

# PROJECT REPORT

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DRAMATHERAPY AS A FORM OF GROUP COUNSELLING  
AMONG DRUG AND SUBSTANCE ABUSERS/ADDICTS: THE  
CASE OF MATHARI HOSPITAL DRUG REHABILITATION  
UNIT. //

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A PROJECT SUBMITTED TO THE INSTITUTE GENDER,  
ANTHROPOLOGY AND AFRICAN STUDIES FOR THE  
AWARD OF THE DEGREE OF MASTERS IN GENDER AND  
DEVELOPMENT STUDIES AT THE UNIVERSITY OF  
NAIROBI

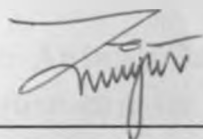
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**DECLARATION**

**This project is my original work and has not been submitted for a degree to any other university.**

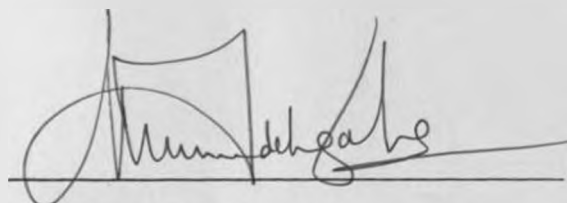


**Zippora Agatha Okoth**

12/11/08

**Date**

**This project has been submitted for examination with my approval as a University Internal Supervisor**



**Dr. Owuor Olungah**

12-11-08

**Date**

## **DEDICATION**

**To all those who contributed in sharing their life experiences for the purpose of this study thus enabling the realization of the effectiveness of drama therapy in Drug/Alcohol abuse and addiction.**

**To Antony Jackuot who has proved that Alcohol addiction and abuse can be overcome through rehabilitation, through his fight and overcoming decades of alcohol/drug addiction and abuse and tobacco/cigarette smoking.**

**To all those who are relentlessly working hard to overcome drug abuse and addiction in their lives and the lives of those they love. It is never over until we all say no and stop.**

## ACKNOWLEDGEMENTS

**My deep appreciation goes to the participants who largely contributed to the success of this project. More to the patients at Mathari rehabilitation centre for their honest and unrelenting support and willingness to participate fully in the project. Thanks for sharing your lives, passions and deepest concerns. I will always have you in my thoughts, and we hope to overcome all the challenges together.**

**To Dr. Owuor Olungah, my supervisor who tirelessly guided me step by step when I lost direction in the project, thanks to your tireless efforts in helping me complete this project successfully.**

**To Dr. Kisivuli, the counselors, nurses and staff at Mathari Hospital especially at the Drug Rehabilitation Unit, thanks for your collaboration, participation and support throughout the project in helping me carry out the project.**

**Thanks to the Ministry of Health, Kenyatta National Hospital and Mathari National Hospital for trusting me with carrying out this project in your medical facilities. We hope this goes a long way in the efficiency, treatment and full recovery persons suffering from mental health related illnesses and/or complications.**

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## LIST OF ABBREVIATIONS

AA	- Alcoholic Anonymous
AA Kenya	- Alcoholic Anonymous (Kenya)
BADth	- British Association of Drama Therapists
CD Player	- Compact Disc Music Player
CID	- Central Investigations Department
IT	- Information Technology
NGO	- Non Governmental Organisations
NIDA	- National Institute on Drug Abuse
Rehab	- Rehabilitation
THC	- Tetrahydrocannabinol molecule
TV	- Television
U.S.A.	- United States of America

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## SUMMARY

Drug Abuse and addiction has been on the increase in the country in the recent years, especially among the youth who find it readily available within the estates and town centres. Despite the governments' law enactment of 'No sale of alcohol to persons under 18yrs of age', very little has been done to ensure that the money hungry owners of pubs keep strict to this rule.

