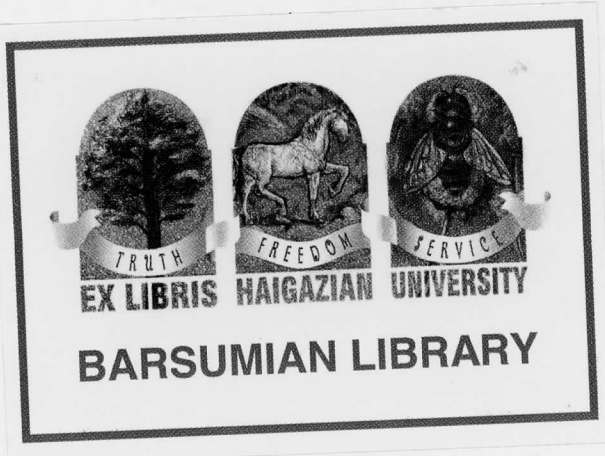


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DRAMA THERAPY IN A LEBANESE PRISON

By
Zeina Daccache

A thesis
Submitted in partial fulfillment of the requirements
for the degree of Masters of Arts
to the department of Psychology
of the division of Social and Behavioral Studies
at Haigazian University

Beirut, Lebanon
May, 2011

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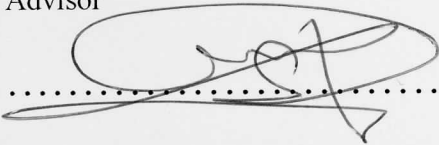
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Drama Therapy in a Lebanese Prison

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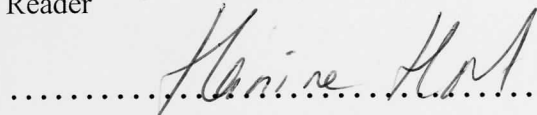
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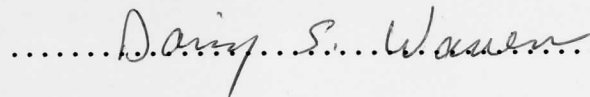
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Dr. Hanine Hout, Ed. D
Reader



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Dr. Daisy Warren, Ed. D
Reader



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To each one of you, and to each minute who participated in this study, I express my
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Abstract

This thesis is essentially an exploratory study that examined the effect of participation in a drama therapy program on the psychological well-being of an inmate sample in Roumieh prison, Lebanon. In conjunction with previous theoretical research on the topic of drama therapy, the study provided an analysis of the effect of this discipline on two aspects of the psychological well-being of the inmates: their relational capacities (relation with oneself and with other people) and their psychiatric symptoms. These two effects constitute the two hypotheses analyzed in this thesis, specifically:

1- The participation in the drama therapy program improves the psychological well-being of the sample inmates in Roumieh prison by producing a change in their relation to oneself and to other people.

2-The participation in the drama therapy program improves the psychological well-being of the sample inmates in Roumieh prison by effecting a reduction in their psychological distress and psychiatric disorders' symptoms.

To test these hypotheses, two evaluating tools were used. The "I Am Poem", a sentence completion material was used as a projective tool to test the first hypothesis, and the "Brief Symptom Inventory" (BSI) a 53 items test intended to measure psychological distress and psychiatric disorders was used to test the second prediction.

The results showed that the relational capacities of the inmates in Roumieh prison were improved as a function of their participation in the drama therapy program, whereas their psychiatric symptoms weren't considerably influenced by the program.

The thesis attempted to explain these results according to the situational context and conditions in which the study was conducted namely the prison environment.

The rehabilitation programs of low offenders are still considered as a significant challenge in the psychological field and the human sciences context. In different societies, the rehabilitation approaches used to deal with inmates varied with the development of psycho-social programs and of psychological theories. In 1967, many therapy practitioners and groups started working with prisoners in the USA, such as Theatre for the Oppressed and the Street Theatre Company. In the early 1980s, the use of theatre as a therapeutic tool was expanded in different prisons in the United States and Europe. Today, the practice of drama therapy in prisons has become a major knowledge technique used in many countries.

This exploratory study is a report of a pioneer drama therapy program applied in the Arabic region specifically in Romanian Prison in Lebanon. It was based on the analysis of the psychological obstacles of inmates participating in this program.

The first Chapter presents the background of the study, states its problem, specifies the objectives of the study and presents an overview of the methodology used.

To provide a better understanding of the background of this study, we will start by presenting the situation of Romanian prison.

Romanian prison is known for its difficult psycho-social conditions. Even the most modern reform in its buildings that were primarily built to not maximize one thousand detainees. The recreational activities in Romanian prison are few and far between. Furthermore the medical services of the prison are often incapable of responding to the many needs of the inmates, as there is only one doctor for the 5000 detainees residing in Romanian.

Due to this, the prison environment is often perceived as dehumanizing. Rehabilitation in such cases is considered and implemented systematically less all sense of dignity and work.

CHAPTER I

Introduction

The rehabilitation programs of law offenders are still considered as a significant challenge in the psycho-social field and the human sciences context. In different societies, the rehabilitation approaches used to deal with inmates varied with the development of psycho-social programs and of psychological theories. In 1967, many theatre practitioners and troupes started working with prisoners in the USA, such as Theatre for the Forgotten and the Street Theatre Caravan. In the early 1980s, the use of theatre as a therapeutic tool was expanded in different prisons in the United States and Europe. Today, the practice of drama therapy in prisons has become a major rehabilitation technique used in many countries.

This exploratory study is a report of a pioneer drama therapy program applied in the Arabic region specifically in Roumieh Prison in Lebanon. It was based on the analysis of the psychological situation of inmates participating in this program.

This first Chapter presents the background of the study, states its problem, specifies the significance of the study and presents an overview of the methodology used.

To provide a better understanding of the **background of this study**, we will start by presenting the situation of Roumieh prison.

Roumieh prison is known for its difficult psycho-social conditions. Four thousand inmates reside in its buildings that were primarily built to suit maximum one thousand detainees. The recreational activities in Roumieh prison are few and far between. Furthermore the medical services of the prison are often incapable of responding to the many needs of the inmates, as there is only one doctor for the 4000 inmates residing in Roumieh.

Due to these facts, the prison environment is often perceived as dehumanizing. Rehabilitation in many cases is nonexistent and many inmates systematically lose all sense of dignity, self-worth,

and positive social interests. On the other hand, the incarceration system in Lebanon is mainly based on punishment that denies the minimal basic rights of the prisoners during their stay in prison. Lebanon is a country with a need for the revision of laws related to penal code such as the abolition of death penalty, the reduction of the incarceration period for good behavior and a modification of the rules applicable to prison management.

Roumieh prison needs to acquire rehabilitation services which will help transform it into a reform center of delinquency rather than being merely a place of punishment. The current situation of this prison is of a specific importance for this study especially regarding the psychological factors characterizing the residents' stay in this institution.

The study of drama therapy in Lebanese prisons is inspired from previous studies and programs applied in other prisons worldwide.

In recent years, theatre artists in foreign countries have attempted to offer an alternative to the prison routine. Beginning in 1967, many theatre practitioners and troupes started working with prisoners in the USA. Prison theatre artists, whether drama therapists or not, whether working through improvisation or theatre performance, have used the enactment of actual life experiences of prisoners to help them examine their reality in a better way. The work of drama therapists and artists has been successful in establishing within the inmates a balance of distance and integration of roles. They were successful in their endeavors.

Shaeffer-Simmern (1948) has spent twenty years applying art therapy with different populations, including young delinquents. Based on his experience, he concludes that art participation represents a potential universal experience from which all can benefit. At New York Reformatory he observed the following changes in delinquent youth, subsequent to arts participation: tolerance and respect for each one's opinion, gains in self-respect, more balanced

personalities, reorganization of essential aspects of “total functioning” and positive effects on the individual’s “psychosocial whole”.

Another prison group working in New Jersey, “Theater Without Bars” reported that only 12% of the men involved in their program return to prison, as compared to 33% among the general prison population (New York Times, April 1, 1980). Other organizations implemented drama therapy programs in different prisons and this discipline has been successfully used as a rehabilitation technique for the last four decades.

After reviewing the backgrounds of Drama Therapy in prisons, it is time to state **the purpose of this study.**

The inmates in Roumieh prison live in a stressful and violent environment rarely responsive to their psychological needs of communication and self expression. Feelings of anger and frustration are either repressed which causes distress and suffering, or acted out against ones’ self or the others.

Drama therapy techniques were used in different foreign prisons to facilitate self expression and communication and to provide an artistic framework to express and channel strong negative feelings such as aggressiveness.

The purpose of this study is to examine how the participation in the drama therapy program improves the psychological well-being of the inmates in Roumieh prison.

This study about drama therapy in Roumieh prison is of a **professional significance** for many reasons.

Among the types of psychotherapies practiced in Lebanon, drama therapy is still a pioneer technique in this country. This fact highlights the need and importance of learning more about

drama therapy as a method and approach in clinical psychology, hence the importance of this study.

To date, there are no proper accounts on theatre activities in prisons worldwide. Many reports on the subject of theatre in prison have mentioned that it is mostly practiced with inmates who have long incarceration periods. Examples of such reports:

“Prison Theatre in Sweden” Report that was presented for the European Union project “Teatro e Carcere in Europa” written by Metta Flensburg, May 2005.

Another example is “Module for Prison intervention- South Asia” 2007 United Nations Office on Drug and Crime (UNODC) Regional Office for South Asia- principal written by Dr. Surishi Pant and Dr. Jayadev Sarangi.

Drama work in prisons is still not well documented. And although there tends to be unanimity on the efficacy of the arts model in crime rehabilitation, controlled evaluation designs are still rare, which adds to the weight of this study in both drama therapy field and clinical psychology in general.

On the other hand, most people hear about the life inside Roumieh prison when a riot takes places there, when a new gang is caught, or when a prisoner hangs himself in his room. The drama therapy program implemented in this prison served as an important example of a practical implementation of new social activities within prisons. Thus this study will also aim on showing a different side of Roumieh prison on the psycho-social level, and will try to reflect, for the first time perhaps, the image of development and rehabilitation instead of injustice and corruption.

The tools used to deal with the problem statement of this study were two psychometric tests: The Brief Symptom Inventory (BSI) and the “I Am Poem”.

The BSI instrument provides an overview of a patient's symptoms and their intensity at a specific point in time. This test is designed to help quantify a patient's severity-of-illness and to measure the outcome of a treatment program based on reducing symptom severity.

The "I Am Poem" is a sentence completion tool used as a projective technique, where different factors of the inmates' psychological status are assessed.

A detailed description of these two tools will be presented later in the methodology Chapter of this study.

In the following section, the problem statement and hypotheses will be developed.

Problem statement and hypotheses

The problem statement of our study is: How does the participation in the drama therapy program improve the psychological well-being of the sample inmates in Roumieh prison?

To answer this question, we will present the two hypotheses of our study:

- 1- The participation in the drama therapy program improves the psychological well-being of the sample inmates in Roumieh prison by producing a change in their relation to oneself and to other people.
- 2- The participation in the drama therapy program improves the psychological well-being of the sample inmates in Roumieh prison by effecting a reduction in their psychological distress and psychiatric disorders' symptoms.

To test these hypotheses we will use the two measuring tools of the study: the "I Am Poem" and the "BSI".

The "I Am Poem" will help us measure the effect of the participation in the drama therapy program on the improvement of the inmates' relations with oneself and with other people. The "I Am Poem" will therefore be used to verify the first hypothesis.

The "BSI" will help us measure the effect of the participation in the drama therapy program on the reduction of the psychological distress and the psychiatric disorders' symptoms. The "BSI" will therefore be used to verify the second hypothesis.

In the following Chapter the literature review will be presented.

CHAPTER II

Literature Review

Drama therapy: definition

From the outset it is essential to understand what drama therapy precisely is, before one is able to evaluate its efficacy as a therapeutic tool.

According to Phil Jones (1996) drama therapy is involvement with drama in a healing intention. Harrison (1913) considers that the word drama comes from ancient Greek and means quite literally “things done”. In her article “Ancient and modern roots of drama therapy” S. Bailey (2009) believes that drama therapy is, in simplest terms, the use of action techniques, particularly role play, drama games, improvisation, puppetry, masks, and theatrical performance, in the service of behaviour change and personal growth. For Bailey, drama therapy has its roots in religion, theatre, education, social action, and mental health/therapy.

Wikipedia defines drama therapy as the use of theatre techniques to facilitate personal growth and promote health. The therapeutic dimension appears to be essential in the description of drama therapy according to different sources. Mental health and psychological well-being remain the key targets in this discipline. For this reason, drama therapy is practiced in different types of institutions such as hospitals, community centers, mental health and drug rehabilitation centers, special schools, prisons... It is often a part of a multidisciplinary approach where other art therapies are used as well.

Sue Jennings (1994), who founded one of the first courses in Drama therapy in the nineteen seventies, defines it as “the specific application of theatre structures and drama processes with a declared intention that it is therapy (Jennings et al, 1994, p.17)”.

According to Jones (1996), the drama processes can reflect and transform some elements of a client's life experiences and enable him/her to express oneself through problems he/she is encountering. The client will consequently have a different perspective of his problems, by acquiring a new understanding of his inner world and achieving a new relationship towards the problems and the life experiences he or she brings to the therapy.

Jones mentions the importance of the relationship formed between the clients and the therapist as well as the importance of working within a therapeutic framework. In reality these elements are clinical principals; the relationship between the clients and the therapist is in fact the transference and counter transference in clinical psychology, and the existence of a framework is also a major principle in all types of psychotherapies.

History of drama therapy

The modern use of dramatic process and theatre as a therapeutic intervention began with Psychodrama, a psychotherapy method in which participants explore internal conflicts through acting out their emotions and interpersonal interactions on stage. This field has expanded to allow many forms of theatrical interventions as therapy including role-play, theatre game, group-dynamic games, mime, puppetry, and other improvisational techniques.

