

LOOKING AHEAD

FUTURE EMPLOYMENT AS DRAMATHERAPISTS IN AN EVER CHANGING MARKET FORCES ECONOMY

INTRODUCTION

As a student Dramatherapist in training one of the vital issues outside of the academic and practical based work that need to be addressed is, who will employ me? And will they understand what I have to offer as a qualified and competent Dramatherapist? A question that many of us have not given as much thought to as we should have. And for those already working as practising Dramatherapists, have I got enough work? If not where can I get more?

It is in response to this that I have been asked to write an article based on some research I carried out in 1992 as part of a thesis for an Educational Theatre MA I completed at Bretton Hall College.

The thesis was entitled Drama & Therapy - The Background & A Case Study; it explored the relationship between health, drama and theatre. It was then followed by a look at non-dramatic and dramatic therapeutic techniques that are used in a health & healing context.

The second half of the dissertation looked at practical uses of the varying dramatic/art based techniques within health and educational settings within the West Midlands today (1992) and the implications they have for our nations health.

And it is from this second half of my dissertation that the following research is taken. I wanted to find out what arts based activities - specifically drama and its relationship to other art based activities - were taking place in a variety of 'caring' settings within the West Midlands, this of course included (but not exclusively) dramatherapy. Baring in mind I had limited resources and time to gain as accurate a picture as possible I took a two pronged approach, firstly a series of interviews with a variety of health care professionals & organisations working in the region. It consisted of fourteen interviews with such people as social workers, psychiatric nurses, G.P.'s, psychiatrists, Art Organisations and private & public sector homes.

The views were then counter-balanced against a survey sent out to sixty centres within five of the six major West Midlands local authority areas namely Dudley, Sandwell, Walsall, Wolverhampton & Birmingham. Coventry was not included.

It is my intention in this article to compare and contrast those original survey results with comments made by health professionals at the time, but also to look more specifically at how this affects someone in my position, a student Dramatherapist hoping for gainful freelance employment as a Dramatherapist once my course has been completed. Maybe this short report will lead to the commissioning of more detailed and specific surveys for the arts therapies profession.

SURVEY RESULTS

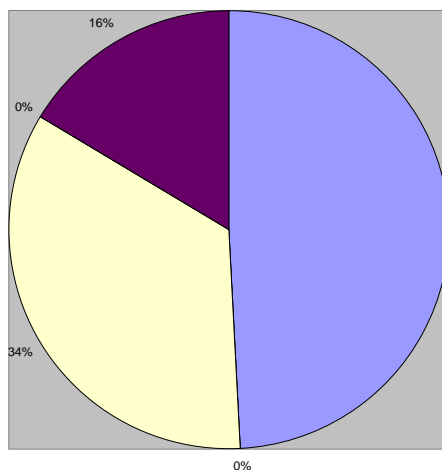
Due to demographic and geographical problems it was not possible to target the exact same numbers of each type of centre for the survey as a whole, but where possible numbers were kept as close as possible, IE. 5 or 10 of one type of centre (mostly).¹ But 12 centres were targeted in each of the five boroughs. The specific numbers listed below.

¹ There were three slight differences however, one day centre for the elderly

TYPE OF CENTRE	NUMBER WRITTEN TO	
RESIDENTIAL		
Residential Home (Mentally ill)	6	
Residential Home (Learning difficulties)	4	
Children's Home	5	
Hospital	5	
Registered Residential Home (Elderly)		11
NON-RESIDENTIAL		
Day centre (Elderly)	5	
Day centre (Mentally Ill)		9
Day centre (Learning Difficulties)		10
Special School	5	

IS ANYONE INTERESTED?

1.GENERAL SURVEY RESPONSE
RESPONSE NO-RESPONSE



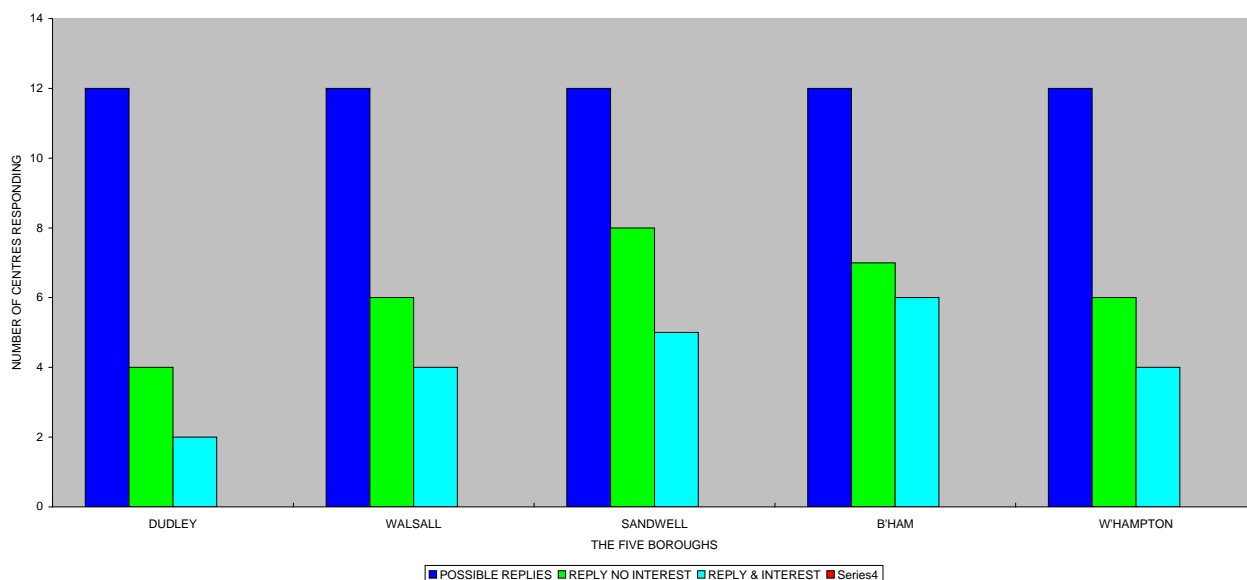
As the above chart shows 31 centres (50.8%) responded², of these 20 (34.4%) asked for a copy of the summary report, this suggests that they expressed genuine interest; this also suggests that about one third of all those whom the survey was sent to, were genuinely interested. The other 10 (16.4%) who responded to the survey were not interested in a copy of the summary report, it was therefore deduced that they were not interested in the final result or its implications.

in Sandwell was also a day centre for learning difficulties. One day centre for the elderly in Wolverhampton was also for physically handicapped (this can be interpreted as being learning difficulty). And also one residential home for mentally ill people in Walsall was also a day centre for mentally ill.