Children as young as the age of 13 years have access to drugs that are sold in local retail shops known to the community members and even policemen, though no one dares stop the illegal trade because of fear of the supposed owners of the trade, who have ties to local militia groups referred to as "*kamjesh, battalion, wakubwa, watu*". As cited by many of the participants, it is highly evident on how the society is lax on the issue of drugs/alcohol abuse even when it is destroying the lives of the youth.

This project was aimed at finding out the level of effectiveness of using drama therapy on drug/alcohol abusers/addicts as a form of group counseling to help sensitize them on necessary behaviour changes that would allow them to consider an acceptable social lifestyle.

This project attained its objectives and helped a lot in the therapy and recovery of patients at the rehabilitation unit by focusing on the general aims of Drama therapy sessions which include, building trusting relationships, developing communication and social interaction skills, expressing and exploring feelings thus overcoming depressions and loneliness, developing artistic and creative skills by working with the imagination and having fun as they gain self confidence and self-esteem.

This could be noticed in the comparisons between the first two sessions when the patients were very shy to interact with each other, as there was tension and a feeling of resistance on most of the participants. However through the last sessions it could be noticed that the participants had opened up to interacting with each other. This easily proved that they had with time built trusting relationships. It also showed that there existed good communication and interaction between the participants in the way that they could share their testimonies and play games and dances together.

The research was done at Mathari Hospital Drug rehabilitation unit with a population of 34 participants. A participatory approach in the collection of data was used through the use of songs, dance, music, games and storytelling and focused group testimony sharing and discussions forums to obtain information on various issues as per the objectives. Key informant interviews and use of questionnaires on the participants was also used to get

extensive information about the participants. The data collected was then qualitatively and quantitatively analyzed using tables, pie charts, bar graphs and further in a thematic context with quotations from some of the respondents.

This project has thus been able to help understand the patients, and to assist them to understand the influence of alcohol/drug addiction/abuse in their lives through sharing with each other on the reasons and effects both social, economic and health wise of their alcohol and drug dependence. Through sharing, there was the feeling of common plight thus a deeper understanding of each other and helping each other overcome the dependency. Some of the patients even made strong friendships in the rehabilitation centre because of their common backgrounds like both being parents, age mates, and equal responsibilities thus giving each other support.

The project was also able to define the place of women in the lives of drug/alcohol abusers, how women are affected, and their influence into the lives of the addicts/abusers, reasons for taking alcohol, motivation to attend therapy and even support. This study also gives us an understanding of what the society and men mostly think of women taking alcohol/drugs and also on the general perception of alcohol/drugs taking and abuse/addiction in the society.

The project was a success in the impact it had on the lives of all the participants, however a few recommendations could be noted to help in subsequent rehabilitation of other patients.

## CHAPTER ONE: ABSTRACT

### 1.0) INTRODUCTION

Drama therapy is a creative, clinical therapy, with its roots in the processes of theatre and drama. Through creative, dramatic structures it encourages participants to re-examine and explore personal and group issues. Interventions involve a wide variety of styles, from improvisations, movement, voice-work, the use of texts and scripts, story-telling and making, mask and ritual, role exploration and theatre games (Jennings, 1992).

Drugs are chemicals that enter the bloodstream and are easily transported to the brain, where they alter the way we feel, with predictable results. Drugs can be smoked, taken by needle, snorted or swallowed. Drug abuse is taking drugs for the purposes other than those for which the drugs were intended, and/or the illicit use of drugs which can cause physical, emotional or social harm to one self and/or to others (Boss, 1999).

According to King and Tellioglu (2006), drug and substance abuse is the habitual misuse of alcohol or drugs. Drug abuse may involve using illegal drugs or using prescription medications for non-prescribed purposes. The main symptom of substance abuse is the continued use of alcohol or drugs despite negative consequences, such as being arrested for driving while under the influence of alcohol. Symptoms also include tolerance (needing larger amounts of a substance to achieve the same effect) and physical withdrawal symptoms, such as shaking or nausea, which are experienced after discontinuing use of a substance.

