

TRAUMA-INFORMED APPLIED THEATRE: USING PERFORMANCE TO CONNECT
WITH MENTAL DYSFUNCTION AND DEVELOPMENT FOR CHILDREN

by

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Abstract

This research focuses on the use of performance therapy techniques to help children with healthy development and aid as a support to develop proficient life skills. I will focus on an applied theatre program for children grounded in drama therapy practice. Traditional therapy has setbacks with children when it comes to confronting deeper emotional and physical emotions. Child developmental issues are a challenge, but with the utilization of play therapy and embodiment, they can be dealt with in a way that is engaging and fun for children. Traumatic situations change the neurobiology of brain development affecting parts involved in emotional management/regulation and higher thinking processing. By working with drama therapy techniques, applied theatre programs can be better informed and provide a stronger base to educate and heal the mind when it is in critical stages of growth.

Table of Contents

INTRODUCTION	1
ART/LITERATURE REVIEW - DRAMA THERAPY AND MENTAL ILLNESS	4
CHILD DEVELOPMENTAL ISSUES	4
COGNITIVE DYSFUNCTION	4
LIMITATIONS OF TRADITIONAL THERAPY	5
MIND-BODY CONNECTION THERAPY	5
ART THERAPY	6
DRAMA THERAPY.....	6
NEUROSCIENCE BACKGROUND COGNITION	8
NEUROBIOLOGY OF TRAUMA	8
STAGES OF DEVELOPMENT	8
NEURONAL AND COGNITIVE PLASTICITY	10
HISTORICAL CONTEXT OF DRAMA THERAPY	11
HISTORY (THEATRE OF WAR) GREEK THEATRE.....	11
DRAMA THERAPY IN 18TH-CENTURY EUROPE	13
DRAMA THERAPY MODERN PRACTICE MODELS	15
THE INTEGRATIVE FIVE-PHASE MODEL	15
MASLOW’S HUMANISTIC THEORY OF LEARNING: HUMANISTIC PARADIGM.....	17
EMBODIMENT- PROJECTION-ROLE MODEL	17
CURRENT DRAMA THERAPY PROGRAMS	20
SHAKESPEARE-BASED PROGRAMS	20
<i>Shakespeare and Veterans Program</i>	20
<i>Shakespeare in Prisons</i>	21
<i>DE-CRUIT</i>	22
<i>Shakespeare Behind Bars: Juvenile Arts Program</i>	24
<i>Marin Shakespeare Company for At-Risk Youth</i>	24
SHAKESPEARE PROGRAMS FOR CHILDREN	25
DISCUSSION	26
CITATIONS	30

Figures

FIGURE 1: Stages of Development According to Erik Erikson. **9**

FIGURE 2: DE-CRUIT EEG of veteran brain electrical activity before the intervention of the drama therapy program and after intervention showing an improvement in hemispheric asymmetry. **24**

Introduction

Art therapy is a field that is exponentially growing with new groundbreaking discoveries that allow for embodying trauma and mental healing. Applied theatre and performance is a continuously developing field that can help people who are struggling to work through traumatic experiences plaguing their life. By using performance, there is an ability to target sensitive topics in a manner that does not lead to re-traumatization. The use of theatre as a healing agent has been going on for centuries, with clear applications beginning in Greek theatre and tragedy. This developed later in 18th-century Europe where it was used specifically for people who were in sanitariums dealing with psychosis. Drama therapy has since evolved to include a wide range of ages and concerns it is addressing. A large field looks at veterans working with deep-rooted mental illness issues such as PTSD, anxiety, and depression showing that embodiment and narrative medicine can show great improvements otherwise not seen. Narrative medicine is a form of therapy that focuses on empathy, reflection, and trust building (Charon, 2001). Connecting narratives to embodiment allows for healing deeper mental ailments. The body holds the trauma that we experience in ways that modern neuroscience and medicine are still working to understand. Bessel van der Kolk, the author of the book, *THE BODY KEEPS THE SCORE: BRAIN, MIND, AND BODY IN THE HEALING OF TRAUMA*, explains that traumatic experiences “leave traces on people’s biology and identity and have devastating consequences, medical illnesses, problems with school and work performance, drug addiction, and variety of psychiatric illness” (Van Der Kolk, 2023). He later describes the importance of activating the capacity to regulate oneself using touch, breath, movement, and rhythmical engagement. Each of

these techniques are focused on in drama therapy providing therapeutic interventions and established processes to approach embodied healing. By connecting both of these fields, applied theatre programs can provide a holistic approach to the healing power of performance.

A central component of drama therapy is the connection to community and self. These same core focuses are seen within applied theatre programs as a tool for collective healing. The ability to connect mind-body to stories as well as to other people allows for healing to occur. There is the opportunity for healing through emotional catharsis and community building. Applied theatre in connection to the medical field can allow for a meaningful impact made on mental health. Though there is still a significant amount of progress to be made regarding the stigmatization of mental health problems, bringing in a different option that allows for movement and community building possesses a strong ability to impact people positively. When looking at the development of drama therapy, it has been around for centuries changing throughout the years. From the programs that are focused on in this research exploration, there appears to be a lack of focus on the significant impacts that could be applied to children/youth. In development, the central nervous system is the most adaptable and malleable in youth and adolescents than in any other stage of life. Drama therapy play can be used as a tool to educate children on social skills, emotional regulation, and cultural competency to prepare them for their future.

In this research, I will review neurobiological childhood development, developmental issues, and some obstacles with traditional talk therapy. Embodiment and physicality are the major focuses when working with children and drama therapy, so I will highlight the utilization of these in applied theatre. By working with the knowledge that trauma is held in the body, movement and language skill development will be emphasized. I will review some general cognitive neuroscience and central nervous system development that is occurring during the

target ages of 7 – 11 years old. This age range is the focus of this research due to the established knowledge of the crucial development of a healthy central nervous system at this time. The history and development of drama therapy as a practice will be referenced for the major theory that will be used for applications to applied theatre programming. I will analyze these techniques and highlight the benefits and obstacles through the lens of working with children 7-11 years old. This program proposal will be informed by several current ideologies and theology of active drama therapy programs which significantly utilize Shakespeare.