² The survey had an above average response of exactly 50.8%. The average is normally expected at about 30%. Birmingham Social Services Research Department suggested there would probably be only two or three positive responses. There thanks is appreciated in the advising, creation and compilation of this survey.

For the student Dramatherapist this would at least seem quite encouraging, one third of possible employers were at least interested in arts based work within their centres/homes. However finding the money to pay for the work and employing an arts therapist as opposed to an artist at appropriate rates and understanding what an arts therapist actually does are issues that are outside of the original criteria for this report and will need to be dealt with later.

2. RESPONSE FROM THE FIVE BOROUGHES

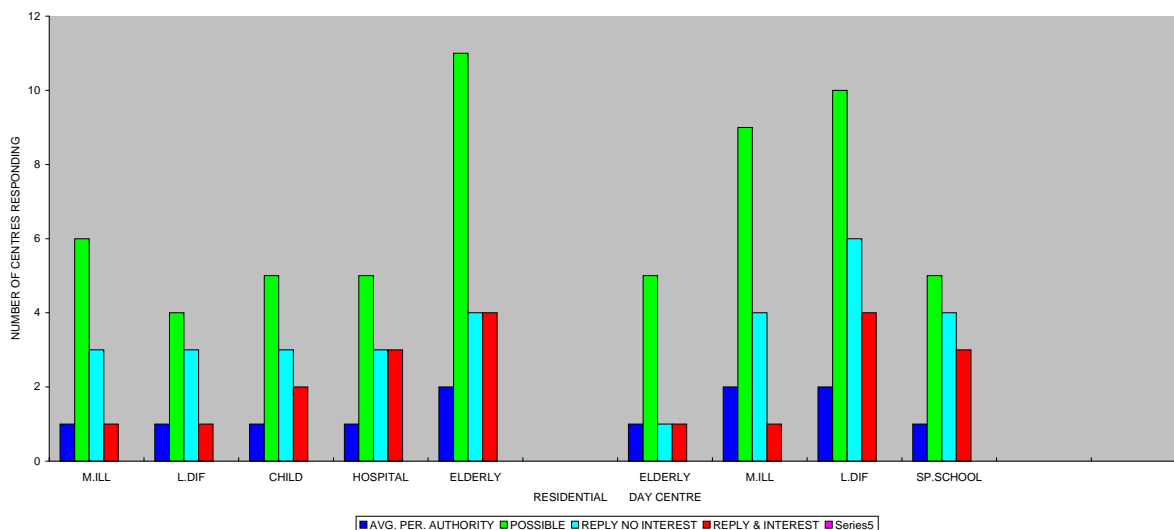


Response from the five local authority areas was mixed and shown in chart form above is the response from each authority. It's difficult to make any conclusions but one would expect a very large inner city authority area like Birmingham to give a higher response, but just because Birmingham is the biggest area, covering the largest population does not necessarily mean they have more money, it can be quite the reverse.

However we will briefly discuss later the impact the new Birmingham Centre of Arts Therapies may have on such a locality, both locally and country wide. BCAT as it is now known did not exist when the original report was written.

WHAT KIND OF CLIENT MIGHT AN ARTS THERAPIST WORK WITH?

3. GENERAL RESPONSE
RESPONSE FROM 31 (50.8%) OF CENTRES



Let us now consider what type of client we may be most likely to work with. The above chart allows us to examine which specific kind of establishment showed most interest. Firstly within residential settings as seen in the chart above homes for elderly³, followed by hospitals showed most interest. The greatest response from day centres was firstly from day centres for learning difficulties followed by special schools.⁴ As throughout this report please use the charts to make your own deductions about particular areas that interest you.

Much of this concurs with my own thoughts. 'The elderly' in my opinion are going to become the growth market within the industry. We might not like using business jargon, we might like to think of our clients as individuals as opposed to 'service users' - the latest Government jargon, but whether we like it or not we have to move into the market forces reality of the 1990's.

REFLECTING ON 'GENERAL RESPONSE'

Since the early 1980's there has been a massive boom in private homes for elderly people, but are private homes which are run for profit prepared to plough money into employing artists quite besides arts therapists to improve the well being and quality of life for their customers and deal with their specific problems through therapy? There are some fiscal advantages. Elderly people who are in private/charitable run homes and paid for by the Department of Social Security have now a kind of rising fiscal scale in operation - the more a home can say it offers its residents the more money is paid for each individual in the home, very much like the hotel system in this country. You wouldn't expect to pay £20.00 a night in a four star hotel. However this doesn't bring into play ethical questions such as - shouldn't all elderly people get the same provisions?

Carol Jones is the owner/operator of 'Cedars' a private residential home for elderly people in the Dudley area; she has set up her home in the last ten years because she felt she could offer a better service than that offered by the local authority.

The 'Cedars' Nursing home does not as yet (1992) have drama but does use other 'reminiscence' therapy based work on a regular bases. Jones knows little about drama but is very interested in its potential, particularly with regard to its reminiscence possibilities:

' I find that maybe someone who is fairly senile or has a very short term memory is able to participate in this and gain respect from other residents who maybe on a day to day bases would tend to overlook them, but because they are reminiscing things come back very clearly to them, and that gives them self worth and self respect. I would be delighted to have more information myself on these particular subjects.'⁵

Elderly homes questioned in the survey gave a very encouraging response; they made considerable use of music and art but used no drama, (see charts 7 & 8)

³ Please note twice as many homes for elderly were targeted than any other within the residential bracket.

⁴ Twice as many day centres for learning difficulties and mental illness were actually targeted than any of the other centres within the day centre bracket. Therefore technically there was a greater response from special schools than any other centre within the survey as special schools had less centres targeted to start with

⁵ Recorded interview Carol Jones Cedars Residential Home, June 11th 1992.

homes for mentally ill responded poorly on all fronts. Jones believes it to be important to use such things as dramatherapy:

`Finance is limited we haven't got the finances available to us that local authorities have got. But we do feel that quality of life is essential to our residents and if quality of life can be enhanced by dramatherapy etc. We would certainly feel it was priority....a financial resource would be available for such a scheme.'

