



THE USE OF DRAMA THERAPY WITH CRISIS INTERVENTION GROUPS, FOLLOWING MASS EVACUATION¹

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Background

During May 1996, the town of Kiryat Shmona was evacuated for 16 days due to continuous rocket shelling from southern Lebanon. Out of 22,000 inhabitants, some 3,500 stayed in the town throughout this period; about 18,000 inhabitants left the town. During this period, 56 people were injured, 2 of them seriously.

The damage to buildings was extensive; about 1,000 homes were damaged to some degree. The return to town following the cease-fire agreement was accompanied by mixed feelings, many fears regarding the immediate future and questions as to whether the agreement would hold. Would they be forced to evacuate the town once again in haste, just like last time?

There were tense discussions between those who had left town and those who stayed behind about the issue of leaving the place for good. The need to reorganize one's life and one's future was mixed with the need to return to work, to school and to daily routine.

The general feeling of the local welfare department was that there was a need for support groups, as there were very vivid signs of disintegrating community fabric. The welfare department thus approached the Community Stress Prevention Centre and asked us to organize and run support groups in the community. Based on our 17 years of experience in the field of stress prevention and intervention, we had organized

several critical-incident stress-debriefing groups in the past (Mitchell, 1983). However, this time we felt that there was need for longer and more action-oriented work.

The main reasons for this decision were:

1. People had stayed at the evacuation centers for a long time and many of them had already taken part in debriefing-type sessions there.
2. During the recent period of evacuation they had had a lot of time to talk but very little to do, resulting in the accumulation of much physical frustration and tension.
3. The level of stress and anxiety upon returning was very high.
4. In order to restore the sense of community, there was a need for a longer process, where people could meet, reorganize themselves and receive support.

It was decided to use dramatherapists as facilitators for these groups, using a combination of Drama-therapy and crisis intervention methods.

The Dramatherapy Group: Preparing the Stage, the Props, and the Auditions

The use of Dramatherapy in groups following a major community crisis has not been explored or described in the literature, except regarding occasional intervention, as described by Lahad (1995). The lit-

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erature dealing with crisis intervention usually uses cognitive methods such as Critical Incident Stress Debriefing (CISD) and recommends such activities as those prescribed by the Reality-Oriented Approach (Mitchell, 1983). Activities focus less on sensitivity, they make restricted use of ventilation and everything is oriented to the event and the future (Klingman, 1991; Sandoval, 1985; Sank, 1979).

As a creative arts therapy, Dramatherapy uses imagination, creativity, metaphors and feeling-oriented methods (Gersie, 1995; Jennings, 1987). Even the use of distancing, role play and simulation, which help to view things from a different perspective, are directed towards sensitivity and introspection and thus may be counterproductive to our situation. Here the main goal was to help people close things and calm down, to reconnect them with their strengths and support their return to normalcy. They were a normal population that needed to resume normal life as soon as possible.

Gersie (1995) quotes Jennings as saying that

although variations between various modalities of Dramatherapy exist, the similarities are substantial. Shared is the scenic representation of life events, the working through of painful experiences by means of dramatic work, the spontaneous enactment of imagined actions and the preparation for anticipated life events through role play.

According to Gersie (1995),

In all forms of Dramatherapy, a client's disruptive persistence in ways of being and responding that do not work is presented, explored and nurtured in the direction of betterment by means of purposeful dramatic activity. . . . The drama-therapist then translates insight into the client's way of being both in and out of role into an informed choice for continuation with a particular dramatic technique, or for change to a slightly altered or radically different way of working. These choices are called dramatic interventions (as opposed to dramatic interpretations). . . . In Dramatherapy, the interpretations and interventions are directed both to a client's intrapsychic world and to their interpersonal dynamics, to their difficulty and to their relationship with the difficulty. (pp. 5, 17)

In planning the intervention, our first concerns were related to the method. Should we expose the participants through the arts to their unfinished business? Should they be sensitized to what happened to them? Could we avoid group dynamic processes? Was this recommended or even possible? Which specific method would be best suited to this situation?