Substance abuse treatment is a type of behavior modification therapy that assists people in breaking the cycle of abusing alcohol, illegal drugs or prescription medications that are being used improperly and they are designed for patients who abuse alcohol or drugs and cannot stop using these substances without receiving assistance. The long-term goal of treatment is to help the patient stop abusing alcohol or drugs on a permanent basis. Short-term treatment goals include detoxification which involves reducing substance use, improving the ability of patients to function without using substances and minimizing the medical and social complications related to substance abuse. Long term treatment thus includes therapy and counseling services that address problems caused by substance abuse, such as relationship difficulties (King and Tellioglu, 2006).

Drama therapy replaces the focus on "performance" with a focus on the participant's mind-body experience and helps the practitioner access their intuition effortlessly, drawing upon the inspiration of each moment, freeing them from the pressure of performing (Wilson, 1998).

While drama therapy has widely spread to many parts of the world, in Kenya, it has not been practiced much except at the Langata Women's Prison where it was undertaken in 2005 by the Institute of Performing Artists Limited in Kenya, under the directions of Bantu Mwaura with appalling results. The project was mainly undertaken among prisoners whose term was to end within 12 months so as to assist them to learn how to reconcile with their inner self and those who had wronged them and to enable them to start a better life with a fresher understanding of the state of things in the society (Kariuki, 2006).

This project was thereby aimed at giving another perspective to group therapy through giving the clients a forum where they could share in common understanding that their problems was familiar to others through role play, role reversal, story telling, games and plays that made them understand the situations that made them to be where they were and even made them understand the society better. By sharing testimonies about their lives and those of the people who were concerned about them like family, friends and the authority, they better understood how alcohol had affected their lives and relationships and helped them come up with precise and workable solutions which were good for them and for the people who care about them.

As Wilson (1998) says, theatre has a way of bringing out the child in us, free and not withholding any fears, sorrows or disappointments, it makes us act spontaneously to situations around us in a way that make us simple and easy to understand, it opens doors to the hidden feelings and secrets which we could not have otherwise been able to express in a one to one or forum discussion.

This project thus went a long way in helping assess the effectiveness of drama therapy and formulating ideas on how it can be integrated into the substance abuse treatment program in the Kenyan setting as a therapy method to help deal with mental related illnesses or complications that the individuals might be facing.

## 1.1) STATEMENT OF THE PROBLEM

The social problems arising from alcoholism are significant. Being drunk or hung over during work hours can result in loss of employment, which can lead to financial problems including the loss of living quarters. Drinking at inappropriate times, and behavior caused by reduced judgment, can lead to legal consequences, such as criminal charges for drunk driving or public disorder, or civil penalties for tortuous behavior. An alcoholic's behavior and mental impairment while drunk can profoundly impact surrounding family and friends, possibly leading to marital conflict and divorce, or contributing to domestic violence. This can contribute to lasting damage to the emotional development of the alcoholic's children, even after they reach adulthood. The alcoholic could suffer from loss of respect from others, who may see the problem as self-inflicted and easily avoidable (Royce and Scratchley 1996).

According to Boss (1999), it is not lack of willpower or moral character that separates addicts from non-addicts. Addiction is a pathological state. Addicts abuse drugs or alcohol, not because they are bad people or weak willed, but because they are ill; they are biologically different from non-addicts. People who harm others or break the law while under the influence of alcohol or drugs should receive treatment or therapy, not punishment, because they were no more in control of what they did when "under the influence" than an epileptic having a seizure.

In substance abuse treatment, detoxification is only the first stage of drug addiction treatment and by itself does little to change long-term drug use. Detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment. There are no quick fixes for drug addiction and alcoholism. Recovery is an ongoing process. The skills one learns during intensive drug addiction treatment must be integrated into everyday life and this takes time. Treatment programs should thus include a quality, continuing care program that supports and monitors recovery (Royce and Scratchley 1996).

