

## Modern Literature and Illness: Drama as a Therapeutic Technique

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الأدب الحديث والمرض: المسرح أداة للعلاج النفسي

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### المخلص

أصبحت العلاقة المتبادلة بين الأدب والعلاج النفسي معروفة على نطاق واسع في السنوات الأخيرة. تطور السرد الخاص بالمرض ليصبح أداة تثقف الناس حول مشاكل الحياة وكيف يتم إنشاؤها، والتحكم بها، وجعلها ذات مغزى. كما أنه يشرح دور القيم الثقافية والعلاقات الاجتماعية في تشكيل الطريقة التي يتم بها فهم الجسد ومراقبته، وكيفية تسمية الأعراض المرضية وتصنيفها. يمكن للأدب (المسرحية والرواية والقصة القصيرة) والذكرات الشخصية التي كتبها المرضى تقديم معلومات لا تتوفر للأطباء. قد يساعد الأدب في تطوير معرفة مشتركة بين الطبيب والمريض.

يتناول البحث السيرة الذاتية للمرض أو، كما يطلق عليها أحياناً "سجل المرض"، وكيفية بروزها كأسلوب أدبي يفيد كمصدر للمعلومات لعلماء الأنثروبولوجيا الطبية. وقد حاول المرضى، الذين يصفون تجربتهم الشخصية، تثقيف المهنيين الطبيين والناس بشكل عام حول تأثير المرض على عملهم وحياتهم الاجتماعية؛ الجوانب التي في الغالب يتم إهمالها في عالم الطب. تمهد الدراما الطريق للمشاركة الفعالة في العالم، ومن هنا يمكن رؤية إمكانية قوية للشفاء من الأمراض في المسرح. في الدراما يتمظهر المرض في الأداء الحي، من خلال الآثار المطهرة لكل من "الشفقة" و"الخوف". تهدف الدراما الحديثة إلى خلق مناخ علاجي لمساعدة الأشخاص الذين يعانون من مشاكل جسدية أو عقلية ليستطيعوا التغلب على مشاكلهم.

كما يسلط البحث الضوء على ما يعرف بـ"العلاج بالمسرح" والذي يركز على الخصائص العلاجية للدراما، والتي تستخدم لمساعدة الأشخاص المصابين بالاضطرابات العقلية والنفسية كالفصام والتوحد، وتساعد في تقليل أعراض هذه الاضطرابات من خلال نصوص تناسب المجموعة.

أيضا سيتم تناول التقنيات العلاجية الدرامية الحديثة مثل "المسرح العلاجي"، "الدراما العلاجية" و"الدراما النفسية" في هذا البحث.

**الكلمات المفتاحية:** الأدب، العلاج بالمسرح، التنفيس، العلاج الجماعي، العلاج بالشعر، الدراما النفسية.

### Abstract

The interrelationship between literature and therapy became widely recognized in recent years. Illness narrative evolved to become a tool that educates people about life problems and how they are created, controlled, and made meaningful. They also explains the role of cultural values and social relations in shaping the way bodies are perceived and monitored, and how symptoms are labelled and categorized. Literature (plays, novels, short stories) and personal accounts written by patients can provide information which is otherwise not available to physicians. Literature may aid in the development of a shared knowledge between the physician and the patient.

The paper illustrates how illness biography or, as it sometimes called "pathography," has emerged as a literary genre that serves as a source of information for medical anthropologists. Patients, describing their personal experience, have tried to educate medical professionals and people in general

about the impact of illness on their work and social life; aspects that are mostly neglected in the medical world.

Drama paves the way for people to actively participate in the world, hence a powerful potential for healing can be seen in it. In drama illness is portrayed in live performance, through the purging effects of "pity" and "fear", modern drama aims at creating a therapeutic atmosphere to help people suffering from physical or mental problems overcome their difficulties.

The paper also sheds light on what is known as "Dramatherapy" which emphasizes the healing properties of drama, and which is used to help people diagnosed with schizophrenia and Autism, among other mental and psychological disorders, and lessens the symptoms of these disorders by the means of group scenarios.

Also modern dramatic therapeutic techniques like "therapeutic theatre", "theatrotherapy" and "psychodrama" will be tackled in this paper.

