Michael D. Reisman

The Potential of Drama Therapy in Ukraine During Wartime
Потенціал драматерапії в Україні під час війни

УДК 615.851:792]:355.018
DOI: 10.31500/2309-8155.24.2024.318914

Michael D. Reisman
Master of Arts, Juris Doctor, drama therapist, civil prosecutor in the New York State Attorney General's Office, USA

Майкл Рейсмен
Магістр мистецтв, доктор правознавства, драматерапевт, цивільний прокурор в Генеральній прокуратурі штату Нью-Йорк, США
e-mail: Michael.David.Reisman@gmail.com
orcid.org/0009-0006-8960-6237

Abstract. This article explores the potential of drama therapy in Ukraine to address the country's mental health crisis, which has been exacerbated by ten years of war. It describes the goals of drama therapy, which include the expression and containment of emotion, the development of interpersonal skills, and empowerment. Strengths and limitations of the evidence base for drama therapy are discussed. Then the article presents key concepts of Developmental Transformations (DvT) drama therapy, which is used with a variety of populations around the world and in which the therapist interacts dramatically and improvisationally with one or more clients in a mutually created playspace. The article describes DvT drama therapy workshops that were held in Lviv, Irpin, and Kyiv in April 2024 with 200 Ukrainian psychologists, university students, and artists, and key images and themes that emerged. The article concludes that drama therapy can play a role in promoting mental health in Ukraine.

Keywords: Developmental Transformations, drama therapy, mental health crisis in Ukraine, improvisational theatre, playspace, development of interpersonal skills, the expression and containment of emotion.

Air alert is over in Kyiv. Watch out for further information. How are you?

Air Alert! App, 2024

The purpose of playing is to hold the mirror up to nature, to show virtue its own feature, scorn its own image, and the very age and body of the time its form and impression.

William Shakespeare, *Hamlet*, c. 1601

In 2023, more than one-third of adults living in Ukraine had a diagnosable mental health disorder (Martsenkovskyi et al., 2024, p. 6) and 57 % were at risk of developing such disorders ("How Are You?", 2023). Unfortunately, the Ukrainian mental health care system, under-resourced before the full-scale Russian invasion, has been damaged by the war and struggles to keep up with the growing demand for treatment (Goto et al., 2023). Addressing Ukraine's mental health crisis requires a multifaceted approach (Pinchuk et al., 2024). One tool could be evidence-based creative arts therapies, in particular drama therapy, which might be deployed in a scalable way to help Ukrainians relieve stress, manage symptoms, and empower themselves.

This article explores the potential of drama therapy in Ukraine, as shown by drama therapy workshops held in Lviv, Irpin, and Kyiv in April 2024. The first section describes the goals of drama therapy and its evidence

base. The second section provides an overview of Developmental Transformations (DvT) drama therapy, a technique in which the therapist interacts dramatically and improvisationally with one or more clients in a mutually created playspace. The third section discusses DvT drama therapy workshops in Ukraine in April 2024 that involved 200 Ukrainian psychologists, university students, and artists.

The Goals and Evidence Base of Drama Therapy. The roots of drama therapy extend back to ancient Greek theatre, in which plays were performed to induce catharsis — a release of deep feelings — in the audience (Jones, 1996, p. 44). In *The Body Keeps the Score*, the Dutch-American psychiatrist Bessel van der Kolk (2015) wrote that "theater gives trauma survivors a chance to connect with one another by deeply experiencing their common humanity" (p. 337). Drama therapy seeks a similar effect but works with patients as active participants rather than passive spectators.

More than one hundred years ago in Vienna and later in the United States, the Romanian psychiatrist Jacob Moreno developed psychodrama, in which a person enacts the relevant events in their lives instead of simply talking about them (Blatner & Blatner, 1988, p. 1). Psychodrama gave rise to playback theatre, in which actors improvise and perform short plays in response to audience members' personal stories, creating a powerful effect (Moran & Alon, 2011). Drama therapy, which evolved as a distinct field in the U.S. and in the United Kingdom starting in the 1930s and 1940s, incorporates elements of psychodrama and playback but also involves fictional stories, including improvised scenes and fairy tales (Kedem-Tahar & Felix-Kellermann, 1996). Drama therapy is also influenced by psychology-based acting training, the "alienation effect" of Bertolt Brecht, Antonin Artaud's Theatre of Cruelty, and physical and experimental theatre, in particular that inspired by Jerzy Grotowksi.

According to the North American Drama Therapy Association, "drama therapy is the intentional use of drama and/or theatre processes to achieve therapeutic goals" ("What Is Drama Therapy?", 2024b). The British Association of Dramatherapists states: "Dramatherapy is a form of Psychotherapy. Dramatherapists are both clinicians and artists that draw on their knowledge of theatre and therapy to use as a medium for psychological therapy that may include drama, story-making, music, movement, and art; to work with any issue that has presented itself" ("What Is Drama Therapy?", 2024a).