Jones believed that private homes could offer a higher standard and more cost effective service than local authority run organisations, and though there has been much adverse publicity in recent times towards private homes for the elderly there are safe guards. The 1984 Residential Homes Act for example on which Jones comments:

`One or two of the questions we have to complete on a very detailed questionnaire prior to an officer visiting us is what social events within your home and what recreational events do you provide? A home who is unable to give an answer on those areas will be considered a home offering an inferior service.'⁶ Obviously Jones home has to make a profit but she concludes, `... we'd be prepared to reduce profits to improve services.'⁷

The survey showed homes for elderly people made use of other arts activities, music and art particularly, (see charts 7 & 8) but not drama, residential homes for people with mental health problems make little use of any therapy based work, perhaps this is partly due to the fact that many of them would send their residents to day centres whom they may believe are the appropriate centres to provide such services.

One midland hospital for elderly people that have mental health problems, began their first drama `reminiscence' project in the hospital's day centre with seven patients, employing an actor to take these once weekly sessions. Its head O.T. believes it has been very successful as a pilot project. She believes strongly in the use of the creative arts:

` You can actually use creative things to look at yourself and who you are, so you get more of a sense of your own identity, and you can use them to work through problem areas.'⁸

By examining the changes in one member of the group it is possible to evaluate the therapeutic effect that the drama sessions have had. One lady had been in hospital recently suffering from quite severe anxiety attacks and found it almost impossible to speak in company. The Head O.T. explains that she has seen a `great change' in this lady (1992) who is now able to speak in company and has been able to stand up in the group and even appear on video. According to the Head OT:

` What we've found in her everyday life is that she is able to express negative feelings and problems which she wasn't able to do before, she'd keep them to herself, but she is now actually expressing these problems, so we're finding we can deal with problems as they crop up, and so hopefully this has prevented a further hospital admission.'⁹

⁶ Recorded interview Carol Jones Cedars Residential Home, June 11th 1992.

⁷ Recorded interview Carol Jones Cedars Residential Home, June 11th 1992.

⁸ Recorded interview Head OT at a midland hospital. June 18th 1992.

⁹ Recorded interview Head OT at a midland hospital. June 18th 1992.

We have here very clear evidence that one person's life has been affected quite dramatically to the extent where a further possible hospital admission is no longer required.

TESTIMONY OF A USER INSTITUTION

The O.T. also believed that the other members of the group reaped benefits from their participation in the drama group:

'To begin with the group were very shy, found it difficult to talk to one another but we've seen them develop both within their own personal skills and as a group, and we've also seen them transfer the skills they've gained, the communication skills they've gained within the group to their everyday life which is very important.'¹⁰

The O.T. hopes to be able to continue the work after this successful pilot project, if as she states that the drama work has lead to one less hospital admission then the use of drama within the health services has many ramifications, not only from an ethical, therapeutic and humanistic viewpoint but from a financial one. This is possibly the kind of statistical information which could be used to push for further reforms and greater use of the creative arts and creative arts therapies within health services. If one group meeting once a week for six months leads to one less person being admitted to hospital, then the future potential use of creative arts, and in particularly drama and dramatherapy, could carry far more weight than it does at present. This drama project is the only one in existence (1992) within the Health Authority.

SURVEY IN THE ARTS

We can see from these two examples that private homes are certainly becoming interested, hospitals in the West Midlands at least appear to use little drama or dramatherapy but would need to be able to quantify and qualify the use of dramatherapy. So those still in training must remember the importance of both assessment and evaluation of clients and groups; it is as important to those with the purse strings judging whether a particular therapy can prove itself cost effectively as well as to the therapist and client/group alike in a clinical setting.

The time when hospitals and health authorities were the only organisations that could offer work in my view are fast becoming rather 'quaint' ideas. The above example was an exception to the rule in the midlands at least. NHS Trusts, as many hospitals have now become don't necessarily have the money to push into such therapy projects as they used to. As the situation within the NHS becomes financially more precarious by the year we have to look further a field for work as Dramatherapists, but we must still continue our relentless campaign to make the powers that be understand that arts therapies are an essential part of any clinical environment, but we must prove this, on paper.

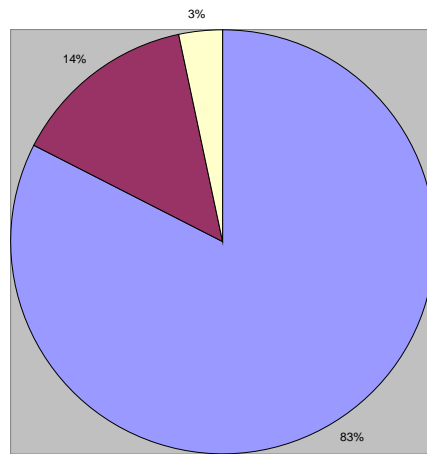
WHICH ART?

The chart below shows the total number of people from the various 31 centres that were covered and also shows how many of these were actively involved in the arts, and of those the people who were specifically involved in drama. In the survey where boxes were ticked as to the numbers of people at each centre, the lowest number was always taken, and where no numbers were specified then none were obviously recorded. The results are below.¹¹

¹⁰ Recorded interview Head OT at a midland hospital. June 18th 1992.

¹¹ Out of the 31 centres 8 did not use any form of art, 12 use art forms apart from drama and 11 centres used drama that is 35.5% of the centres responding. See Chart 16.

4. TOTAL NUMBER OF PEOPLE SURVEYED 1889
ART 397 OF THESE 74 USING DRAMA



The above chart is not encouraging 82.6 % of people surveyed had no access to any form of art at all.

`Art Link' West Midlands was formed as `..the regional development agency for the West Midlands, which promotes opportunities and provision in the arts for older people, people with mental health problems, learning difficulties or physical/sensory disabilities.'¹² Art link is not a therapy organisation. Art Link goes onto stress that therapeutic values are achieved incidentally in the work that Art Link carries out and that the word therapy itself is now beginning to be looked upon in a different way. For example they have much contact with nursing and nurse training:

`...anything that a nurse does and of course nursing intervention is much more wide ranging than they used to be and much more about communication taken in the class, but by definition they seem to be saying that anything that the nurse does is therapeutic, which of course changes the rules entirely in terms of and in a positive way as far as we're concerned..¹³