**Key words:** Literature, dramatherapy, catharsis, group therapy, poetrytherapy, psychodrama.

### **Modern Literature and Illness:**

#### **Drama as a Therapeutic Technique**

Incorporating illness, pain, disease, and disability in literature has been a prominent practice, since the early attempts in literary writing, where representations of illness have managed to capture the imaginations of countless readers and audience throughout the ages, as Anita Sethi puts it: "there is something compelling for writers and readers about the body in pain, about damage, the pain of the sufferer and the torment of family and lovers as they look on" (2007). Modern works recreate patterns of the past, because of the currently empathetic, sympathetic, and realistic viewpoint vis-à-vis illness is projected nowadays. For example, few people currently believe that some diseases might be caused by diabolic possession or as a punishment for a personal defect. In addition, many of the modern diseases either did not exist in previous times or were manifested very differently, like anorexia or bulimia which are considered two of the most common modern illnesses that owe their existence to certain economic and cultural conditions of the western world (Kravitz, 1).

Illness narratives educate people about how life problems are created, controlled, and made meaningful. They also illustrate the function of cultural values and social relations in shaping the way bodies are perceived and monitored, how bodily symptoms are labelled and categorized, and how complaints in the particular context of life situations are interpreted. The unshared aspects of illness may be minimized in other ways (Kalipeni and Zeleza 117). S. Kay Toombs affirms that "literature (plays, novels, short stories) and personal accounts written by patients can provide information which is otherwise not readily available to the physician" (29). R.J. Baron argues that many literary works may be read as "medical treaties that give physicians information absolutely essential to the practice of medicine" (qtd. in *Ibid*). Literary portrayal of illness (fictional or autobiographical) provides insight into the existential predicament of illness and how it is like to be sick. "Literature can provide similar insights for the uninitiated and may aid in the development of a shared word of meaning between physician and patient" (Toombs 29).

Wayne Booth claims that "literature," with all its ambiguities, can teach both patients and medical practitioners some essential ethical truths about the field of health, disease, medicine, and right and wrong ways of facing pain and death. He further expands the scope of literature to mean, besides fictional works, autobiographies, memoirs, and even journalistic accounts that have "literary" elements like anecdotes, metaphor, stylistic heightening of emotion. He also claims that the supporters of medical ethics "have paid far too little attention to the 'fact' that some novelists, poets, and dramatists have probed the issues more deeply than most overt 'thinkers' have managed to do" (qtd. in Charon and Montello 11).

There is a countless number of novels and memoirs written, mainly by those who have faced life-threatening diseases, where they tried to address ethical problems of medicine. Many of them are

expressing the patient's point of view, and revealing the difference that can result from the diverse ethical stances doctors tend to take as they perform their treatments (Charon and Montello 16).

The concept of madness has its share in literature, dating back to the Greek tragedy where Aeschylus, Sophocles, and Euripides, represented madness as an illness "caused by an external cause. Specifically a god brings about madness... always as the punishment of an individual for their own hubris or the hubris of one of their relatives" (Pegler 76).

In *The Wounded Storyteller* (1995), which examines the individual and social functions of storytelling about illness in the late twentieth-century west, Arthur Frank argues that "ill people reclaim authority over their bodies and their lives by constructing their own narratives – narratives which empower individuals to make their own sense of what has happened to them, why, and what it means" (qtd. in Cornish and Saunders 55).

The use of narrative to depict one's or other people's experiences of acute or chronic illness becomes a very growing industry. In the last few years, analyses of patient narratives have been used "to explore everything from autism... to temporomandibular joint syndrome... In between one finds studies of breast cancer... depression... diabetes... HIV... mental illness... and schizophrenia...to mention just a few of the more recent ones" (Ember and Ember 44).