The main goals of drama therapy include: (i) expression and containment of emotion; (ii) developing the observing self; (iii) expansion of role repertoire; (iv) modification and expansion of self-image; and (v) facilitation of social interaction and the development of interpersonal skills (Emunah, 1994, pp. 31–33). Increasingly, drama therapists have identified empowerment of patients as another important goal (Reisman, 2016). Additionally, evidence suggests that theatre and role playing may rewire limiting beliefs and improve brain function (van der Kolk, 2015, pp. 332–334, 336–348; Brown, 2019; Atiomo, 2018; Hough & Hough, 2012).

The effectiveness of drama therapy has been reported in hundreds of books and articles, mostly in the form of case studies. In particular, the literature describes significant observed benefits of DvT drama therapy (Sajnani et al., 2023), including with adult psychiatric patients (Reisman, 2016; Butler, 2012; Galway et al., 2003; Schnee, 1996; Johnson et al., 1996), abused children (Pitre et al., 2016; Pitre et al., 2015; Reynolds, 2011; James et al., 2005), combat veterans with post-traumatic stress disorder (James & Johnson, 1996a; James & Johnson, 1996b), and the elderly (Johnson, 1986; Johnson et al., 2003). However, despite the fact that hospitals, clinics, and schools in many countries employ drama therapists, including practitioners of DvT, drama therapy is sometimes seen as frivolous, mysterious, and even risky. This may be due to the dominant medical model's emphasis on biological treatments, the limited numbers of drama therapists with quantitative research skills, and lack of financial incentives to fund drama therapy outcomes research (as compared to pharmaceuticals). However, quantitative studies of drama therapy are being published in peer-reviewed journals with increasing frequency.

Systematic reviews of quantitative studies of drama therapy have found that adults with psychosis showed improved social functioning, behaviors, and symptoms (Melvin at al., 2024), adults with mental health issues in forensic settings showed reduced anger and increased emotional activation (Keiller et al., 2023b), and adult substance abusers maintained or improved abstinence goals, quality of life, and social and occupational engagement (Leather & Kewley, 2019). Systematic reviews of drama therapy with children found improvement in trauma symptoms (Keiller et al., 2023a), and improvement in

social functioning, coping and regulation processes, and cognitive development (Berghs et al., 2022). Other systematic reviews found an overall medium effect of drama-based therapies (psychodrama and drama therapy) on both psychological and behavioral mental health outcomes (Orkibi et al., 2023), and that drama-based interventions have the potential to improve mental health including trauma-related disorders, and psychological well-being (Jiang et al., 2023). Despite these promising results, it must be understood that the quantitative evidence base for drama therapy is small and many studies exhibit methodological flaws, such as lacking control groups. Larger, more methodologically robust studies will hopefully address these shortcomings.

The Developmental Transformations (DvT) Drama Therapy Method. Developmental Transformations (DvT) is a drama therapy method created by Dr. David Read Johnson of Yale University in the 1980s. Dr. Johnson defines drama therapy as "the use of dramatic processes to increase the client's access to and tolerance of internal states that have been suppressed, have been labeled as unacceptable, or are seen as threatening" (Johnson, 1992, p. 128). In DvT, the therapist takes on a variety of roles to guide the client through dramatic structures of increasing complexity, from nonverbal sound and movement, to images, character development, structured scenes, and finally unstructured scenes (Johnson, 1982; Johnson, 1986).

DvT draws on concepts from three fields: psychodynamic psychotherapy, developmental psychology, and improvisational theatre (Johnson, 1982; Johnson, 1986; Johnson, 1998). Freud's psychoanalysis and free association techniques evolved into object relations psychology, which focuses on understanding and improving relationships with others. The British psychiatrist Donald Winnicott (1971) conceptualized three psychological spaces: (1) the inner space of the psyche, including the ego; (2) potential (or transitional) space, which is an extension of the ego boundaries bordering on the external world; and (3) the external world. The goal of the therapist is to bring patients into a state of being able to play in the transitional space (Winnicott, 1971). DvT embodies the transitional space in the playspace — a safe, imaginative place in which patients can express themselves dramatically (Johnson, 1992, pp. 112–113), with the therapist actively participating as an "actor," monitoring patients' involvement and intervening to adjust the flow of the session (Johnson, 1992; Reisman, 2016).

DvT also draws on developmental psychology, in particular the work of Jean Piaget, which teaches that life is a journey through stages (sensorimotor, symbolic, and reflective), and that as development proceeds, there is less need for the external environment to be structured with clear boundaries, rules, and expectations (Johnson, 1982). Translated into DvT, the goal of development is not to attain and be restricted to the highest levels, but rather to increase one's range of expression. The DvT therapist monitors three dimensions of the play: (i) the degree of structure and complexity in which patients are engaged, as shown by their spatial arrangement, roles, and tasks; (ii) patients' media of expression, including their movements, sounds, images, and use of words; and (iii) patients' interpersonal demand and emotional expression, on a spectrum from distanced with little or no interaction with others to intense interaction with others (Johnson, 1982). The therapist generates hypotheses about group and individual themes and issues, and improvises and transforms the play through various interventions, which will be described below. Finally, DvT incorporates transformations, an improvisational theatre technique in which one scene flows into another without planning or interruption (Johnson, 1991, p. 290).

