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“Migrated onto the Screen”: The impact of the COVID-19 pandemic on the clinical practice of drama therapy

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ARTICLE INFO

Keywords:

Drama therapy online
Covid-19
Involuntary migration
Digital resources
Clinical practice
Exile

ABSTRACT

This article analyzes the impact of the COVID-19 pandemic on the clinical practice of Drama Therapy, considering how a forced shift to the online setting impacted drama therapy's concepts and practice. Anchored in a qualitative analysis of 20 interviews with well-established drama therapy practitioners from 19 different countries, we put forward the notion of four positions of reaction to the online setting: *resistance, anxiety, adjustment and fluency*. Our discussion of the four positions aims to reflect a composite exploration of practitioners' experiences during various phases of their online work. Importantly, we insist that movement between positions is fluid and dynamic. Building on a prior research examining the use of digital resources before March 2020, our analysis utilizes the metaphor of forced migration to consider the range of experiences and challenges that emerged when online work was no longer a choice amidst the spread of the coronavirus. We hypothesize that practitioners who were able to channel the discipline's creative ethos and recognize that online drama therapy presents a qualitatively different phenomenon (*vis-a-vis* in-person practice) were best able to experience the fluency position. We speculate that “online drama therapy” may be different from “practicing drama therapy online,” wondering whether it will develop into a new brand of drama therapy, as more and more practitioners and clients “migrate onto the screen”.

Introduction

This paper explores the clinical use of drama therapy online as a practice fueled by the Covid-19 pandemic. Prior to the pandemic, the incursions of drama therapy into the digital world were scarce and punctual – especially compared to art and music therapy (Magee, 2006, 2014; Malchiodi, 1996; Orr, 2012; Kapitan, 2009). A preliminary study conducted before the pandemic (Atsmon & Pendzik, 2020) shows that only a handful of drama therapists were practicing online (mostly supervising), and the use of digital resources was quite rudimentary. Despite some sparks of engagement in online practice, skepticism prevailed concerning whether it suits the drama therapy *raison d'être*. Some practitioners were doubtful about the ethics and esthetics of digital drama therapy even while using it and, for the most part, online clinical work was being practiced as a solitary endeavor. With few exceptions (Millbrook, 2019; Ryu, 2017), literature on the subject and presentations at conferences were rare and peripheral.

The eruption of Covid-19 pushed many drama therapists to online work, compelling them to become acquainted with what many of them

perceived as a “foreign tongue” and to practice fluently in it within a very short time. Initially, the drama therapy community responded to this challenge with an outburst of engagement with digital tools: During the first months of lockdowns and restrictions, practitioners worldwide shared and exchanged newly acquired tools and digital resources in a wave of bounty that resembles what is known in community disaster processes as the “heroic” and “honeymoon” phases (DeWolfe, 2000) – the first stages after the initial shock, when altruism and community bonding prevail. Free webinars and workshops were organized around the globe; conferences turned digital and lowered attendance fees, allowing for the participation of unprecedented numbers of attendees from all over the world; knowledge was shared, and resources collectivized (Pendzik, 2020). Much of this is still happening and has become part of the drama therapy online culture. Furthermore, practitioners began to diversify their creative tools in order to engage their clients in dramatic reality online: Whether through the use of objects or by creating digital photocollages with older adults (Keisari, Piol, Elkariff, Mola & Testoni, 2022; Kordova & Keisari, 2020), doing yoga and movement warm-ups with adolescents and young adults at a substance

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<https://doi.org/10.1016/j.aip.2022.101913>

Received 31 October 2021; Received in revised form 27 March 2022; Accepted 31 March 2022

Available online 3 April 2022

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abuse center (Adges, 2020), or making animal noises and singing “old Macdonald had a farm” with mental health clients (Buckley, 2020), drama therapists have found numerous ways to keep the “ball rolling” within/through the virtual space. Tozer (2020) applies cinematographic concepts to drama therapy online as a way of relating to the specific setting that tele-drama therapy introduces. Likewise, Wood et al. (2020) provide suggestions for the efficient practice of tele-mental drama therapy groups, concluding that, “if drama therapists hone their technology literacy and employ their creativity and flexibility, the potential for successful translation of online drama therapy can blossom” (p.160).

However, in spite of the massive movement to online practice deriving from the pandemic, its use is still regarded by many drama therapists as taking place outside of their comfort zone (Buxton & Morley, 2020), evoking complex feelings, and eliciting questions regarding professional identity (Kingwill, 2020; Sajnani 2020). In fact, a recent study of 1206 creative arts therapists (Feniger-Schaal, Orkibi, Keisari, Sajnani, & Butler, 2022) states that despite their creative efforts to adapt and use a variety of tools (sometimes even switching to other art modalities), creative arts therapists reported using less artwork in online therapy. Furthermore, as online drama therapy is becoming a new routine (often a mandatory one, due to repeated lockdowns or restrictions), the experiences, feelings and stances that practitioners express began to resonate with the semantic field of migration and exile.

Migration can be broadly defined as “crossing the boundary of a political or administrative unit for a certain minimum period” (Castles, 2000, p.269). In some cases, migration is a survival strategy used by individuals or families; in others, it is organized and sponsored by governments or large corporations. In current times, migration is often provoked by “political conflicts, natural disasters, and economic concerns” (Dugan, 2013, p.144). Involuntary migration is driven by external factors and characterized by forcedness and associated perils, including loss of control, stress, diminished self-esteem, and uncertainty about the future (Echterhoff et al., 2020). Meerzon (2017) recalls Russian-American poet Joseph Brodsky’s differentiation between migration and exile, in which *migration* is defined as “a multitude of displaced people seeking refuge in places different to their home” and *exile* as “a psychological, philosophical, and existential condition that defines this experience of migration as displacement, loss, and homelessness” (p.20).

The concepts of involuntary migration and exile serve to contextualize our investigation of the transition of 20 well-established drama therapists into online practice. Throughout the interviews, we became aware that we were witnessing four different stages of a unique and complex process that resembles exile and migration. In this paper, we outline and illustrate this process, which we see as comprising four positions: *resistance*, *anxiety*, *adjustment* and *fluency*. We explore these positions as they manifest in the experiences of practitioners, discuss them in relevant theoretical contexts, and hypothesize about why some practitioners were able to inhabit more adaptive positions while others were not.