Art/Literature Review - Drama Therapy and Mental Illness

Child Developmental Issues

Child developmental challenges and mental health issues can be brought on before birth or appear at a later time in development. Types of disorders include attention deficit hyperactivity disorder (ADHD), learning disorders, language disorders, and many other developmental delays (Gillette, 2021). When working with these different obstacles children face, traditional talk therapy can often have little to no impact or even cause further damage to be done (THE LIMITS OF TALK THERAPY, 2015). This is where applied theatre and therapy can provide a creative and engaging tool to work through language development, social relationships, emotion management, and communication.

Cognitive Dysfunction

My program would focus on the population of people who have issues with cognitive dysfunction. Cognitive dysfunction is defined as an impairment in verbal and nonverbal learning, attention, working and short-term memory, problem-solving, motor functioning, visual and auditory processing, and processing speed (Unyte Integrated Listening, 2018). Major factors that cause cognitive dysfunction are family history, brain injury, education level, toxin exposure, and chronic conditions (Lam, et. al, 2014). Due to how broad this definition is, there are many possible ways in which people could be included in this program; however, children ages 7-11 will be the target audience.

Limitations of Traditional Therapy

Psychotherapy is a prominent form of treatment for general emotional distress or general mental health problems that is completed through engaging with a licensed professional. A common practice used is talk therapy, which involves the verbalization of these complex feelings. There are numerous obstacles that general talk therapy has when working with victims of trauma, especially when they are experiencing post-traumatic stress disorder, dissociation, anxiety, or depression (THE LIMITS OF TALK THERAPY, 2015). General cognitive dysfunction can suppress certain aspects of trauma which cannot be connected without embodiment. The physicalizing of experiences through movement allows for the progression of connection of self through stories, which has major benefits over traditional therapeutic or talk therapy methods. Talk therapy has been a very common intervention to work with mental ailments and trauma. Though this work is found to be functional and beneficial to many, there are obstacles that these traditional methods show, such as when working with children. Keeping kids engaged and interested is a challenge in general situations without looking to provide development or address mental dysfunction. By having the intervention be a form of play therapy, there can be great steps taken without the child losing interest (Jennings, 2002). When providing the main activity as an entertaining and fun outlet, deeper topics and skills can be addressed without causing adversity.

Mind-Body Connection Therapy

Mind-body therapies are an alternative therapy type that draws on the body's connection to the mind. Examples of these are "yoga, tai chi, qigong, and some types of dances" (Hart, 2016). The general concept is based on the principle that "the body affects the mind, which in turn impacts the body (and the mind)" (Hart, 2016). The health of the body will affect mental

health (Renoir, 2013). This is a growing field of research to work to understand the neuropsychiatry associated with embodiment. The way in which the peripheral body connects to the central nervous system is a large topic of research that is growing in knowledge.

Art Therapy

The Healing Power of Art covers the different benefits that art therapy has that other types of therapies do not. It explains the depth that art therapy can have when it comes to dealing with trauma including family and relationship issues, domestic violence and abuse, mental illnesses, and dealing with the complications of everyday life. These different traumas are difficult to work through for many people. Art therapy allows these topics to be addressed without the need for verbal communication. It allows the perception of pain to be diverted and reassociated with the root of the pain. One study was completed using art therapy to aid in pain and anxiety within the hospital daily for 50 minutes a day. These patients found an increase in mood and a decrease in anxiety within this practice (Laskow et. al, 2019). Using arts allows for stress reduction and the changing of perspective when it comes to resiliency. These different aspects of art therapy allow for a unique application to medicine that has not been explored significantly. By taking these important steps to associate traumas with art and deviating from the root of these pains, there can be healing completed without the need to talk about these traumas (Kaimal et al, 2019).

Drama Therapy

The North American Drama Therapy Association defines drama therapy as “an embodied practice that is active and experiential” (North American Drama Therapy Association, 2023). It is described as allowing for the ability to tell stories, work through complex emotions/feelings,

and achieve catharsis. There is the ability to complete drama therapy in various ways including group or individual work with varying degrees of involvement depending on need. The main impact that drama therapy can produce is the connection of stories in the mind to the body (Jones, 2022). This gives a unique ability to work through the deeply ingrained trauma that is held within the body without placing judgment. Drama therapy is a type of applied theatre that allows the performing arts to connect to the body. There are many different avenues of drama therapy, but the focus of this thesis is its connection to applied theatre. Applied theatre allows for a unique ability to work with children interactively and physically.

After reviewing child developmental issues, cognitive dysfunction, traditional therapeutic methods, general art therapy, and drama therapy, I will now provide an overview of the neuroscience of cognition and developmental neurobiology. This will provide background information about the central nervous system and the potential to heal the damages of trauma and change neurochemistry.

Neuroscience Background Cognition

Neurobiology of Trauma

The brain is adaptable to ensure survival. Following a traumatic event, the brain can change and is primed to respond to keep the individual safe (Renoir, 2013). Though these mechanisms are critical to maintaining life, these same adaptations can lead to a cycle of trauma, leading to being stuck in a constant mode of victim-survivor. Trauma is defined as “when an event or experience overwhelms normal coping mechanisms” (Integrated Listening Systems, 2018). The way that the nervous system compensates for the overwhelming event is a natural response to help protect the individual. Trauma causes a reaction in the limbic system of the central nervous system, which is the region that houses the emotional response, the amygdala. This region is where the ‘fear center’ is located and interacts with the hippocampus disrupting memory recall, specifically for long-term memories. This leads to a phenomenon termed ‘fragmented memory’, which is the inability to recall details of a traumatic event. (Bedard-Gillgan et al, 2012).