As described by Johnson (1986) and adapted by the author (Reisman, 2016), each DvT session proceeds through ten stages. **First**, the therapist's *greeting* to establish a welcoming setting. The therapist invites the group to form a circle, either standing or sitting, and explains how the session will proceed.

Second, the therapist playfully leads the group through a *physical and vocal warmup*, for example simple arm and leg stretches and saying vowels. The therapist encourages group members to make eye contact and stretch the facial muscles, which usually elicits smiles and laughter.

Third, the therapist leads the group into the playspace through an *entrance ritual* such as dramatically stepping through "the magic therapy curtain." This delineates a psychological realm that is different from everyday life even though it occupies the same physical space.

Fourth, the therapist leads the group through a *unison activity* consisting of repeated movement and sound. For example, the therapist extends his arms

above his head, then asks the group to repeat the gesture with him from their positions in the circle. After the group does this a few times, in *going around*, the therapist passes the movement to the person to his right, who comes up with a new gesture that the group repeats. In *pairing*, the therapist asks each member to do the gesture to the person next to or across from them. This promotes engagement, without forcing the gesture to "become" anything at this early phase. This continues until all members have had a chance to initiate a gesture. Typically, this stage is accompanied by much laughter as group members connect with the parts of themselves that are free and open. Then the therapist adds a sound to the gesture, such as a grunt, to accompany the extension of his arms above, and the group repeats.

Fifth, the therapist asks the group to *define* their movements, sounds, and images. For example, if members are reaching up and grunting, the therapist asks, "What are we doing?" If members say "We're reaching for something," the therapist asks, "What are we reaching for?" or "What is up there?" The therapist should "poll the group" by encouraging each member to answer one at a time and then ask the group to repeat what others say. For example, if one member says, "It's money!," the therapist asks the group to reach up and say "Money!" The therapist may also ask members "What does it remind you of?" or "What does it feel like?" The therapist will then ask each member to engage with the image. For example, if a member says "It's slimy stuff!," the therapist says, "Everyone reach for the slimy stuff and show it to your neighbor!" Whatever the image, the therapist formulates a hypothesis about group themes and issues. The therapist should try to elicit a variety of images from the group, transforming from one to another.

Sixth, the therapist encourages the group to *personify* images and emotions they have developed into specific roles or characters, which may be animal, quasi-human, or human. For example, if the group is stomping around and making angry sounds, the therapist asks individuals or the group, "Who are you?" or "What are you?" The therapist repeats the answer with the most energy among group members and says "Let's all be that." For example, if the answer "We're angry giants" engages the group, the therapist says, "Let's all be angry giants," and encourages members to interact with each other in that role, fleshing it out with gesture and sound. Although it may be tempting quickly to jump into structured role-play, the therapist should focus on playing with a variety of characters, in order to develop group themes. Several techniques can be used to structure the play:

- *The Magic Box*, which is an imaginary box stored in the ceiling that contains roles, emotions, the group's wishes, and images from all previous sessions, positive or negative. The therapist dramatically opens the box with the help of the group, then asks "What is in there?," and each member takes out a role or emotion and portrays it. The Magic Box can also serve as the group's "sewer," in which emotions such as anger, hate, and fear are kept (James & Johnson, 1996).
- *The Emotional Soup*, from which members take turns removing emotions and showing them to others.
- *The Zap*, in which all images and roles are placed into the center of the group and "zapped" so that they can be transformed into something else. For example, if the group has created images that it finds unpleasant, the therapist can invite the group to "clean up the mess" by zapping it into something else.
- *Creating a Person*, in which the therapist notices an imaginary person in the Magic Box and has the group develop that character. For example, the therapist will have a conversation with the person, give it a name and one characteristic such as "son," and then "pass" the person around the group, asking each member to interact with the person and add one additional characteristic, such as name, age, job, feelings, problems, or wishes. After the person has been sufficiently defined, the therapist can take on that role and then invite group members to do so one by one. James and Johnson (1996b) describe using this technique with U.S. combat veterans in Vietnam to create a "clay man," who became politicians and authority figures with whom they were enraged.

Seventh, in *structured role play*, the group plays out scenes that emerge from the images and roles they have created and embody relationships of concern to group members. The role play could be entirely fictional or might be based on memories or real-life situations. For example, if the group has played at being giants and has developed a son, the therapist can transform these roles into a scene, enrolling members by saying, "We have some angry giants over here," or "I am the good son," and create a setting by asking "Where are

we?" If a group member says, "in a courtroom," the scene might involve the angry giants as judges and the good son accused of a crime, perhaps falsely. The therapist may expand the scene by addressing a group member as another character, to deepen dramatic conflict. For example, in role as a father, the therapist may intervene in the courtroom scene and say, "Leave my son alone!" A psychodrama technique, the *empty chair*, in which group members talk to an important person in their life, can also be used to enhance structure. Conversely, if a scene is too emotional and "real," in *bracketing*, the therapist can provide emotional distance by transforming it into something less charged, such as a television talk show or interview in which group members can comment on the scene (Johnson, 1992; James & Johnson, 1996b).