Method

This qualitative study is based on semi-structured interviews conducted with 20 well-established drama therapists in clinical practice. Interviewees were selected through purposive sampling (Palinkas et al., 2015; Patton, 2002), drawing on the researchers’ acquaintance with the international drama therapy community, and with the help of national associations of drama therapy that assisted in tapping potential candidates that fulfill the relevant criteria. We elected to explore the experiences of well-established drama therapists in order to highlight the changes involved in the transition to online clinical work in practitioners who have already developed a clear sense of their practice and professional identity. For the purposes of this study, “well-established” meant practitioners who have been engaged in clinical work for over eight years, are published authors, teachers or supervisors, and/or play a

significant role in their respective drama therapy communities. We approached such well-established drama therapists from diverse genders, representing various approaches, who have a clinical practice with a range of populations, prioritizing practitioners with diverse cultural, geographic, clinical, and age backgrounds in order to attain cross-sectional input, and account for how the Covid-19 pandemic impacted populations in different ways. Practitioners’ ages ranged from early 30’s to late 60’, with some defining themselves as “digital natives” and others as “digital immigrants” (Prensky, 2001). Spanning six continents and 19 countries allowed the research team to account for how adaptations of clinical practice might be affected by differences in state responses to pandemic conditions. In addition, we returned to seven practitioners interviewed in a previous study (Atsmon & Pendzik, 2020), to obtain further perspective by juxtaposing their pre- and post-pandemic experiences with the online setting.

Declared use, either general or successful, of online platforms in clinical practice was not a consideration for the selection of interviewees, as we wanted to gain insight into how the shift to online practice was being experienced in a way that may reflect general tendencies in the field. Ethical approval for the study was obtained through Tel Hai College and written informed consent was obtained before each interview.

Semi-structured interviews allowed the researchers to streamline participant reflections while offering flexibility (Adams, 2015). Interviews consisted of four topic sections: 1. Interviewees’ clinical experience and the impact of the pandemic on their country/region. 2. General impact of pandemic-related measures (e.g., lockdowns, social distancing, masking) on their practice and understanding of drama therapy. 3. Conceptual and practical changes stemming from shifting to clinical work online. 4. Perceived effectiveness of online practice (see Appendix A).

The 20 interviews, ranging from 30 to 120 min, were conducted via Zoom, recorded and subsequently transcribed. The interviews were in English, except for one that was conducted in Spanish, then transcribed and translated into English by a certified translator. The transcriptions were read and analyzed by all three researchers, who jointly defined and coded the key themes and categories emerging from the interviews through a collaborative, iterative process. Examples of thematic categories identified in the analytic process included; “metaphors and images,” “impact of pandemic on clients,” “online setting for therapists” and “digital gaps.”

We took an iterative approach in our data analysis. In our process of conceptualization and thematic analysis, we used an inductive, “bottom up approach” (Braun & Clarke, 2012, p.58), making a point of remaining close to the words and images chosen by interviewees when describing their experiences. First, each researcher read over the interview transcripts and coded for appropriate themes. Then, the research team met together to discuss emergent themes and collaborated on developing a shared method of thematic coding. The research team met again after each researcher had a chance to revisit the interviews with a new understanding of the shared coding procedure. The four proposed positions coalesced conceptually, independent of any existing theoretical framework, and were later anchored in theories that resonated with the emerging experience-near formulation.

Four positions of adaptation: An experience-near conceptualization

Position 1 – Resistance

During the first weeks of the pandemic, practitioners were forced to shift their practice online in accordance with lockdowns and other restrictions. As they faced seemingly insurmountable emotional and technical obstacles, practitioners described feeling a heavy air of isolation, panic and uncertainty. Many had minimal experience working online and limited familiarity with platforms such as Zoom; some

struggled with inadequate internet infrastructure for themselves and/or their clients. Under these conditions, most interviewees at first had little to no faith in the viability, efficacy and even desirability of online drama therapy, culminating in a reluctance or refusal to even engage in such practice.

I didn't really try it. I wasn't comfortable [internet] connections weren't that good and there wasn't privacy [.] I didn't try that much, that hard. [.] I couldn't make the drama therapy happen. I stopped trying really early in the pandemic.

Practitioners struggled with the physical and emotional impact of the pandemic, confronted with the same highly stressful situations, restrictions and obligations that affected the lives of their clients: *"Therapists are also dealing with their own fears, adjustments, being home together with our families, babies, elderly parents, anxiety in the community, transmission [...] being humans in the world as well, as we also face this global pandemic."*

In the first few months of the pandemic, authorities and communities still knew comparatively little about the virus, while vaccination or even optimal care procedures were still more potential than reality. The ubiquitous sense of dread and impending disaster, as well as the unfamiliar context, made practitioners reluctant to engage in play:

Just the fact that we're in the middle of a pandemic caused the heaviness [.] the lack of play [.] the way of just not finding play that was certainly present in me for a long time. It didn't feel like something we could enter a dramatic space with – I didn't want to enter a dramatic space. People were dying, people were getting sick.

I don't feel that confident about trying a new thing in such a difficult context. It's all new, this pandemic situation. It's all different. It's all changing. I don't want to make another change if I am not sure about it.

Moreover, as many of them were forced to work from home, practitioners were cut off from professional support networks or holding institutional contexts:

You don't have colleagues to bounce [off of] for support, or have those incidental chats [to] help share the load of the risk. And then you come downstairs to see the only person that is also working from home – my husband, who works in a totally different field – and there's just no connection of what I've just experienced.

I live alone, so it's been four months since I really had a human encounter [...] I'm not getting much bearing into my day-to-day experience and everything is happening on Zoom [and that] has certainly taken a toll both cognitively and on my own mental health.

This position is saturated by loss, as one interviewee expressed: *"At first, we were so full of grief and loss, that the transition was like, 'how are we going to do this?'"* Alongside the angst, uncertainty and isolation of pandemic-life, there was a sense that something central to one's identity and wellbeing, as an individual and a drama therapist was taken away: shared presence with others; the energy of a room full of people, connecting and playing together. This loss was difficult to accept and cast a shadow on early attempts at online work.