Ron Loewe states that over the last decades the illness biography or, as it sometimes called "pathography," has emerged as a popular literary form that serves as a source of primary data for medical anthropologists. Patients, through vivid, personal stories, have attempted "to educate medical professionals and the general public about the impact of disease on work, family life, identity, and self-image as well as to recount their experiences with impersonal, bureaucratic, medical institutions." (Ember and Ember 42) In memoirs and autobiographies, authors share their personal experiences in raw, first person accounts. Whereas those narratives are written by people from different walks of life, and deal with a variety of various medical conditions, the stories of these "share many common narrative elements: mystery (disease is unexpected or difficult to diagnose), betrayal by one's own body, conflict with medical professionals or medical bureaucracies, the failure of medical science to heal, the need for self-reliance, and, generally, but not always, a return to good health" (*Ibid* 43). One of the successful prototypes of the new genre was Norman Cousins' *Anatomy of an Illness as Perceived by the Patient*, a touching account of the author's struggle with a debilitating collagen disorder. Other autobiographies of illness include: [Robyn Michele Levy's](#) *Most of Me: Surviving My Medical Meltdown*, a memoir of a woman coping with both Parkinson's disease and breast cancer, [Laurie Edwards' Life Disrupted: Getting Real About Chronic Illness in Your Twenties and Thirties](#), [Sandra Beasley's Don't Kill the Birthday Girl: Tales from an Allergic Life](#), [Richard M. Cohen's Blindsided: Lifting a Life Above Illness: A Reluctant Memoir](#), [Susannah Cahalan's Brain on Fire: My Month of Madness](#), [Waverly Evans' Healing Lupus: Steps in a Personal Journey](#).

Some doctors also wrote about their experiences as patients. Physicians who have themselves been ill (or close ones) find they have a greater understanding of their patients' situations. *Over My Head: A Doctor's Own Story of Head Injury from the Inside Looking Out* by [Claudia L. Osborn](#), is a doctor describing the aftermath of a brain injury and her journey to rebuild her own life. In "Before I Go," Paul Kalanithi describes his struggle with lung cancer. E. E. Rosenbaum's *A Taste of My Own Medicine: When the Doctor is the Patient* is about the doctor's long battle with cancer.

Both *The Other Side*, and *The Bright Side*, were written by Dr Kate Granger, who suffered from a rare type of sarcoma (cancer.) She wrote in hope "that by reading it healthcare professionals will be better able understand exactly what being the patient is really like and how their behaviours, no matter how small can impact massively the people they look after" (<http://theothersidestory.co.uk/theotherside>).

Poetry also became a useful therapeutic tool. Psychiatrist Smiley Blanton, discusses the therapeutic value of poetry in his book *The Healing Power of Poetry*, where he maintains a prescriptive approach where inspirational poetry is used. (Mazza 7)

Eli Grierfer coined the term poetrytherapy and in collaboration with Jack J. Leedy, another psychiatrist, he developed a poetry therapy group. The two psychiatrists received support and encouragement from J.L. Moreno who was interested in the use of poetry in therapy and used the term "psychopoetry." (*Ibid*)

Paul L. Montgomery in his *The New York Times* article

"Psychopoetry: A New Way of Reaching the Disturbed" affirms that "the time is ripe for poetry therapy now because the psychiatric profession is more flexible in its willingness to use new techniques...Ten years ago we were laughed at. Now they're starting to teach it in colleges."(1971) Formal recognition of techniques of poetry therapy came with the establishment of the Association for Poetry Therapy (APT) in 1969. (Mazza 7)

Used extensively with drug addicts, violently insane, and disturbed children, poetrytherapy comes in various methods. One of these methods is to ask patients to read poems by established poets, or sometimes to have the poets themselves read their poems for them. The purpose is to get patients discuss and talk about these poems and, eventually, about themselves. Dr. Gilbert Schloss refers to this process by saying that "poetry is a tremendous catalyst...because one of the hardest things with mentally disturbed people is to get them to relate to one another" (qtd. in Montgomery). In another method patients are encouraged to write poems themselves. This, as the theory suggests, enables patients to bring out emotions and blocks into the open that might be suppressed in ordinary discourse. It can as well prevent other problems. Dr. Leedy interprets that by saying that "many peptic ulcers and psychosomatic ailments are poems struggling to be born," Dr. Leedy said. (*Ibid*)

Since drama as a performative art offers people ways to actively participate in the world, there is a powerful potential for healing in drama. In drama illness is portrayed in live performance. In Renaissance drama, the portrayal of madness was relatively a conventional matter. Often represented in humoral or "ecstatic" language, through melancholy or love-sickness, and in disintegrations of familiar appearance used to display its transformation. In tragedies, madness goes through a dramatic development in stages of conflict, confusion, and irrationality, where the crisis of the self perpetuates until death. In comedies, it is resolved and the conflicts end. Yet even in its most conventional forms, madness has always a destructive power, of communicating the failure of authority and reason to prescribe the meaning of the Renaissance world (Rocha 36). The motif of tragic madness initiated by Thomas Kyd in *The Spanish Tragedy* (1582), was expanded by Shakespeare in *Hamlet* (1599), *King Lear* (1606), and *Macbeth* (1611).