The problem we face with our current institutions is that most of the rehabilitation centres address substance abuse treatment by focusing largely on detoxification, which is a good major step, that helps the patients stop abusing drugs, but only works for short-term goals. Taking into note that not all those who go to rehabilitation are self willing, some are taken there by friends

and relatives because of their desire to help the patient, thus the patient may participate in the detoxification programme successfully so as to get out of the rehabilitation programme only to re-embark on their drug abusing habit. It is thus very important to carry out intensive therapy programmes to ensure that the patients understand at a personal level why they abuse drugs, and how it affects their life and those around them. Through drama therapy exercises like role-reversal, role play, storytelling and sharing through games and plays, the patients are able to express their feelings, emotions and needs and to understand themselves better in an environment of common understanding which is more fun and free.

## **1.2) RESEARCH QUESTIONS**

- What are the causes and effects of drug/alcohol abuse and addiction?
- How does culture, environment and one's upbringing influence one's indulgence into drug/alcohol abuse and addiction?
- How does the society and health practitioners, perceive persons who abuse alcohol?
- What are the gender imbalances in drug/alcohol abuse/addiction?
- What is the role of women in the drug rehabilitation process?
- What are the motivations that lead one to attend rehabilitation?
- How effective is rehabilitation in the recovery of drugs/alcohol abusers/addicts?

## **1.3) OBJECTIVES OF THE STUDY**

### **a.) General**

To find out the level of effectiveness of using drama therapy on drug abusers as a form of group counseling to help sensitize them on necessary behaviour changes that would allow them to consider an acceptable social lifestyle.

### **b.) specific objectives**

- To explore the attitudinal and behavioural change on drug addicts and to sensitize them on necessary behaviour changes that would allow them to consider a healthier, lawful lifestyle outside of the rehabilitation unit.
- To explore the cultural and social perceptions regarding drug/alcohol abuse.

- To explore the cause and effects of drug and alcohol abuse and addiction
- To find out the motivation towards attending rehabilitation and how this affects one's recovery process.
- To explore the gender imbalances in alcohol/drug abuse/addiction.
- To explore the role of women in rehabilitation process.
- To explore the outcomes of drama therapy sessions.

#### **1.4) JUSTIFICATION**

The idea of running a drama therapy project was well justified because drama therapy's main focus is engaging group therapy targeted attitude and behavioural change. It allowed the individual with the support of others at the rehabilitation to examine their own characteristic manifestations that determine attitude reactions, which in effect directed their daily behaviour approaches to situations and towards other people.

The general aims of Drama therapy sessions include: Building trusting relationships, developing communication and social interaction skills, expressing and exploring feelings thus overcoming depressions and loneliness, developing artistic and creative skills by working with the imagination, creating opportunities and skills for self-advocacy and having fun as they gain self confidence and self-esteem (Jones, 1995).

By acting as a pilot study, it is thus hoped that the results got from this project will contribute largely in giving health practitioners an alternative and additional method of therapy that will enable them achieve long term results with minimal time and costs, while at the same time enable the patients with psychological problems to heal faster, to understand their lives in a better healthier way, and to look for solutions that are more beneficial to them and to those who have been affected by their habits and behaviours like friends, family and working colleagues.

For this to be achieved, it is thus recommended that the education system in the country to consider including Drama therapy into its curriculum in the fields of Medicine, counseling, arts and social studies because of its participatory approach and ability to be used in helping address personal and communal problems in healing, education, reconciliation and interaction. The government, Non-Governmental Organizations and authority at various levels should also

address some of the social issues that have come up as core reasons that lead people to drug abuse. Some of these reasons cited were idleness, child neglect and abuse, poverty, peer pressure, ignorance, disease and insecurity.

With the support of various organizations, victims of drug abuse and even criminals facing charges as a result of drug abuse and involvement can be helped through drama therapy. The drug abusers need therapy, not punishment, understanding and care not scorn and that is why apart from all the medical treatments given to them, therapy should comprise a large part of the treatment because through therapy, it is possible to deal with the core of the problem as to why the particular persons abuse drugs. Through sharing and interaction with the health practitioners, therapists and fellow patients, they are able to reform and change their attitude and behaviour into a socially acceptable way for their benefit and better lifestyle for them, their families, friends and the society.