Thus, many interviewees emphasized the emotional difficulties in accepting this shift. Commenting on the prospect of training or learning how to become a better online practitioner, one interviewee said: *"I didn't want to look at this [courses or resources], because if I start to learn how to work online, then I accept that online is ok."* Another interviewee expressed more aggressive tones about working online: *"I'm trying not to fight it, but I think we hate it. And angry at it. [.] So I have a very resistant and acting out kid inside. They don't want to do it."* The words of another reflect futility and depression: *"I can't hug them. [...] I can't have any contact. That's really difficult, because we have a really strong connection and most of my patients are adolescents; they have a need to feel close."*

These combined emotional circumstances resulted in a powerful feeling of reluctance and resistance to adapting to and engaging with online practice. As one interviewee attested about some of their colleagues: *"They are blocked and couldn't work online [... thinking that] 'it's not drama therapy. Drama therapy has to do with in-person encounters and how we can work with [the] body.'" As another put it: "it's a new situation. I don't want to be very much against that. But it's difficult for me to integrate the new situation in my life and in my mind."*

Position 2 – Anxiety

While the resistant position is consumed by loss, anger, reluctance to try online work and skepticism about whether online work is even drama therapy, those in the anxiety position accept that it is possible and are willing to try exploring it. However, they feel anxious and confused about how it can be done: this position is about desperately trying to survive the unknown and potentially hostile environment of online platforms.

On this new "planet", practitioners whose training and practice had been centered on attunement to and play with a physically present client, discover that, in their words – they are *"disabled," "handicapped,"* their *"hands are tied"* or even *"cut-off"* and they do not have their *"play-legs."* These potent corporal metaphors highlight not only profound helplessness, but also an intense feeling of being disembodied – even symbolically dismembered, detached from one's body or that parts of one's body are missing – in a way that is limiting, disorienting, and alarming. As one interviewee concludes: *"I genuinely miss being in my body with somebody else, in a physical space."* And another: *"It's not the same as being bodies moving through the room together, and bodies in session together [...] there's a huge loss that's happening around that."*

This sense of detachment from the physical is also manifest in another anxiety-provoking experience mentioned by almost all interviewees: being unable to sufficiently see, contain or hold the client, because they are not physically present and because significantly less non-verbal, physical or sensory information is available online compared to face-to-face. This lack is perhaps more acutely felt by drama therapists because their attention and interventions encompass much more of the client's bodily expression than conventional "talk therapy." Many interviewees noted that, when working online, *"something is missing"* and often that something is *"access to the whole person:"* *"I'm missing so much information from the clients [...] I'm missing what's going on with the rest of the body and that subconscious exchange that's happening when you're in-person."* This sense of missing out on information confronts practitioners with much greater degrees of not-knowing, shaping the online setting as an uncertain, undefined space that they must struggle to hold: *"I don't know even if my client is without shoes or without trousers [...] I just see a face. [...] I don't know if someone is listening. I don't know how much private is this session."*

This unsettling situation is exacerbated when working online with children or clients with developmental difficulties, who may find it more challenging to maintain a tangible connection with the therapist and tend to move off-camera. One interviewee commented on this often-disempowering or disconnecting experience: *"if I don't see them, I can't understand whether they understand me. Because they have problems with understanding what they have to do."* As another put it: *"sometimes the client doesn't understand that you have to stay on the screen, or that you need to act within that frame. They move out. They move out and you can't stop them [from] moving. So, then... as a drama therapist, you become helpless."* And another: *"if I were to ask them to move away, then I lose them, and I lose that connection."*

For drama therapists in the anxiety position, the emotional and practical challenges of containing the client online heighten the sense of risk, evoking an overbearing, sometimes paralyzing sense of responsibility. As one practitioner put it: *"I have to trust my client a whole lot more to be able to process and hold what is happening [.] I have to trust that the healing, or the process is contained [because] it's not contained by me"*

seeing it.” These experiences, alongside a whole new realm of technical problems and connectivity issues that threaten the setting, gave rise to profound distrust of online environments: “I don’t trust this medium. Because I don’t know that I can keep my eyes shut and trust that it’ll be there when I come back.” Or, as another succinctly put it: “how do we hold space when we’re barely holding on to space?”.

Many interviewees mentioned that, alongside the secure containment and holding associated with the stable, physical setting, they also lost some of their sense of safety, trust in their skills, and in their ability to care for their clients. Some felt as if years of experience were rendered inapplicable or irrelevant. This manifested in a “first-year-therapist mentality,” which combined difficulties in trusting the client, the process, the drama therapy technique, and the online medium, and a greater need for immediate, concrete results, to prove to oneself and one’s clients that what is going on is indeed effective. As one interviewee said: “I am [...] more responsible for results. [...] because I wanted to show that ‘yes, it’s working. Yes, it’s ok.’”.

The anxiety position also involves various forms of role-confusion. On one level, practitioners trained in other mental health professions found themselves resorting to their roles and identities as talk-therapists, psychiatrists or CBT practitioners. As one interviewee put it: “psychiatry is more suitable to be online than drama therapy. I can prescribe some medicine for someone online, but I cannot play with them online that easily.” Others asserted that working verbally was easier online: “it’s quite easy to slip into a more verbal relationship with your client.”

On a different level, the role of drama therapist became confused with that of “entertainer” or “energizer.” One interviewee described this as “tremendous pressure to be super animated on Zoom [...] ‘let’s cut-out! We’re going to do this thing now.’ [...] having to really psych yourself up to mobilize.” Another element that supported the frantic or uneasy quality of this role, as several interviewees noted, was the fact that, online, silence is often indistinguishable from a disconnected, frozen image: “It’s a very difficult moment. I think that we can’t stay silent online because we feel very uncomfortable; we think that something happened in the connection. In online work, you have to fill all the time the emptiness.”