The participants were normal people, with whom we had a therapeutic contract. What if they reacted to the method as childish, humiliating or belittling? How could we tackle the issue of those who had left town during the attack and those who had stayed, or of newcomers versus long-standing residents? How could the facilitators, who themselves were exposed to the same difficulties and threats (as inhabitants of the same region), help others, avoid the problem of identification with the group members, criticize them or relive the same events in an intensified manner? Was Dramatherapy the right tool for handling all the issues at hand?

Dramatherapy and Crisis Intervention

In her book, Gersie (1995) writes that

in brief Dramatherapy, clients with very different presenting complaints often share a profound anxiety about life having passed them by in some way or another. Their assumptive world feels unstable. The daily struggle with a desperate search for continuity and meaning is poignantly voiced. (p. 8)

According to Phillips (1985), research has shown that what most people expect from therapy is the experience of having someone hear their concerns about being able to express emotions, to explore some answers to painful questions and to be helped to resolve their difficulties.

Dramatherapy can thus be succinctly described as a learning environment with an explicit therapeutic purpose in which personal insights are encouraged, where meaningful enactments are generated and significant theatrical experiences are had (Goldberg & Green, 1986). Dramatherapeutic interventions are directed both at the group as a whole, at pairs and directly at individual members. In principle, clients must be able to tolerate this without immediately having to resort to very defensive posturing (Toseland & Siporin, 1986).

We took the conservative approach to choosing our

clientele. That is, following Gersie (1995), we assumed that “clients [participants] are most likely to benefit if they are relatively healthy and well functioning, have a well defined and uncircumscribed area of difficulty and are well motivated for change” (p. 10).

Planning

The first few meetings were devoted to dealing with issues concerning the facilitators. As much as we wanted to believe that these helpers were “strong,” they and their families had gone through the same tense and frightening period. We therefore processed the helpers’ fears and other unfinished business and helped them to ground themselves, despite the very real threat of recurrent attacks following the return. In order to continue this support and also to help the facilitators cope with the complex and new concept of helping the community return to normalcy, we offered group and, at times, individual supervision.

As could be expected, the sort of intervention offered and the structure of the meetings were also of major concern. Together with the facilitators we identified several issues that might surface in the group.

Sensitivity vs. Repression

We were given five meetings with each group. These were ordinary people, with no previous experience with group processes. Some of the groups were to take place in the neighborhood. Taking all these factors into consideration, how could we help the participants leave each meeting with the strength to face reality that might in seconds turn into chaos, yet without over-sensitizing them?

For some of the population who would attend, it might be the first and maybe only time they participate in such a meeting. How could we help them experience strength, ability, and resiliency following the difficult times they been through?

Decisions were based on the theory of intervention with a normal population: “People react normally to an abnormal situation.” We worked along the lines of normalizing the reaction and using reframing. For instance, we used such expressions as “you were not a coward; you were careful,” reframing behavior by looking at the adaptive aspect of it, and by using terms such as “responsibility,” “brave,” “caring,” which focused on resiliency rather than pathology.

Mixed Versus Homogeneous Groups

During the 1990s, a significant number of newcomers from the former USSR came to live in Kiryat Shmona, a town that until then had been populated mainly by families of North African origin, who arrived the 1950s. With the situation at hand, new and long-standing residents expressed their tension in different ways. The Russian immigrants were basically less expressive of their anxieties, and their ongoing tensions around employment were also of concern to us.

We resolved this in two ways:

1. The groups were determined on the basis of neighborhoods, which were usually fairly culturally homogeneous.
2. Wherever there was a mixed group, we needed to address this issue, generally by stressing the common religion, and if possible, by having an interpreter.

The issue arose of which metaphors to use to contain people’s stress and recovery. We decided that the metaphors used should be open enough to enable every individual to find his or her place and yet be neither too broad nor too morbid. Hence, the metaphors that were chosen were: containers, rope and forest. The significance of these metaphors for the participants is explained in the Structure section of this paper.

Boundaries

Considering the time restraints, the need to process past experiences and at the same time prepare for possible sudden incidents required that we determine very defined boundaries for each meeting. We therefore suggested opening and closing the meetings with metaphoric rituals, which would serve as containers of all the material that would arise in the sessions and as a “holding” element of this short-term process.

The issue of helping participants to regain a sense of community was one of our major concerns. This meant resolving loneliness and the feeling of being left alone, and working on themes of cohesion and support.