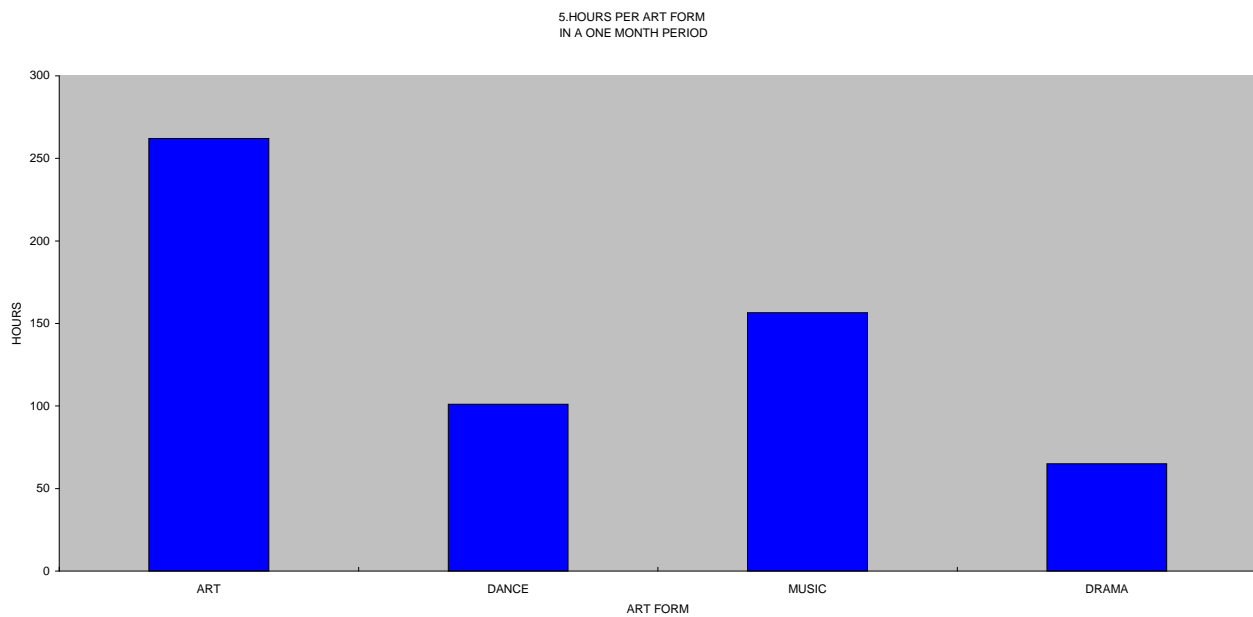
Art Link engages freelance artists of all disciplines, but Ewan Archibald Art Links director admits that`..there is probably more work done in visual arts than anything else....'¹⁴ Art Link suggests that drama is the second largest art form used; whilst some of the newer art forms, photography and video for example are used much less, though it is hard to ascertain and there are no prepared statistics that show which art form is used most. This concurs partly with the chart below which suggests visual art is used most, followed by music, dance & drama.¹⁵

¹² Partnerships. Quarterly Magazine published by Art Link West Midlands .March 1992 pg 12

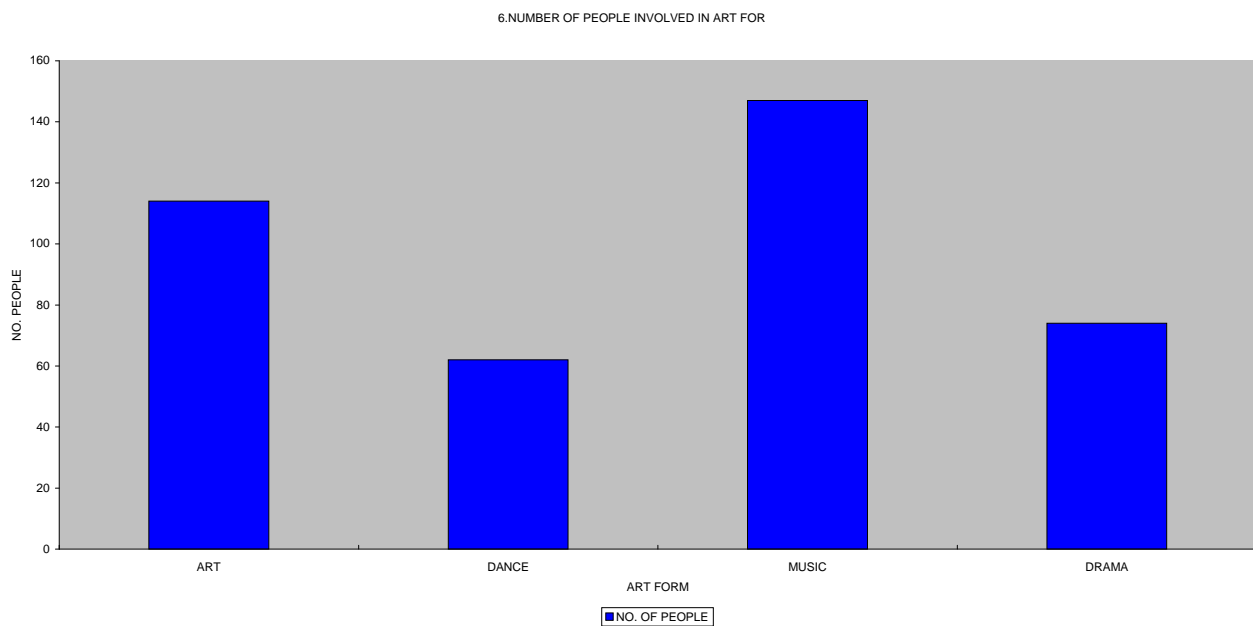
¹³ Interview Ewen Archibald Walsall June 16th 1992.

¹⁴ Interview Ewen Archibald Walsall June 16th 1992.

¹⁵ We have to be careful here as centres may interpret music as having a tape playing in the back ground and dance as a quick waltz between a cup of tea, and not seen as a specific arts activity.