L. Ozarin writes in the *Psychiatric News* (May 16, 2003, volume 38) about J.L. Moreno, considering him the founder of psychodrama. Moreno entered psychodrama through the practice of sociometry, an observational charting of how people interact in groups. This practice furnished objective evidence of interpersonal and intergroup relations. According to Ozarin, important in Moreno's theories were the concepts of role taking, spontaneity, creativity, empathy and catharsis. In the process of acting out conflicts and problems in interpersonal relations, the

actors gained insight and were helped by the group process to remedy problem behavior patterns and improve coping skills.

The roots of using drama as a therapy go back in history long before the concepts of Moreno have emerged in the twentieth century. To understand these roots, we will start by studying the **connection that drama therapy has with theatre and literature.**

S. Bailey (2009) analyses the ancient and modern roots of drama therapy. She starts by exploring the roots of theatre. According to her, the art form of theatre developed out of religious rites and rituals and the western theatre history usually begins its formal accounts with ancient Greek theatre. Bailey (2009) considers that the first written theoretical account of drama therapy can be found in connection with Greek theatre in the fourth century BC. Referring to Aristotle (trans. 1954) Bailey explains that in his Poetics, he says the function of tragedy is to induce catharsis – a release of deep feelings (specifically pity and fear) to purge the senses and the souls of the spectators, allowing for an adjustment in the community's attitude as a whole.

Fyfe (1967) also considers that “Aristotle, in his Poetics, recognized catharsis as an effect of tragedy” (Fyfe 1967, p.16).

Another important idea about drama therapy in literature figures in the years 1613-14, where Shakespeare and Fletcher wrote *The Two Noble Kinsmen*, in which a woman goes mad and is healed by a psychodramatic enactment: a doctor has prescribed this treatment, deliberately using the dramatic "as if". This is the first of five Jacobean plays in which drama is used for therapeutic purposes.

Also, in the years 1775-7 in Germany, Goethe writes *Lila*: a play in which a woman suffering a psychotic grief reaction is healed by Doctor Verazio; her relatives and friends who play out her delusions and hallucinations bring her back, through this dramatized fantasy, to reality. The play

is first performed in 1777. Goethe also writes the first version of Wilhelm Meister's Apprenticeship in which he recommends spontaneous theatre for the benefit of the public (Book 2, Chapter 9).

The connection between theatre and psychotherapy was emphasized in the 1930s when Stanislavski and Pavlov started to share mutual interest in each other's work: in theatre, physiology/psychology and the creativity of the actor.

According to Blair (2002), Stanislavsky's work at the Moscow Art Theatre (1900-1938) set the stage for the use of his methods as tools for connecting with the emotional mind. His intuitive utilization of the imagination, of the unconscious and of given circumstances mesh with research that has been done on neurology and brain processes in the past fifteen years (Blair, 2002).

Another way of understanding the roots of drama therapy is by studying its **connection with psychiatry**.

Around the year 150 AD, Soranus, a Roman philosopher and medical doctor, believed that the way to cure mentally ill patients was to put them into peaceful surroundings and have them read, discuss, and participate in the production of plays in order to create order in their thinking and offset their depression (Cockerham, 1991).

According to Jones (1996), in the fifth century, another Roman medical doctor Caelius Aurelius states in his treatise on Acute and Chronic Diseases that in order to achieve emotional balance, patients should go to the theatre and watch a performance that expresses the emotion opposite to their condition. For depression, see a comedy; for mania or hysteria, see a tragedy.

In the late eighteenth century, with the beginning of the "Moral Treatment" movement, some mental institutions provided occupational, horticultural, and artistic activities as part of their

treatment regimen (Cockerham, 1991). This approach to treatment continued in enlightened institutions in Europe and America into the 20th century and opened the door to the practice of drama therapy (Bailey, 2009).

Other references show that drama therapy was used in the psychiatric setting in different countries. We will mention some of these practices here.

According to Petzold (1973), in 1761 in France, Sauvage uses theatre in the treatment of psychiatric patients.

Hunter & Macalpine (1964) mention that in 1788, in the large Lunatic Hospital near Paris, the patients were encouraged to act plays; this pleasing remedy has been found to be very conducive to their recovery.

In 1803 J. C. Reil who published Rhapsodies on the application of psychic cure method of mental disorders, an entire program for the treatment of mental illness, recommends the establishment of a Therapeutic Theatre in Germany.

In 1891 Janet, French pioneer of psychological analysis uses hypnosis and drama to re-enact traumatic scenes, to achieve catharsis and modify the patients' fixed ideas.

In 1909 Iljine publishes Improvising Theatre Play in the Treatment of Mood Disorders in Kiev, Russia.

According to Phillips (1996), in the year 1933 T. D. Noble, a psychiatrist at Sheppard-Pratt Hospital in Baltimore, USA, noticed that patients who had acted plays in the hospital, were able to understand emotions better than other patients, could link their present emotional state and behavior to their earlier trauma more easily, and were able to experiment with alternative modes of behavior. He found drama was a vehicle for the discovery and expression of conscious and unconscious conflicts, that playing other characters helped patients release repressed emotions

and that drama encouraged socialization.

In 1937, in the U.S.A, Laurette Bender organizes play therapy groups for children.

In the years 1937-9 in London, Slade uses drama to facilitate therapy, working in collaboration with Dr. Kraemer (a Jungian psychotherapist).

According to Bailey (2009) the groundwork for inclusion of the art therapies into psychiatric hospitals in the U.S. was laid after World War I. She explains that talk therapy and medical interventions did nothing to help veterans recover from their Post Traumatic Stress Disorder, the emotional response to traumatic combat experience. However, the arts did help. According to Phillips (1994), in the early twenties and thirties, inclusion of the arts in hospital programming was expanded. Occupational therapists at many psychiatric hospitals began involving patients in the rehearsal and performance of plays, pageants, and puppet shows.

In 1913 in Switzerland, C.G. Jung develops Active Imagination as a method of encountering the unconscious using visualization, conversations with inner figures, play with objects and painting.

In the year 1920 Sandor Ferenczi, psychoanalyst addresses the 6th International Congress of Psycho-Analysis on The Further Development of an Active Therapy in Psycho-Analysis, describing his use of role play/drama in individual therapy.

In 1976 the British Association for Drama therapy was founded and in 1979 the National Association for Drama Therapy was established in the U.S.A.

In the prison context, it is difficult to determine the roots of theatre and drama therapy. However, M. Balfour (2004) argued that “it is probable that soon after the first prison was built, the first unrecorded moments of prison theatre/art occurred (2004, p. 1)”. Balfour (2004) explains that in 1870, there is evidence of drawings by plains Indians imprisoned in prison army forts. These

Indians had stolen from the army “ledger books” used for administrative aims, and made their drawings on them. They risked their lives in order to create art, and Balfour (2004) argues in this idea, the vital importance that artistic creation had for the Indian inmates, and its role in sustaining hope in them. It is also probable that ever since artistic creation occurred in prisons, its positive effects on the inmates’ psychological whole was directly detected which enhanced its practice.

The framework in drama therapy

According to Robert Landy (1994), the drama therapy session is divided into three main times: the warm up phase (ice breaking exercises), the work on the problematic areas (role plays and drama therapy techniques), and the closure (evaluation of the session, speak up exercise). Jones (1996) divides the session into five main times: the warm up, the focusing, the main activity, the closure and de-roling, and the completion. What is important in this planning of the session is that it highlights the importance of the framework in drama therapy. However, Robert Landy specifies that the duration of the session depends on the group of participants. A drama therapy group for hyperactive children in a special school setting might meet for twenty-minute weekly sessions for the duration of the school year, whereas clients in a short-term treatment in a psychiatric hospital can meet many times a week for a fifty minutes session. In addition, the methodical rituals created and agreed on consist on regular variables which define the boundaries of the work, and preserve a scientific dimension of the intervention. This will organize the relations between the participants and the therapist and will create a professional framework where the client feels the possibility to bring up his life experiences and problems and work on them with the group or the therapist. “Drama therapy takes place within clear boundaries which

protect the therapeutic space (Jones, 1996, p.7).” These clear boundaries are defined by the rules according to which the therapy takes place. The rules can be for instance: the time and place of the intervention, defining the members of the group, the cost of the therapy, the terms of communication inside the group... When these rules are clear and steady, the client will feel that the framework is stable, professional and secure. Therefore, he will be able to talk about and work on intimate problems and personal experiences.

In addition, Jones affirms that the techniques and tools used in this kind of therapy are similar to those used in other types of therapies. For example, the use of objects, small toys and puppets to work with problematic feelings or experiences is very similar to the use of expressive material in art therapy. On the other hand, the use of stories and myths to act out themes and express personal issues is similar to the analysis of the stories made up by the clients in many projective tests like the Thematic Apperception Test for instance. In addition, the use of role plays, the creation of dramatic rituals, and the use of fictional realities to develop new ways of relating to ones’ self and to others, are similar to some techniques used in cognitive behavioral therapy. Hence we can notice the connection between drama therapy and clinical psychology.

Understanding the framework of a drama therapy session is important in the consideration of this discipline as a therapeutic technique especially in the correctional setting. The psychological improvement is in fact often related to the security provided by the therapeutic framework. What is more important here is that the psychological improvement of incarcerated inmates highly depends on the presence of such a framework, because the inmates usually lack the sense of authority and rules. Clear boundaries of the drama therapy practice inside the prison are hence important in the inmates’ commitment and respect to such an intervention, and therefore, of their benefit from it.

Creativity and psychological well-being

Different authors have developed the notion of creativity as being related to the psychological well-being of the individual. Creativity, a component of the individual's psychic whole, is part of this reflection because of its relation with the psychological improvement of a person. It has been argued that creative means are an important therapeutic tool that helps improve the psychological state of the individual.

According to Klaesi (1922) creativity has within it inherent self-healing processes. Muller-Thalheim (1975) indicates that a natural healing process is involved in art making. He gives the example of the painter Ernst Josephson saying that: "his paintings seemed not only to reproduce his difficulties but also to free him from them (1975, p.165)". In addition to this idea, Muller-Thalheim (1975) considers that the creative expression and the playfulness have a healing value for they help creating new insights for the individual. Consequently, exercises involving creativity make the client on one hand more aware of his/her feelings and more empathetic with him/her-self and on the other more capable of self-expression.

Moreover, Muller-Thalheim (1975) explains how art and creativity can have the value of a facilitator in the relation of the patient with his own inner world. This is related to the fact that in creative expression the feelings can be controlled and expressed easier, "real fear is converted into fictional fear (1975, p. 166)" and is consequently more able to be faced, expressed and dealt with. Furthermore, Muller-Thalheim considers the art as a counterbalance of "sense and order" against the "nonsense and disorder" (1975, p. 166) which is often experienced in distress and illness.

Other authors who have developed the notion of psychological trauma highlighted the importance of creativity after the trauma as a criterion of good prognosis. Pierre Marty (1920)

talked about the importance of art and creativity in the clinical work with psychosomatic patients who have operative thinking, and therefore very little insight. Boris Cyrulnik (2002) who developed the concept of resilience, which is the capacity to survive after a painful or traumatic event, believes that the capacity of creativity is a criterion of resilience. When there's creativity there's resilience.

Antinucci-Mark considers that theatre and psychotherapy “are from similar roots and meet similar needs (1986, p.15)”. According to her, both involve an interplay between fantasy and reality, and both represent “the manipulation of internal objects and images and the creation of an “as if” scenario in terms of time and place (1986, p.15)”. This analogy between theatre and therapy is probably one of the most beautiful descriptions of the relation between these two disciplines, and one of the most poetic means to reveal the effectiveness of drama as a therapy.

Jones believes that drama as a therapy seeks to work with the connection: “the relationship between reality and fantasy in a particular intense way (1996, p.10)”. He cites an idea made by Schechner (1988) who considers that the space in theatre is a special world where people can make their own rules. According to Jones, clients create fictional roles where they encounter real feelings, where real tears are wept and authentic emotions emerge. However all these experiences belong to a fictional construct, they are “at the same time fictional yet to do with the innermost realities of the individual's psyche (1996, p.10)”. This idea relates to what many authors acknowledge about the psychoanalytical setting. The therapeutic space is considered as an experience outside time and space, where the relationship and the work are conducted on the fantasy level and nevertheless produce a real change in the relation of the patient to him/her-self and to others.

On the other hand Jones affirms that the paradox of fiction and reality in drama therapy is very important to its efficacy as a therapy. In fact it provides a way for the clients “to experience the different facets of who they are and how they are (1996, p. 10)” and also of what they will become after a change has occurred in their perspectives of life and of themselves. This feeling of sameness when the client feels that something in him is different yet he’s still the same person is a confirmation of his identity when he is in a period of crisis. This process is similar to the adolescence crisis where the individual feels he is growing different but he is still the same person. The concept of sameness was developed by Francoise Dolto (2003) in her writings about the adolescence crisis.

O’Neill and Lambert (1982) consider that an important facet of drama is social and therefore involves “contact, communication, and the negotiation of meaning (p. 13)”. Jones (1996) insists on the importance of finding new meanings in drama therapy where the client can acquire a better understanding of his inner world after feeling understood by the therapist or the group. In addition the work inside the therapeutic space enables associations of ideas which will give the client the possibility to find new meanings in his life. Understanding the meaning behind his behaviors or his attitudes has always been a key condition for a client to begin to change, or to reach well-being.

Thinking about creative tools in the psychotherapeutic intervention is of an importance to this study, which is focused on the effect of drama therapy intervention on inmates in Roumieh prison. Because the prison context is a closed and frustrating space, the inmates living in these conditions probably need creative means to explore and express their inner world by **creating a new space of relationships with oneself and others**, one with therapeutic objectives. Thus creativity will be used as a means of producing therapeutic change.

Therapeutic factors in drama therapy

This section will try to explain the terms in which drama therapy can have an impact on the psychological well-being of the clients.

Jones (1996) studied different core processes which determine the therapeutic dimension of drama therapy. These processes will be presented and discussed in terms of clinical aspects and how they relate to the present research.