Group Types

After a few meetings, we met with the social worker in charge and agreed on five meetings for groups that the welfare department had identified in

the town. Two facilitators were chosen to lead each group, one of them a qualified dramatherapist, the other a student of Dramatherapy. The groups that were identified consisted of:

- Four “neighborhood shelter groups,” as we called them. These were groups of ordinary neighbors who lived in an apartment complex; the meetings were held in the air-raid shelters of their respective complexes.
- One group of blind people.
- Two groups of single parents.
- One group of volunteers who supported the community workers in times of disaster.
- One group of Russian immigrants.
- One group of the community workers.
- One group comprised of the staff of a hostel for the mentally disabled.

The Structure

As mentioned earlier, we were concerned that the approaches and tools used might over-sensitize the participants. However, we also wanted the participants to be active and use creativity modes to mobilize their inner resources. Therefore, a leading principle was the acceptance of any emotional expression and encouraging the mobilization of support within the group, while avoiding, to the extent possible, the exploration of past unfinished business. We used some of Gersie’s (1995) suggestions on preparing and working with a group by:

- Creating an understanding of what troubled the client
- Formulating the client’s difficulties and strengths
- Creating an understanding of how the client had coped so far
- Formulating the most urgent issues the client wanted relieved.

We stated right from the beginning that this was not group therapy and if anyone felt that there were issues requiring further investigation or support, or if there were any past traumas, we were available after the meetings and would be happy to refer them to the appropriate services available in town. We also stated that the aim of the group was to serve as a source of support and coping with what had happened during the evacuation, as well as preparation for undesired but possible future events.

The facilitators decided on a general layout and

structure for the meetings, to serve as a sort of “compass,” helping them to maintain a general sense of direction in the face of a complex situation. Each team of facilitators was allowed to change and add as they saw fit for their group.

According to this general structure, each meeting began with a physical warm up: movements, stretching and the like, followed by a ritual or “set induction” to the issue to be addressed using creative expression: drawing, free writing, sculpting, story making, improvising, role playing. The next part was usually sharing and processing and, finally, a closure ritual. There was also room within the structure to address issues that were raised by the group members (a few examples are presented below).

The first meeting and part of the second meeting were dedicated to building trust and familiarity, setting the rules and sharing the experiences of the difficult times they had just been through. The second half of the second and third meetings were dedicated to dealing with present circumstances, fears and concerns. The fourth meeting was on getting ready in the case of another evacuation, and the last meeting was on mobilizing personal, group and community resources in order to cope.

Ceremonies and Rituals

A significant component of the process was the creation of ceremonies and rituals for the group. In this context, the rope metaphor proved to be a very useful item. It was chosen as the symbol of returning, uniting us, untying knots and connecting loose ends. Most groups used the rope metaphor as the beginning warm-up and ending ceremony. In some of the groups, the rope played the role of setting boundaries, protecting the inner from the outer world. With the group of blind people, sticks—a symbol for path finding—were used in the beginning rite of that group at every meeting.

Other metaphors used were baskets or boxes, being containers of the worries and immediate symbols for packing necessary things for evacuation. In some groups putting things in or getting stuff out were rituals throughout the sessions.

The forest was a meaningful metaphor for the neighborhood shelter groups, for it denoted a place where the unknown prevailed and at the same time where one could meet challenges, as well as encounter fears, learn how to survive and make new friends.

Entering the forest was a frequent ceremony for starting the session.

Vignettes from the Different Groups

We wish to share some of the issues that the groups dealt with by presenting a few examples from different groups.

Returning to the Forest—The Newcomers Group

The group met in an air-raid shelter for five meetings. In the second meeting, the “box” was introduced and the participants were encouraged to draw the most important thing they take with them when they go to the shelter or when setting out on a long journey. A variety of things were drawn: a personal diary, a timetable, a book, deodorant; one person drew her home, which she claimed she never wanted to leave. By sharing their images, they discovered similarities and differences and they mentioned things from the past that helped them. The common reaction was: “We didn’t realize we did so much and so well.”

Next, they were asked to organize their different drawings together to make up a joint story. The result was:

Once there were hedgehogs that lived in a pine forest. One day the pine cones were falling from the trees and endangered the hedgehogs so they were forced to leave the forest to a new place where they felt good. After some time, the hedgehogs returned to their homes in the pine forest and from the pine cones that fell they arranged a storage place for their winter food.