#### 1.5) ASSUMPTIONS

*a.) Drama therapy not being so popular in Kenya, may thus meet some resistance from the health workers who may look at it as a recreational activity rather than a therapeutic activity.*

In this study, the project did not meet any resistance from the health practitioners both in the hospital and within the ministry. In fact they were very welcoming of the idea and the project. However, most of them were ignorant of what drama therapy is about, at the beginning, just like most of the patients, they thought that drama therapy is about acting as a source of entertainment for the patients and by the patients, which they came to realize that it was the use of theatre aspects like song, music, dance, games and storytelling to help bring the participants together in friendship and trust so that they could freely open up and share with each other their experiences and aspirations, which in turn enable the patients get support and motivation in each other, and by sharing their plight, be able to realize how much their addiction and abuse affected their lives and of close relations.



*b.) One of the assumptions that has been associated with drama therapy is that it is a form of therapy that only works for children, because of the tools involved in it like plays, games, storytelling, dance and singing. The patients in the rehabilitation centre may also face resistance in the assumption that it needs one to be an actor/actress thus some adults may not cooperate.*

The patients at the rehabilitation were a little resistant, until it was explained to them what exactly the drama therapy entailed. They had a lot of questions as to whether they would be required to act and rehearse and even perform, some even did not want to sing and dance because they were shy to participate in the activities as they were not acquainted to each other, and also that they did not enjoy socializing, doing games and dancing. After the first two sessions though, the patients opened up, they were free to participate and even share their life experiences. They were even free to fully participate in the activities of the drama therapy by contributing ideas and opinions on what games and music they desired.

This in turn helped them in healing, by sharing and being able to recognize into each other's plight. It also made the participants to open and be friendly to those whom they were not acquainted to, for instance during the sessions, they could be randomly paired up for some of the activities, in this essence it broke the boundaries that some of them had created in themselves.

*c.) Another assumption is that most drug addicts are men since men are the ones who drink publicly according to the society's permissiveness.*

According to the study, it was not clear enough to say whether most drug addicts are men. This is because the number of female patients who were involved in the study was only one, therefore the opinions about women drinking in the society was biased. However, interviews done to a few members of the public showed that most women drink alcohol as much as men do but women do not abuse it by drinking it in excess as men do, this is because women are very conscious about what others think about them thus in the knowledge that the society and the African culture does not easily consent to women taking alcohol, has made women take alcohol with restraint. And while on drugs, women do not publicly take drugs thus limiting their chances of addiction or abuse. Nevertheless, this may require another research to find out the imbalances that make women and men abuse drugs.

*d.) Drug addiction is also attributed to wealth as a causal factor because drugs cost money and rehabilitation also costs money thus poor persons cannot afford to buy excessive alcohol and drugs just as they cannot afford to attend rehabilitation unit.*

The study disproved this assumption in that out of the people who participated in the study, 38% earned below Kshs. 10,000, while 33% of them earned between Kshs 11,000 to Kshs. 30,000. Only one person earned between Kshs. 31,000 and 50,000 and only two earning above Kshs. 50,000. This may thus indicate that the persons who tend to be most addicts are low income earners.

However, this may be refuted also bearing the fact that Mathare Drug Rehabilitation unit, being the most affordable Drug rehabilitation centre, therefore had a majority of the patients coming from low-income backgrounds while the other drug addicts who are well off attend rehabilitation at other centres like the Catholic Alcoholic Anonymous centre in Karen and Asumbi, and the Pentecostal Churches Rehabilitation Centre in Ngong road (which is exclusively for men).