The second chart on the use of art forms below suggests the number of people involved in art forms, this suggests a different picture in which most people use music and the least use dance.¹⁶

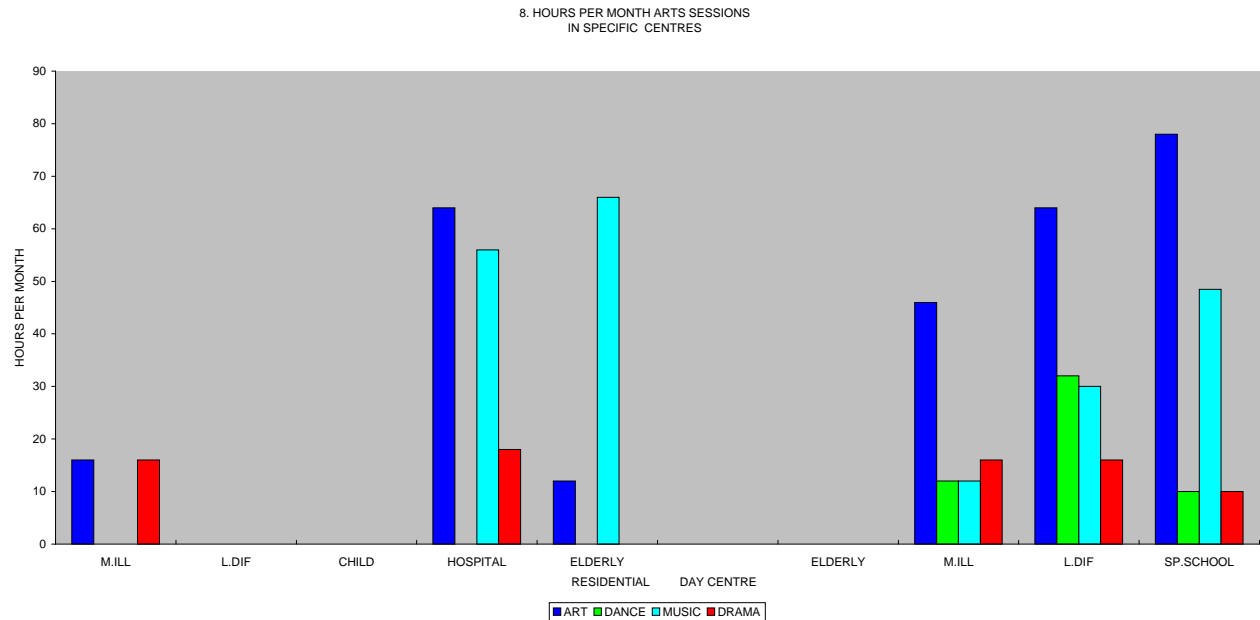
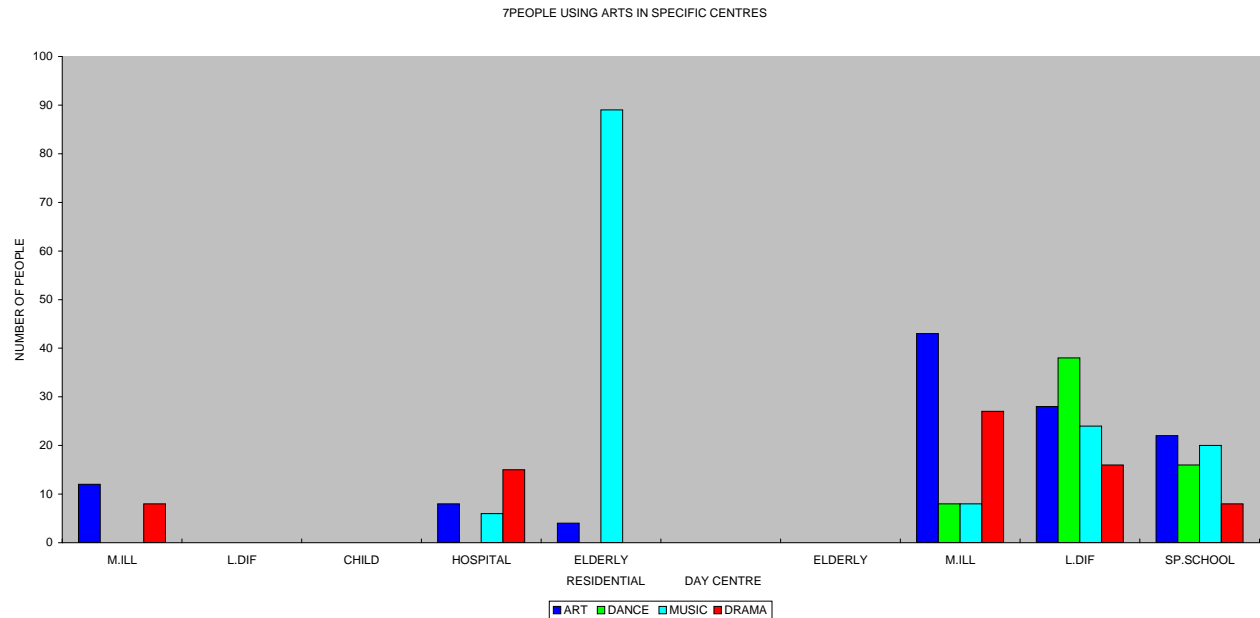


However we have to be cautious here, many organisations appear to use artists within and around the health care professions and the work may have therapeutic outcomes as 'a side line'. The arts therapies are specifically there to address therapeutic ends and work with other clinical staff and not along side them offering art as entertainment or diversion therapy.

¹⁶ Again one has to be mindful of what was mentioned in the previous footnote

Having said this there are still some major problems to overcome within art quite besides the art therapies. Archibald suggests that: ‘... there's not enough opportunities in the arts or in drama for anybody, and Art Link exists because there are far fewer opportunities and there's far more limited access to the arts and to drama for our target groups,...’¹⁷

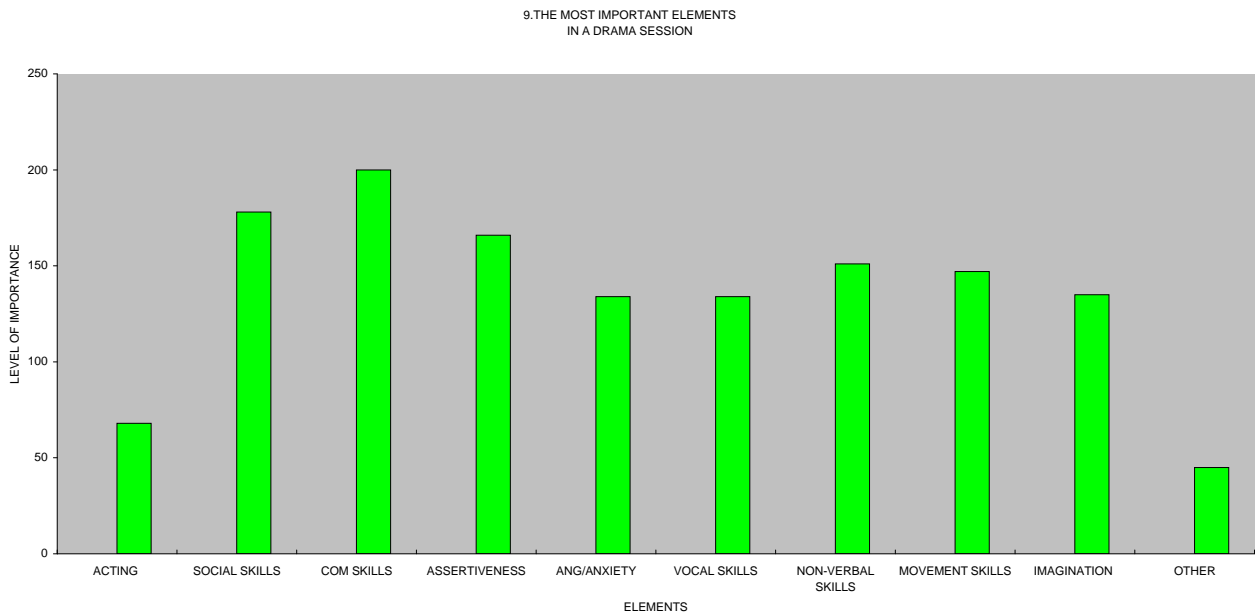
The two charts below echo this fear particularly within the residential environment access to the various art forms is limited. How limited are the arts therapies to the same target groups ?