.Dramatic projection:

As one views a theatre play, the audience member can develop a relationship with one or different characters, or with the narrative action itself. This process can be considered as projection and identification which are seen as primarily defense processes in the classical Freudian position. In fact we can identify with the characteristics of one of the persons on stage; and we can project our own feelings, experiences, and motivation into the mould the actor provides to us. Witnessing the performance inside a therapeutic framework can affect “the way we understand and feel about the parts of ourselves which have been engaged with the projection (1996, p.100)”. Jones believes that a dynamic is in fact played out between our projected desires and the stage events, creating different perspectives of our self-image. This way, the relationship established between the inner state of the client and the external dramatic form enables change through the creation of new perspective and of new insights. The client can acquire as well a new relationship to the material projected.

.Therapeutic performance process:

Performing a role inside the drama therapy framework enables the client to create relationships with other group members and with the therapist. This can reflect other roles or forms of

relationships which characterize the life experience of the client. The drama therapy space gives the possibility to understand and rework the difficult relationship patterns. This work is very similar to the group psychoanalysis where the roles and patterns of the individual are worked through the central transference (with the therapist) and the lateral transferences (with the other group members). This type of work can only take place when the framework is stable and secure. Moreover this dimension in drama therapy is similar to the objectives of cognitive behavioral therapy which aims on changing patterns and schemes of thinking or behaving with others.

.Drama therapy empathy and distancing:

According to Jones (1996) empathy encourages emotional resonance, identification and emotional involvement within any work. The development of an empathic response to a role, objects or dramatic activities may be therapeutic in itself for it can help to encourage empathy towards others in life outside the drama therapy group.

On the other hand distancing is more oriented towards thought and reflection of the roles played. Playing the part and then looking at the role can engender insight and a changed perspective upon the role or the situation related to it.

Empathy and distancing are often not enough developed upon law offenders who have many characteristics of antisocial personality disorder. In fact according to the DSM-IV-TR one of the antisocial personality disorder characteristics is the lack of remorse, as indicated by being indifferent to having hurt or mistreated another, and therefore of having lack of empathy. Another characteristic of this personality disorder is the impulsivity or failure to plan ahead which is also related to lack of distancing.

Therefore the work on raising empathy and distancing can be an important factor in the rehabilitation of law offenders.

.Interactive audience and witnessing:

P. Brook (1988) sees the audience as giving theatre its fundamental meaning. According to him “in the heat of the encounter between audience and performer the “peak” experience is achieved (1988, p.236)” through the meeting, the dynamic relationship between the prepared and the not prepared. According to Jones (1996) this dynamic is useful in drama therapy because of the boundaries created between being in and out of a certain role. This can heighten focus and concentration, and “the shift from audience to actor can act as a pivot for change enabling perspective and insight (1996, p.112)” as well as do the previous factors stated. On the other hand, the audience can play different roles to support, confront, and guide the individual playing a role. The audience can also become a “pool” recipient of the individual’s projections. This way he can see the audience as being punitive, judgmental, competitor or all-understanding, according to his own fantasy and patterns of relationships to others.

. Embodiment: dramatizing the body:

According to Elam (1991) the body was the primary means by which the communication occurs between the self and the others, through body language. In psychoanalysis all types of art are an expression of the sub conscious. This way drama can be a way to express the sub conscious especially when it enables emotional regression through the dramatization of the body. This regression will be associated to the first stages of development when communication was only through the body. Freud (1923) believes that the self is before everything corporal. In sociology

the personal identity is connected to the way in which the body is presented in social space. Working on the body image could therefore result into change in one's identity especially with people who have neglected their bodies for a long period. Using their bodies as a tool of communication with others has in itself a healing capacity. According to Courtney (1981) there's an important connection between body, action, drama and change. Jones (1996) believes that by physically participating in a dramatic activity the body and mind are engaged together in discovery. This way and by using physical embodiment the client's issues can be encountered. According to Jones it seems that the "physicalised" knowing and being within a dramatic representation of a problem or issue makes a crucial difference to the verbal recounting or description of a client's material (1996, p.113)". In fact we can consider that for some clients the verbal language is not enough to understand or represent a psychological material. The need of physical expression helps them mentalize elements of their inner world, especially in the case of personalities who tend to have more acting out and less metallization. This is the case in borderline and anti-social personalities who suffer from a lack of insight and have operative thinking. Courtney believes that the acted out embodiment of an issue involves a bodily experiencing in the present. The client's presentation and work on the material takes place in the "here and now" like in many other types of psychotherapy excluding classical psychoanalysis. "Embodiment combines the knowledge to be gained through sensory and emotional feeling with the knowledge to be taken from more abstract reflection (Jones, 1996, 114)", this is how drama therapy enables abstraction capacities. Moreover, Jones considers that the physical change in drama therapy can free the client from his usual identity and from his usual codes, rules, patterns of experiencing the self, the relationships with others and the situations. This way drama therapy offers the opportunity to explore areas such as body image or emotional traumas related to the

body, and therefore participate in healing these affected areas. This is the reason why this discipline is used with victims of psychological trauma, with people with special needs, with adolescents suffering from a change in their body image, and with victims of all types of violence.

In the drama therapy session, having the whole group helping in the enactment and creation of the client's scenes makes him feel more listened to and gives him a sense of belonging. In fact the group members are not only listening to him but they are using their bodies, their voices, their imagination and creativity to enact his story.

From the point of view of R. Emmunah (1994) drama therapy treatment has five major goals:

- The expression and containment of emotion.
- The development of the self observing: becoming detached enough to start reflecting on oneself and perceive new choices and options on one hand, and on the other hand acquiring a new point of view with no self judgment.
- The expansion of role repertoire: to discover and express dormant aspects of oneself and explore all the possibilities within.
- The modification and expansion of self-image: It is a consequence of the previous goal: to come to know, understand, accept and respect the diverse aspects of one's being.
- The facilitation of social interaction and the development of interpersonal skills

The therapeutic factors cited above are significant here because they explain in which way a psychological change can occur in a person participating in drama therapy program.

The therapeutic factors of drama therapy explain how this discipline operates in a therapeutic framework.

Drama therapy in prisons

Worrall (1990) related that the theater art form provides a more intensive emotional experience than the other art forms; it “requires people to come out of themselves and to learn new social skills (1990, p. 52)” More generally, he concludes that one of the most frequently diagnosed problems of offenders is the lack of self-confidence, identity, and achievement. Such benefits are repeated themes in personal testimonies of the prisoners, as well as of the executives in the projects.

The work of Sue Lowenthal (1980) in the US prisons finds that drama experience is a “natural high” and an opportunity for “massive ventilation of repressed images and feelings (1980, p.5-6)”. According to her, destructive life patterns are replaced by interaction, feedback, and open discussion. The reported results of her work include changed factors in the inmates’ lives such as decreased institutional tensions, increased self esteem of inmates, improved self-discipline, and individual aesthetic and economic rewards.

Furthermore, some studies show that in order to successfully engage offenders in rehabilitation programs, correctional staff themselves need to embrace a culture shift towards rehabilitation. Andrews (2001) affirms that the behavior of correctional staff is influenced by cognition, social support, behavioral history, and personality. On the other hand, he believes that issues of organizational resistance and lack of staff motivation in correctional services need to be addressed before rehabilitation programs can be implemented, and a commitment by correctional staff to a rehabilitative approach was seen to be vital for the success of program implementation.

Fishbein and Ajzen (1975) have determined effective strategies for attitude change in staff such as active participation techniques. These include personal contact and role-playing. In the correctional context, personal contact alone is unlikely to reduce stereotypical attitudes towards offenders. However, role-playing through psychodrama or drama therapy techniques allows a situation to be viewed from another's perspective and increase the likelihood that staff will perceive the new information as relevant.

Fishbein and Ajzen (1975) consider that drama contains the potential of freeing the inmates from the compulsive drives or neuroses, and thus from their imprisoning shadows of the past. In the drama productions the interpersonal needs for love and for power may find some fulfillment as well as the demands on inmates for discipline. The two authors consider that in drama therapy, the errors of cruel or misunderstanding of some significant society (or family) members, as well as of oneself, can be allowed to die, or symbolically killed off in play. Also, other members of the group can provide new, inspiring, caring images of fathers and of mothers, of what might have been experienced by the inmates, what is experienced at present and what might be experienced in the future. Such enactment provides not only fantasy, but the seeds for a transformation, a real change in these inmates' lives, one that they can concretely start to feel through the drama therapy exercises.

According to the National Association for Drama Therapy (2009), this discipline can make a difference for persons in correctional settings. In fact drama Therapy allows the incarcerated to communicate feelings appropriately, both verbally and physically. It also encourages them to use their imagination, to think outside of the box, to experiment with words and ideas written by others or by themselves. On the other hand, drama therapy teaches and models listening skills, and helps engage and sustain non threatening communication. This discipline also teaches skills

to understand another person's point of view, to analyze a fictional character, how they feel, think, and what they may want. In this process, the individual learns to listen and to understand oneself and his peers. This way drama therapy teaches spontaneity and flexibility between the various roles one can play, to recognize the importance of this flexibility, and to be able to exercise it at appropriate times. As a result, the following occur:

- A healthy positive self-image increases. In fact, most incarcerated feel as if they have lost their identity because they are identified by numbers and discouraged to express their point of view. They are also told when to eat, when to sleep, and when to communicate with others. Drama therapy helps them rebuild their identity.
- Healthy and trusting relationships between instructors/facilitators and peers are built.
- Empathy is increased.
- Violence among participants that is usually expressed against peers and security staff is decreased.
- After the drama therapy program, resistance to other therapists is lowered because drama therapy has allowed expression.
- The individual work ethics increases especially in programs where drama therapy is part of a process leading to a performance.
- After the drama therapy program, participants pursue other self-help or education programs offered as confidence is gained.
- Individuals acknowledge the consequences of their action which lead them to incarceration.
- Self-awareness of their past, present and future
- The need for forgiveness from their victims, families, society and themselves increases.

Those were the principle results of the participation in a drama therapy program in the correctional setting, according to the National Association for Drama Therapy.

It is important at this level of our study, to understand the effectiveness of drama therapy inside the prisons. The correctional setting is characterized by many factors going from the personality aspects of the inmates to the life conditions inside the prisons. The techniques used in drama therapy seem to meet the inmates' needs in this specific environment, providing them the space of expression and the possibility of awareness that they lack.

Further aspects of drama therapy

Play therapy and role playing

This reflection is about the nature and utility of the notion of play in the therapeutic dimension. We will try to explain the use of play in therapy by different authors. We will also discuss the use of role playing in such play therapies.

R. Landy (1994) talked about a commonality existing between the different play theories elaborated in clinical psychology. For Landy the common denominator is “the dramatic nature of play in the sense of drama as dialectic between the actual, everyday reality and the imaginative one. (1994, p.76)” Like in all types of therapies, drama therapy will use this factor of play to turn it into a therapeutic one. This is related to the imaginative and spontaneous context of play, which will be able to transform objective reality into subjective imagery.

Landy (1994) elaborates the different theories in clinical psychology which developed the notion of play as a therapy. For E. Erikson (1940) the play world is a scaled-down, miniature representation of everyday life. For Piaget (1962) a large part of assimilation which is the process of subjective representation of the world, takes place through the dramatic process of

play and imitation. Furthermore, play originates in the developing cognitive schema and functions to assimilate new experiences. Piaget notices a correlation between the increase of symbolic representation of the world and the “decentering” of the individual (the child). This correlation is often seen as a core process and as a therapeutic objective in drama therapy.

For Freud (1908) the play of the child represents the first traces of imaginative activity. According to him, when playing the child moves between levels of reality and fantasy, he can therefore symbolize his unconscious. Hence, play is originated in the unconscious and functions as a means of acting out repressed energy repeatedly, in order to master reality.

Melanie Klein and her colleagues (Klein, Heimann, Isaacs, and Rivière, 1952) have viewed spontaneous, make-believe play as an early form of imaginative, “as if” thinking.

On the other hand, the conception of play most clearly linked to the creative art therapies is that offered by Winnicott (1971) in his seminal book, *Playing and Reality*. For this author, play is the essential creative act. It stands between reality and fantasy and serves to help individuals negotiate the paradoxical boundaries between everyday life and the life of the imagination, and at the same time, the boundaries between that which is me and that which is not me. According to this fact, art therapies and drama therapy for instance can help the individual re-build or strengthen his sense of identity.

For P. Slade (1954), play which marks the beginning of all dramatic activity for the infant, is sorted into two types: personal play and projected play. Personal play is the more active and physical type of play, it is characterized by movement and competition. Projected play is more inner directed, relating to one’s exercise of his imagination. Dramatic play or creative play in general is distinct from forms of goal-directed, competitive play exemplified in sports and games. The focus in drama therapy is upon the creative forms of play that serve the functions

described by the mentioned authors such as Freud, Piaget, Winnicott, Klein, Slade, and others. From these theorists, Landy (194) believes that several common characteristics of creative play emerge:

- It is a spontaneous, improvisational activity rather than being based on a calculated, scripted one.
- It is symbolic, imaginative activity expressed through movement, speech, and/or thought.
- Many forms of play have a projective nature in which the player's thoughts, wishes or needs are projected outward onto the world.
- Play exists in a representational context. In enacting issues within the play world, the player comes to know something of the larger world outside.
- A player often takes on and plays out the role of another character, thus dramatizing his experience.
- Play is not directed toward an external goal (e.g. completing a task or making money); rather, it is directed toward less tangible, more personal or social goals (e.g. mastery or competence).
- Play is an essential psychic reality of all human being that might be genetically based.
- Play represents a confluence of thought and action, of conscious processes.
- Play is a creative activity that bridges two levels of reality and identity.

Understanding the use of play as a therapy with children can help in the comprehension of the drama therapy techniques based on theatre play. In drama therapy, the effectiveness of play methods in the improvement of the psychological well-being of children is generalized on individuals from different ages and backgrounds who can all benefit from the therapeutic

objectives of this discipline. Drama therapy uses the characteristics of play cited above to achieve a personal growth at the individual.

Furthermore, Freud's notion that child's play is comparable to the creative activity of the artist has been restated by many psychologists and educators (Klein, Heimann, Isaacs, and Riviere, 1952; Kris, 1953). Like the artist at work, the individual at play transforms reality into new forms, through an act of the imagination and through a physical action in the world. And like the artist, he uses playful means to create order out of confusion and ambiguity. This fact is a basic root in the drama therapy conception.