Eighth, in *unstructured role-play*, the therapist allows members to take the lead in developing images and themes into scenes, in particular addressing the group's relationship to the therapist. In this stage, three techniques promote empowerment of patients (Reisman, 2016):

- *Therapist-as-Subject*, in which the therapist becomes the focus of the play, "the cause of the problem," and plays a role consistent with group's image of him (Johnson, 1986). The therapist becomes the members' "play object" and allows them to criticize or insult him, in the playspace. The therapist's authority may even be challenged to the point of his or her being "annihilated" by the group within a particular scene (Reisman, 2016). By "surviving" this "annihilation" and thus providing a safe container for the projection and release of all kinds of feelings within playspace, the therapist helps patients develop creativity, spontaneity and relatedness. For example, in a group with stable schizophrenic patients who were experienced in drama therapy, I played the role of a resistant psychiatric patient, and the patients became doctors (Reisman, 2016). The patients-as-doctors enjoyed imposing increasingly harsh treatments on me (some of which they experienced themselves), from intramuscular injection of powerful drugs, to being bound in a straitjacket, and then lobotomy, to no avail, as I remained resistant to treatment. After realizing that these harsh measures failed, they switched to humane treatments, such as talk therapy and even drama therapy, and finally saw positive results. During the discussion phase, the patients demonstrated insight, noting how they enjoyed playing doctors, but one said "I never knew how difficult their decisions are."
- *Pre-empting*, in which the therapist takes on the attributes, position or even identity of the rigid roles typically taken by the patients in order to force them into the complementary role they have difficulty taking on (Johnson, 1992). For example, if a patient often plays dependent or insecure roles, the therapist may take on that role first, in order to nudge the patient into an independent, confident role.
- *Transformation to the Here-and-Now*, in which a scene is transformed into a commentary on the actual dynamics among group participants (Johnson, 1993).

A useful technique late in a session is *Psycho-Opera*, in which the therapist begins to sing his words in an exaggerated manner as if in an opera, encouraging to join together in an orchestra. The spontaneity may induce group members to sing how they feel about one another and the therapist, building to a crescendo and bows.

Ninth, in *closing ritual and de-roling*, the therapist ends the group in a contained and safe manner. For example, if the Magic Box was used, the therapist asks the group to throw in all images, roles, and scenes from the session, naming them one by one, for safe and secure storage. Then the therapist invites the group to step outside the magic drama therapy curtain and raise it to the ceiling.

Tenth, *discussion* allows the therapist to *confirm that* group members have left the playspace and returned to "reality" by asking each person to say their real name and to comment on the group and how they feel about it.

April 2024 Drama Therapy Workshops in Ukraine. In April 2024, I taught eight drama therapy workshops in three Ukrainian cities (Lviv, Irpin, and Kyiv) to a total of 200 psychologists, students, and artists. Prior to the first workshop, I wondered if drama therapy would be received well. Would we start in the right place? Would participants be able to get into their bodies? Would they express real emotions? Would they be able to play during wartime? Would the war be a theme? Would we end in the right place? The answer to all these questions was yes, because I trusted in the technique, proceeded slowly, and allowed participants to play in a manner that made them comfortable. Knowing that many individuals may have experienced traumatic events, and some may have untreated mental illness, I was mindful of a simple rule: "don't open what you can't close."

I began each session with a mini-lecture about drama therapy and DvT, explaining that the workshops were not therapy. Then I led a general warmup for the entire group that focused on physical activation and getting people to laugh, then proceeded into DvT sessions. As some workshops consisted of more than 30 participants, sometimes I divided the group into smaller units, and once worked one-on-one with a participant, with the group observing. All workshops included extensive discussion.

Images of war and weapons came up in every session, though in different ways. In Lviv, in a large DvT group comprised mostly of psychologists and graduate students, some members wanted to get rid of an imaginary pile of weapons, while others steadfastly refused. The members who wanted to avoid war themes in the play were stronger in their emotions, but this made other group members lose interest, as they wanted to keep the weapons. To bring them back, and to forge a "middle ground," we gathered up all the weapons — which took some time as there were so many — and carefully buried them in a safe place where they would be readily accessible. One participant reflected afterwards, "I was surprised that the topic of the war in Ukraine, the desire to stop it, to influence its end, came up very quickly, and at the same time, the search and finding of means, however fantastic and dreamy, to end it began."

Another participant observed, "The main client's theme arises through the freedom of the play. I was impressed how it showed up in the session. Drama therapy can allow us to play with and transform the symbolic contexts with people who hardly manage to verbalize traumatic experience, feelings, and thoughts. But some participants that were more expressive and brought more energy into the play were suppressing some other participants who became more inert and just went with the flow." This highlights a common dilemma for a therapist: whether to go with the energy of more active members or to "slow down" the group to engage more reserved members. The therapist can resolve this by joining with the more reserved members, to help them assert themselves against the stronger ones. This creates conflict, which is the essence of drama, and thus equalizes the energy between the two factions. Alternatively, the drama therapist may direct a role reversal of the two groups, so that the energetic members take on passive roles, and the passive members become energetic. In this way, each member has a chance to see a different perspective.