WHY DRAMA & WHAT DOES IT OFFER?

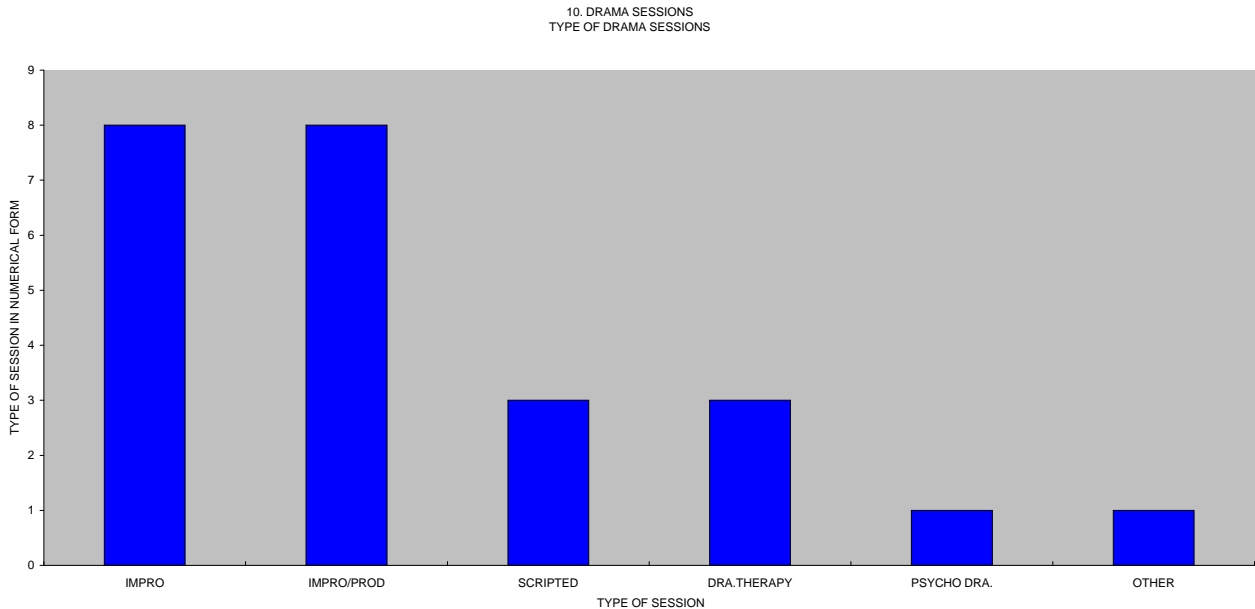
¹⁷ Interview Ewen Archibald Walsall June 16th

All centres whether they used drama or not were questioned on what they felt to be the important areas that drama could deal with from the point of view of their client groups. The results below are quite obvious.

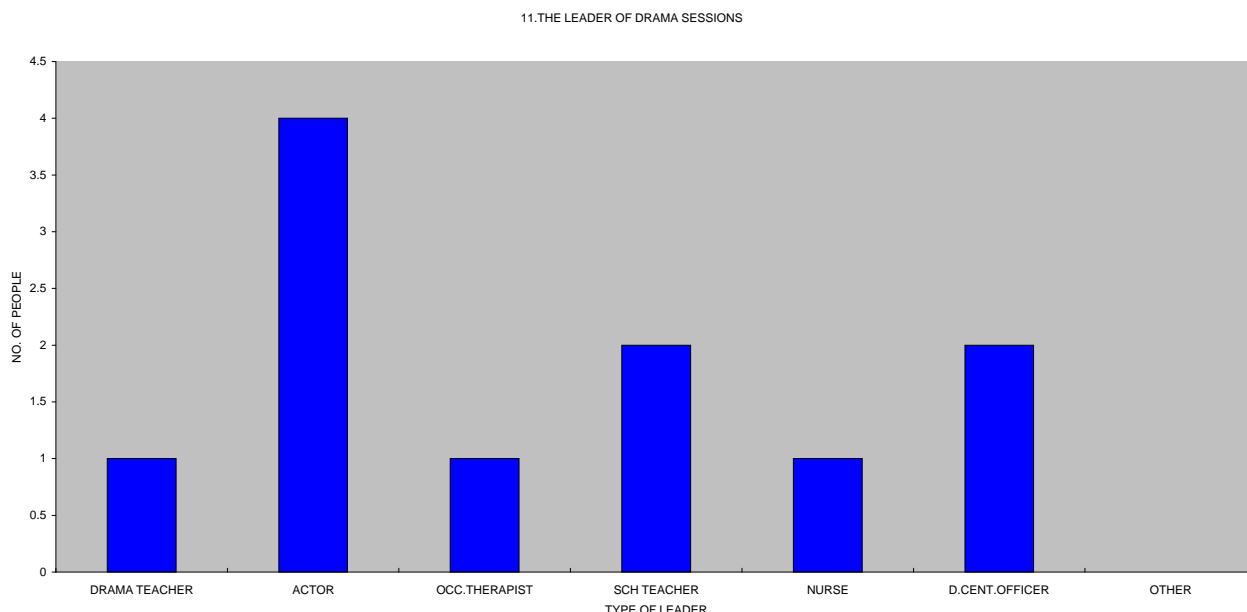


Communication skills, social skills and assertiveness appear to be the main areas centres felt their clients would benefit from most in drama sessions.

