

TOWARDS AN ENACTIVE DRAMA THERAPY: IMPLICATIONS IN THE COUNSELLING OF DISABLED CLIENTS

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Abstract: Mechanisms of change in dramatherapy are poorly understood, compromising its *bona fide* therapy status. Given growing attention to how alternative frameworks of cognition might inform mental health practices, I aim to provide an enactivism-congruent and affordance-based account of dramatherapy. A secondary aim is to suggest why disabled or differently abled clients might benefit more from such psychotherapies that veer from a brain-centered approach to a holistic outlook that situates the mind within a dynamical system.

Keywords: dramatherapy, enactivism, affordance-based therapy, disability.

Introduction

There is a surging interest in establishing the efficacy of drama therapy, with a recent meta-analysis (Orkibi et al., 2025) putting forth encouraging results. However, the scarcity of empirical studies and the visible explanatory gap concerning why and how such practices have promising effects on mental health outcomes severely undermine the credibility of dramatherapeutical interventions. This article aims to contribute to scholarly attempts to identify mechanisms of change in dramatherapy (de Witte et al., 2021) by situating these processes within an enactive framework (de Haan, 2020). A secondary, exploratory objective is to

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investigate whether disabled or differently abled individuals might benefit more from dramatherapy than from other *bona fide* therapies, such as cognitive-behavioral therapy (CBT).

1. Accounts of drama therapy

The field of drama therapy is not, by any means, unitary, with each theoretical school having its own techniques and core assumptions. For instance, Sue Jennings's Embodiment-Projective-Role paradigm (Jennings, 1992) puts forward the idea that sense-making throughout development entails dramatic play and, depending on the child's age, it can be embodied (i.e., sensory exploration), projective/symbolic or appeal to role-taking.

Rooted in Jungian practices, the Sesame approach (Watts et al., 2013) emphasizes non-verbal enactment of myths, fairy and folk tales provided by a facilitator. This school understands dramatherapy as *bridging in* a liberating liminal space, where individual insight is gained by relinquishing former habits and convictions. Therefore, by *bridging out*, there is no need to share or overtly analyze an individual's psychological change. The facilitator, also called a trainer, is not seen as a full-fledged therapist.

Also of interest is Landy's Role Model of Dramatherapy (Landy, 1993), which has the role as its main unit of analysis. He proposes that dramatherapy should be centered on finding ways to cope and negotiate with a rigid set of roles.

I do not intend to provide an exhaustive account of dramatherapy. Rather, I will adhere to already established operationalizations of drama therapy that view it as a fantasy-based intervention involving "the intentional use of drama and theater processes such as embodiment, dramatic projection, improvisation, role-play, and performance to facilitate physiological, psychological, and social change" (de Witte et al., 2021, p. 3).

2. The enactive turn in cognitive science

Classical cognitive science deems the mind as an information processing system confined in the skull (Gallagher, 2018) which manipulates stored mental representations of the external world in a rule-based fashion. One reverberation of the classical model in clinical practice is the generic cognitive model (Beck & Haigh, 2014), which explicates psychopathology in terms of faulty pre-existing schemas that are in charge of processing social information and give rise to personal meaning.

Many critiques have been raised concerning such neurocentric “representation-hungry” (Clark & Toribio, 1994) approaches, with the enactive turn aiming to relocate cognition (or “sense-making”) into a larger dynamical system that also encapsulates the body and the environment. For enactivists, the agent uses the (real) world as its best model and the possibilities of action (i.e., affordances) it offers (Ward et al., 2017).

Coined by Gibson (1979), “affordance” refers to opportunities for action that an ecological niche offers an individual. Gibson claims that perception and action are inextricably linked, as one understands the world in terms of what possibilities to act each object provides. I will adhere to the enactive stance to affordances, according to which they are already in the environment but depend on an agent’s skillful action to be brought forward (Chemero, 2003). Affordances need not be only physical; they could also be socio-culturally constructed (Rietveld et al., 2013) or affective (Krueger & Colombetti, 2018).

3. Enactive drama therapy

Enactive psychiatry (De Haan, 2020) makes the case for psychiatric conditions as disordered patterns of sense-making. At the core of these maladaptive patterns are altered fields of affordances (i.e., the possibilities of action that stand out for an individual). According to de Haan et al. (2013), fields of affordances can be analyzed along three dimensions: width (number of perceived action possibilities), depth (the possibilities of action along the temporal axis) and height (how relevant

or salient affordances are to the individual). Given shortcomings of categoric models of psychopathology and the growing interest in transdiagnostic approaches (Dalglish et al., 2020), I find such an affordance-driven stance of much value.

The idea of affordance-based therapies has been already visited, especially in the context of managing chronic pain (Vaz et al., 2023). However, it has not gained much momentum in the study of mental health. I aim to reappraise drama therapy as an affordance-based therapy with the scope of “opening up” fields of affordances in a collaborative fashion, where the therapist and other clients co-construct meaning.