The played creation, like the artistic creation, can be seen as an artifact of an individual's unconscious, as a visible form of the invisible construct, the mind. And the individual in drama therapy, like the child at play and like the artist, "uses his play to achieve a degree of mastery and control over a large reality that is often perceived as masterful and controlling (Landy, 1994, p.68)."

The reflection around play therapy and its use in drama therapy draws the attention on another important concept and therapeutic factor in drama therapy: role taking.

R. Landy (1994) explores the importance of the notion of role in the development of the human being, and he uses this concept to highlight the importance of role taking in drama therapy. According to him the individual starts to take "roles" even before birth. This takes place through certain "somatically-based roles" which the person appropriates and which will help him in maintaining life, roles such as eater, breather or mover. After birth, the roles become more oriented to social dimensions since the child starts to interact with the world. The people around him will soon become role models for him. G.M. Mead (1934) considers that role taking is a

complex dramatic process of internalizing qualities of the role model. According to Mead, this role taking becomes most pronounced when the child is able to recognize himself as being a separate entity from his mother, and when he's able to act towards himself as others have acted towards him. In Mead's terms, the child will in fact see himself as an "object" (separate entity, individual).

This way, the internal process of role playing makes the individual see himself as other. R. Landy (1994) considers that the individual will discover what is "me" and what is "not me" as he develops, by taking on a variety of roles. Therefore, "the quantity and quality of role taking will determine, in many ways, the behavior and sense of well-being of each individual (1994, p.106)". The role playing will be itself determined by the availability of effective role models.

What drama therapy offers in the sessions is a revision of the role taking process often achieved by presenting new and solid role models. Landy will explain this by referring to the essential processes taking place in the drama therapy framework, which are imitation, identification, projection, and transference. In fact, from the point of view of role playing in the drama therapy setting, things are not what they appear to be, and roles and realities are not fixed. Through projection and identification the individual sees himself and others as representations. And through transference, he transforms an actual role of another into a symbolic one. Landy sees transference as a universal dramatic phenomenon. Without the ability to transform past to present, actuality to symbol, the individual would exist in a "drab". Drama therapy practice will grant the ability to see beyond the surface of appearances and to think metaphorically, which is an important therapeutic factor.

The literature review that we presented in this Chapter aimed on illustrating the different theories related to drama therapy and elaborated by different authors. The purpose was to understand the roots of this discipline, its characteristics and therapeutic objectives, its relation with other psychotherapies, its efficiency in the prison context, as well as an overview of the principle reasons that make drama therapy today, a considerable therapeutic intervention in many contexts.

After examining this literature review, we will restate our hypotheses.

The problem statement of our study is: How does the participation in the drama therapy program improve the psychological well-being of the sample inmates in Roumieh prison?

To answer this question, we will present the two hypotheses of our study:

- 1- The core processes of drama therapy produce a therapeutic change in the patients' psychological whole. Jones (1996) argued that these processes enable perspective and insight. According to the National Association for Drama Therapy, the inmates participating in a drama therapy program acquire healthy and positive relationships with themselves and with other people, as empathy and self-awareness increase.

The participation in the drama therapy program improves the psychological well-being of the sample inmates in Roumieh prison by producing a change in their relation to themselves and to other people.

- 2- A historical use of drama therapy in the psychiatric context was argued by different authors, defending the importance of the drama therapy practice in producing a therapeutic improvement in mentally ill patients.

The participation in the drama therapy program improves the psychological well-being of the sample inmates in Roumieh prison by effecting a reduction in their psychological distress and psychiatric disorders' symptoms.

In the next Chapter, the methodology of the study will be presented.

1- The project

"12 Angry Lebanese: Theatre in prison" is a 15 months project implemented in Roumieh prison by the NGO (Non Profit Organization) Culture for collaboration with the Non Governmental Organization ADOJ, and with the support of the European Union as a primary drama therapy program in the Lebanese prisons. The objective of this project was to provide drama therapy sessions to a group of 45 adult male inmates residing in Roumieh Prison, and produce a play entitled "12 Angry Lebanese" created and performed by the inmates inside the prison to the external audience.

"12 Angry Lebanese" was an adaptation of the famous Reginald Rose's play "12 Angry Men", a story about 12 members of a jury of which eleven members are vouchsafing to decide a suspect without any reconsideration of the case. They are guided by their deep-seated personal prejudices and inevitable judgments that inevitably lead them to a miscarriage of justice. Fortunately, one brave dissenting juror votes 'not guilty' at the start of the deliberations because of his reasonable

CHAPTER III

Methodology

This Chapter will examine the components of this study by explaining the drama therapy project achieved in Roumieh prison, the selection of the inmates' sample, the choice of the psychological tests used and the description of the project's framework. The methodology Chapter aims on providing a better understanding of the practical conditions of this study. It is important to mention here that the study achieved was a longitudinal one, spread over the 15 months of the project. The administration of the tests was done pre and post therapy for one test, and pre, within and post therapy for the other test. A detailed explanation of the tests' administration will figure in this Chapter.

1- The project

"12 Angry Lebanese-theatre in prison" is a 15 months project implemented in Roumieh prison by the NPO (Non Profit Organization) Catharsis (in collaboration with the Non Governmental Organization ADDL and with the support of the European Union) as a pioneer drama therapy program in the Lebanese prisons. The objective of this project was to provide drama therapy sessions to a group of 45 adult male inmates residing in Roumieh Prison; and produce a play entitled 12 Angry Lebanese enacted and presented by the inmates inside the prison to the external audience.

"12 Angry Lebanese" was an adaptation of the famous Reginald Rose's play "12 Angry Men", a story about 12 members of a jury of which eleven members are condemning to death a suspect without any reconsideration of the case. They are guided by their deep-seated personal prejudices and unreliable judgments that inevitably lead them to a miscarriage of justice. Fortunately, one brave dissenting juror votes 'not guilty' at the start of the deliberations because of his reasonable

doubt. Persistently and persuasively, he forces the other men to slowly reconsider and review the shaky case against the endangered defendant. Heated discussions, the formation of alliances, the frequent re-evaluation and changing of opinions, votes and certainties, and the revelation of personal experiences, insults and outbursts fill the jury room.

The adaptation from the original play was made in a way that mirrored the current situation of the prisoners in Lebanon as well as the general socio/political situation of the country. Therefore, it served as an awareness campaign for the abolition of death penalty, the implementation of the law for the reduction of incarceration period for good behavior, the respect of equality of prisoners before the law as well as their judicial and social protection. In addition, the play *12 Angry Men* offered different therapeutic tools especially that the inmates were playing the roles of the members of the jury. Therefore, through role reversal (by enacting the role of the jurors) these persons were able to understand how they were perceived by the society and hopefully understand how difficult it is for the external society to understand the background of any person who committed a crime. It is to be noted that at the beginning of the intervention with the inmates most of them accused the society of being very tough and unfriendly, however, soon enough, they realized that even they, were very tough to each other and very judgmental towards each other's crimes. Therefore, role reversal was an essential tool offered in the frame of the play chosen. And as Emunah (1994) describes role reversal: "Role reversal can be used to help understand the other's perspective or point of view [...] enable one to answer his own questions. [...] Often in role one can find answers that were previously blocked or inaccessible (1994, p.125-126)".

Moreover, the action aimed to encourage a change of perception within Lebanese society towards mutual understanding and inter-communal dialogue.

The performances of the theatre play: “12 Angry Lebanese” took place in a venue inside Roumieh prison and were open to the external audience that was invited to the prison to watch the play.

The nature of the project, the use of theatre as a means of communication and self-expression, the work within a community (group of inmates and drama therapist) and the production of an artistic result (the play) all constituted a new internal and interpersonal experience to each of the inmates participating in this project. This was especially due to the inexistence of similar psycho-social or even recreational activities inside Roumieh prison (and in all Lebanese prisons known for their difficult life conditions). What is studied in this thesis is the therapeutic dimension of the drama therapy intervention, and its effect on the inmates who participated in this program.

2- The sample

The project received funding from the European Union in 2007; however approval from the prison authority was only reached one year later. As soon as the approval was received, the staff on the project (drama therapist, psychologist and project coordinator) entered the prison in February 2008, and started the recruitment of the 45 inmates (the project capacity was for 45 inmates). Flyers were spread over the rooms and two days later 250 applications were received. The flyers included basic information about an upcoming drama therapy/theatre program inside prison without giving many details other than inviting them, in case interested, to a presentation meeting. The meeting was held with the 250 interested applicants, during which the staff clearly explained the nature of the project and its drama therapeutic dimension. Different reactions from the inmates were observed, some of them asked what drama therapy was; others expressed their wish to become famous actors, many of them perceived the project as being the only mean to

connect with the external society and to express their feelings, ideas and needs. Most of them perceived it as a way to gain voice and credibility towards the government and society, especially that they lacked tools and possibilities to make themselves heard.

In order to make an objective selection, decision was taken to facilitate five intensive sessions of drama therapy targeting the 250 inmates who were split into five groups, each group benefiting from five sessions. The criteria that were taken into consideration for the selection of the 45 participants were:

- 1- Attendance to the five sessions
- 2- Active participation
- 3- Selection from different nationalities
- 4- Selection from different ages
- 5- Selection from different sentences and crimes
- 6- Motivation letter written by each applicant, in which the staff would assess the concrete desire of each inmate to open up and work on himself as well as a basic need for interaction. (e.g. “to be heard”, “to connect with others”, “to change the routine they live inside the prison”).

At the end of these sessions, 65 inmates were selected by the project staff and the list of names was presented to the prison authority for approval. 20 names were deselected by the prison authority for security reasons. Among the 45 inmates selected to participate in the Drama Therapy program only 31 accepted to undergo the psychological study.

The control group was selected randomly. There were 35 inmates in the control group but only 21 inmates were able to commit to the 15 months study as many of them were released during the period of the study.

Finally, the sample of this study consisted of 52 inmates incarcerated in Roumieh prison for different reasons and different periods of time. All the inmates were men aged between 21 and 58 years. There were two groups: Group A (group of participants), consisting of 31 inmates who participated in the drama therapy sessions and Group B, which served as a control group consisting of 21 inmates who haven't participated in the sessions.

Group A included 20 Lebanese, three Egyptians, two Syrians, two Palestinians, two Nigerians, one Iraqi and one Bangladeshi. Group B included 18 Lebanese, one Palestinian, one Syrian and one Egyptian.

The crimes committed by the members of Group A and Group B are mainly murder, drug abuse, drug dealing, stealing and falsification and sexual abuse.

Two of the 31 inmate participants in the Drama Therapy program are on death row and three with life sentences. As for the rest of the inmates in Group A, the period left for them in prison varies between two and ten years.

One of the 21 prisoners from the control group is condemned to death penalty and one is condemned to life sentence. As for the rest of the inmates in Group B, the period left for them in prison varies between one and 20 years.

(See Appendix 1 for the characteristics of Group A and Appendix 2 for the characteristics of Group B.)

3- Material

In order to answer the questions elaborated in the problem statement, two measuring tools were used in a longitudinal comparative study spread over the 15 months of the project's implementation. The tools used were the "Brief Symptom Inventory", consisting of 53 items cast

on a 5 Point Likert Scale (From 0 = not at all, to 4 = extremely) with the intention to measure psychological distress and psychiatric disorders and the “I Am Poem”, a sentence completion tool used as a projective technique.

The Brief Symptom Inventory (BSI)

The BSI is a psychological assessment tool for adolescents and adults. It can be auto-administrated by the client, or can be administrated by the clinical psychologist. This test which was created by Derogatis in 1975 is intended to measure psychological distress and psychiatric disorders. The BSI assesses patients with psychological problems and provides outcomes measurement for interventions by measuring patient progress during and after treatment to monitor change.

The Brief Symptom Inventory (BSI) consists of 53 items covering nine symptom dimensions: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation and Psychoticism; and three global indices of distress: Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total. These global indices measure current or past level of symptomatology, intensity of symptoms, and number of reported symptoms, respectively. (See *Appendix 3 for the Brief Symptom Inventory*)

The BSI is the short version of the SCL-R-90 (Derogatis, 1975, 1977), which measures the same dimensions. Items for each dimension of the BSI were selected based on a factor analysis of the SCL-R-90, with the highest loading items on each dimension selected for the BSI (Derogatis, 1993; Derogatis & Cleary, 1977; Derogatis & Spencer, 1982). Both test-retest and internal consistency reliabilities are shown to be very good for the primary symptom dimensions of the BSI, and its correlations with the comparable dimensions of the SCL-90-R are quite high. In terms of validation, high convergence between BSI scales and like dimensions of the MMPI provide good

evidence of convergent validity, and factor analytic studies of the internal structure of the scale contribute evidence of construct validity. Several criterion-oriented validity studies have also been completed with this instrument.

Scoring of the BSI: Respondents rank each feeling item (e.g., “your feelings being easily hurt”) Items are cast on a 5 Point Likert Scale. (From 0 = not at all, to 4 = extremely). Rankings characterize the intensity of distress during the past seven days.

The items comprising each of the nine primary symptom dimensions are as follows:

Somatization: Items 2, 7, 23, 29, 30, 33, and 37

Obsession-Compulsion: Items 5, 15, 26, 27, 32, and 36

Interpersonal Sensitivity: Items 20, 21, 22, and 42

Depression: Items 9, 16, 17, 18, 35, and 50

Anxiety: Items 1, 12, 19, 38, 45, and 49

Hostility: Items 6, 13, 40, 41, and 46

Phobic Anxiety: Items 8, 28, 31, 43, and 47

Paranoid Ideation: Items 4, 10, 24, 48, and 51

Psychoticism: Items 3, 14, 34, 44, and 53.

Items 11, 25, 39, and 52 do not factor into any of the dimensions, but are included because they are clinically important. For example, the presence of conscious feelings of guilt is useful information to a clinician. These items are included when calculating Grand Total Scores.

Dimension scores are calculated by summing the values for the items included in that dimension and dividing by the number of items endorsed in that dimension.