The next step was staging one scene; they chose the return and gathering of the fruit. In sharing the story, it was clear how much the atmosphere had changed and how much better they felt together.

The Single Parents’ Group

The group objected to painting and drawing as being childish activities, and the facilitators had to warm them up and tell them about the many ways of expressing one’s feelings and thoughts. Then, when the facilitators took out the many different boxes, they were able to capture the imagination of the members of the group, who spent a long time preparing the imaginary wonder box to take with them.

Sharing led the group to issues of daily concern—

existing problems only amplified by emergencies. Listening to each other and watching the treasure of colorful boxes in the middle of the room made them so enthusiastic that they asked to continue beyond the five meetings.

“Crossing the Forest”—A Neighborhood Shelter Group

The theme of the forest came both from participants and facilitators as a result of a long warm-up exercise with the rope. They made animals in the forest, built their own shelter and found their food. Then they had to explore the forest, looking through the unknown and meeting a friend. The meetings between the animals, performed in mime, were especially powerful in this group, where the issue of “those who stayed and those who left” was very strong. Hugging and stroking, they felt very close to one another. Afterwards, following deroling and processing, they said how important it had been to be able to share their anger, through being animals. At the same time they talked about how meaningful—though difficult—the physical contact had been toward creating a feeling of being accepted and supported.

“Sticking to It”—Workshop with the Blind

The meetings with this group always started with a ceremonial passing of the stick, knocking it on the floor and making a sound or rhythm that everyone in the group repeated with hand clapping. In the fourth meeting, balloons were used. Each participant was given one balloon, which he/she had to blow up and then release the air at different speeds, more slowly or quickly each time, and then feel it. They immediately made connections between the idea of letting go of the air and getting things off one’s chest.

One woman, in particular, wanted to burst her balloon. At first she was shy, then she asked permission, and when she was encouraged to do so, she was so satisfied, both with venting anger and frustration over the difficulties of the previous weeks and dealing the specific problem of being blind in such situations. Other members didn’t burst their balloons but said that this experience helped them to connect between inside and outside, through sharing and caring, and to realize how much, despite their disability, they cared for each other.

Discussion: Can Art Therapies Be Useful in Community-Based Disasters?

The 10 groups reported on here underwent different stories and experiences. However, there was a common feedback of longing for intimacy and support and how much they missed a feeling of togetherness. Some of the participants mentioned that expressing their fears and worries made it difficult for them to return to the group, but in hindsight it helped them release a lot of tension. Another benefit was learning about others and how much resiliency and resourcefulness there was in everyone, despite the difficult times that they had been through.

Some found that through these “games and arts,” as they called them, they were able to learn about themselves and take these activities back home to share with their families—in particular, their children. Children were a great concern to many and they felt that these types of groups should be offered to them too (in fact, such groups were held in schools).

Some participants felt that the most important benefit derived from the group was the opportunity to talk about the future. They said that the only thing that helped them to go on living in the area was the feeling that the other participants in the group would care for them now, in other words, a feeling of community.

Approximately 10% of the participants left after the first few sessions, but their place was taken by others; generally speaking, the number remained constant.

One specific issue that was raised in the volunteers group was a feeling of betrayal. They felt that they had been left in town without support and they became very frustrated. The team organizer, a social worker, felt hurt by this and was concerned that the process would dismantle her group of volunteers, and she wanted to stop the meetings. After being reassured that this was an important part of the process and encouraged to share her feelings with the group, she accused the others of leaving her alone. An imaginary “as if” telephone conversation helped the group to continue and become much more cohesive, with greater mutual commitment among participants.

In many respects, these groups correspond with Yalom’s (1975) curative factors: interpersonal learning, both as receiver and giver; receiving and offering guidance; the experience of release; identification; the emergence of hope and altruism; the experience of cohesiveness; and the beneficial effect of having the space to deal with various existential aspects of life.

Generally speaking, we can summarize the experience as very useful and supportive. However, the issue of a creative arts therapy in the aftermath of a community crisis or disaster still needs to be examined further.