Lviv drama therapy workshop

The large group was followed by an individual session with a mature graduate student, Lana, who had volunteered. The rest of the group sat around us, watching in the fishbowl technique. Lana and I communicated non-verbally and through a translator. After entering the playspace, we mirrored each other's slow, rhythmic, swaying movements, then walked together. Then we started to fly. I had no idea that she would take me to her hometown, Mariupol, to show me the destruction. Needless to say, it was very emotional. She described the month she spent underground during the Russian assault in 2022, fleeing for her life just before the city was reduced to rubble. I understood most of what she said even before my translator rendered her words into English. She wanted to go home but realized she could not. We sat silently for a while. She cried, and I maintained eye contact with her, nodding and telling her that she was in a safe space. Observers cried as well. I later learned that she had been unable to speak after fleeing Mariupol and was in treatment for quite some time. After we exited the playspace and de-roled, Lana said that going on her imaginative journey made her feel calmer.

In a workshop with undergraduate university students in Lviv, the theme of war came up when we traveled on a magic carpet to Crimea. Someone said it was forbidden, but the students gleefully rebelled, having a beach party and singing "The Caucasus" by Taras Shevchenko. Then we sat on the warm sand and passed around a magic seashell that granted our wishes. Each said their wish out loud: peace, victory, and to be reunited with friends and family. It was a bittersweet moment.

My next workshop was in Irpin. After arriving in Kyiv by overnight train from Lviv, I spent the morning touring Bucha. Standing in a rebuilt neighborhood, it was difficult to imagine the line of charred Russian tanks and bodies of civilians that had littered the streets two years earlier. At the Tax University in Irpin, I walked past burned-out structures, then entered a modern, well-kept building. The session, with mostly older students, took place in a beautiful circular room with soft lighting that was like a small theatre. Because we were closer to danger than in Lviv, and continued U.S. financial support remained uncertain, I assumed the session would focus on war themes and fear. However, group members, especially the men, were more interested in creating improvised scenes in which they traveled the world, arranged a festive wedding, and danced all night long. I wondered how long it had been since they had experienced such joyful feelings and admired how committed they were to them. A participant commented afterwards, "The group exercises were particularly meaningful to me. It was great not only to feel the effects of the exercises myself, but also to observe other participants and their reactions after the movements." This highlights one of the unique aspects of drama therapy: participants are sometimes "actors,"

Irpin drama therapy workshop

Kyiv drama therapy workshop

but at other times "audience." Thus, they are able to develop their observing self in a very direct way.

The final workshop, at Drahomanov University in Kyiv, included undergraduate psychology students. They seemed a bit withdrawn at the start, so I shortened the mini-lecture. The students were happy to visit the "museum of emotions," in which small groups formed human sculptures depicting various emotions suggested by the group: anxiety, disgust, sadness, anger, and joy. The sculptures, especially "sadness," were quite powerful. Then the students became an emotional orchestra, in which I conducted them with sheets listing the five emotions as the music. Their voices filled the room. I asked for volunteer conductors, and numerous students leapt at the opportunity, each with a different style: some bombastic, others contemplative.

During our DvT session, we conjured imaginary air defense missiles and debated what to do with them. Suddenly, one of the professors announced that the current air alert was more serious than others earlier that day. The students were sent to the bomb shelter. After the air alert ended, to my surprise, the students returned. Instead of resuming with war themes, I led them through *Magic Shop*, a psychodrama technique in which I played a clerk in a shop where customers can buy characteristics they want to have, in exchange for characteristics they want to give up (Leveton, 1992, pp. 101–111). The students enthusiastically jumped into the roles of assistant clerks and customers. Several wanted to buy self-confidence in exchange for fear, and after their purchases, proudly demonstrated to the group the new characteristics. Despite the war, which literally punctuated their days, the students were able to play with issues vital to their personal growth. The students stayed overtime to discuss their feelings about the session and to ask perceptive questions about the effec-

Kyiv drama therapy workshop
(courtesy of National Aviation University)

tiveness of drama therapy. Their openness and curiosity were inspiring.

Conclusion. Because DvT is relatively simple and does not require masks, puppets, or other materials, it can be used in a variety of settings without extensive physical preparation. Thus, it seems an ideal technique for a variety of settings in Ukraine. Although the Ukrainian mental health system reflects the vestiges of the coercive Soviet system, which focused on biological treatments delivered in large psychiatric hospitals that routinely violated human rights (Pinchuk, 2024, p. 911), creative arts therapeutic approaches have developed. Art therapy has been long used with children, and more recently with soldiers (Rohotchenko, 2024). Dance therapy is also growing (Mova, 2024). In 1996, the Ukrainian Association of Psychodrama was created (Lytvynenko, 2019), which continues to train practitioners. Playback theatre has been performed since the beginning of the Russo-Ukrainian War in 2014 (Sopova, 2018; Gessen, 2023). Theatre pieces by individuals who have experienced traumatic events have been used to provide community and an expressive outlet for veterans ("Solutions from Ukraine", 2024). But to date it does not appear that drama therapy exists in Ukraine.