Calculating scores for the three global indices is done as follows:

1. Global Severity Index (GSI). The GSI is calculated using the sums for the nine symptom dimensions plus the four additional items not included in any of the dimension scores, and dividing by the total number of items to which the individual responded. If no items were skipped, the GSI will be the mean for all 53 items. Of the three global indices, the GSI is the most sensitive indicator of the respondent's distress level and combines information about the number of symptoms and the intensity of distress.

2. Positive Symptom Total (PST): The PST is a count of all the items with non-zero responses and reveals the number of symptoms the respondent reports experiencing.

3. Positive Symptom Distress Index (PSDI). The PSDI is the sum of the values of the items receiving non-zero responses divided by the PST. This index provides information about the average level of distress the respondent experiences.

Scores were compared before and after the therapeutic intervention for each of the three indexes stated above.

In consequence, the test was used to assess differences in psychiatric symptoms as a function of the drama therapy.

The "I Am Poem"

The "I Am Poem" is a sentence completion tool used as a projective technique, where different psychological aspects of the inmates are assessed.

An I Am Poem form is a structure for writing about oneself. It allows the person to express things about himself, and the answers usually show insight, expression of feelings and observations that a person has. The first line of the I Am Poem (I Am...) is repeated every sixth lines giving the poem continuity and structure. This sentence completion exercise enables expression and projection. The tool was suggested by Sally Bailey, American drama therapist and mentor of the author of this study, by correspondence in 2008. (See *Appendix 4 for the I Am Poem*)

In the present research, this tool was used in two different ways:

The first analysis conducted through the “I Am Poem” was a **quantitative** one, where the “**I Am Poem**” was used to determine **the change in the level of insight of the inmates as a function of the participation in the drama therapy program.**

The second analysis conducted was a qualitative one. It aimed at assessing four psychological aspects of the inmates: the cognition, the self-image, the feelings and the desires. These factors were considered to be the most significant in the evaluation of the relation that the inmates have with themselves and with others. Thus the “**I Am Poem**” as used in this study provided a **qualitative analysis of the effect of the drama therapy program on the relation of the inmates with themselves and with the others** according to the change observed in the four factors analyzed in this tool.

The content of the tool

The “I Am Poem” contains fifteen items to be completed; some of the sentences are as follows:

I am...

I wonder...

I want...

I pretend...

I feel...

I understand...

This tool is self administrated. The inmates took their time to complete the sentences alone, in their own styles of expression in the theatre room.

The quantitative analysis

The “I Am Poem” was used in this study as a tool to estimate the degree of insight of the inmates with a scale from 1 to 5 (1= Inexistence of insight, 5= Strong insight). The grading was done by the author of the study and another psychologist who helped in the scoring of this test. When the estimations diverged between the two points of view, a third party, a psychologist who has been working for the last five years in the prison participated in the grading of the insight and helped deciding the final score. Every evaluator read every participant’s answers and graded the participant’s insight.

The means of the levels of insight between Group A and Group B were compared at three time intervals during this study (the beginning, six months later, and the end of the study). In this way, the “I Am Poem” was used to measure the improvement if any, in the level of insight of the inmates in relation with the participation in the drama therapy program.

The qualitative analysis

A content analysis of the answers allowed us to determine the most frequent themes expressed in the answers of the two groups of inmates. This thematic analysis consisted of determining different psychological aspects of the inmates. The aspects determined were:

- Self-image
- Cognition
- Desires
- Feelings

These aspects contained different components:

- In the domain of **self-image** the components were for example: “Prisoner considers that he is powerless”, “prisoner considers that he is a bad (or good) person”...
- In the domain of **cognition**, the components were for example: “Ideas of injustice”, “the idea that the future will be better”...
- In the domain of **desires**, the components were for example: “Desire of freedom”, “Desire of acquiring a good reputation”...
- In the domain of **feelings**, the components were for example: “distress”, “hope”, “feeling of remorse”...

A content analysis of the aspects was realized at the beginning of the project, six months later and at the end of the drama therapy intervention. Each time, the answers were categorized in the four aspects studied. For example, every time the idea of sadness (or any other feeling) occurred in the answers, it was quantified in the category of feelings. This quantification also applied on the different ideas related to desires, cognition, and self-image. What was analyzed in the content analysis was the increase or decrease of some of the aspects evaluated, but also the emergence or

disappearance of some aspects according to the change occurring in the inmates' perspectives after the drama therapy sessions. As a result of the content analysis of the four aspects cited, an observation of the change in the relation of the inmates with themselves and with others was therefore concluded.

Utility of this tool for our study

The "I Am Poem" is easy to administer. The expressive nature of the answers to this tool and its non directivity is suitable to the life conditions of the inmates who often communicate their desire to express themselves. The self-expression in a liberal way is an essential need to most of the inmates in Roumieh prison; as a consequence the answers to the "I Am Poem" were probably very authentic and very reflective of the inmates' psychological status. This fact helped considering the use of "I Am Poem" as one of the assessing tools in this study. Furthermore, the projective nature of this tool and the simplicity of its sentences allowed test-retest reliabilities.

4- The Framework

The drama therapy sessions took place in a space that was rehabilitated especially for the aim of this project to train the inmates and implement the theatre and therapeutic work realized. The completion of the tests used in this study took place in this same setting. In both BSI and "I Am Poem" administration, each inmate was asked to complete the tools alone by choosing his own space and taking his time to think of the answers. The inmates were a bit reluctant in the beginning to undergo the psychological study saying that they don't want to feel "as guinea pigs" literally as they expressed it. However soon enough they understood that the study will help in

the sustainability of such projects as observation alone won't contribute much to sustain the drama therapy program.

The first administration of the two tools took place in the beginning of the project, right after the group was sorted out and the project was explained.

The second administration of the tools (only the "I Am Poem") took place six months after the beginning of the drama therapy sessions. At this stage of the project, the group was stable; the inmates were attending the sessions three times per week and the positive impact of drama therapy sessions was observable overall the group through the inmates' behaviors, their productivity in the work and their expressed feedback about the project.

The third administration of the tools was at the end of the project, after the play was presented and the end of the drama therapy program was announced. At this stage, the inmates expressed their grief and disappointment regarding the closure of the project and the separation with the drama therapist and the group. The administration of the tools during this phase might have had an impact on the answers; and the grief and rebellion feelings of the inmates might have appeared in the answers. The discussion of the results in Chapter 5 will elaborate furthermore these assumptions.

Table 1. Results of the quantitative analysis of the "I Am Poem" in the 2 groups.

Group	Mean of weight	Mean of length	Mean of weight
Group A	Mean of weight = 1,99	Mean of length = 3,27	Mean of weight = 3,11
	Variance = 1,052	Variance = 0,811	Variance = 1,118
Group B	Mean of weight = 2,11	Mean of length = 2,59	Mean of weight = 2,71
	Variance = 0,814	Variance = 0,829	Variance = 1,018

CHAPTER IV

Results

(See **Appendix 5** for all scorings on both tests, *BSI* and *I Am Poem*)

A- The “I Am Poem”:

The analysis done regarding this tool was on one hand quantitative and on the other hand qualitative, both aiming in showing the effect of the participation in the drama therapy program on the change in the relations of the inmates with themselves and with the others.

A-1: The quantitative analysis

The quantitative analysis was realized through the evaluation of the level of insight at the beginning, six months later and at the end of the drama therapy program in the two groups: group of participants (Group A) and control group (Group B). An increase in the level of insight in the group of participants is expected, whereas the control group is supposed to have approximately the same level of insight at the three times of the evaluation.

Table 1: Results of the quantitative analysis of the « I Am Poem » in the 2 groups:

Administration time	February 2008	August 2008	April 2009
Group A	Mean of insight = 2,58 Variance = 1,052	Mean of insight = 3,29 Variance = 0,813	Mean of insight = 3,13 Variance = 1,116
Group B	Mean of insight = 2,71 Variance = 0,814	Mean of insight = 2,86 Variance = 0,829	Mean of insight = 2,71 Variance = 1,014

In Group A, there's a significant difference in the mean of level of insight between the first and the second administration of the "I Am Poem" (Mean I Am Poem February 2008 = 2.58, Mean I Am Poem August 2008 = 3.29).

At 95% confidence interval the level of insight at Group A in the second administration of the "I Am Poem" (August 2008) is higher than the level of insight of the same group in the first administration of the test (February 2008). ($t=-5.346$, $df=30$, $p < 0.05$).

On the other hand, there's no significant difference in the mean of level of insight of Group A between the second and the third administration of the "I Am Poem" (Mean I Am Poem August 2008 = 3.29, Mean I Am Poem April 2009 = 3.13).

At 95% confidence interval the level of insight at Group A in the third administration of the "I Am Poem" (April 2009) is not higher than the level of insight of the same group in the second administration of the test (February 2008). ($t=0.841$, $df=30$, $p=0.2035 > 0.05$)

As for **Group B**, there's no significant difference in the mean of level of insight between the first and the second administration of the "I Am Poem" (Mean I Am Poem February 2008 = 2.71, Mean I Am Poem August 2008 = 2.86).

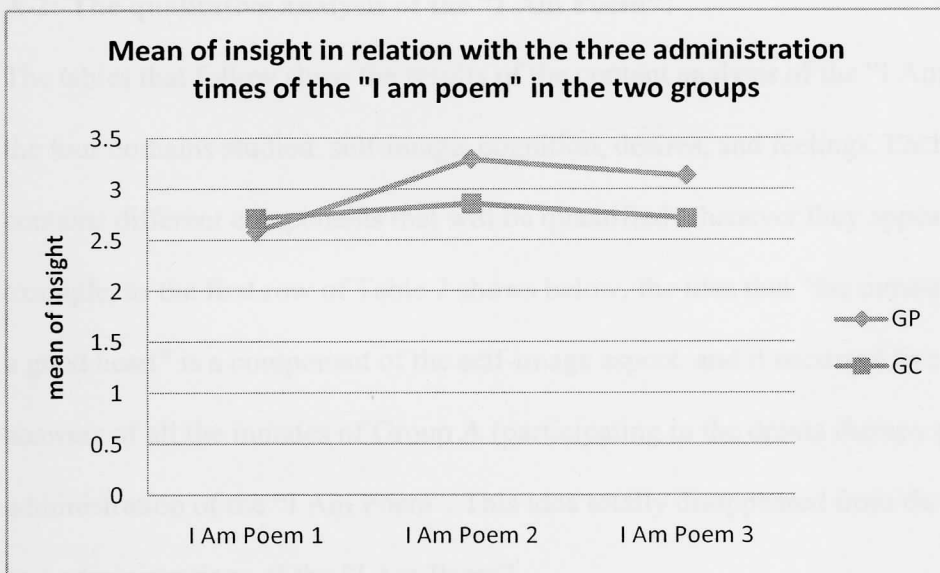
At 95% confidence interval the level of insight at Group B in the second administration of the "I Am Poem" (August 2008) is still the same as the level of insight of this group in the first administration of the test (February 2008). ($t= -0.679$, $df=20$, $p=0.505 > 0.05$)

On the other hand, there's no significant difference in the mean of level of insight of Group B between the second and the third administration of the "I Am Poem" (Mean I Am Poem August 2008 = 2.86, Mean I Am Poem April 2009 = 2.71).

At 95% confidence interval the level of insight at Group B in the third administration of the “I Am Poem” (April 2009) is the same as the level of insight of this same group in the second administration of the test (August 2008). ($t= 0.719, df=20, p=0.480 > 0.05$)

A trend analysis showing the evolution of the insight in the two groups at the three administration times of the “I Am Poem” illustrates these results:

Figure 1: Trend Analysis - Evolution of the insight in the 2 groups at the 3 administration times of the “I Am Poem”



GP = group of participants

GC = control group

I Am Poem 1 = February 2008

I Am Poem 2 = August 2008

I Am Poem 3 = April 2009

The trend analysis as well as the results stated above show that **the control group** has approximately **the same mean of insight** at the three times of the administration of the “I Am Poem”. On the other hand, **the group of participants** in the drama therapy program presented a notable **increase in the level of insight between the beginning of the project and six months later**. This level of insight seems to slightly decrease between the second and the third administration of the test. However, the decrease remains statistically insignificant ($t=0.841$, $df=30$, $p=0.2035 > 0.05$).

A-2: The qualitative analysis of the “I Am Poem”:

The tables that follow show the results of the content analysis of the “I Am Poem”, according to the four domains studied: self-image, cognition, desires, and feelings. Each one of these aspects contains different components that will be quantified whenever they appear in the answers. For example, as the first row of Table 2 shows below, the idea that “the inmate considers that he has a good heart” is a component of the self-image aspect, and it occurred five times in the total answers of all the inmates of Group A (participating in the drama therapy program), at the first administration of the “I Am Poem”. This idea totally disappeared from the answers in the next two administrations of the “I Am Poem”.

Table 1-Group A – Cognition

Component	1st Administration	2nd Administration	3rd Administration
Meaning of responsibility	12	1	10
Importance of family	9	2	4
Respect	5	1	1
Meaning of feeling	1	0	0

Tables of Group A:

Table 2-Group A – Self-Image

Self-image	Frequency February 2008	Frequency June 2008	Frequency April 2009
Inmate considers that he has a good heart	5	0	0
Inmate considers he has improved on the personnel level	0	15	13
Inmate considers that he is powerless	8	0	0
Inmate admits pretending to be powerful	0	7	3
Inmate considers that he is powerful	2	0	0
Inmate tries to improve on the personal level	0	18	13
Inmate considers he is a normal person	3	0	0
Inmate considers that he is empathetic	0	20	17

Important results in this domain are that the idea of being powerless disappeared from the answers, whereas the idea of pretending to be powerful was nonexistent in the first administration and appeared later. The idea of considering himself empathetic was nonexistent and considerably appeared in the 2nd and 3rd administrations.

Table 3-Group A – Cognition

Cognition	Frequency February 2008	Frequency June 2008	Frequency April 2009
Ideas of injustice	18	7	10
Overestimation of oneself	9	5	4
Ideas of persecution	5	4	3
Ideas of killing	3	0	0

In the domain of the cognition, the ideas of injustice, of overestimation of oneself and of killing noted a considerable decrease at the last two administrations.