Modern drama developed a more humane way of depicting madness. The purging effects of "pity" and "fear" are reused in a modern therapeutic way that aims at helping people with physical or mental problems overcome their difficulties. The twentieth century developments in a host of different fields like experimental theatre and psychology have opened new ways in which drama and theatre can be effective in bringing about change in people: emotional, psychological, political and spiritual change (Jones 3).

The term "dramatherapy" was first used in the UK by Peter Slade in a paper he wrote in late 1930s recognizing the healing properties of drama (Langley 11). Yet, the emergence of drama as a means of therapy can be traced to continental Europe in the nineteenth century, where the function of catharsis was being explored in literature, and theatres were built in psychiatric hospitals in Germany and France for treating patients (*Ibid* 12). Later, in Russia, Professor Vladimir Iljine developed what is called "therapeutic theatre", where he believed that people with mental health problems can regain spontaneity, flexibility, expression, communication, and sensitivity through taking part in "active techniques" like role-playing in therapeutic theatre performance meetings (Karkou and Sanderson 202).

Nikolai Evreinov, the [Russian director, dramatist](#), and [theatre practitioner](#) advanced his notion of "theatrotherapy" as a way whose emphasis is on the theatrical process of being involved in acting itself, which is more internal and psychological, rather than on the performance. Evreinov's "ideas made clear links between theatre and personal change" (*Ibid*).

Professor Andy Kempe, senior lecturer in drama education at the University of Reading in Berkshire, UK, believes that "the use of drama in the curriculum for children with special needs is sometimes automatically equated with dramatherapy" (Schonmann 165). Dramatherapy has become a developing approach in the treatment and education of people with special needs. A related concept to dramatherapy is "psychodrama," which was developed by Dr. Jacob L. Moreno (1889–1974). Psychodrama is "an action method, often used in and as a [psychotherapy](#), in which clients use spontaneous [dramatization](#), [role playing](#), and dramatic [self-presentation](#) to investigate and gain insight into their lives (Fadul 292). It includes elements of [theatre](#), a [stage](#), or a space that serves as a stage area, with [props](#). Jose A. Fadul states that "psychodrama may be used in a variety of clinical and community-based settings, and is most often utilized in a group scenario, in which each person in the group can become therapeutic agents for one another's scenes" (*Ibid* 293). According to Richard Courtney, Psychodrama is a therapeutic use of dramatic action that hardly distinguishes between actor and audience:

The doctor-director spontaneously sets up the conditions for an improvisation based upon the problems of a specific patient. The patient (normally) acts as himself and trained assistant-actors perform roles as alter egos of the patient; other patients may or may not be part of the whole group (as actors and/or audience). As needed, the patient and an assistant-actor can change roles, the assistant acting as the patient and the patient acting as an alter ego. This style has an entirely therapeutic purpose with little if any artistic end in view; however, the specific techniques used have considerable relevance to spontaneous art forms and to education. It should be noted that with both Sociodrama and Psychodrama the director sets up the preliminary conditions of the dramatic action, determines to a certain extent the pattern to be followed, and then allows for the spontaneous development of those engaged in the action either as actors or audience. (87)

Psychodrama therapy, according to Marcia Karp, Paul Holmes, and Kate Bradshaw Tavon, began to develop in Britain in the 1960s and 1970s (26). The British Association of Dramatherapists is the professional body that represents dramatherapists and their professional practice in the United Kingdom. It was founded in 1977, formally constituted with Officers and an Executive Committee and has its own Code of Practice. It has the legal status of a non-profit-making company, limited by guarantee (Jennings *et al.* 214). This association affirms that dramatherapy is "the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth."(2011)

Dramatherapy makes use of the aspects of drama that have healing potential, such as *catharsis*, or the expression of deeply felt emotions; what is important is the ability to distance oneself from personal issues, since "the creativity of drama is used to gain a greater understanding of self, as unconscious feelings, thoughts and issues come to the surface and are expressed through metaphor... the strengthened capacity for creativity is also an aid to problem solving" (Langley 13).