The April 2024 drama therapy workshops in Lviv, Irpin, and Kyiv showed the power of the modality. The sessions also confirmed that a drama therapist should start where group members are, rather than trying to force themes or issues on them. Although the drama therapist should not avoid themes that might be difficult, he should be careful not to open what he cannot safely close. By synthesizing uniquely Ukrainian drama forms and internationally recognized techniques such as DvT, and subjecting them to a rigorous research methodology, Ukrainian clinicians can develop forms of drama therapy that may contribute to improving the mental health of the country.

Postscript. In November 2024, Michael D. Reisman returned to Ukraine to teach ten in-person drama therapy workshops for a total of 200 mental health professionals, university students, and theatre workers in Lviv, Kyiv, Irpin, and Kharkiv, and received positive feedback from participants. He plans to teach additional workshops in Ukraine in spring 2025.

References

1. Atiomo, W. (2018). Can Drama Induce Neuroplastic Changes in the Brain? Implications for Future Research and Treatment. ***Research in Medical & Engineering Sciences, 6***(5), 662–664. DOI: 10.31031/RMES.2018.06.000646
2. Berghs, M., Prick, A., Vissers, C., & van Hooren, S. (2022). Drama Therapy for Children and Adolescents with Psychosocial Problems: A Systemic Review on Effects, Means, Therapeutic Attitude, and Supposed Mechanisms of Change. ***Children, 9***, 1358. DOI: 10.3390/children9091358
3. Blatner, A. & Blatner, A. (1988). ***Foundations of Psychodrama: History, Theory, and Practice.*** Springer.
4. Brown, S., Cockett, P., & Yuan, Y. (2019). The Neuroscience of Romeo and Juliet: An fMRI Study of Acting. ***Royal Society Open Science, 6***(3). DOI: 10.1098/rsos.181908
5. Butler, J. D. (2012). Playing With Madness: Developmental Transformations and the Treatment of Schizophrenia. ***The Arts in Psychotherapy, 39***(2), 87–94. DOI: 10.1016/j.aip.2012.01.002
6. Emunah, R. (1994). ***Acting for Real: Drama Therapy Process, Technique, and Performance.*** Brunner/Mazel.
7. Galway, K. C., Hurd, K., & Johnson, D. R. (2003). Developmental Transformations in Group Therapy with Homeless People with a Mental Illness. In D. J. Wiener & L. K. Oxford (Eds.), ***Action Therapy With Families and Groups: Using Creative Arts Improvisation in Clinical Practice*** (pp. 135–162). American Psychological Association. DOI: 10.1037/10610-007