Table 4 –Group A – Desires

Desires	Frequency February 2008	Frequency June 2008	Frequency April 2009
Desire of forgetting his current situation	6	5	2
Desire of freedom	18	29	21
Desire to see his family	9	10	3
Desire of acquiring a good reputation	8	18	6
Desire of adapting with the world outside the prison	6	22	8

It is to be noted that the desires of acquiring a good reputation and of adapting with the world outside the prison increased considerably at the 2nd administration. They possibly decreased again at the end of the project because the inmates might have experienced the return to their routine life inside the prison, where they are focused again on the here and now, and where their desires related to the life outside the prison had decreased again for that phase. A further analysis of this observation will be discussed in the next Chapter.

Table 5-Group A – Feelings

Feelings	Frequency February 2008	Frequency June 2008	Frequency April 2009
Distress	17	3	4
Insecurity	9	0	0
Security	0	10	7
Guilt feeling	14	27	16
Feeling of strangeness	7	7	10
Remorse	18	22	19
Loneliness	8	4	6
Hope	9	25	19
Feeling of being rejected	6	2	10

Important in these results are the notable decrease of the feeling of distress and insecurity, the appearance of the feeling of security, and the increase of the feeling of hope. The discussion Chapter will try to explain the other occurrences as well.

Tables of Group B (control group):

Table 6-Group B – Self-image

Self-image	Frequency February 2008	Frequency August 2008	Frequency April 2009
Inmate considers that he is powerless	7	6	6
Inmate considers that he is a loyal person	7	10	8
Inmate considers that he is optimistic	0	0	2
Inmate considers that he is powerful	6	7	6

No notable change was observed in the answers of the inmates in Group B concerning the self-image domain.

Table 7-Group B – Cognition

Cognition	Frequency February 2008	Frequency August 2008	Frequency April 2009
Ideas of injustice	16	15	15
Overestimation of oneself	8	7	6
Persecution ideas	6	7	6

No notable change was observed in the answers of the inmates in Group B concerning the cognition domain.

Table 8 –Group B- Desires

Desires	Frequency February 2008	Frequency August 2008	Frequency April 2009
Desire of forgetting his current situation	6	6	5
Desire of freedom	15	17	15
Desire to see the family	4	4	3
Desire of acquiring a good reputation	4	12	8
Desire of adaptation with the world outside the prison	6	9	7
Desire of participating in the drama therapy program	0	0	4

Concerning the desires of the inmates in the control group, only the desire of acquiring a good reputation notably increased in the 2nd administration. This could possibly be related to the positive image that the prison authority and other inmates started to have regarding the inmates participating in the drama therapy program. The inmates in the control group might have felt influenced by the changes that Group A had experienced.

Table 9 – Group B-Feelings

Feelings	Frequency February 2008	Frequency August 2008	Frequency April 2009
Distress	5	7	10
Guilt feeling	7	18	5
Remorse	7	8	8
Hope	6	6	4
Feeling of strangeness	5	3	7

The feelings expressed are approximately the same, except for the guilt feeling that increased in the 2nd administration of the “I Am Poem”.

B- The BSI:

The BSI was used to evaluate **the influence of the drama therapy program on the psychological distress and psychiatric disorders**, which are variables studied in this tool. We expect to obtain a decrease in the scores of the three categories evaluated in this tool (the GSI, the PST and the PSDI) at Group A. Group B is supposed to maintain the same scores at the three categories.

Table 10: Evaluation of the GSI (Global Severity Index)

Administration time	February 2008	April 2009
Mean of GSI at Group A	0.46	0.40
Mean of GSI at Group B	0.40	0.44

There is no significant difference in the mean of GSI of Group A between the beginning and the end of the project (mean GSI February 2008 = 0.46, mean GSI April 2009 = 0.40)

At 95% confidence interval, the GSI of Group A is still the same between the first and the second administration of the test. ($t=0.836$, $df= 50$, $p= 0.407 > 0.05$)

On the other hand, there is no significant difference in the mean of GSI of Group B between the beginning and the end of the project (mean GSI February 2008 = 0.40, mean GSI April 2009 = 0.44)

At 95% confidence interval, the GSI of Group B is still the same between the first and the second administration of the test. ($t= -6.49$, $df= 50$, $p= 0.2595 > 0.05$)

The mean of GSI in Group A is approximately the same at the beginning and the end of the drama therapy project. Furthermore, the mean of GSI in Group B is approximately the same at the beginning and the end of the drama therapy project as well. Consequently, the GSI didn't remarkably decrease after the participation in the drama therapy program

Table 11: Evaluation of the PST (Positive Symptoms' Total)

Administration time	February 2008	April 2009
Mean of PST at Group A	31.32	28.52
Mean of PST at Group B	29.19	34.14

There is a significant difference in the mean of PST at Group A between the beginning and the end of the project. (mean PST February 2008 = 31.32 ; mean PST April 2009 = 28.52)

At 95% confidence interval, the mean of PST in Group A at the first administration of the "BSI" is higher than the mean of PST at the second administration of this test.

($t = -4,243$; $df = 27$; $p = 0.003 < 0.05$)

On the other hand, there is a significant difference in the mean of PST at Group B between the beginning and the end of the project (mean PST February 2008 = 29.19; mean PST April 2009 = 34.14).

At 95% confidence interval, the mean of PST in Group B at the first administration of the "BSI" is lower than the mean of PST at the second administration of this test. ($t = -5,375$; $df = 29$;

$p = 0.0002 < 0.05$)

The mean of PST in Group A has decreased between the beginning and the end of the drama therapy project. On the other hand, the mean of PST in Group B has increased between the beginning and the end of the drama therapy project. Consequently, the drama therapy program had an effect on decreasing the level of PST.

Table 12: Evaluation of the PSDI (Positive Symptom Distress Index)

Administration time	February 2008	April 2009
Mean of PSDI at Group A	2.23	2.26
Mean of PSDI at Group B	2.52	2

There is no significant difference in the mean of PSDI at Group A between the beginning and the end of the project (mean of PSDI February 2008 = 2.23, mean PSDI April 2009 = 2.26)

At 95% confidence interval, the PSDI of Group A is still the same between the first and the second administration of the test. ($t=-1.640$, $df= 50$, $p= 0.107>0.05$)

On the other hand, there is no significant difference in the mean of PSDI at Group B between the beginning and the end of the project (mean of PSDI February 2008 = 2.52, mean PSDI April 2009 = 2).

At 95% confidence interval, the PSDI of Group B is still the same between the first and the second administration of the test. ($t=1.446$, $df= 50$, $p= 0.077>0.05$)

The mean of PSDI in Group A is approximately the same at the beginning and the end of the drama therapy project. Furthermore, the mean of PSDI in Group B is approximately the same at

the beginning and the end of the drama therapy project as well. Consequently, the PSDI didn't remarkably decrease after the participation in the drama therapy program.

Two of the three categories of the BSI weren't affected by the participation in the drama therapy program. Therefore no relevant reduction in the psychological distress and the psychiatric symptoms was notable. The second hypothesis of our study which is "the participation in the drama therapy program improves the psychological well-being of the inmates in Roumieh prison by producing a reduction in their psychological distress and psychiatric disorders' symptoms" is consequently not confirmed.

CHAPTER V

Discussion

1- I Am Poem:

Quantitative analysis:

The significant change in the level of insight in the group of participants occurred in the first six months of the project. This incidence can be explained by the fact that the inmates were experiencing a new situation of activities taking place within a specific context where many factors can have an effect on the change of the level of insight. Among these factors we will state the most important; those that probably had a direct effect on raising the level of insight during the first six months of the program:

- . The work within a group and the experience of team work which might be a new experience for some of the group members (especially those with low educational levels, who left school a long time ago, never attended university, or never worked in corporations)
- . The work within a clear setting and the commitment to a program with a fixed schedule and organizational rules. This idea refers to the importance of the framework in drama therapy according to Jones (1996).
- . The relation built with the therapist and the group which also had the value of transference, and the results of such a relation on the self-image and the insight of the inmates. This idea was also developed by Jones (1996) when he explained the importance of the relationship formed between the clients and the therapist, considering it as a therapeutic factor in drama therapy.
- . The intensive drama therapy exercises and techniques provided in the first part of the project before starting the work on the play. These exercises were focused on the self-image, the perceptions of oneself and of others, the inmates' awareness of their past, present and future...

Consequently, these exercises aimed on raising insight and empathy according to what the National Association for Drama Therapy cited concerning the efficacy of drama therapy in the prison context.

Due to these factors, **the mean of insight in the group of participants increased in the first six months of the project** and remained approximately the same until the end of the project. The increase of the insight at the group of participants reminds us about Moreno's concepts. When talking about role taking, spontaneity, creativity, empathy, and catharsis, Moreno considers that in the process of acting out conflicts and problems in interpersonal relations, the actors gained insight and were helped by the group process to remedy problem behavior patterns and improve coping skills.

Qualitative analysis:

Group A (group of inmates): the content analysis of the "I Am Poem" showed a notable change in the four factors observed in the inmates' answers.

In the domain of the self-image, the extreme answers of "powerful", "powerless" or "has a good heart" mostly disappeared from the answers in the second and third administration of the test, whereas the estimation of the self improvement and the change that occurred in the inmates' perception of themselves remarkably appeared in the answers. The inmates seemed to have acquired a level of awareness concerning their own image, the one they are reflecting or wish to reflect. This highlights what Emmunah (1994) elaborated as one of the major goals of drama therapy: the modification and expansion of self-image, it is to come to know, understand, accept and respect the diverse aspects of one's being. Emmunah (1994) also considered that one of the

major goals of drama therapy is the development of the self observing: becoming detached enough to start reflecting on oneself and perceive new choices and options.

The idea of empathy observed in the answers was nonexistent at the beginning of the project and emerged in high frequencies in the second time of the project. This occurrence was very significant; it highlighted the effect of the drama therapy sessions on the relation of each inmate with other people. The idea of empathy was mostly observed through answers like: "I feel the distress of the others", "I understand that my parents suffer because of my situation"...

Jones (1996) has also argued that the development of an empathic response to a role, objects or dramatic activities may be therapeutic in itself for it can help to encourage empathy towards others in life outside the drama therapy group.

In the domain of cognition, the negative ideas of injustice or persecution decreased in numbers, and the idea of killing disappeared from the answers.

Concerning the desires of the inmates observed in the answers, they appeared to be sometimes ambivalent. As the desire of acquiring a good reputation, the desire of adapting with the world outside the prison, and the desire of freedom remarkably increased in the second administration of the test, they decreased again at the last administration. This fact could be related to the closure of the project where the feeling of separation with the drama therapist and the group emerged. At this stage, the inmates could have been somehow ambivalent towards the project. In fact the connection established with the world outside the prison during the project, through media and meetings with the family and the local authorities came to an end. Therefore, the desires related to life outside the prison could have diminished again. However, the decrease noticed in the desire of forgetting their current situation showed that the drama therapy program probably had an effect on supporting the adaptation capacities of the inmates inside the prison.

In the domain of the feelings, there was a notable decrease in the negative feelings such as distress and loneliness, and a complete disappearance of the feeling of insecurity previously expressed through answers like: “I feel insecure”, “I am lonely”. On the other hand, positive feelings such as security and hope remarkably increased in the answers. Feelings such as guilt and remorse (“I am a guilty person”) notably increased in the second administration of the test and decreased again at the end of the project. This occurrence showed that the inmates have probably acquired a level of awareness concerning the consequences of their acts, and have elaborated the guilt worries. The feeling of being rejected, which increased again at the end of the project could also be related to the closure of the project and the separation with the therapist and the group.

Overall, we can observe a change in the means of expression of the answers between the beginning and the end of the project. The inmates participating in the drama therapy program seem to have acquired expression capacities where they became more capable of describing emotional material they are working on. Thus, **the psychic elaboration has become richer**. This highlights the personal change they went through as well as **the capacity to build a more authentic relation with themselves**. On the other hand, the general aspect of the answers was more positive in the last two administrations of the test. In addition, we can observe that in the beginning, the answers were more self-centered and focused on the here and now. In the second part of the project, some answers included ideas of **projection in the future or planning ahead**, and many answers concern **ideas of connecting with other people** which underlines the improvement in the **relational capacities** of the inmates as well as their **decentralization**. These findings refer to the concepts of Phillips (1996), who noticed that the patients participating in drama therapy programs could link their present emotional state and behavior to their earlier

trauma more easily, and were able to experiment with alternative modes of behavior. According to Phillips, drama was a vehicle for the discovery and expression of conscious and unconscious conflicts, that playing other characters helped patients release repressed emotions and that drama encouraged socialization.

On the other hand, the decentralization observed at the inmates refers to Piaget's concepts, where he notices in the playing, a correlation between the increase of symbolic representation of the world and the "decentering" of the individual.

What's more, Worrall (1990) related that the theater art form provides an intensive emotional experience; it "requires people to come out of themselves and to learn new social skills (1990, p. 52)"

Group B (Control Group): The content analysis regarding the four factors analyzed (self-image, cognition, desires, feelings) showed that the answers of the inmates in the control group remained approximately the same. Very few are the new themes that emerged in the second and third administration of the test, and the general atmosphere of the answers remained negative.

The increased desires to acquire a good reputation or to participate in the drama therapy sessions are probably related to the positive image that "12 Angry Lebanese" had on the society, and to the regret felt by some members of the control group for not participating in the project.

The negative feelings, such as distress, tended to increase and the feeling of hope slightly decreased in the third administration of the test. Feelings of distress were identified in answers such as "I feel sad". What is interesting to analyze is the poverty of the themes which remain approximately the same in the three times of the study. The inmates in this group still presented a self-centered attitude while completing the sentences and no significant answers concerning the relations with others is found. The defense mechanism of projection is characteristic of the

answers in the three administrations of the test, and no relevant evolution was notable in the mode of expression or the elaboration of the ideas. The psychic elaboration remained poor and the inmates of the control group didn't easily express their inner material. Due to all these observations, we can probably conclude that the management of the inner conflicts is still rigid and no remarkable change was observed in the overall attitude towards the content of the test.