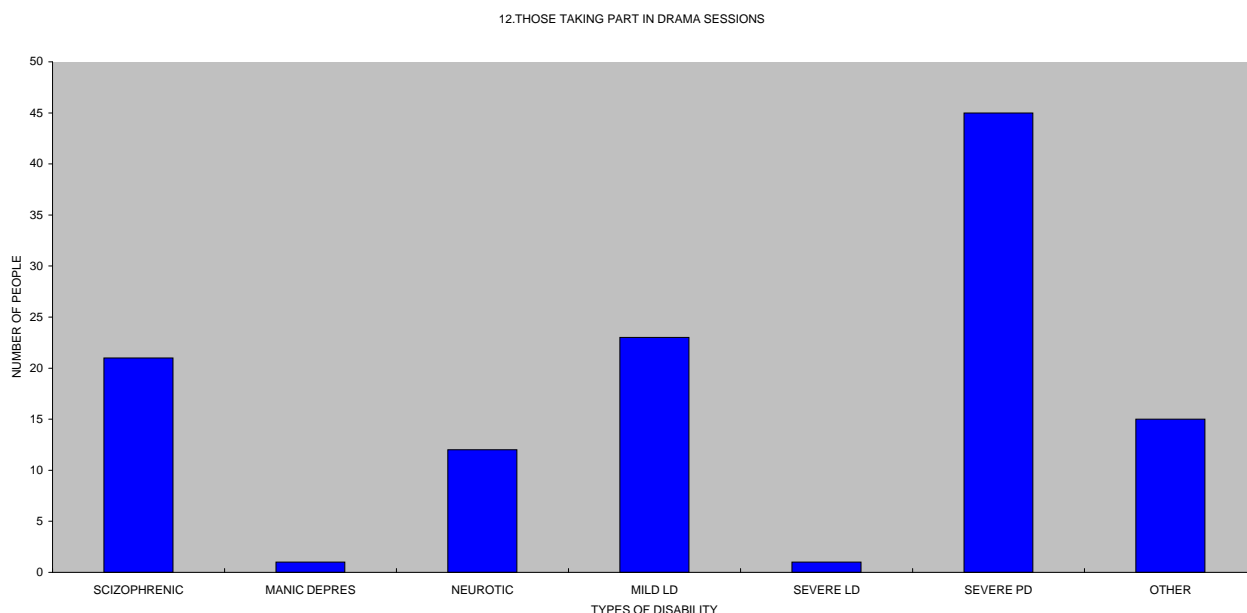
The eleven centres that used drama were questioned about the type of drama sessions that they run. The results below suggest the two most prevalent forms are improvisation sessions, and improvisation sessions leading to creation of performance.



As we've seen eleven of the 31 centres who responded actually use drama, the survey questioned each of these centres as to the kind of the people that run the sessions. The result is in the chart below.



From this it can be gleaned that actors appear to have the monopoly here.¹⁸ It also emerges that no Dramatherapists are in operation, but dramatherapy sessions are being run. Does this mean that dramatherapy classes are being run by unqualified staff ? Or does it simply mean staff does not know the difference between a drama group and a dramatherapy group, which is in-fact not being run? Unfortunately there is no space to answer that here. The purpose of this survey was not to find out how many dramatherapy sessions were being run but how many drama sessions. We can however see that with drama there is a whole variety of different people running sessions. There appears to be little evidence of dramatherapy sessions being run, if they are indeed this, in the places one would expect them to be run at within the West Midlands at present. (1992)

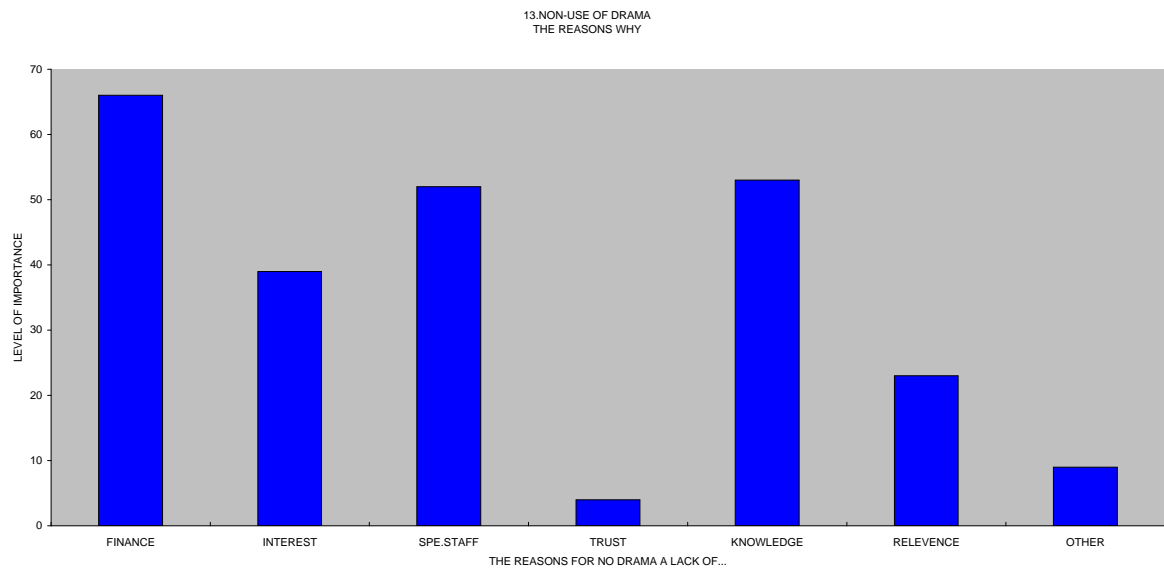


Earlier we asked what type of client an arts therapist might work with. The above chart is a collected list of the numbers of people involved in the drama sessions specifically and their specific disability. It is obviously apparent

¹⁸ It should be noted that only eleven centres obviously answered this question as they were the only ones that had drama sessions, the results therefore should be viewed cautiously and not be taken as a general rule for all drama sessions in all centres

that those suffering from severe physical disabilities appear to be involved in drama the most, however it should be stressed that this figure of 45 came from one centre only and therefore unlike the other figures which are the additions of several centres is one on its own and is not typical. Therefore it would be more appropriate to suggest that generally those suffering from mild learning difficulties do the most drama followed by people who suffer from schizophrenia. It would appear that people with severe learning disabilities and those with manic depression had little drama input. In my experience these are two of the most difficult groups of people to work with in drama and dramatherapy groups, maybe we should spend more time learning to work with these two groups.