Stages of Development

There are many essential differences in trauma's impact on adults versus children/youth. Children have distinct stages of development that mark impactful stages of growth, as defined by Erik Erikson (Eccles, 1999). Figure 1 depicts each of these important stages of human development along with their main developmental tasks/conflicts. The target age range of this research is 7-11 years old. The core developmental task for children of this age is industry versus inferiority (Berger, 2019). This is where key skills in communication and emotional management begin to solidify.

Stages of Development According to Erik Erikson	
Approximate Age	Developmental Task or Conflict to Be Resolved
Birth to 1 year	<i>Trust vs. mistrust</i> : Babies learn either to trust or to mistrust that others will care for their basic needs, including nourishment, sucking, warmth, cleanliness, and physical contact.
1 to 3 years	<i>Autonomy vs. shame and doubt</i> : Children learn either to be self-sufficient in many activities, including toileting, feeding, walking, and talking, or to doubt their own abilities.
3 to 6 years	<i>Initiative vs. guilt</i> : Children want to undertake many adultlike activities, sometimes overstepping the limits set by parents and feeling guilty.
7 to 11 years	<i>Industry vs. inferiority</i> : Children busily learn to be competent and productive or feel inferior and unable to do anything well.
Adolescence	<i>Identity vs. role confusion</i> : Adolescents try to figure out, "Who am I?" They establish sexual, ethnic, and career identities, or are confused about what future roles to play.
Young adulthood	<i>Intimacy vs. isolation</i> : Young adults seek companionship and love with another person or become isolated from others.
Adulthood	<i>Generativity vs. stagnation</i> : Middle-age adults are productive, performing meaningful work and raising a family, or become stagnant and inactive.
Maturity	<i>Integrity vs. despair</i> : Older adults try to make sense out of their lives, either seeing life as a meaningful whole or despairing at goals never reached and questions never answered.

FIGURE 1: Stages of Development According to Erik Erikson. Image adapted from *The Developing Person Through the Life Span* (Berger, 2019).

As seen in Figure 1, children between the ages of 7 to 11 years of age are working to learn to be competent and productive. Being competent and productive requires emotional management and regulation. Drama therapy is an excellent way to work with emotional changes. Since acting requires the use of changing emotions, using a change in emotion as an activity with children will allow them to learn how these different emotions can be manipulated. Another important skill that allows us to work with the challenges children face at this age is

communication both between peers and intergenerationally. Performance and drama directly work with language and communication in a variety of ways.

Neuronal and Cognitive Plasticity

Neuroplasticity is the ability of the brain to continue to make functional changes to the junctions between neurons, allowing for communication through how active they are. The remodeling of these synapses allows for both short-term and long-term synaptic plasticity. Short-term plasticity “refers to changes in synaptic strength that occur on a sub-second timescale”. These changes allow for long-term synaptic plasticity, which allows for the creation of memories and habits (What is synaptic plasticity?, 2023). The more specific connections are reinforced in the synapse, the more solidified they become. Understanding synaptic plasticity is important for looking at trauma-based dysfunction and development problems. Synaptogenesis is the vast increase in synapse formation between neurons in early development (ages 2 to 3) and plays a vital role in memory formation, learning, and adaptation. Following this peak, synaptic refinement and pruning remove the synapses that are not in use or not functioning until age 10 (Healthline, 2018). The synaptic refinement that occurs in this part of development is critical for the proper functioning of complex behaviors and higher-order processing.

In the next chapter, I will review the historical context of drama therapy starting with Greek tragedy allowing for healing of soldiers from war. Then I will move to drama therapy beginning to be an established form in 18th-century Europe and refinement of methodology using The Sesame Approach.

Historical Context of Drama Therapy

History (Theatre of War) Greek Theatre

The Theater of War by Bryan Doerries references the initial impact that performance and drama therapy had in Greek theatre (Doerries, 2015). The public performances work as a tool to create community and collective healing. Greek tragedy was a significant form of storytelling often used to portray horrific stories of war. Though one would initially think that the reenactment of traumatic stories on stage would lead to re-traumatization of lived experience, it proved to have a completely opposite effect. The Greek philosopher Aristotle theorized on the significance that these Greek tragedies had on communities. “Aristotle also argues that one of the most important elements of Greek tragedy is “suffering.” By portraying physical pain and emotional anguish, tragedies were designed to elicit powerful emotions” (Doerries, 2015). The showcasing of these stories that can release powerful emotions allows for bringing about catharsis. “Through tragedy, the Greeks faced the darkness of human existence as a community” (Doerries, 2015). By providing relief from these strong emotions which have been historically stigmatized, healing can occur throughout the community. Greek tragedy functioned to tell the stories of war providing the opportunity to “arouse powerful responses, including pity and fear, to facilitate a healthy and balanced response to personal suffering and the suffering of others” (Doerries, 2015). Some aspects of healing can occur through the collective feeling of emotions experienced through these tragic stories. This is where the Greek philosophical concept of *sophrosyne* was defined: “‘healthy, balanced mind,’ epitomized by moderation, temperance, and self-control” (Doerries, 2015). With the consistent trauma that was experienced through the continuous wars occurring in Ancient Greece, the Greek tragedy helped spread a sense of community healing. With a vast majority of men serving time in the military, there was a deep

scar on the mental health of the community. Showing these images of war on stage helps people to feel heard and understood. This specifically relates to those who have been to war and lived through those experiences. By having people collectively heal in the community, the stories can be told and processed. The building of a community is a critical step in healing for mass traumatic experiences seen during the war. “Tragedy was a mass therapy for lowering the Athenian allostatic load and recalibrating the city’s response to stress” (Doerries, 2015). This concept brings back the important value in Greece of balance. The tragedy played an important role in being a positive change with the ability to regulate stress levels and responses. Overall, morale can be affected through the telling of stories and experiencing tragedy as a community. “By bringing about catharsis, purifying Athenians of toxic levels of stress hormones, the tragedies restored balance – *sophrosyne*” (Doerries, 2015). Though at this time, these were bold claims to make considering the lack of evidence. To connect back to Aristotle, the idea of catharsis is not looking to completely remove these emotions. Rather, it is looking for the ability to purify these emotions and acknowledge their ability to cause harm.