8. Gessen, M. (2023, February 22). War as Theatre, at a Private Home in Kharkiv. ***The New Yorker.*** Retrieved from https://www.newyorker.com/news/dispatch/war-as-theatre-at-a-private-home-in-kharkiv
9. Goto, R., Pinchuk, I., Kolodezhny, O., Pimenova, N., & Skokauskas, N. (2023). Mental Health Services in Ukraine During the Early Phases of the 2022 Russian Invasion. ***The British Journal of Psychiatry, 222***(2), 82–87. DOI: 10.1192/bjp.2022.170
10. Hough, B. H. & Hough, S. (2012). The Play Was Always the Thing: Drama's Effect on Brain Function. ***Psychology, 3***(6), 454–456. DOI: 10.4236/psych.2012.36064
11. How Are You? As Part of Olena Zelenska's Initiative, Ukrainians Will Be Told About the Importance of Taking Care of Mental Health. (2023, March 24). ***President of Ukraine: Official Website.*** Retrieved from https://www.president.gov.ua/en/news/ti-yak-u-mezhah-iniciativi-oleni-zelenskoyi-ukrayincyam-rozk-81777
12. James, M., Forrester, A., & Kim, K. (2005). Developmental Transformations in the Treatment of Sexually Abused Children. In A.M. Weber & C. Haen (Eds.), ***Clinical Applications of Drama Therapy in Child and Adolescent Treatment.*** New York: Taylor & Francis.
13. James, M. & Johnson, D. R. (1996a). Drama Therapy for the Treatment of Affective Expression in Posttraumatic Stress Disorder. In D. L. Nathanson (Ed.), ***Knowing Feeling: Affect, Script, and Psychotherapy*** (pp. 303–326). W. W. Norton & Company.
14. James, M. & Johnson, D. R. (1996b). Drama Therapy in the Treatment of Combat-Related Post-traumatic Stress Disorder. ***The Arts in Psychotherapy, 23***(5), 383–395. DOI: 10.1016/S0197-4556(96)00045-7
15. Jiang, L., Alizadeh, F., & Cui, W. (2023). Effectiveness of Drama-Based Intervention in Improving Mental Health and Well-Being: A Systematic Review and Meta-Analysis During the COVID-19 Pandemic and Post-pandemic Period. ***Healthcare, 11***(6), 839. DOI: 10.3390/healthcare11060839
16. Johnson, D. R. (1992). The Drama Therapist in Role. In S. Jennings (Ed.), ***Dramatherapy: Theory and Practice, 2***, 112–136. London: Routledge.
17. Johnson, D. R., Smith, A. G., & James, M. (2003). Developmental Transformations in Group Therapy With the Elderly. In C. E. Schaefer (Ed.), ***Play Therapy with Adults*** (pp. 78–103). John Wiley.
18. Johnson, D. R. (1982). Developmental Approaches in Drama Therapy. ***The Arts in Psychotherapy, 9***, 183–189. DOI: 10.1016/0197-4556(82)90035-1
19. Johnson, D. R. (1986). The Developmental Method in Drama Therapy: Group Treatment With the Elderly. ***The Arts in Psychotherapy, 13***, 17–33. DOI: 10.1016/0197-4556(86)90005-5
20. Johnson, D. R. (1991). The Theory and Technique of Transformations in Drama Therapy. ***The Arts in Psychotherapy, 18***, 285–300. DOI: 10.1016/0197-4556(91)90068-L
21. Johnson, D. R. (1998). On the Therapeutic Action of the Creative Arts Therapies: The Psychodynamic Model. ***The Arts in Psychotherapy, 25***, 85–99.
22. Johnson, D. R., Forrester, A., Dintino, C., James, M., & Schnee, G. (1996). Towards a Poor Drama Therapy. ***The Arts in Psychotherapy, 23***(4), 293–306. DOI: 10.1016/0197-4556(96)00036-6
23. Jones, P. (1996). ***Drama as Therapy: Theatre as Living.*** Routledge.
24. Kedem-Tahar, E. & Felix-Kellermann, P. (1996). Psychodrama and Drama Therapy: A Comparison. ***The Arts in Psychotherapy, 23***(1), 27–36. DOI: 10.1016/0197-4556(95)00059-3
25. Keiller, E., Tjasink, M., Bourne, J., Ougrin, D., Carr, C. E., & Lau, J. Y. F. (2023a). A Systematic Review of Dramatherapy Interventions Used to Alleviate Emotional Distress and Support the Well-Being of Children and Young People Aged 8–18 Years Old. ***JCPP Advances, 3***(3). DOI: 10.1002/jcv2.12145
26. Keiller, E., Melvin, E., Ivers, M., Lambie, R., & Bourne, J. (2023b). A Systematic Review of Dramatherapy Interventions Which Are Used to Support Adult Participants' Mental Health in Forensic Settings. ***The Arts in Psychotherapy, 86***, 102096. DOI: 10.1016/j.aip.2023.102096
27. Leather, J. & Kewley, S. (2019). Assessing Drama Therapy as an Intervention for Recovering Substance Users: A Systematic Review. ***Journal of Drug Issues, 49***(3), 545–558. DOI: 10.1177/0022042619845845
28. Leveton, E. (1992). ***A Clinician's Guide to Psychodrama.*** Springer.
29. Lytvynenko, L. I. (2019). Establishing Psychodrama in Ukraine. In ***30th Anniversary 1989–2019*** (pp. 137–142). Psychodrama-Institut für Europa e.V. Psychodrama Association für Europa e.V. Berlin. Retrieved from https://www.academia.edu/62291919/Lytvynenko_L_I_Establishing_Psychodrama_in_Ukraine
30. Martsenkovskyi, D., Shevlin, M., Ben-Ezra, M., Bondjers, K., Fox, R., Karatzias, T., Martsenkovska, I., Martsenkovsky, I., Pfeiffer, E., Sachser, C., Vallières, F., & Hyland, P. (2024). Mental Health in Ukraine in 2023. ***European Psychiatry, 67***(1), e27. DOI: 10.1192/j.eurpsy.2024.12
31. Melvin, E., Green, M., Keiller, E., Parmar, C., & Bourne, J. (2024). A Systematic Review of Dramatherapy Interventions Used to Support Adults With Psychosis. ***Schizophrenia Research, 267***, 44–54. DOI: 10.1016/j.schres.2024.02.031
32. Mova, L., Ruban, V., & Veselovska, H. (2024, June). Art Therapy in a Country at War: Ukraine's Contemporary Dance Practices. ***Critical Stages/Scènes Critiques, 29.*** Retrieved from https://www.critical-stages.org/29/art-therapy-in-a-country-at-war-ukraines-contemporary-dance-practices/
33. Orkibi, H., Keisari, S., Sajnani, N. L., & de Witte, M. (2023). Effectiveness of Drama-Based Therapies on Mental Health Outcomes: A Systematic Review and Meta-Analysis of Controlled Studies. ***Psychology of Aesthetics, Creativity, and the Arts.*** Advance online publication. DOI: 10.1037/aca0000582
34. Pinchuk, I., Leventhal, B. L., Ladyk-Bryzghalova, A., Lien, L., Yachnik, Y., Casanova Dias, M., Virchenko, V., Szatmari, P., Protsenko, O., Chaimowitz, G. A., Chisholm, D. Kolokolova, V., Guerrero, A. P. S., Chumak, S., Myshakivska, O., Robertson, P. G., Hanson, M. D., Yee Liu, H., De Picker, … Skokauskas, N. (2024). The Lancet Psychiatry Commission on Mental Health in Ukraine. ***The Lancet Psychiatry, 11***(11), 910–933. DOI: 10.1016/S2215-0366(24)00241-4
35. Pitre, R., Mayor, C., & Johnson, D. R. (2016). Developmental Transformations Short-Form as a Stress Reduction Method for Children. ***Drama Therapy Review, 2***(2), 167–181. DOI: 10.1386/dtr.2.2.167_1