It was clear throughout the supervision group how little was done to prepare dramatherapists and we venture to generalize that the same is true for most creative arts therapists—for intervention rather than the use of psychotherapy. Creative arts therapists training, as well as the methods and models used, are projective in nature, leading to insight and sensitization. Even the use of aesthetic/dramatic distancing is generated in the service of awareness and insight. The power of projection lies in bringing home “long forgotten” issues and the very act of processing focuses on that exact phenomenon. Facilitators found it difficult to use normalization methods and reframing techniques and abstain from investigating or re-enacting past or very sensitive memories.

The need to help individuals restore their strength, self-confidence and trust in their ability to cope, as well as cultivate the knowledge that others care and will be there to help, were of major importance, especially under the prevailing circumstances where hostilities could start again without warning. The facilitators’ “natural” concern was the individual, not the group, the “personal” rather than “the big-group story.” Caring and sharing, ventilation and reflection seem to be more natural to creative arts therapists than intervention methods and skills.

One may argue that the fact that the facilitators themselves belonged to the “near-miss” or “survivors” group, as they lived in the same area and were exposed to the same threats, made a significant impact on the countertransference, identification and sympathizing with the participants. We agree that this may have contributed to their initial difficulty in using intervention skills rather than therapy-oriented methods. However, we believe this is only a part of the explanation.

We believe that in such cases as the one reported here, arts therapists’ training is not sufficient. Specific training in the field of crisis intervention with normal groups and models to support communities following a disaster are also needed. Not only does this call for special skills and supervision, it also calls for some “unlearning” regarding the method of art therapy, to develop nonintrusive yet supportive techniques. We need to train arts therapists in the field of intervention,

to study the phenomena of disaster and to intervene according to the different phases of recovery.

If arts therapists are not properly trained and do not receive specific supervision, they can cause more harm than good, opening people up and leaving them to bleed. We need to bear in mind that most people are affected by disasters and emergencies but most of them will also recover in one way or another. We are there to support the recovery process, and not to act as therapists. In the majority of cases, we are dealing with normal reactions to abnormal situations. This calls for special training.

The experience related here was a response to a pressing need of a community that has undergone years of prolonged threats and occasional exposure to hostilities which result in casualties, as well as destruction of property and disruption of life routine. Nevertheless, we believe that arts therapies have much to offer in a variety of types of stress suffered by communities around the world, such as street violence, distressed neighborhoods, single parents, chemical and industrial disasters and local wars.

Arts therapies are flexible, both in application (space, location) and in training (creativity and flexibility). They can be directive and active and can use various modalities of expression that help to open alternative channels of expression, which in turn may lead to enhancing coping skills.

The question is how best to address this issue in our future teaching and in-service training, so that the

arts therapies can join the forefront of one of today's most pressing challenges: working with traumatized communities not only in therapy, but also in short-term crisis intervention.

References

- Gersie, A. (1995). *Dramatic approaches to brief therapy*. London: Jessica Kingsley.
- Goldberg, R. L., & Green, S. A. (1986). A learning theory perspective of brief psychodynamic psychotherapy. *American Journal of Psychotherapy, 40*, 70–82.
- Jennings, S. (1987). *Dramatherapy, theory and practice for clinicians and teachers*. London: Croom Helm.
- Klingman, A. (1991). *Psychological and educational intervention in disaster*. Jerusalem: Ministry of Education.
- Lahad, M. (1995). Masking the gas mask: Brief intervention using metaphor, imagery, movement and enactment. In A. Gersie (Ed.), *Dramatic approaches to brief therapy* (pp. 139–145). London: Jessica Kingsley.
- Mitchell, J. T. (1983). When disasters strike the critical incident stress debriefing. *Journal of Emergency Medical Services, 8* (1), 36–39.
- Phillips, E. L. (1985). *Psychotherapy revised: New frontiers in research and practice*. Hove: Erlbaum.
- Sandoval, J. (1985). Crisis counseling conceptualisations and general principles. *School Psychology Review, 14*, 257–265.
- Sank, L. I. (1979). Primary prevention and treatment in health maintenance organizations. *American Psychologist, 34*, 334–339.
- Toseland, R. W., & Siporin, M. (1986). When to recommend group treatment: A review of the clinical and research literature. *International Journal of Group Psychotherapy, 36*(2), 207–210.
- Yalom, I. D. (1975). *The theory and practice of group psychotherapy*. New York: Basic Books.