A new and discomfiting role that drama therapists found themselves assuming online was that of “tech-support.” Being responsible for the setting meant having to instruct clients on the use of the online platform as well as how to maintain a stable and secure connection. As one interviewee said: “it’s like I’m the technician, the ‘hello, yeah, we’re here, good.’ And then I’m the drama therapist [...] I feel] like a traffic director.” Another interviewee offered: “I feel a little [like a] backstage person, because I must have my mind [on] good communication and stable connection.”

Moreover, the ordinary roles of witness and director sometimes became extreme, non-adaptive versions of themselves, often because the role of player or co-player was limited by the abovementioned feelings of helplessness, of lacking information and not being able to offer adequate holding. As one interviewee put it: “I’m not playing with them. So there’s more of a function with me as a witness and getting them to be playful.” Another commented that: “through [the] internet, the role of drama therapist is more [that of] director. For example, he must have all the time the control.”

These aforementioned qualities of the online setting culminated in a sense of wearily and frantically searching for something that would feel effective, that would “get through.” One interviewee talked about this “scrambling,” overactive search for what works as “a very anxiety-provoking process [...] and exhausting, because you’re trying, you’re trying, you’re trying.” Another shared a similar feeling: “I just felt like I was constantly searching, trying – that it became about trying to bring her [the client] into relationship with me.”

Position 3 – Adjustment

The adjustment position involves a more secure attitude towards the new online environment: The reluctance of the resistance position and

the frantic search of the anxiety position are less prominent, and connection feels more viable. One interviewee explained it as “moving out of panic mode”, allowing “a process [to] happen, and attuning to the client, as opposed to panicking.” In this position, the transition to online work is often construed as translation or imitation, as repetition rather than new creation. Thus, it is less about discovering something new and more about adjusting old ways to current conditions. As some interviewees put it:

Online drama therapy is a kind of imitation of the real group. We imitate what we do in reality and in-person work.

We took our session face-to-face, and we just replicated it online [...] took that same structure and same ritual straight online. And it worked. It was absolutely fine.

I can use the digital medium for drama therapy, in parts. [...] But, in terms of new methods – no, not really. It was more the other way around, that I tried to use drama therapeutic methods and adapt them to the medium.

Sometimes, however, such attempts at imitation outright failed, potentially shifting the experience to the anxious or resistant positions:

I just see the difference in the type of play that I could do online versus in-person [...] it’s so far apart in possibility. And the need to play with another human being is so strong, and to physically play, to be physically with another human being in play – that’s very hard to recreate online.

We tried to play cards, with his cards and my cards. I have the same cards they had. But then it didn’t work, and it was so depressing.

Although self-confidence is growing, the adjustment position is still halfway between anxiety and spontaneity. To use Jennings (1998) conceptualization, the adjustment position is closer to the pole of “ritual” than to the pole of “risk:” it is less informed by playfulness and more by the application of what has worked in the past. As one interviewee put it: “When I’m deciding which interventions to make or which techniques to use, still the frame of reference is ‘okay, well, how did I do it in real time? [...] how can I then adapt it to this situation in front of me?’” And another: “That first couple of months we were like ‘ugh, how do we...?’ And we weren’t so creative in our innovations. We were just trying to survive.”

While able to function satisfactorily within the new paradigm, drama therapists in this position are “looking forward to ‘the day after’ – awaiting the restoration of their full physical bodies, and eager to get rid of their digital avatars” (Pendzik, 2020, p.72). Their perception of online practice as a substitute is closely tied to the ubiquitous feeling of compromise that accompanies this position: it’s a survival strategy.

Position 4 – Fluency

Grounded in the steady learning process of the adjustment position, fluency involves a sense of gradual expansion, a newfound feeling of safety – and, therefore, freedom. Previous experiences of insurmountable limitations are reevaluated and appear less daunting:

Day by day, I became more free and more ready to propose to do more different things. Not just stick at the camera, but say, ‘ok. You can move outside the camera. Just move around the room or change chairs [...] Doesn’t matter if I see you or not.

Early on [...] I thought that maybe there is a limit on body movement. That’s why I used objects or role-playing. However, I began to feel more comfortable about body movements. I’m used to using active movements nowadays.

Practitioners’ new-earned experiences reflect competence and self-confidence:

[I feel] confidence that even if I'm limited with a screen, I can [...] find ways within the limitation to work in [a] drama therapeutic way.

It's been really powerful to learn how to do that, and to make that transition [...] There's been this really fun adjustment, learning new skills [...] kind of an adventure.

At its core, the fluent position entails acceptance of the limitations of the online environment, while recognizing its possibilities. The online setting becomes unique in its own right and is judged independently of the habits and conventions of in-person drama therapy: *"There are things that it illuminates. It gives us other kinds of access...other ways of being together."* As resistance and anxiety give way to curiosity and joy, the feeling of compromise of the adjustment position is replaced by a sense of newness and playful discovery. As one interviewee put it: *"That's been fun, to kind of say, 'oh, let's play with this new language, with this new voice."*

This also marks the transition into possibilities that have not been available before. Many interviewees spoke about never having imagined working online, let alone with groups, but now feeling capable and grateful for having had this opportunity to develop. One interviewee mentioned discovering an unexpected new tool – writing a screenplay with and for the client, while creating their role profile: *"I've been able to type those characters, to literally create this script online. Whereas face-to-face [...] we would've probably embodied more, so it would've gotten diluted."* Another interviewee was inspired to explore and reconceptualize the spatial potentials of online work as *"new possibilities, because we are now showing our most intimate privacy, our home, our office, the place we inhabit. The body expands far beyond the skin, which is no longer our only external cover but the whole place is."*

The fluency position involves a solid sense of trust and holding, greater insight into how concepts such as trust, risk, containment, and connection, work differently online, and sufficient safety to allow these to transform into something new:

Because of connectivity issues [...] we have to rely on the medium to hold the therapy, more than the therapist. [...] We can really use... drama therapy; we can use the medium as the container. And to hold the client through this connection, through distance, through all the other weirdnesses [...] "you may disappear, I may disappear, and also you're very far away, so you're more vulnerable in your far away-ness, so the medium must hold you in a way that I can't."