When looking to complete collective healing through stories, the process of embodying is crucial to connect to emotions and reactions. This would be most effective if the audience was able to engage with the physicality of emotions seen in the stories, but there was the possibility to also heal vicariously through viewing the performance. Though there is an opportunity to work through complex emotions and stories by visual means, physically moving through the events allows for a deeper level of exploration. “No one gets closer to words, and to the impulses behind them, than actors and directors working intensely on a play” (Doerries, 2015). This connects to current practices of drama therapy and working with participants to move through their experiences and work with self-exploration. These concepts established in ancient Greece

provide a pathway for the modern study of mind-body connections and the ability to use performance and drama as therapy. It brings attention to the importance of creating “our own new models of healing which emphasize communalization of the trauma” (Doerries, 2015).

Drama Therapy in 18th-Century Europe

Drama became a tool for therapy emerging in 18th-century Europe in mental health institutions. It was used to allow patients to recreate and explore their own ailments. Eventually, it evolved and became more solidified as a practice in the 20th century. Influential theatre practices include Bertolt Brecht’s breaking the fourth wall, Constantin Stanislavski’s improvisation, and Antonin Artaud’s Theatre of Cruelty. Another influential pioneer in using performance as therapy and education is Peter Slade. Slade worked with children’s groups; he coined his methodology Child Drama in the 1930s. “Child Drama is Slade’s system of formalizing children’s natural play stages and patterns to facilitate personal development, self-esteem, socialism, self-expression, and safe release of violent, angry, or ‘illegal’ emotions” (Brown Weaver, 1996).

The field of drama therapy was then furthered and refined in the United Kingdom by Sue Jennings and Billy Lindkvist with the name ‘The Sesame Approach’ (Sesame Institute Drama and Movement, 2013). Key themes of this approach are psyche, touch, play, movement, drama, and ritual, which are core elements of modern drama therapy practice. The Sesame Approach is a non-confrontational therapy that allows for the understanding that inner language (non-verbal) is key to working through difficulties indirectly (Jennings, 2002). This a tool to embody an inner emotion or image through a character role or story that is different from the realities of life or circumstance. This is a critical aspect of drama therapy that differentiates it from classic

cognitive behavioral talk therapy. It allows for abstract reflection without judgment. “Once an idea, a memory, a feeling, or a thought is conscious, there is more choice about what can be done with it. Reactions and behavior can gradually be understood and so changed” (Sesame Institute of Drama and Movement Therapy, 2013).

Drama Therapy Modern Practice Models

The Integrative Five-Phase Model

Phase 1: Dramatic Play

The initial phase of The Integrative Five Phase Model is grounded in a “non-threatening playful environment,” where there is a focus on creative dramatics, improvisation, interactive techniques, and theatre games. This is when participants can become comfortable with releasing their inhibitions and anxiety while working with performance (Johnson, 2009). The emphasis of Phase 1: Dramatic Play is to get comfortable in a group therapy context working with being physically active and socially interactive. Working through a variety of different basic acting exercises aims to help work through the initial fears that can arise when competing in therapy. This phase works to help develop and strengthen, self-confidence, self-esteem, and community.

Phase 2: Theatrical Scenes

The second phase involves theatre scene exercises that work with fictional stories/plots. “The fictional mode provides a protective safeguard as well as a means of expanding one’s capacities for, and range of, expression” (Johnson, 2009). This is where participants can work with experimentation and liberation of creative freedom. While engaging in fictional scenes and scenarios, there is a natural tendency to travel down familiar events that occur in daily life. This allows there to be an initial step into real-life issues and problems but the visualization from a different perspective. The goal of this phase is to get clients comfortable with their bodies and the ability to connect stories to movement. The main objective is to work on “selves”-expression, role expansion, and emotional expansion. The therapeutic progression is to work on liberation and expansion.

Phase 3: Role Play

Phase three is focused on role play, role reversal, and replays of life scenes. This is the phase in which “eventually the roles are shed, the masks unraveled, and the fictional scenarios give way to life scenes” (Johnson, 2009). This is where connecting to personal situations and experiences will be explored. Exploring, rehearsing, previewing, and reviewing current issues is the topic of this phase. The objectives are self/role awareness (self-observing ego), role flexibility, and perspective. The therapeutic progression looks to create behavioral change and spark hope.

Phase 4: Psychodrama

Phase four works with psychodrama and culminating enactments. This is where reenacting and connecting to traumatic stories and experiences will be explored. The focus is to look at core themes seen within the experiences and have the main objective being emotional catharsis. Empathy and intimacy are core themes in this phase (Johnson, 2009). This phase of the integrative model looks at the therapeutic progression focused on connection to catharsis and personal insight and self-reflection.

Phase 5: Dramatic Ritual

With the final phase of the therapeutic process, there is the ability to connect the integration of all the previous phases. This connects the various connections made within drama therapy to the physical world allowing for transition and closure. There is room in this phase to make connections to all the steps and progress made throughout the therapeutic process. This brings space for cognitive insight and the behavioral changes that have been witnessed. The

therapeutic progression of phase five is integration, review, and acknowledgment of the story and experience (Johnson, 2009).

