Pre-facilitation</p> <p>Post first session</p>
Faith in a Higher Power, Feelings of Another's presence	<p>But there's nothing else that I know how to do But to open up my arms and give it all to you</p> <p>That the universe was made just to be seen by my eyes</p> <p>Accepting what I've got</p> <p>But You never said the road would be easy But You said that You would never leave And You never promised that this life wasn't hard But You promised You'd take care of me Remind me You take the broken things And turn them into beautiful</p>	<p>"Free"</p> <p>"Saturn"</p> <p>"Before It's Over"</p> <p>"Have Your Way"</p>	<p>Pre-facilitation</p> <p>Post first session</p> <p>Post second session</p>
Appreciation of Life	<p>And how rare and beautiful it is to even exist With shortness of breath I'll try to explain the infinite And how rare and beautiful it truly is that we exist</p> <p>Maybe this sounds crazy But I'm happy that it happened Happy that I came Happy that I'm here</p>	<p>"Saturn"</p> <p>"Before It's Over"</p>	<p>Pre-facilitation</p> <p>Post first session</p>

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

Student's Name: Amanda Marie Delore

Type of Project: Thesis Title: Exploring Burnout in the Mental Health Field through Dramatic Projection and Puppets: A Group Experiential

Date of Graduation: May 18, 2024

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

Thesis Advisor: *Laura L. Wood*