I have to trust the client that it's going to be okay. Even if something happens and we go off, or it's not working [...] that somehow, the rapport and the contract that we have created is solid enough for them to actually be ok, to bring it up or to say something.

[It was] a big lesson in modesty and trust. First of all, that my clients are much more developed than I ever thought. Suddenly I saw the wealth of the personality, their ability to deal with stuff, their depth. [...] And suddenly I discovered [...] I can trust them, and they know deeper about themselves.

Many interviewees commented on this transformation of the therapist-client relationship. As one of them shared, the shift to the online setting invited a less hierarchical model:

I'm more flexible, I probably have less truth, knowledge, power and authority [...] This is our collaborative approach, where there aren't two poles – the therapeutic pole and the patient pole – but rather group cooperation.

Furthermore, the fluency position involves what might be called "role recovery" or refocusing, as well as finding new roles, and calibrating them with traditional roles. As one interviewee put it: *"At first it was the role of entertainer and engagement, but that kind of role has been less and less, and it's been much more the role of reaching for the other across Zoom. And that idea of belonging and coming back and coming back to connection."* Other interviewees mentioned integrating the role of

technician more playfully, by inventing games that teach clients to use the platform.

Finally, the overall shift from anxiety to spontaneity and from helplessness to competence involves a subtle yet meaningful transition from what we called "first year mentality" to its more "Zen" version – a beginner mindset. Instead of insecurity and the need for reassurance and quick results, there is a willingness, even an eagerness to learn and to develop in response to both the potentials and the limitations of the online platform. Rather than feeling resistance and feeling forced and overwhelmed by the need to acquire new skills or techniques, the shift to online practice is experienced as *"a very good occasion to learn and to open our minds."* One interviewee exclaimed: *"This is something new, with a new tempo, a new rhythm, other images, another attitude. This is what I've liked. to research, to explore, to try."* All these changes culminate in a profound sense of professional pride and renewed appreciation for drama therapy's unique outlook:

I'm quite proud of how our skillset, how our training is so adaptable. [...] What makes drama therapy very unique has actually been the thing that I feel has very much helped in this online context. We are creative beings; we're working in the moment with what's there and we're highly adaptable to our clients' needs and the world's needs.

The four positions in clients

The proposed categorization of the four positions may also be applied to the experience of clients, in their own complex encounter with online drama therapy, as their challenges present parallel difficulties. Many interviewees have shared that certain clients refused to even attempt online sessions, preferring to wait until face-to-face sessions became available again; others quit after trying one or two sessions, expressing doubts about the efficacy of online work. As one interviewee put it: *"When I finally warmed up to it [working online], there was a lot of resistance on the client's part to try and do something creative. There was a lot of frustration about what was happening."* Another mentioned the increased importance of client motivation: *"if the client is not motivated, then s/he will never sit at the computer and do this."* Clients have their own online-related anxieties, which often involve self-consciousness about performing in front of a screen and/or camera, the difficulties of maintaining a safe and private setting at home, and the fear of losing the presence of the therapist at a vulnerable moment due to a bad internet connection. As one interviewee shared: *"With some clients it's really difficult; they really point out we're not having eye contact. They're very aware that it's a translated surrounding they're in."* Just like drama therapists, clients have had to learn to adjust, as one interviewee shared: *"it is much easier now than it was in the beginning, because we have a feeling, we have a rhythm [...] I can invite my client to do a technique that they're familiar with and there's not a lot of that awkward clunkiness."* Some clients have also achieved fluency in the new medium, surprising their therapists with their creativity. As one interviewee noted: *"sometimes we have to stop the sessions because we laugh too much."* Another noted that: *"people were very creative in searching for the esthetics [...] it was extremely moving. In a way that is much more important than in the clinic. It kept something deep alive."* Therapists and clients are going through this process together, learning from each other and affecting each other's dynamic movement from position to position.

The four positions as coordinates for dynamic movement

We view the four positions not as discrete points on a linear axis that one must simply reach, but as spaces that drama therapists occupy temporarily, shifting between them in a dynamic fashion. These are different states of being that practitioners inhabit when working online (or refraining from it), which may even change on a moment-to-moment basis throughout the session, depending on how their interventions

unfold. To illustrate, the examples of failed interventions from the *adjustment* position sometimes led practitioners into the resistant or anxious positions. Furthermore, in our own process as interviewers, we found it interesting to witness our interviewees shifting between positions during the interview itself. From moment to moment, they entered and left different positions as they recalled and identified with different experiences in their process of becoming online practitioners.

The ongoing everyday reality of the pandemic is complex and harrowing. Though the challenges of one's initial familiarization with online platforms have been surmounted, one cannot rest in one's hard-earned fluency: "I'd love to innovate and come up with creative ways to do drama therapy online, but some days I'm just working to hold it together." Even the most playful and innovative practitioners may reencounter the resistance position, with its refusal or reluctance to go online, at the other end of fluency, when it resurfaces as Zoom-fatigue, or other pandemic-related stressors (e.g., being overworked or not receiving sufficient or adequate government support). Moreover, as online platforms continue to evolve, adding new features and possibilities, innovative options become available while others are eliminated, forcing practitioners to continuously adjust and experiment, discovering what works and what does not.

Discussion – Theoretical contexts and movement between positions

The following paragraphs offer theoretical context to some of the phenomena we have encountered, highlighting four elements related to the overarching theme of migration and exile: Role-confusion and first-year-mentality (anxiety), the therapist-client relationship (fluency), and the general conceptualization of the four positions. Then, we discuss what factors affect transition between positions and movement towards fluency.

Many of the processes observed throughout the four positions encountered resonate with experiences of involuntary migration and exile. For instance, the types of difficulties in "understanding" or "being understood" described by practitioners in relation to the anxiety position often characterize the experience of immigrants and refugees around language barriers, constituting a major stressor for these populations and generating feelings of helplessness and lack of confidence (Dieterich-Hartwell & Koch, 2017; Watkins et al., 2012). Similar findings of feeling "deskilled" were reported by Buxton and Morley (2020) in their research on drama therapy remote practice during the pandemic.