Maslow's Humanistic Theory of Learning: Humanistic Paradigm

The humanistic paradigm “emphasizes the personal worth of the individual, the centrality of human values, and the creative, active nature of human beings” (Simple Psychology, 2022). There is a focus on expressiveness, playfulness, creativity, spontaneity, humor, and aliveness. There is a strong focus on ego strength and building a sense of collective community (Madsen et al, 2012). “The therapeutic journey is eased and strengthened by a sense of gradual unfolding, in which the work is paced and progressive, creating in the clients a sense of readiness at all times for the next step/level” (Johnson, 2009). Having this focus on gradual fluid transitions throughout The Integrative Five Phase Model can allow for healing in a non-threatening way. “Beginning the therapeutic process within the creative drama mode is liberating, enabling clients to experience a sense of freedom from the constraints of everyday life, and from engrained patterns” (Johnson, 2009). Aspects of this model will be applied to children ages 7-11 because the ability to process everyday life and make formed thoughts has developed.

Embodiment- Projection-Role Model

This model is built specifically for children from birth through age 7. It will provide insight into working with younger ages and the major ways that different developmental stages can be worked with in drama therapy (Brixton Dramatherapy, 2023). Aspects of this model will be important techniques to include with performance and drama therapy. Dramatic development

can be applied for both assessment and application of emotional regulation. This can allow children to take on different roles and work with writing stories with their peers. Communication with both peers as well as inter-generationally can be developed and adjusted (Sue Jennings, 2023).

Embodiment

This part of the model connects the child to the environment and their primary caretakers (for example their mother). This is an important step in working to develop trust and physical connections. Techniques for embodiment include:

- Gross and fine body movements of different parts and the whole body
- Sensory movements involving all the senses.
- Creative ideation and storytelling

Role

The role allows for the child to take on different roles and work with feelings (for example an angry or sad person). This will be important for drama therapy and working with emotional regulation. Dressing up and creating different characters can allow the child to learn different stories other than their own and work with empathy.

Projection

This aspect focuses on play with various substances varying in texture and consistency (for example clay), pictures, bricks, counters, toys, scenes, and natural media. External stimuli

and working with different media can allow the therapist to work with the child in a non-confrontational or judgmental way.

Given these established drama therapeutic methods outlined above that include various age ranges that are the target, I will review various examples of applied theatre programming for adult populations currently active. Many of these applied theatre programs have methodology based in drama therapy which provide an example for application to working with children.

Current Drama Therapy Programs

Shakespeare-Based Programs

Shakespeare and Veterans Program

Within the field of applied theatre used with a medical application, the Shakespeare and Veterans program is an example of a program offering healing through performance. This program uses the ability to disconnect from soldiers' stories while working through the same emotions felt in those stories. The benefit of this troupe is it allows for the veterans to belong to part of a unit like that of war. It runs as a weekly conversation group and acting ensemble. It is a free event that is open to all groups and types of people. The meetings consist of telling war stories from Shakespeare's texts, "tell stories: war stories, life stories, family stories" (Kentucky Shakespeare, 2023). It allows for the help of working through complicated mental illnesses such as post-traumatic stress disorder, anxiety, and depression. Because Shakespeare's plays have an intense amount of war and post-war settings, there are direct applications of these plays to the soldiers' lives. By performing these events, the veterans can feel the same emotions that they have without the same situation of being at war. This can allow for the processing of complex emotions (Mad in America, 2022).

Program Methodology

The location for this program takes in an open space that allows for comfortable movement and space for scene work. The program consists of both basic acting exercises and performances of scenes from Shakespeare's plays. The progression of rehearsals using Shakespearian work consists of initially with line feeding to the participants. Then, a physical copy of the script is provided in future sessions to help with line memorization. With this

program, it is very important to engage in sensations through feeling. The acting exercise ‘Walk About’ would be an important tool within these programs. This would be made up of milling and seething around the room while going through different scenarios. These can be adjusted for those who cannot move readily but movement will be severely encouraged if possible. Examples of scenarios that would change the dynamic of ‘walk about’ are: “you are rushing someone you can’t wait to get there” or “it is very hot outside, but you need to rush there”. These will also utilize exercises that include making eye contact with others, no eye contact, and utilizing physical and imaginary scenarios. These exercises will allow for the stimulation of imagination, providing movement, as well as grounding. Another acting exercise is “Walking By My Side”. This exercise has participants imagine walking with someone very important to them around the room. These were impactful for those who have lost someone in service or someone they need to talk to but are not able to. They will be instructed to choose to walk and talk to their younger self, their current self, or their future self. This will allow for a more emotional response to the activity. Memories associated with emotional responses tend to be some of the most resilient memories within our memory storage. This allows for the stimulation of the emotional mind.

Shakespeare in Prisons

The field of applied drama therapy using Shakespeare has also made its way into correctional facilities. The main goal is to help those who have been incarcerated grow, develop, and transform. The Prison Fellowship works with practitioners of performance by putting on readings, rehearsals, and performances for the inmates with plays from Shakespeare (Prison Fellowship, 2023). When the inmates were asked to explain the impact of the Shakespeare in Prison programs, they said that these stories from the past still happen today. It allows them to re-identify with the stories and the characters. Within the walls of confinement, many people lose

their humanness, but these stories allow you to look at yourself and re-evaluate. This is a form of rehabilitation through the arts. An inmate found that his story and behavior had connections to *Othello* and the theme of manhood. *Othello* shows the insecurity in relationships and the paranoia that can come with vulnerability. The inmate talks about how performing as Othello allowed him to see how many human-emotional connections he made to the character. Othello and the inmate both had extreme possessiveness and the instinct to treat women as objects. He ended his analysis of Othello by explaining that he found vulnerability is what makes a man a man, something he had only noticed through performing Othello. Shakespeare makes stories timeless and understands what men and women do at any age, true and real (Prison Fellowship, 2023).