The safe environment of the psychodrama stage, in the presence of a group and under the director's guidance, offers an encouraging atmosphere to explore human relations (Djuric *et al.* 9). There is no written script; instead patients enact scenes from their personal lives the way they have experienced them (*Ibid*). Moreno introduces the concept of "act completion" in psychodrama; he believes that "action, body movement and dynamic interrelations of characters on the stage, their mutual closeness or distance as expressed in physical, spatial terms, could tell more about the

difficulties in interpersonal relations than speech itself. The action taking place on stage, spoken words and movements, objects and props, make it possible for the protagonist to complete whatever he or she has been unable to, or has not known how to, or dared not do in reality" (*Ibid*).

Roger Grainger conducted a research in 1999, on a small group of people with thought disorder, which showed that the group did benefit from dramatherapy. He used repertory grid tests before and after the therapy and his results "seemed to provide evidence of the integrating effect of drama upon fragmented human awareness." Grainger suggested that dramatherapy is appropriate for people diagnosed with schizophrenia, "because of the provision of a secure, boundaried, structured yet free, playful space where there is relaxation, rehearsal and validation" (qtd. in Casson 78). For him drama represents "a playground for the release of interpersonal tension and a laboratory for the safe anticipation of events" (*Ibid*).

Martin Redfern wrote his *Safe Spaces and Scary Encounters: Core Therapeutic Elements of Trauma-Informed Dramatherapy* in which he analysed methods and therapeutic moments with traumatised clients (Sajnani and Johnson 33). Parasuram Ramamoorthi and Andrew Nelson propose a drama education model that "simultaneously helps individuals develop artistic talents and careers while using specific art techniques to address social skill development, communication, empathy, and other issues common to ASD [Autism Spectrum Disorder]" (qtd. in Schonmann 177). Drama is seen as an effective medium to introduce new skills to individuals who suffer from autism.

Also, drama is used to treat depression, anxiety, and eating disorders through what is called "The Sesame approach" which is known as "a non-verbal, non-direct psychotherapy using the art forms of drama and movement." (<http://www.dramatherapist.net/the-sesame-approach>). This approach combines many theories like Rudolph Laban's Art of Movement, Peter Slade's work in children's play, Marian Lindkvist's non-verbal language of Movement-with-touch-and-sound, and Carl Jung's psychology of the unconscious. It advocates remaining with the inner symbols until it becomes possible to integrate and apply its wisdom in making new healthy life choices.

The most essential part of this approach is its reliance on a metaphor. Similar to the ancient story where the phrase 'Open Sesame' is used to open the door of the cave and reveal treasure, the Sesame Approach utilises movement and drama as powerful resources that can help to promote healing and change in people. Stephanie L. Brooke explains that in a sesame sessions "the experience offers the participant a real validation of their creative expression through the ritual of performance and being witnessed by others. This involves the sustained immersion in a character and the subsequent devising of a scene that can be presented and witnessed.(222)

Peter Buse concludes that "medical drama reassures us that there are indeed protagonists within hospitals, that there are heroes and heroines within those institutions with independence and agency" (Roach 197) and it is the role of literature, including drama, to help shedding light on these down to earth protagonists.

## **Conclusion**

The traditional view of literature as an entertainment tool has changed in the modern age to include a more practical purpose: literature became a therapeutic means to help people with psychological, mental, and educational problems cope with their difficulties and walk through the right path to healing, or in at least, lessening the painful symptoms of their chronic illnesses.

Pathography, written by patients or physicians (sometimes a patient-physician) is one method of writing about one's mental or physical journey of suffering where diaries and memoirs are the main tool.

Poetry as well plays a vital role in psychotherapy. Through reading and writing poems, patients can reveal inner suppressed thoughts and feelings in a creative way, it helps people with addiction and violence problems through what is called "poetrytherapy" and "psychopoetry".

Yet drama occupies a special place in this area. Within a psychodrama setting, patients with mental, psychological, emotional, and learning problems can find a safe environment to express themselves around people who share their suffering and can fully understand their dilemma, under the supervision of qualified and trained therapists, known as "dramatherapists", who run the groups and monitor the process of revelation of inner conflicts and struggles, which can be harder to accomplish through traditional psychoanalysis sessions.

Dramatherapy helped and is still helping a lot of people with autism, schizophrenia, depression, eating disorders, and dementia, among others, cope with their conditions and lessen the symptoms of their illnesses.

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