In conclusion, the analysis of the results of the "I Am Poem" shows that the inmates who participated in the drama therapy program have **improved their relation with themselves mostly by increasing their insights**, and have also **improved their relations with other people**. This confirmed the first hypothesis of our study which is: "The participation in the drama therapy program improves the psychological well-being of the sample inmates by producing a change in their relations with themselves and with the others".

2- BSI:

The effect of the drama therapy program on the reduction of the psychiatric symptoms was analyzed in this study. However the second hypothesis: "the participation in the drama therapy program improves the psychological well-being of the inmates by producing a reduction in their psychiatric disorders' symptoms" was not confirmed. The lack of support for the second hypothesis could be explained by two major reasons.

The first one is that the inmates chosen in this study didn't necessarily have clear psychiatric symptoms in the first place. In fact, when the sample of the study was chosen, no screening of the population was possible, and the presence of psychiatric symptoms in the sample could not be clearly detected. This is mostly related to the lack of organization inside the direction of the prison, where no reliable medical files were available, and no other relevant information about the inmates were provided.

We can presume that the population of inmates we worked with in this study might probably suffer from personality disorders rather than strict mental disorders as defined by the DSM-IV. In fact, the prison context does not necessarily include inmates with mental disorders according to axis I of the DSM-IV. On the other hand, personality disorders according to axis II of the DSM-IV are more correlated with law offenders. For example, the anti-social personality disorder and the borderline personality disorder are generally characteristic of law offenders (including drug addicts). The work conducted with the sample inmates could have influenced pathological characteristics of the inmates' personalities. This influence was explained by Jones (1996) when he developed therapeutic factors in drama therapy such as empathy and distancing, or embodiment, all having an impact on some personality disorders' symptoms. Only the BSI does not measure personality disorders; it only measures the mental disorders' symptoms. Thus, the use of drama therapy could probably be more efficient in the reduction of the mental disorders' symptoms (as evaluated by the BSI) in other contexts than the prison. The second hypothesis of this study would then be probably confirmed with a different population in another context.

The second reason explaining the lack of support for the second hypothesis could be related to the nature of the BSI and to its mode of administration. This tool, which is a questionnaire with multiple choice answers, asks the client direct questions about their attitudes, habits, and specific things happening to them during the last seven days. Moreover, the inmates were asked to fill the questions, each one alone, but all together in the theatre room. Thus, the neutrality of the setting wasn't provided. And as the questions concern the intimacy of the inmates, they might have felt suspicious about the reasons why the questions were asked, or the people who might possibly read the answers, including the other inmates, sharing the same space while completing the test.

This could have biased the quality and authenticity of the answers. On the other hand, projective tools probably generated fewer defenses in the inmates because the answers were vague and qualitative.

To end with, conducting the BSI or similar tools with inmates should have taken place in a more stable and neutral space, which was practically impossible in Roumieh prison.

3- Further observation:

The effect of the drama therapy program on the well-being of the inmates was also assessed through observation along the 15 months. Starting the first six months certain changes could be noticed such as the following:

- The faces were turning from obscure and dull faces to more bright and alive ones. (eyes with better eye contact, straight head and not bended, less dark circles under the eyes, etc)
- Inmates who were known inside prison for being loners and “scary” were participating actively and constructively in the group.
- Prejudice about each other’s was replaced by more reasonable impressions. For example, in the first two months, I recall an inmate who committed drug dealing refusing to work in the group due to the presence of guy who committed rape, saying that he cannot accept such a “criminal”. Soon enough he realized that just as he refused to accept this guy, the majority of the society is not willing to accept him either. Change was observed in his acts and statements such as: “If we do not start accepting each other, how can we expect the society to accept us?”
- Friendships outside the drama therapy/theatre sessions were growing. We would come back after a weekend, for example, and hear that X helped Y, whom he never spoke to

before the drama therapy program, deal with a conflict he had with other roommate inmates. Another one encouraged one of the participants to deal with the long issue he had with his family. Emmunah (1994) among many other authors has also argued that drama therapy facilitates the social interaction and the development of interpersonal skills.

- The Internal Security Forces (ISF) working on the ground started calling the inmate participants by their own names, whereas they used to call them: “Hey, You!” before, because they never knew all of them with their proper names. In addition, the ISF members, and most probably because they were seeing an improvement in the behavior of the participant inmates, started counting on them in certain tasks in each building. For example, waking up the guys in the morning, taking notes of who needed to see the doctor this week, etc.

It is to be noted that the whole project was followed up often by media visits to the activity in prison and therefore a lot of media coverage took place. This made the inmates more optimistic than before especially that they have been forgotten by the government and the society for such a long time. Actually, after the project was over, the law 463 for the reduction of sentences was finally implemented as a consequence of the work achieved and the massive media coverage. In addition, at the end of the project, the drama therapy program inside Roumieh prison received additional funding which helped sustaining the activity for additional years.

At the end of this discussion, it is important to highlight the main delimitations encountered in this study.

Delimitations

- The last administration of the tools at the end of the project might have had an impact on the inmates' answers; at this stage, the inmates expressed their grief and disappointment regarding the closure of the project and the separation with the drama therapist and the group. Therefore, the grief and rebellion feelings of the inmates might have appeared in the answers.
- The results of this study can't be generalized to different therapeutic situations for the following reasons:
 - a) The nature and the size of the sample
 - b) The uniqueness of the setting
 - c) The limitation of the particular methods selected

The recommendation section in Chapter 6 will try to answer the delimitations of this study.

CHAPTER VI

Conclusion

Thinking of the psychological improvement of the inmates in Roumieh prison appears to be a complex task because of the many factors encountered in the inmates' life conditions inside the prison, as well as their past experiences specific to each individual according to the different background he is coming from. Therefore, defining the improvement of the psychological well-being of the inmates according to the two factors analyzed in our two hypotheses, tried to simplify and channel the complexity of the material we are analyzing. In consequence, analyzing the reduction of the psychiatric symptoms and the improvement of the relational capacities with oneself and with other people constituted the major means to estimate the self changing effect of participating in a drama therapy program in this prison. The analyses showed that the relational capacities (and self perception) of the inmates who participated in the drama therapy sessions in Roumieh prison were considerably affected by this program, whereas their psychiatric symptoms were not significantly affected by the program in this context.

As mentioned before, it is important to know that the results of this study can't be generalized to other clinical situations. In fact, the nature and the size of the sample, the uniqueness of the setting, and the limitation of the particular methods selected, made the results of this study particular to the situation of the inmates in Roumieh prison who participated in the drama therapy program during a specific period of time. However, the approach used to analyze the results could be of a significant importance, particularly in the comprehension of the utility of therapeutic methods such as drama therapy, especially in the prison context. When a medical psychiatric treatment remains insufficient in the healing of personality disorders, of substance addiction, or of any type of relational problems, the search for alternate therapeutic methods

becomes essential. The drama therapy work consists on the use of theatre in a healing intension. This type of art therapy which emphasizes the work on the relational capacities and the self perception is generally practiced in a group setting. The existence of the group in the therapeutic framework played a major role in the personal change obtained among the inmates. Also, the analysis of the effect of drama therapy on the psychological well-being as studied in this thesis highlights the utility and efficiency of this discipline compared to other types of psychotherapies or psychiatric care. The results of this study showed that the drama therapy program principally influenced the communication of feelings, the increase of imagination and change in the patterns of thinking, the increase of insight capacities, listening skills and empathy, and flexibility. These changes mostly redefined the inmates' self-image and helped them rebuild or strengthen their identity, often in crisis. On the other hand, the healthy and trusting relationships built inside the therapeutic framework encouraged the inmates to have positive relationships with other people. In addition, the work inside the group allowed the inmates to experience team work and increased the capacity of commitment to work and increased the work ethics especially when the inmates were engaged in the production of the play.

To end with, the experience of drama therapy had a direct effect on raising the awareness of the inmate about his attitude and behavior and about the consequences of his acts. The participation in a drama therapy program also lowered the resistance to other types of therapies, because it has encouraged self-expression.

These facts underlined the importance of the use of drama therapy in many contexts including the correctional setting. In fact, the use of drama therapy can accompany and enforce a psychiatric treatment. It can also prepare the clients to another type of therapy, or treat symptoms and personality disorders of individuals who can't commit to a classical therapeutic framework.

For future research on this topic, the following suggestions are proposed:

. It would be recommended that a further study about the effect of drama therapy on the psychological well-being of inmates may focus more closely on specific areas in the inmate's psychological whole. In this current research, and since no previous studies were achieved in this specific domain and context, the study composed two major components of the psychological whole (the relational capacities and the psychiatric symptoms) which are admittedly very general aspects. As an example of what could be measured in further studies, conflict resolution skills and a change in interpersonal interaction skills could be specific aspects to be studied.

. Other evaluating material could be used to assess components of the psychological whole of the inmates, as well as their own feedback and evaluation of the project. These materials could be questionnaires, other projective tests... It is important to consider the type of tools to be used as well as the preparation of the inmates before administrating the materials. This will avoid the generation of defensive attitudes from the inmates, such as suspicion, inhibition, or even paranoid ideas. It is also important to understand the meaning and value that an incarcerated person has about being "evaluated". His ideas and expectations about specific evaluating tools can be of a very important effect on the validity of the evaluation.

. A sustainable project might be planned to ensure the continuation of the therapeutic work with the inmates after the end of the drama therapy intervention. They can be referred later to other types of therapies, and/or other group intervention programs... This will avoid the grief and separation feelings the inmates had at the end of the project.

The implementation of drama therapy program inside Roumieh prison had several impacts on the sample inmates. Their active participation in creative art activities in view of exploring their

experience of imprisonments, their fears, concerns, guilt feelings and hopes probably enhanced their expression capacities. This active participation tended to provide the inmates, as this study showed, a better interpersonal communication skills that would probably facilitate their post detention's social and professional integration, if they are ever released. It will also facilitate their social life (interpersonal and intrapersonal skills) inside prison, if they are staying there for a longer time.

What's more, an example of how drama therapy could be sometimes more effective than traditional talk therapy, is when sociodrama scenes or forum theatre are used. The majority of the residents, towards the end of their sentence, express fear from encountering their drug dealer once they are out, or the fear of not being able to talk to a girl or start a relationship without being under the prejudice of "prisoner". Acting the scene is always more effective in such cases than traditional talk therapy, because the situation is truly experienced; and when it really happens to them, the former prisoners would probably know in their mind and body what to expect. In addition, enacting such scenes in a group helps each one to open up to the different situations he might encounter, and each enactment done by a different resident, provides a different point of view for the same problem.

To end with, the combination of drama and therapy could constitute a real healing dimension, where the painful reality could be treated in terms of "as if" handling, and where the interplay between fantasy and reality constitutes the core process of personal growth. And as would Jessamyn West (<http://www.goodreads.com/quotes/show/992>) say, it might be often true that: "Fiction reveals truths that reality obscures."

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Case No.	Age (yr)	Nationality	Crimes	Years in prison
A.R	34	Lebanese	Killing	4
A.M	35	Irish	Killing	19
E.P	28	Lebanese	Manufacture and marketing	1
J.J	32	Nigerian	Drug using	2
J.B	30	Lebanese	Killing	Death penalty
H.E	38	Lebanese	Drug using	2
H.A	34	Lebanese	Stealing	1
H.N	38	Lebanese	Drug Dealing	4

APPENDIX 1

Characteristics of Group A (Group of participants)

Names/ Group A	Age (in 2008)	Nationality	Crime	Years to be spent still in prison (remaining years of sentence)
A.K	54	Lebanese	Killing	4
A.M	35	Iraki	Killing	10
E.F	28	Lebanese	Falsification and stealing	2
J.J	32	Nigerian	Drug using	2
J.B	50	Lebanese	Killing	Death penalty
J.E	28	Lebanese	Drug using	2
H.A	24	Syrian	Stealing	3
H.N	28	Lebanese	Drug Dealing	4

H.N	31	Lebanese	Killing	5
H.K	37	Lebanese	Drug using and drug dealing	2
K.S	32	Palestinian	Drug using and drug dealing	Not sentenced yet
R.J	33	Lebanese	Rape	2
R.G	24	Lebanese	Drug using and drug dealing	3
A.A	49	Egyptian	Killing	Life sentence
A.D	27	Egyptian	Killing	5
A.O	21	Lebanese	Drug Dealing	4
A.S	40	Lebanese	Drug using and drug dealing	3
A.Z	31	Lebanese	Drug using	2
A.Soc	35	Lebanese	Drug using	3
G.K	33	Lebanese	Killing	3
G.H	39	Lebanese	Killing	Life sentence

M.B	31	Syrian	Killing	9
M.S	52	Egyptian	Killing	Death penalty
M.M	30	Lebanese	Drug Dealing and Falsification	4
M.H	58	Lebanese	Drug using	2
M.Mol	28	Bangladeshi	Witnessing a crime and not declaring it	6
M.Mob	33	Lebanese	Drug using	2
M.A	37	Lebanese	Killing	8
N.Z	23	Lebanese	Drug using and stealing	2
W.B	32	Nigerian	Drug dealing	3
Y.C	40	Palestinian	Killing	Life sentence

APPENDIX 2

Characteristics of Group B (Control Group)

Names/ Group B	Age (<i>in</i> 2008)	Nationality	Crime	Years to be spent still in prison (<i>remaining years of sentence</i>)
A.F	21	Lebanese	Killing	Not sentenced yet
B.G	37	Lebanese	Drug using and drug dealing and stealing	3
J.M	30	Lebanese	Drug using and drug dealing	3
J.S	35	Egyptian	Drug using and drug dealing	3
H.A	42	Lebanese	Drug using	Not sentenced yet
K.S	37	Lebanese	Killing Attempt	13
R.K	25	Lebanese	Killing	Not sentenced yet
R.A	33	Lebanese	Killing	20
R.H	33	Lebanese	Drug Dealing	Not sentenced yet
Z.J	41	Lebanese	Killing	Life Sentence

C.R	24	Lebanese	Drug using	Not sentenced yet
S.K	38	Lebanese	Killing	10
A.A	46	Syrian	Drug using and drug dealing	3
A.R	37	Lebanese	Killing	9
I.Y	36	Palestinian	Drug using	2
G.M	48	Lebanese	Killing	9
F.M	27	Lebanese	Drug using and dealing	3
F.S	22	Lebanese	Killing	Not sentenced yet
M.M	36	Lebanese	Drug using and Killing	Death Penalty
M.K	43	Lebanese	Killing	1
N.B	28	Lebanese	Drug Dealing	3

APPENDIX 3

Brief Symptom Inventory

The following test was translated into Arabic in order to administer it to the inmates

“Here I have a list of problems people sometimes have. As I read each one to you, I want you to tell me HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. These are the answers I want you to use. Do you have any questions?”