DE-CRUIT

With the increase in the development of applied theatre and drama therapy, DE-CRUIT works with veterans using Shakespeare to unwire them from war. Veterans are at a higher risk for many mental dysfunctions and illnesses for which are not given adequate resources upon being discharged. DE-CRUIT builds community and camaraderie in a creative setting, allowing for war stories to be told in a safe space (Ali et al, 2022). Many of Shakespeare's plays include the topic of active war or the aftermath of war. DE-CRUIT uses veteran-informed practice, unit cohesion, and a trauma-informed model to help unwire veterans from war using Shakespeare. What is unique about DE-CRUIT compared to other applied performance therapies is it uses a scientific-based model to provide healing (Ali et al, 2016). This connects the art and performance field to the neuroscience field, allowing for the collection of hard data to see the impact that performance therapy has on healing trauma and building healthy life skills (Ali et al, 2019). DE-CRUIT addresses the knowledge acquired in neuroscience that there are anatomical differences

between brains that have gone through trauma to those that have not. Trauma affects the limbic system of the brain, disrupting normal functioning and higher processing. It affects the cingulate cortex which oversees the ability to recognize the time, whipping veterans back to events and emotions felt at war. Trauma affects Broca's area of the brain, making it difficult to understand and produce speech. Shakespeare requires the use of speech and understanding speech. DE-CRUIT has paired with neuroscientists in a scientific research study looking at 25 veterans going through a 20-hour course using Shakespeare (Kaimal, 2019). The results show that even completing this short course, using performance therapy decreased PTSD and depression and increased self-efficacy. Following completing an electroencephalogram (EEG) before and after the course, there is a change in rewiring in the central nervous system (Ali et al, 2018). Figure 2 shows the brain scans before and after performance therapy, impacting the hemispheric asymmetry. This data is essential for this research because not only is there scientific proof of the benefits of drama therapy, but children complete much more brain development and synaptic refinement than adults do. Thus, completing a course using drama therapy could have significantly higher positive impacts on developing brains than on adult brains (DE-CRUIT, 2023).

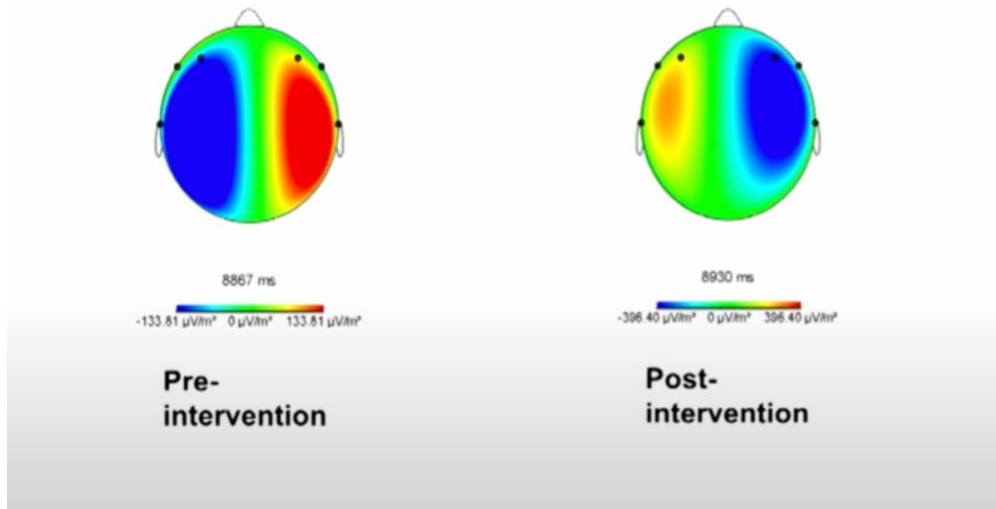


FIGURE 2: DE-CRUIT EEG of veteran brain electrical activity before the intervention of the drama therapy program and after intervention showing an improvement in hemispheric asymmetry (DE-CRUIT, 2023).

Shakespeare Behind Bars: Juvenile Arts Program

The Shakespeare Behind Bars program brings the use of drama therapy in prisons to juvenile facilities. It is an important program that allows for the transformation of mindset and skills for at-risk youth to prepare for a future outside of prison. The intention is to reduce the rate of getting readmitted due to future crimes which could lead to life behind bars. The same values and techniques used in Shakespeare in Prisons are used in this program.

(Shakespeare Behind Bars, 2023).

Marin Shakespeare Company for At-Risk Youth

The Marin Shakespeare Company works with both those who have been incarcerated due to crimes and works to help prevent those types of things from happening to future generations (Marin Shakespeare Company, 2015). They worked with those incarcerated in the Shakespeare

Arts Program to create a documentary called “What We Wish We Knew As Teenagers,” where they talk about their reflections on their growth in childhood. They talk about the need to learn how to show their emotions as children and how important being seen and paying attention to them was. There was talk about being shown direction and being in a positive environment. These are all things that performance works with showing and controlling emotion, being directed, a sense of community, and a positive environment. These are all important goals for my proposed program, looking at starting young in the important developmental ages (Juvenile Arts Programs, 2023).

Shakespeare Programs for Children

Though Shakespeare is commonly used in drama therapy in today's programs, there are many different forms of drama therapy run by a variety of corporations that also do not use Shakespeare. I chose to focus on reviewing Shakespeare programs rather than other programs due to personal interest with applied Shakespeare. I will not be reviewing these programs because the ideology and theology are not what I think would be most impactful for child development and healing.