36. Pitre, R., Sajnani, N., & Johnson D. R. (2015). Trauma-Centered Developmental Transformations as Exposure Treatment for Young Children. ***Drama Therapy Review, 1***(1), 41–54. DOI: 10.1386/dtr.1.1.41_1
37. Reisman, M. D. (2016). Drama Therapy to Empower Patients With Schizophrenia: Is Justice Possible? ***The Arts in Psychotherapy, 50***, 91–100. DOI: 10.1016/j.aip.2016.06.001
38. Reynolds, A. (2011). Developmental Transformations: Improvisational Drama Therapy with Children in Acute Inpatient Psychiatry. ***Social Work With Groups, 34***(3–4), 296–309. DOI: 10.1080/01609513.2011.558820
39. Rohotchenko, S. (2024). Art Therapy of the Ukrainian War. History. Beginning. ***Artistic Culture: Topical Issues, 20***(1), 97–103. DOI:10.31500/1992-5514.20(1).2024.306918 [in Ukrainian].
40. Sajnani, N., Willemsen, M., & Butler, J. (2023). A Scoping Review of Observed Benefits of Developmental Transformations (DvT). ***Drama Therapy Review, 9***(2), 273–315. DOI: 10.1386/dtr_00133_1
41. Schnee, G. (1996). Drama Therapy in the Treatment of the Homeless Mentally Ill: Treating Interpersonal Disengagement. ***The Arts in Psychotherapy, 23***(1), 53–60. DOI: 10.1016/0197-4556(95)00041-0
42. Solutions from Ukraine: Kyiv to Establish Veterans' Theater for Military Community. (2024, April 26). ***Rubryka.*** Retrieved from https://rubryka.com/en/2024/04/26/u-kyyevi-stvoryuyut-teatr-veteraniv-rozpovidayemo-yak-pratsyuye-tse-rishennya/
43. Sopova, A. (2018, February). The Theater of War: A Psychodrama Project Helps Ukrainians Deal With Trauma. ***Krytyka.*** Retrieved from https://krytyka.com/en/articles/theater-war-psychodrama-project-helps
44. van der Kolk, B. (2015). ***The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.*** Penguin.
45. What Is Drama Therapy? (2024a). ***The British Association of Dramatherapists.*** Retrieved from https://www.badth.org.uk/dramatherapy/what-is-dramatherapy
46. What Is Drama Therapy? (2024b). ***North American Drama Therapy Association.*** Retrieved from https://www.nadta.org/what-is-drama-therapy#:~: text=Drama%20therapy%20is%20an%20embodied, express%20feelings%2C%20or%20achieve%20catharsis
47. Winnicott, D. W. (1971). ***Playing and Reality.*** Basic Books.

Майкл Рейсмен

Потенціал драматерапії в Україні під час війни

Анотація. Ця стаття досліджує потенціал драматерапії в Україні для подолання кризи психічного здоров'я, яка посилилася внаслідок десяти років війни. Автор описує цілі драматерапії, до яких належать вираження та стримування емоцій, розвиток міжособистісних навичок і розширення можливостей особистості. Обговорюються переваги та недоліки доказової бази драматерапії. Стаття презентує ключові концепції драматерапії трансформацій розвитку (DvT), яка використовується з різними групами людей у всьому світі і в якій терапевт взаємодіє драматично та імпровізаційно з одним або кількома клієнтами в спільно створеному ігровому просторі. Стаття описує семінари з драматерапії DvT, які відбулися у Львові, Ірпені та Києві в квітні 2024 року за участі 200 українських психологів, студентів університетів та митців, а також висвітлює ключові образи та теми, з якими учасники працювали під час цих семінарів. Стаття робить висновок, що драматерапія може відігравати значну роль у сприянні психічному здоров'ю в Україні.

Ключові слова: трансформації розвитку, драматерапія, криза психічного здоров'я в Україні, імпровізаційний театр, ігровий простір, розвиток міжособистісних навичок, вираження і стримування емоцій.

Стаття надійшла до редакції 29.10.2024