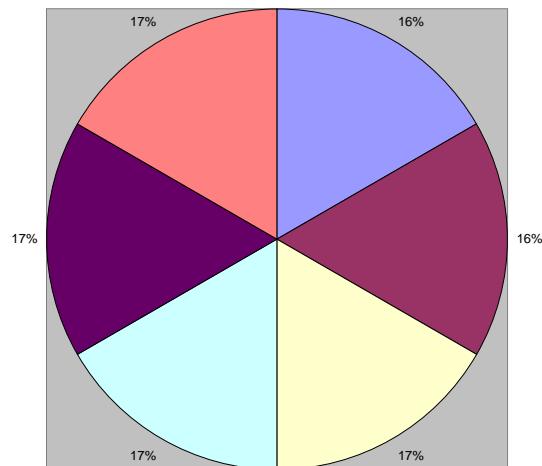
The following chart shows the main reasons for none-use of drama at those centres that do not use it.



This chart can be taken as being fairly accurate as at least 14 centres answered this question. And as can be seen not surprisingly, lack of finance, knowledge & specialist staff respectively is seen as the three main reasons why drama isn't used. The finance will always be a problem but as Dramatherapists we can provide both the knowledge and specialist staff. Are we getting over to centres the information they need and do people know where to find the relevant specialist staff ?

The following chart looks at those centres that already have drama and asks where they got the initial help to set up these sessions.

14. THOSE WHO HAVE DRAMA
TO SET UP, HAD HELP FROM THE FOLLOWING

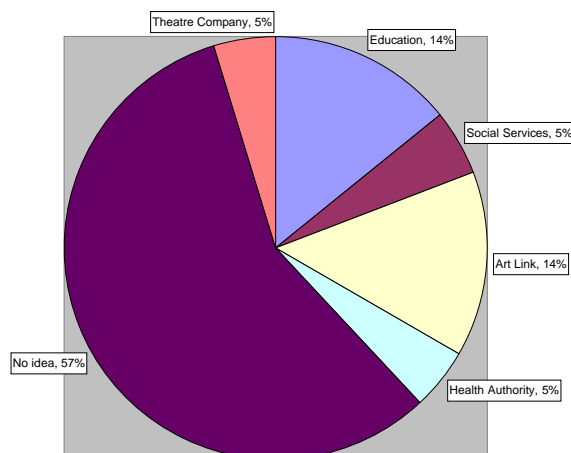


Equal support from Art-link, Actor, Puppeteer, Education, Theatre Company, Soc Services

It is quite clear from this that different centres went to completely different sources for help, there appears to be no consistency or general idea of where centres should have gone to obtain help. Art Link would appear to be the appropriate organisation for drama work but only 16.5% of centres turned to them for help. What of dramatherapy? Would staff wanting dramatherapy turn to the BADth for help? Do they know BADth exist? This seems to be a silly question, but do people know where to go? I can provide no answer here.

The next chart which is the results of a question asked to the centres that don't use drama, asking where they would go to get help if they were about to begin drama work.

15. THOSE WHO DO NOT USE DRAMA
WOULD GET HELP TO START FROM



We can see very clearly the majority of those who answered this question would have no idea where to go. This is followed by equal amounts of people who would go to either the local Education Authority or to Art Link, the specialist organisation for the use of arts within special needs, which is at least a little bit more encouraging.¹⁹ If the same results were to be found from a survey asking people where they would go in order to get help to set up a dramatherapy group, then as Dramatherapists we would be quite worried; but so far no one, no where, has done a survey that asks this question; have they ?

CONCLUSION

As I said this report was not about dramatherapy but it does raise more questions than in can answer about both disciplines. If a dramatherapy survey were to reveal as confusing a picture as drama, then as a profession we would need to get our act together.

How many Dramatherapists are there out there? The registers that the BADth holds of qualified and student members is the best record that we have. How many of those qualified are working regularly as Dramatherapists? Full time ? Part time? Freelance? How many of us who are qualifying in the next year or two will get work ? Who will employ us, and where ? Are there too many of us or not enough ? And are we all in the right localities ? To my knowledge no one has any research so far to answer any of these questions.

BCAT

In the Midlands at least the arts therapies are beginning to be promoted and there is a regional focal point from which people can begin to hear about the arts therapies

and arts therapists can have a place to meet, talk and work. The Birmingham Centre for Arts Therapies has been in existence since September 1993. According to Angela Fenwick Senior Music Therapist (1995) at BCAT several people left their first birthday party still unsure what arts therapies were. In response to this BCAT is holding its first one day introduction to art therapies in March 1995. Aimed at health, social services, education & private organisations.

Fenwick believes that the first thing the arts therapies have to do is to educate carers and this is exactly what will be happening in March. Are the arts therapy associations doing this ? Is it their job ? Since its launch 18 months ago BCAT already has a database with over 1300 names and addresses from people all over the country who are interested in the work. People are also expressing an interest in how to set up arts therapy centres across the country and forging links between such centres. Fenwick is aware of only one other centre which deals with all arts therapies and that's in Exeter.

To finish with people are coming forward to BCAT and saying this is important, but the big problem is finance. Fenwick believes that if this problem were removed people would be coming in and out from the moment the doors opened until whenever they were able to close! It is clear then that BCAT will have a great impact on the region in the coming years.

THE CHALLENGE

It seems apparent there is no national understanding of where dramatherapy as a profession is, (as well as the arts therapies generally) not from the perspective of the professional therapist, that is becoming clearer and clearer each year,

¹⁹ Which is a total of only a 3 responses who knew of Art Link out of a total of 21 who answered the question.

with both training courses, seminars, and the new Government legislation for therapists soon to come into force; but we have no real idea how many of us are actually being employed? and where? and for how long? and who is really interested to put money where their mouths are?

My challenge to BADth and the other arts therapy associations is that a serious and extensive research programme should be carried out on behalf of members to find out just where work is for those of us ploughing through books and course handouts. Just where is the profession going, how many people out there are really interested ? At the end of the day if there is no work out there, no interest, (which I don't believe) and more importantly no one prepared to pay the going rate then potential patients will suffer from the lack of arts therapy and the therapists will have to find another job.

16 NUMBERS OF CENTRES USING DRAMA