Concurrent with immigration experiences of lack of confidence and communication barriers, the "first-year mentality" identified in practitioners in the anxiety position resonates with four of Skovholt and Rønnestad (2003) seven "struggles of the novice counselor and therapist." When inhabiting the anxiety or resistance positions, regardless of their "real-world" experience, many interviewees described experiences that are congruent with these four struggles. The first of these, "acute performance anxiety," is manifest in the feeling of lacking "the professional confidence that buffers the experience of anxiety when difficulties are encountered" (p.47). The second is a "fragile and incomplete practitionerself," which is "highly reactive to negative feedback" (p.50). The third is having "inadequate conceptual maps," involving the feeling that "what one has learned seems irrelevant for practice" (p.51). Finally, the fourth struggle is "glamorized expectations," highlighting the pressure and stress that accompany the wish or need to "have an impact in every session" (p.54). As will be developed in the conclusion, the resurfacing of these "novice" experiences may suggest that, in certain ways, online drama therapy could involve a separate professional identity or 'practitionerself'.

The adjustment position also shows parallels with immigration experiences. Like the immigrant or refugee who stay closely in touch with their community of origin, longing for the life they had and wishing to be back home, the adjustment position is marked by the feeling that online drama therapy is not a medium in its own right but a "filler," a

temporary patch, a practical solution. In exiled people's stories and attitudes, even if the host country is perceived as an option for survival, the "journey turns into a narrative of a newly acquired identity, a story of translation and adaptation, and an account of integration and adjustment" (Meerzon, 2017, pp.26–27). The effort to keep one's traditions and adhere to one's cultural heritage is obvious in this narrative: The drama therapist in the adjustment position regards online work as something one does while "looking to meet again in person." Analogous to some models of acculturation (Okigbo, Reiersen, & Stowman, 2009), this position expresses selective participation in the "new culture," while maintaining a sense of loyalty and a deeper identification towards the culture of origin. They may speak the adopted language but would gladly switch to their mother tongue wherever possible. Finally, the perception of online practice as a substitute is closely tied to the ubiquitous feeling of compromise that accompanies this position as a survival strategy.

The prominent "role-confusion" of the anxiety position, which characterizes the immigration experience, can be contextualized through Berger (2017) notion of the "shifting roles" of the creative arts therapist. Drawing on Landy (2009) role theory and Johnson (1992) ideas of the therapist "in-role," Berger lists four theater "super roles" that "define the therapist's stance in relation to the client and the space, as well as qualities and curative elements that the therapist takes on for the client" (p. 159). Interviewees have struggled with each of the four roles he lists: audience, actor, director and "behind-the-curtain" or backstage roles.

Difficulties in containment and attention online sometimes led the role of audience, in which the therapist "listens, contains and bears witness to the client and the process" (p.160) to become over-controlling (as when practitioners instructed clients to remain on-camera). Similarly, the role of actor in which therapists "work with and for the clients [...] by playing the roles themselves" (p.160), often became narrowed into the roles of "entertainer" or "energizer." While offering a potentially important enlivening function, interviewees reflected that these sub-roles had perhaps more to do with their own need to feel that they are getting through to the client than with creating "meaningful dialog in a symbolic language with and for the client" (p.160). Thirdly, the role of director, "to construct and organize the creative space [for the] exploration and transformation of the client" (p.160), was often marked in the anxiety position by a helplessness that compelled practitioners to try and retain constant control of the session, in order to avoid dreaded moments of silence and/or disconnect which, as mentioned, were often indistinguishable. Finally, it seems that the backstage roles, which include the management and maintenance functions that provide the "foundation for therapy and [...] creating a safe experience" (p.160) became more problematic and intrusive. First, because practitioners now had far less control over the setting, and also, because the nature of online platforms means that "backstage" is now "center-stage" – with most setting-related technical difficulties being handled within the session, with the therapist as "tech support." Examining interviewees' reported role-confusion highlights the extent to which, with the transition to online work, the traditional roles performed by creative arts therapists have been colored with shades of helplessness and passivity on the one hand and control-seeking and over-activity on the other.

The reconfiguration of power-relations towards a more symmetrical and less hierarchical model observed in the fluency position could be contextualized by Gampel's (in Schwartz, 2021) notion of "the wall that falls." This term captures moments in therapy when the walls of the clinic are metaphorically penetrated or collapsed by external events, usually socio-political violence (e.g., a rocket attack). Such moments alter the existing roles and power dynamic of the therapeutic relationship. The therapeutic relationship shifts away from one of the application of theoretical knowledge and moves towards the experience of two human subjects sharing a difficult experience together: "you and your patient are together in the same world [...] you are afraid like the patient is afraid and the fourth wall of the clinic falls down [...] a very

symmetrical situation [...] the bomb affects you as a human being like it affects your patient" (Gampel, in Schwartz, 2021). This depiction resonates with the experiences of practitioners, who suffered the emotional, social, and physical consequences of the pandemic alongside their clients. Several interviewees mentioned that this feeling of having a "shared experience" invited a sense of "unity and tenderness." As one interviewee noted, "*the existential spiritual relationship is deepened by it [...] it's zoom plus the heightened intensity of the virus swirling around us.*" For others, this sharedness posed challenges in terms of boundaries and overexposure. However, as Dokter (2020) points out, "being in this together" at times exposed that "we may all be in the same storm, but definitely not in the same boat" (p.56). Finally, the "wall that falls" metaphor can be literally understood as a redrawing of borders, a displacement of the very fact of being a therapist and the power-relations this position entails. It is also a reminder that both practitioners and clients have found themselves exiled from their setting-of-origin and that their shared inhabitation of the onto-psychological condition of migration is a unique, humanizing, and unifying experience.

The four-positions formulation resonates with Kapitan (2009) ideas on the digital divide in the creative arts therapies. On one side, Kapitan uses *Star Trek*'s "Borg" and their infamous warning – "resistance is futile. You will be assimilated" (p.50) – to represent the threat of being assimilated by collectivized, disembodied and mediated digital culture, which resonates with our proposed "resistance" and "anxiety" positions (indeed, some interviewees used science-fiction images to describe their experience in these positions). The other side of the coin is symbolized by the image of "New Worlds" as "exuberant discoveries of vast new worlds where the once prevalent occupational isolation of art therapists is being bridged through highly creative forms of social networking, e-groups, art exchanges, interactive blogs, virtual communities, research bulletin boards, and website galleries" (p.51). Both images resonate with the experience of migration and exile, whether in terms of assimilation as dreaded identity-loss or as the voice of adjustment. They remind us that in a new country, one's prior experience and expertise may be rendered unusable, potentially forcing one to start afresh or leading to underemployment (Agić, Andermann, McKenzie, & Tuck, 2019).