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = Extremely

R = Refused

DURING THE PAST 7 DAYS, how much were you distressed by:

1. Nervousness or shakiness inside 0 1 2 3 4 R
2. Faintness or dizziness 0 1 2 3 4 R
3. The idea that someone else can control your thoughts 0 1 2 3 4 R
4. Feeling others are to blame for most of your troubles 0 1 2 3 4 R
5. Trouble remembering things 0 1 2 3 4 R
6. Feeling easily annoyed or irritated 0 1 2 3 4 R
7. Pains in the heart or chest 0 1 2 3 4 R

8. Feeling afraid in open spaces 0 1 2 3 4 R

9. Thoughts of ending your life 0 1 2 3 4 R

DURING THE PAST 7 DAYS, how much were you distressed by:

10. Feeling that most people cannot be trusted 0 1 2 3 4 R

11. Poor appetite 0 1 2 3 4 R

12. Suddenly scared for no reason 0 1 2 3 4 R

13. Temper outbursts that you could not control 0 1 2 3 4 R

14. Feeling lonely even when you are with people 0 1 2 3 4 R

15. Feeling blocked in getting things done 0 1 2 3 4 R

16. Feeling lonely 0 1 2 3 4 R

17. Feeling blue 0 1 2 3 4 R

18. Feeling no interest in things 0 1 2 3 4 R

DURING THE PAST 7 DAYS, how much were you distressed by:

19. Feeling fearful 0 1 2 3 4 R

20. Your feelings being easily hurt 0 1 2 3 4 R

21. Feeling that people are unfriendly or dislike you 0 1 2 3 4 R

22. Feeling inferior to others 0 1 2 3 4 R

23. Nausea or upset stomach 0 1 2 3 4 R

24. Feeling that you are watched or talked about by others 0 1 2 3 4 R

25. Trouble falling asleep 0 1 2 3 4 R

26. Having to check and double check what you do 0 1 2 3 4 R

27. Difficulty making decisions 0 1 2 3 4 R

DURING THE PAST 7 DAYS, how much were you distressed by:

28. Feeling afraid to travel on buses, subways, or trains 0 1 2 3 4 R

29. Trouble getting your breath 0 1 2 3 4 R

30. Hot or cold spells 0 1 2 3 4 R

31. Having to avoid certain things, places, or activities because they frighten you 0 1 2 3 4 R

32. Your mind going blank 0 1 2 3 4 R

33. Numbness or tingling in parts of your body 0 1 2 3 4 R

34. The idea that you should be punished for your sins 0 1 2 3 4 R

35. Feeling hopeless about the future 0 1 2 3 4 R

36. Trouble concentrating 0 1 2 3 4 R

DURING THE PAST 7 DAYS, how much were you distressed by:

37. Feeling weak in parts of your body 0 1 2 3 4 R

38. Feeling tense or keyed up 0 1 2 3 4 R

39. Thoughts of death or dying 0 1 2 3 4 R

40. Having urges to beat, injure, or harm someone 0 1 2 3 4 R

41. Having urges to break or smash things 0 1 2 3 4 R

42. Feeling very self-conscious with others 0 1 2 3 4 R

43. Feeling uneasy in crowds 0 1 2 3 4 R

44. Never feeling close to another person 0 1 2 3 4 R

45. Spells of terror or panic 0 1 2 3 4 R

DURING THE PAST 7 DAYS, how much were you distressed by:

- 46. Getting into frequent arguments 0 1 2 3 4 R
- 47. Feeling nervous when you are left alone 0 1 2 3 4 R
- 48. Others not giving you proper credit for your achievements 0 1 2 3 4 R
- 49. Feeling so restless you couldn't sit still 0 1 2 3 4 R
- 50. Feelings of worthlessness 0 1 2 3 4 R
- 51. Feeling that people will take advantage of you if you let them 0 1 2 3 4 R
- 52. Feeling of guilt 0 1 2 3 4 R
- 53. The idea that something is wrong with your mind 0 1 2 3 4 R

APPENDIX 4

Results of the "I Am Poem" and "PSI"

I am...

I wonder...

I hear...

I see...

I want...

I am...

I pretend...

I feel...

I touch...

I worry...

I cry...

I am...

I understand...

I say...

I dream...

I try...

I hope...

I am...

	Insight (1) February 98	Insight (2) June 98	Differences 2-1
I am...	3	3	0
I wonder...	3	4	1
I hear...	3	2	1
I see...	3	4	1
I want...	3	4	1
I am...	3	4	1
	1	1	0
I pretend...	4	4	0
I feel...	3	3	0
I touch...	4	3	1
I worry...	4	3	1
I cry...	3	3	0
I am...	3	3	0
	2	3	1
I understand...	3	3	0
I say...	2	3	1
I dream...	1	2	1
I try...	4	4	0
I hope...	4	4	0
I am...	3	4	1
	3	3	0

APPENDIX 5

Results of the “I Am Poem” and “BSI”

Level of insight of Group A according to the “I Am Poem” on a scale from 1 to 5

Group A	Insight (1) February08	Insight (2) June 08	Difference 2-1
A.K	3	3	0
A.M	3	4	1
E.F	1	2	1
J.J	3	4	1
J.B	1	1	0
J.E	4	4	0
H.A	2	2	0
H.N	4	5	1
H.N	4	3	-1
H.K	1	3	2
K.S	3	3	0
R.J	2	3	1
R.G	2	3	1
A.A	2	3	1
A.D	1	2	1
A.O	4	4	0
A.S	3	4	1
A.Z	3	4	1
A.Soc	2	3	1

G.K	2	4	2
G.H	4	3	-1
M.B	3	4	1
M.S	2	3	1
M.M	2	3	1
M.H	3	3	0
M.Mol	2	3	1
M.Mob	3	3	0
M.A	2	3	1
N.Z	4	5	1
W.B	1	3	2
Y.C	4	5	1

Group A	Insight (3) February 2009	Difference 3-2	Difference 3-1
A.K	2	-1	-1
A.M	3	-1	0
E.F	2	0	1
J.J	2	-2	-1
J.B	1	0	0
J.E	3	-1	-1
H.A	5	3	3
H.N	5	0	1
H.N	3	0	-1
H.K	2	-1	1
K.S	3	0	0
R.J	3	0	1
R.G	4	1	2
A.A	4	1	2
A.D	3	1	2
A.O	5	1	1
A.S	4	0	1
A.Z	2	-2	-1
A.Soc	3	0	1
G.K	2	-2	0

G.H	3	0	-1
M.B	5	1	2
M.S	2	-1	0
M.M	3	0	1
M.H	3	0	0
M.Mol	3	0	1
M.Mob	3	0	0
M.A	3	0	1
N.Z	3	-2	-1
W.B	3	0	2
Y.C	5	0	1

Level of insight of Group B (Control Group) according to the "I Am Poem" on a scale from 1 to 5

Group B	Insight (1) February08	Insight (2) June 08	Difference 2-1
A.F	4	3	-1
B.G	3	3	0
J.M	3	2	-1
J.S	3	4	1
H.A	3	4	1
K.S	2	1	-1
R.K	2	3	1
R.A	2	2	0
R.H	2	2	0
Z.J	4	4	0
C.R	2	3	1
S.K	2	3	1
A.A	2	3	1
A.R	3	2	-1
I.Y	2	4	2
G.M	5	4	-1
F.M	2	3	1
F.S	2	1	-1
M.M	2	3	1
M.K	3	3	0
N.B	4	3	-1

Group B	Insight (3) February 09	Difference 3-2	Difference 3-1
A.F	3	0	-1
B.G	3	0	0
J.M	4	2	1
J.S	3	-1	0
H.A	4	0	1
K.S	1	0	-1
R.K	2	-1	0
R.A	3	1	1
R.H	2	0	0
Z.J	4	0	0
C.R	3	0	1
S.K	2	-1	0
A.A	2	-1	0
A.R	3	1	0
I.Y	3	-1	1
G.M	4	0	-1
F.M	1	-2	-1
F.S	1	0	-1
M.M	3	0	1
M.K	2	-1	-1
N.B	4	1	0

Results of the 3 indices of the “BSI” at the group of participants – Group A

Group A	GSI (1) August 2008	PST (1) August 2008	PSDI (1) August 2008
A.K	0.73	49	3
A.M	0.15	16	2
E.F	0.61	42	3
J.J	0.12	15	2
J.B	0.10	17	1
J.E	0.44	45	2
H.A	0.34	32	2
H.N	0.49	30	3
H.N	0.80	35	2
H.K	0.24	31	1
K.S	0.32	34	2
R.J	0.26	24	2
R.G	0.48	44	2
A.A	0.49	42	2
A.D	0.28	23	2
A.O	0.46	40	2
A.S	0.47	27	2
A.Z	0.33	39	2
A.Soc	0.61	34	2
G.K	0.37	36	2

G.H	0.29	29	2
M.B	0.59	41	2
M.S	0.47	42	2
M.M	0.23	13	3
M.H	0.63	39	3
M.Mol	0.52	28	3
M.Mob	0.68	41	3
M.A	1.83	15	3
N.Z	0.20	9	3
W.B	0.17	20	1
Y.C	0.59	39	3

Group A	GSI (2) February 2009	PST (2) February 2009	PSDI (2) February 2009
A.K	0.38	33	2
A.M	0.16	15	2
E.F	1.02	27	3
J.J	0.13	24	1
J.B	0.08	6	2
J.E	0.25	27	2
H.A	0.37	27	2
H.N	0.69	40	3
H.N	0.44	31	3
H.K	0.20	28	2
K.S	0.22	20	2
R.J	0.30	35	2
R.G	0.46	37	2
A.A	0.42	26	2
A.D	0.53	24	2
A.O	0.35	26	2
A.S	0.51	33	3
A.Z	0.35	26	2
A.Soc	0.55	36	2
G.K	0.42	32	2

G.H	0.19	15	2
M.B	0.42	30	2
M.S	0.58	46	3
M.M	0.21	20	2
M.H	0.63	40	3
M.Mol	0.40	32	2
M.Mob	0.47	32	3
M.A	0.38	27	2
N.Z	0.38	24	3
W.B	0.25	24	2
Y.C	0.71	41	3

Group A	Difference GSI 2 - GSI 1	Difference PST 2 - PST 1	Difference PSDI 2 - PSDI 1
A.K	-0.35	-16	-1
A.M	0.02	-1	0
E.F	0.41	-15	0
J.J	0.01	9	-1
J.B	-0.03	-11	1
J.E	-0.20	-18	0
H.A	0.03	-5	0
H.N	0.20	10	0
H.N	-0.36	-4	0
H.K	-0.04	-3	1
K.S	-0.11	-14	0
R.J	0.04	11	0
R.G	-0.02	-7	0
A.A	-0.08	-16	0
A.D	0.25	1	-1
A.O	-0.11	-14	0
A.S	0.04	6	1
A.Z	0.01	-13	1
A.Soc	-0.06	2	0
G.K	0.05	-4	0

G.H	-0.10	-14	0
M.B	-0.17	-11	0
M.S	0.11	4	0
M.M	-0.01	7	-1
M.H	0.00	1	0
M.Mol	-0.11	4	-1
M.Mob	-0.22	-9	0
M.A	-1.46	12	-1
N.Z	0.18	15	0
W.B	0.08	4	1
Y.C	0.11	2	1

Results of the 3 indices of the “BSI” at the Control group – Group B

Group B	GSI (1) August 2008	PST (1) August 2008	PSDI (1) August 2008
A.F	0.36	36	2
B.G	0.54	25	4
J.M	0.53	30	2
J.S	0.65	44	3
H.A	0.37	37	2
K.S	0.21	22	2
R.K	0.21	21	2
R.A	0.56	56	2
R.H	0.48	19	4
Z.J	0.29	29	2
C.R	0.33	35	2
S.K	0.19	19	2
A.A	0.32	17	3
A.R	0.63	35	3
I.Y	0.44	36	2
G.M	0.39	28	2
F.M	0.31	42	2
F.S	0.35	31	3
M.M	0.78	19	3
M.K	0.16	11	3
N.B	0.26	21	3

Group B	GSI (2) February 2009	PST (2) February 2009	PSDI (2) February 2009
A.F	0.60	35	2
B.G	0.23	39	1
J.M	0.63	34	2
J.S	0.52	52	2
H.A	0.50	43	2
K.S	0.17	19	2
R.K	0.17	26	1
R.A	0.51	38	0
R.H	0.21	37	1
Z.J	0.35	25	2
C.R	0.45	39	2
S.K	0.48	26	2
A.A	0.47	51	2
A.R	0.42	41	2
I.Y	0.21	24	2
G.M	0.29	35	2
F.M	0.56	31	3
F.S	0.59	36	3
M.M	0.98	29	3
M.K	0.10	9	3
N.B	0.79	48	3

Group B	Difference GSI 2 - GSI 1	Difference PST 2 - PST 1	Difference PSDI 2-PSDI 1
A.F	0.24	-1	1
B.G	-0.31	14	-3
J.M	0.10	4	0
J.S	-0.12	8	-1
H.A	0.13	6	0
K.S	-0.04	-3	0
R.K	-0.04	5	0
R.A	-0.05	-18	-2
R.H	-0.27	18	-3
Z.J	0.06	-4	0
C.R	0.12	4	1
S.K	0.29	7	0
A.A	0.16	34	-1
A.R	-0.22	6	0
I.Y	-0.22	-12	-1
G.M	-0.10	7	0
F.M	0.25	-11	1
F.S	0.24	5	0
M.M	0.20	10	0
M.K	-0.06	-2	0
N.B	0.54	27	1