Discussion

Through the synthesis and collection of this research, I intend to apply these drama therapeutic practices to an applied theatre program for children ages 7-11 years old. Beginning this exploration, I focused on looking at challenges that children face growing up and how they can be addressed. Because experiencing difficult situations is a part of human existence, children face continuous obstacles when growing. Developmental problems and cognitive dysfunction are ubiquitous among all ages of people and can be worked through with interventions. Traditional talk therapy is a common intervention that is used when looking at trauma and emotional distress, but it risks being ineffective in younger children. There are many different factors that influence my stance on this, including lack of attention span as well as children having an underdeveloped pre-frontal cortex that is important in higher thinking processing including emotional intelligence. With this in mind, having a child sit down and be asked to communicate feelings or emotions that they may not even understand how to conceptualize may not be helpful. Recent developments in science looking at how movement and embodying connect to mental health provide the unique ability to allow for the discovery of deeper more complex ailments. This can prove to be exceptionally impactful when working with children, allowing for play and games to be tools for healing and growth. Art therapy looks at these intersections of creativity and mental health using less abrasive direct approaches to therapy. Art therapy has gone a step further and looked specifically at drama's ability to engage deeper traumas through performance and character work. Though the practices that I reference are drama therapeutic techniques, the distinction needs to be made that this research focuses on applied performance's integration with the methodology.

Due to my academic background consisting of molecular biology and neuroscience, I chose to include the developmental neurobiology of children and how important these stages of growth are for maintaining a healthy balanced life. Research has shown that following a traumatic event, the brain is primed to respond in a manner that keeps the individual safe. These mechanisms that allow for safety also lead to the possibility of getting stuck in a cycle of trauma, responding to various difficult situations in an erratic way. When it comes to childhood development, I focus on ages 7-11 because of the specific developmental conflicts that are experienced at that age. This age range deals with industry versus inferiority since they have developed the ability to understand language and communicate, but struggle with competency and productivity. Applied performance works directly with language and communication in addition to working with productivity and multitasking. Having an applied theatre program that works with regularly scheduled rehearsals leading up to a performance allows for there to be a goal and sense of accomplishment once reached. This alone allows for the practice of persistence, patience, and integrity through a creative engaging outlet.

Another important element of cognitive neuroscience is neuronal and cognitive plasticity. Throughout our entire lifespan, the brain is continually refining and adapting our synapses to react, and act based on our learning and experience. Following birth, there is an extensive amount of synaptic growth up until age 3. Then the brain completes a vast amount of synaptic refinement and pruning to strengthen important synapses and lose ineffective connections up until the age of 10. This synaptic plasticity and development occurring between these ages is a major reason why I chose to focus the group on 7 to 11 years old when the brain is in its most plastic form.

When looking at applied theatre in relation to drama therapy, historical development is an important context to reference. Drama therapy began in the Greek tragedy as an indirect therapeutic outlet for soldiers experiencing the trauma of war. These performances allowed for a sense of community and portrayal of traumatic events on the stage. Eventually, drama therapy was coined a practice in 18th-century Europe where working with communication in an indirect way was central. This is where abstract depictions and movement allowing for reflection became a focus of drama therapy. These core elements of drama therapy are reflected in the methodologies and techniques used by modern drama therapists.

The current approaches to drama therapy are diverse, but I focus on three main models within this research. The Integrative Five-Phase Model provides an excellent backbone that can be used in applied theatre programs for children. Beginning with dramatic play, “a non-threatening playful environment” allows for children to warm up to performance as a concept, engaging with developing strength, self-confidence, and community (Johnson, 2009). These are all important core goals for working with children ages 7 to 11 because one of their significant developmental conflicts is inferiority. The next phase includes theatrical scenes which allow for creativity and social communication to strengthen. Following scene work, their role play works with changing the characters and seeing different perspectives and emotions within a story. This is a very important phase when working with children since it allows for there to be the practice of emotional regulation and manipulation. Phase 4 is psychodrama which in children will be much more abstract since many of the deeper connections they are making may not be clear to them or others. This will allow them to connect their own stories to characters and see how different factors can change outcomes. The final phase is the dramatic ritual which is reflecting upon the entire process. Since attention span is very short in children, I think that including

reflection following each phase rather than at the end of the entire program would be impactful for reviewing what was learned each step of the way.

The second program I reviewed was Maslow's Humanistic Theory of Learning: Humanistic Paradigm, which brings up the importance of personal worth and individuality. This is the main concept I will include in an applied theatre program because developing a strong sense of worth and identity is a major developmental challenge.

The Embodiment-Projection-Role Model was the third program of my study. Because many of the techniques used in this form of drama therapy are very basic due to the target ages of 0-7, a majority of the practices would not be helpful in an applied theatre program for 7-11-year-olds. The main core concepts that should be applied from this model are embodiment and role play. Children working with developmental challenges would benefit greatly from working with embodying emotions and stories as well as using role change to view different perspectives of these stories. This would allow for a representation physically of what empathy looks like and how being in different roles changes behavior.

Finally, I included an overview of a variety of current Shakespeare-based programs, to highlight the proliferation of applied theatre programs with a general focus on older generations.

Overall, the review and analysis of mental illness, neuroscience, and drama therapy techniques will be instrumental in the development of an applied theatre program for children ages 7-11. This program can be grounded with current drama therapy techniques to enable to best practices and promote healing for youth.