During our research, interviewing practitioners who reported insurmountable difficulties and reluctance first seemed irrelevant to our study, given our explicit goal of learning about experiences of online practice. As our understanding of the dynamic process of adapting to online practice grew, we came to see these as important voices, highlighting, with disappointment and pain, those positions they found it difficult to move beyond. What enabled some practitioners to push through resistance and anxiety and reach (even momentarily) adjustment and fluency? What prevented others from doing so?

Concurrent with the findings of Feniger-Schaal et al. (2022) often-cited factors include one's level of confidence and faith in one's creative skills, as well as one's experience in practicing online. Additional reasons include contextual factors such as the overall digital literacy in one's country or culture, the particular digital literacy of one's clients (some of whom may need help to simply access Zoom), and internet quality in one's region (Wood et al., 2020). All these can be crucial for one's initial forays into the *terra incognita* of online practice. Many interviewees mentioned participating in online drama therapy workshops and events as something that boosted their faith in online practice and gave them a more complete toolbox. Sometimes, all it takes is a few good experiences (or the lack thereof). These can come in the form of a motivated client who is able to utilize the online platform, even when their therapist is skeptical. As one interviewee said: "*I thought that online is bullshit. [...] But it helped my client.*"

Another factor, which we found crucial for achieving fluency, is the degree to which the practitioner's experience is informed by loss and mourning, similar to a sense of exile which, according to Meerzon (2017) "is often understood as a state of mourning, nostalgia, and depression" (p.25). When one is overwhelmed by loss, it is very difficult

to trust that what is there is enough. As one interviewee described a Zoom session: "*It's like no one was there, it's as if these pods are floating through space and people are just putting these things out into the cosmos and they're just floating away [...] there isn't enough connection. That's [...] 'the black hole experience.'*" Such an overwhelming presence of absence, in a way that clouds one's ability to see what is there, can be related to severe experiences of loss.

This understanding draws on Winnicott (1971), who argues that "the sense of loss itself can become a way of integrating one's self-experience" (p.20). In this mode of experience, "the only real thing is the gap [...] the real thing is the thing that is not there" (pp.22–23) and so what is absent is felt as more real and present than what is actually there. In this context, paraphrasing Freud (1917) classic formulation in *Mourning and melancholia* about "the shadow of the object falling on the ego" (p.249), we can say that "the shadow of in-person practice has fallen on online drama therapy," shrouding it in darkness and keeping it from being perceived as something in its own right. This negative outlook restricted interviewees' experience of the present to a persistent comparison with a lost past – a recurring exilic occurrence which inevitably leaves the present lacking. As one interviewee colorfully put it, online drama therapy "*is a used teabag [...] It's less of this and less of that. It's still tea, but...*" Just as Winnicott describes, in this state, the most immanent feeling is of a gap, a discrepancy.

In contrast, practitioners who were able to work through loss and maintain a perspective that allowed them to experience what is present and not only what is absent – were more adaptable to online practice. This interplay of presence and absence manifested in practitioners who had a choice between practicing online or live with severe restrictions (distance and/or masks): "*in Zoom I can feel more [...] I can feel free. I can do stuff [...] it's closer. I can do stuff with them [online clients], compared to my work in the clinic.*" The same holds true when the alternative to online work was nothing at all. As another stated:

It saved my life. I couldn't work if I didn't have Zoom. Literally, the computer saved my life. It kept me in contact, and I'm thankful for it. [...] I'm a very non-digital person, but I would not lose an opportunity to be in contact with people.

The shift to a presence-based perspective goes hand in hand with the creative principle of using what is there, as an interviewee put it: "*as a creative therapist, we're used to being adaptable ... figuring stuff out and working with what we've got – whether that's a physical space or within the laptop.*" This shift also meant suddenly noticing advantages, not only drawbacks. As one interviewee put it: "*I feel more possibility in drama therapy and I feel happy about it, because [...] wherever you are, you can join the group.*"

Thus, fluency draws on the ability to experience the online setting less in terms of loss and more in terms of difference and newness. While the former perspective inevitably carries a negative value judgment, the neutrality of the latter is an invitation to explore, discover and innovate. As one interviewee suggested: "*[online] play designs are now very different from the ones used before the pandemic. I cannot say this is better than the other.*"

Conclusion

In concluding our attempt to conceptualize the processes and experiential coordinates of practitioners during their involuntary migration to online settings, one difference we wish to highlight between the adjustment and fluency positions is that the former appears to involve a technique-oriented view of online drama therapy, while the latter appears to focus more on the discipline's creative and adaptable ethos. Practitioners who have been most able to consistently inhabit the fluency position were those able to experience the online setting as a space where new application of one's existing concepts or principles can be playfully discovered, rather than a gap, which renders one's

techniques less effective or relevant. Many interviewees mentioned feeling that their fluent moments hinged on creativity and adaptability (Feniger-Schaal et al., 2022), on playing with what is there, qualities they equated with the essence of drama therapy (Mashiah & Pendzik, 2021), indicating its inherent presence-oriented perspective: “*We are creative beings, we’re working in the moment, with what’s there and we’re highly adaptable.*”

Our interlocutors, particularly those who were often able to experience the fluency position, portray online drama therapy not as an inferior or shrunken mode of practice, but rather as a new language, something different in and of itself – a novel mode of being in the world, learning how to inhabit a “new dimension of life” (Canguilhem, 1989, p.186). This suggests a qualitative shift in drama therapeutic concepts and techniques, along with the recognition that “online drama therapy” may be different from “practicing drama therapy online” – as in Quigly’s (2020) explorations of ProReal software and as similarly observed by Kingwill (2020), Hill (2020), and Tozer (2020). Online Drama Therapy is currently being promoted and developed as a specialization in the field, as training programs increasingly offer digital courses and certifications (Pilgrim et al., 2020). As online practice evolves into a new paradigm in drama therapy (Emanah & Butler, 2020), it may begin to be conceived of as a distinct professional identity. This shift in identity was expressed by one interviewee, who stated that their view of drama therapy has been so transformed that: “*I will not return to a 100% in-person therapy even though all conditions for a safe return are satisfied.*”