Of initial interest is the enactive account of pretense play (Rucinska & Reijmers, 2015), according to which symbolic play need not be representational (i.e., it need not evoke mental representations or involve offline symbol swapping). In the context of the action-perception-action loop, novel affordances are generated (or discovered), as illustrated in the case study of John. Their “Staying Within Play” approach involved John offloading/extending problematic relationships and different affective states to objects/toys. He was later asked to arrange and physically manipulate them in ways that made him feel comfortable, granting novel affordances *via* an adjusted sensorimotor experience and participatory sense-making (de Jaegher & di Paolo, 2017).

Throughout our lives, we move through rich landscapes of affordances, yet we don’t act on all of them. That is, not all affordances solicit the individual. Various factors come into play, including personal needs (broccoli affords eating but may solicit it only if other options are not present), habits (doomscrolling stands out more easily than reading if it’s a habit) and ability (a party affords socialization only if I have previously been exposed to such practices and have acquired their norms). This begins to explain why, in drama therapy, enacted experiences feel transformative and echo into our personal lives. I argue that affordances themselves are not transferred to other life contexts. Rather, they may lead to acquired skills: “In acquiring a skill we learn in which places in the environment to find the affordances relevant to our concerns and what aspects of environment to attend to” (Rietvald &

Kiverstein, 2014, p. 331). This nicely fits Gibson's "education of attention", or even Vygotsky's approach to scaffolded learning.

For instance, de Gruijter et al. (2024) designed an intervention for people with personality disorders that placed emphasis on experiential practice (i.e., interpersonal skills) and exploring behavioral alternatives through enactment. The authors provide the example of participant Y, aged 45, who struggled with managing conflicts and confronting others, especially their parents. Dramatherapy sessions centered around enacting vulnerability, courage and interpersonal interactions, inoculating habitual and mastered practices, allowing for possibilities for action to actually guide behavior (i.e., affordances becoming solicitations) in similar environments and marking the transfer from "I know that [x]" to "I know how to [x]". From a cultural anthropology lens, this therapeutical setting bears some resemblance to rituals and ceremonials wherein certain practices are instilled.

4. Drama therapy with disabled/differently abled clients

Living with a disability increases the individual's risk to develop a mental health condition. Recruiting data from the 2021 National Health Interview Survey conducted in the USA, Koenig et al. (2024) report that individuals with high functional disability have 552% greater odds of receiving an anxiety diagnosis and 697% greater odds of receiving a depression diagnosis. Such startling results should place responsibility on mental health practitioners and researchers alike to inquire into the underlying phenomena leading to the high prevalence of psychopathology in disabled individuals and to devise/adapt interventions to partly mitigate that risk. I argue that enactive-ecological models can help with this.

Cohabiting and negotiating with the same environment can sometimes be challenging for vulnerable individuals. Differently abled people struggle to navigate spaces designed by able-bodied people which severely limit their possibilities for action. Toro et al. (2025) put forward the concept of "disabling scaffolding" to describe those environmental

structures that obstruct the individual's possibilities for action. Reliance on scaffolds (e.g., braille displays, wheelchair ramps, simplified language) is essential for asserting autonomy, whereas losing access to them might impair one's spatial agency, with such ruptures being linked to psychopathology (Krueger, 2024). Moreover, the relationship between oppression and disruptions of spatial agency is bidirectional – social practices constrain affordances, and obstructed affordances shape which practices individuals (don't) engage in. This unveils a disordered pattern of sense-making where disabled individuals, even though they might be embedded in nurturing environments, operate with disrupted fields of affordances.

Cognitive-behavioral therapy (CBT) is often deemed the “golden-standard” in this field (David et al., 2018) and by no means do I seek to contest the robust empirical findings at the nomothetic level, albeit some of its assumptions reflect outdated theories of emotion and cognition. However, I do wish to make the case that its use is problematic in disabled clients. Pathologizing thoughts and behaviors driven by oppression, marginalization and hostile environments and framing them as “cognitive distortions” may sometimes foster the client's feelings of hopelessness. Moreover, the principle of “reality testing”, according to which assumptions are empirically challenged by investigating evidence reaped from the external environment, may be perceived as dismissive.

An enactive drama therapy aiming at maximizing affordances, instead of changing or reappraising cognitions, might be better suited for some disabled clients, as most of their struggles stem from restrained navigation in socially or structurally inhospitable environments. Drama therapy sessions grant access to safe, compassionate and playful opportunities to reassert one's spatial agency by the creation of what Dokumaci (2023) calls “activist affordances” or finding ways to work around hostile niches. Systematic manipulation of the environment is rarely possible, so drama therapy should center on enacting an array of situations where the actor-client puts into practice their skills to access regulatory resources (including affective affordances). Moreover, non-verbal or minimally verbal aspect of enactment may benefit clients

with intellectual disabilities who struggle to provide narratives of their psychological change in talk therapies.

5. Conclusion

I offered drama therapy as an effective practice by providing an affordance-based model. To the best of my knowledge, such a proposal has not yet been considered in the literature. Currently, drama therapy is not included in the American Psychological Association's list of empirically-based treatments, yet I hope my enactivism-informed account persuades researchers into further exploring its efficacy and regarding it as a *bone fide* therapy.

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