Citations

- Ali, A., & Haen, C. (2019). Creative arts therapies and the military: Integrating research and practice in the service of active duty members and veterans. *The Arts in Psychotherapy, 62*, 2–4.
<https://doi.org/10.1016/j.aip.2019.05.002>
- Ali, A. N., Wolfert, S., & Pensavalle, C. (2022). A Theatre-Based Program for Traumatic Stress in Military Veterans. In *Doing Performative Social Science*. Routledge.
- Ali, A., & Wolfert, S. (2016). Theatre as a treatment for posttraumatic stress in military veterans: Exploring the psychotherapeutic potential of mimetic induction. *The Arts in Psychotherapy, 50*, 58–65. <https://doi.org/10.1016/j.aip.2016.06.004>
- Ali, A., Wolfert, S., Lam, I., Fahmy, P., & Chaudhry, A. (2018). Psychotherapeutic processes in recovery from military and pre-military trauma in veterans: The effects of theatre as a mental health treatment. *Journal of Applied Arts & Health, 9*(3), 337–350.
https://doi.org/10.1386/jaah.9.3.337_1
- Berger, K. S. (2019). *The Developing Person Through the Life Span* (Eleventh). Worth Publishers.
- Charon, R. (2001, October 17). *Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust* | *Narrative Medicine* | *JAMA* | *JAMA Network*.
<https://jamanetwork.com/journals/jama/fullarticle/194300>
- DE-CRUIT – *Treating Trauma Through Shakespeare and Science*. (n.d.). Retrieved March 27, 2023, from <https://www.decruit.org/>
- Doerries, B. (2015). *The Theater of War: What Ancient Greek Tragedies Can Teach Us Today*. Knopf.
- Eccles, J. S. (1999). The development of children ages 6 to 14. *The Future of Children, 9*(2), 30–44.

- Gillette, H. (2019, May 17). *Childhood Developmental Disorders: Types and Symptoms*. Psych Central. <https://psychcentral.com/disorders/childhood-developmental-disorders>
- Hart, P. (n.d.). *What Is the Mind-Body Connection? | Taking Charge of Your Health & Wellbeing*. Retrieved November 13, 2022, from <https://www.takingcharge.csh.umn.edu/what-is-the-mind-body-connection>
- Jennings, S. E. (2002). *Dr Sue Jennings and EPR*. <http://www.suejennings.com/epr.html>
- Johnson, D. R., & Emunah, R. (2009). *Current Approaches in Drama Therapy*. Charles C Thomas Publisher.
- Jones, K. (Ed.). (2022). *Doing Performative Social Science: Creativity in Doing Research and Reaching Communities*. Routledge. <https://doi.org/10.4324/9781003187745>
- Juvenile Arts Programs*. (2021). Shakespeare Behind Bars. <https://shakespearebehindbars.org/programs/juvenile-arts-programs/>
- Kaimal, G., Jones, J. P., Dieterich-Hartwell, R., Acharya, B., & Wang, X. (2019). Evaluation of long- and short-term art therapy interventions in an integrative care setting for military service members with post-traumatic stress and traumatic brain injury. *The Arts in Psychotherapy*, 62, 28–36. <https://doi.org/10.1016/j.aip.2018.10.003>
- Lam, R. W., Kennedy, S. H., McIntyre, R. S., & Khullar, A. (2014). Cognitive Dysfunction in Major Depressive Disorder: Effects on Psychosocial Functioning and Implications for Treatment. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 59(12), 649–654.
- Madsen, S. R., & Wilson, I. K. (2012). Humanistic Theory of Learning: Maslow. In N. M. Seel (Ed.), *Encyclopedia of the Sciences of Learning* (pp. 1471–1474). Springer US. https://doi.org/10.1007/978-1-4419-1428-6_1022

McLeod, S. (2020). *Humanistic Approach in Psychology (humanism)*. Simply Psychology.

<https://www.simplypsychology.org/humanistic.html>

North American Drama Therapy Association. (2021). <https://www.nadta.org/>

Onderko, K. (2018, September 13). What is Trauma? *Unyte Integrated Listening*.

<https://integratedlistening.com/blog/what-is-trauma/>

Renoir, T., Hasebe, K., & Gray, L. (2013). Mind and body: How the health of the body impacts on neuropsychiatry. *Frontiers in Pharmacology*, 4, 158. <https://doi.org/10.3389/fphar.2013.00158>

Shakespeare in Prison—Prison Fellowship. (n.d.). Retrieved March 29, 2023, from

<https://www.prisonfellowship.org/2016/05/shakespeare-in-prison/>

Shakespeare with Veterans. (n.d.). Kentucky Shakespeare. Retrieved April 1, 2023, from

<https://kyshakespeare.com/programs/shakespeare-with-veterans/>

Social Justice—Programs for Youth at Risk—Marin Shakespeare Company. (2015, July 4).

<https://www.marinshakespeare.org/shakespeare-for-youth-at-risk/>

Synaptic Pruning: Definition, Early Childhood, and More. (2018, January 3). Healthline.

<https://www.healthline.com/health/synaptic-pruning>

The Embodiment Projection and Role (E-P-R) model in dramatherapy—Brixton Dramatherapy.

(n.d.). Retrieved March 27, 2023, from [http://www.brixtondramatherapy.co.uk/child-therapist-](http://www.brixtondramatherapy.co.uk/child-therapist-brixton/12-epr-model-therapy)

[brixton/12-epr-model-therapy](http://www.brixtondramatherapy.co.uk/child-therapist-brixton/12-epr-model-therapy)

THE LIMITS OF TALK THERAPY. (2015, July 22). Achievement Centered Therapy.

<https://www.achievementcenteredtherapy.com/the-limits-of-talk-therapy/>

The Sesame Approach to Therapy. (2013). Sesame Institute Drama and Movement Therapy.

<http://sesameinstitute.appspot.com/the-sesame-approach-to-therapy>

Van Der Kolk, B. (2023). *The Body Keeps The Score*.

<https://www.besselvanderkolk.com/resources/the-body-keeps-the-score>

Veterans Find A Path to Healing Through Shakespeare—Mad In America. (2022).

<https://www.madinamerica.com/2019/10/veterans-find-path-to-healing-through-shakespeare/>

What is synaptic plasticity? (2016, November 22). Queensland Brain Institute.

<https://qbi.uq.edu.au/brain-basics/brain/brain-physiology/what-synaptic-plasticity>