Our final reflections on practitioners’ “migration onto the screen” resonate with the French physician and philosopher of medicine Canguilhem (1989), who explores how living beings create new norms when faced with catastrophic changes to their environment. Canguilhem, inspired by pioneering German neurologist Kurt Goldstein’s (1995) observations of patients recovering from catastrophic brain injury, writes that we might understand responses to catastrophe and disease as a “new dimension of life” (1989, p.186). In this light, we argue that, through both therapists’ and clients’ responses to the Covid-19

pandemic, drama therapy itself is developing a new life, taking on novel configurations that qualitatively differ from in-person practice, pre-pandemic. As people around the world adapt to living alongside the coronavirus in different ways, we wish to call attention to these novel lessons learned from work under often catastrophic circumstances and especially to our potential for fluency as a position.

There are several limitations to the generalizability of our findings. First, our choice of purposive sampling. Second, our decision to focus our inquiries to clinical practice, excluding experiences of shifting to online work in the frameworks of teaching/training. Third, the interview process spanned six months, between July and December of 2020, meaning that we spoke with interviewees during different stages of their experience with online work and their overall response to the pandemic, thus allowing some to develop, undergo and reflect on their experiences more than others. Further research involving longitudinal studies could explore the impact of the shift to online practice over a longer period of time - examining how the ongoing engagement with online platforms impacts the experiences of practitioners. Another study could compare the experiences of practitioners forced to shift to online work with those of practitioners who originally trained as online drama therapists. Finally, the experiences of clients with the four positions outlined in the present research could be studied.

Funding

This work was partially supported by Tel-Hai College and the Society for Psychological Anthropology / Robert Lemelson Foundation Fellowship.

Acknowledgments

The authors extend their gratitude to Silvia Malek, for her help in translating and transcribing one interview.

Appendix A

The Impact of the Covid-19 Pandemic on Clinical Drama Therapy Practice. Sample Interview Guide.

Section 1: The Covid-19 pandemic context and demographic information

1. How long and in what contexts had you been practicing clinical drama therapy before the Covid-19 pandemic?
2. Please briefly share any relevant information about government mandates, restrictions or obligations related to Covid-19 in your country. Have there been any specific legal changes in the healthcare/psychotherapy field?
(e.g. wearing masks, stay-at-home orders, bans on gatherings / approval for telehealth)
3. How has the Covid-19 pandemic crisis marked your or your clients’ lives and experiences (e.g. subjectivity)? Have clients been asking to address different issues/problems in drama therapy?

Section 2. Impact of the Covid-19 pandemic related measures on drama therapy clinical practice

21. In what ways have the changes related to the Covid-19 pandemic affected your practice of drama therapy? What are you now doing differently?
22. What have you learned about drama therapy from the **shift to an online setting** or the use of digital resources in your practice during this period? How is the use of online platforms affecting the definition/identity of the field?
23. How do you feel drama therapy is equipped to deal with the new challenges and problems people are experiencing due to the pandemic?
24. Has your conceptualization of the field or your understanding of the ‘essence’ of drama therapy changed, if so, how?
25. How do you predict that takeaways from this period might influence the field beyond the duration of the pandemic?

Section 3. Shifting concepts in the practice of drama therapy online

31. What concepts/assumptions have been updated, revised or re-defined in light of the addition of digital resources and online drama therapy?
- **Setting:** (Can you share anything about the time/space dimensions of your online drama therapy practice?)
 - **Play:** (What has happened to play online? Where/how do you find it? How do you cultivate it online?)
 - **Embodiment:** (Can you talk about embodiment in online drama therapy practice? How have you incorporated the body in online practice?)
 - **Dramatic Reality/Virtual Reality:** (What can you share about the differences/ similarities between dramatic reality and virtual reality?)
 - **Role of the drama therapist**
32. What strategies have you used to maintain **intimacy and presence** during online sessions? (Where do you draw inspiration for these strategies?)
33. How, if at all, has the shift to an online setting invited a different approach to **aesthetics** in the clinical practice of drama therapy?
34. Has the actual exposure to (and application of) digital resources in clinical drama therapy during the Covid-19 pandemic crisis altered your (**previous**) view and attitude to the use of these means? If so, in what ways?

Section 4. The effectiveness of drama therapy online

41. Do you find that some drama therapy *approaches* are more effective than others in online drama therapy practice? If so, which ones have you found to be most effective? (e.g. DvT, Playback, Role Method, Storymaking).
42. Are there specific *techniques or tools* that you found more effective or ineffective? (e.g. projective tools, psychodramatic methods, dramatic resonances, sculptures)
43. Compared to presentational drama therapy, how effective is drama therapy online in your view?
44. Are there different curative qualities in drama therapy that you have discovered online?

Section 5. Closing Reflections

51. Any other experience/thought/topic you'd like to share?

Appendix B. Figure of the four positions

THE FOUR POSITIONS

Resistance

Obstacles feel insurmountable

Reluctance to try, learn or adapt

Depression, anger, denial

'This is not drama therapy'

Fluency

Newfound safety and freedom

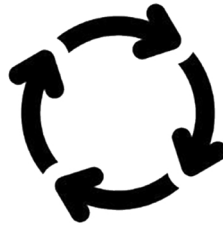
Competence and confidence

Acceptance of limitations

New possibilities

Role recovery

Spontaneity and creativity



Anxiety

"Handicapped" experience.

Difficulties with holding.

Insufficient information.

Overbearing responsibility

"First-year-mentality"

Role-confusion

Adjustment

Less panic

Translation or imitation of in-person work

Feeling of compromise / filler

Waiting to return to in-person work

Technique-oriented

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