#### **1.6) SCOPE AND LIMITATIONS**

Following up of patients after they leave the rehabilitation centres to know whether they would have completely left alcohol or they would indulge in alcohol/drug abuse/addiction was not easy because the participants come from various parts of the country, and the nurses and doctors do not know their exact residential addresses. The patients were however requested to fill in the questionnaires on the impact of rehabilitation, counseling and drama therapy to them and whether they would continue with their addiction or not. The questionnaires did not require the respondents to write their names, it thus allowed the participants to honestly give their thoughts. Since mental related illness is a very sensitive condition in the society, very few individuals would want one to know they were at the rehabilitation at Mathari and thus, as it had been promised during project explanation and consent that their identities would not be disclosed, the research felt it necessary to omit the names on the forms to avoid the therapist, nurses and researchers from identifying who gave what comments.

The availability of props, equipment and facilities to use for drama therapy at the rehabilitation unit was also another challenge. The only available CD player was available at the Occupational

Therapy centre of the hospital, and a requisition form had to be done two working days before every practice, which proved hectic. We therefore had to carry our music system and all the necessary props for games like balloons, pins, papers, cd's and tapes whenever we had a session.

Another challenge was in the gender imbalance that was among the patients, among all the 34 patients that were able to attend the sessions, of which only 21 participated fully, only 1 of the patients/participants was female. This therefore, may have affected some of the statistics especially in the analysis of women and alcohol abuse. This was because since most of the participants were male, their opinion may have been biased when giving their opinions on issues like: what they think about women taking alcohol, how alcohol has affected the people close to them like family and friends, and even in the analysis of the causes and reasons for alcohol addiction, and motivation to attend rehabilitation.

Another challenge was in ensuring that the participants, both patients and nurses kept all that was discussed during the drama therapy sessions confidential. It was hard to monitor what they talked out of the sessions thus as much as they could be reminded often, it could only be hoped that they never gossiped or humiliated each other out of the sessions.

#### **1.7) OPERATIONALISATION OF KEY TERMS**

The variables that were used depended on the therapists, doctors/ psychologists' account of every persons involved in the study according to their recovery progress.

- a.) Communication – Ability to talk, listen and engage in a conversation with others without violence, aggression, and taking offence at slight remarks made by others.
- b.) Interaction level – This referred to one's ability to associate freely with others, giving one's opinion and accepting other's opinion, sharing in doing activities together with mutual understanding of the importance of the other person's contribution, and in a humble and socially acceptable manner being able to co-operate by contributing and compromising on one's opinions so as to work as a team.
- c.) Self expression and self restraint/control – Ability to freely express one's emotions and feelings through words or actions in appropriate settings and in response to the right

stimuli. Ability to acknowledge personal feelings, faults and strengths, and also being able to control one's anger from hurting others.

- d.) Memory – Ability to remember what one has been assigned to do and do it in the best way possible. Ability to remember persons and things known and strange to them.
- e.) Decision making - Ability to make independent choices i.e., choose what to do, when to do them and do them correctly e.g. daily chores, realize wrong habits and make choices to reform.

## **CHAPTER TWO: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK.**

This chapter seeks to understand previous writings on the subject, on drug abuse and drama therapy with a view to helping us understand the previous findings, perceptions and outcomes of similar studies.

### **2.0) INTRODUCTION**

Drug abuse is the loss of control over drug use, or the compulsive seeking and taking of drugs despite adverse consequences. It focuses on sensitization: enhanced drug responsiveness with repeated exposure to a constant dose (John, 2004).

According to The British Association of Drama therapists (BADth, 2000), "Drama therapy has its main focus on 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."

Many people do not understand why individuals become addicted to drugs or how drugs change the brain to foster compulsive drug abuse. They mistakenly view drug abuse and addiction as strictly a social problem and may characterize those who take drugs as morally weak. One very common belief is that drug abusers should be able to just stop taking drugs if they are only willing to change their behavior. What people often underestimate is the complexity of drug addiction that it is a disease that impacts the brain and because of that, stopping drug abuse is not simply a matter of willpower. It is thus important for people to know that drug addiction can be successfully treated to help people stop abusing drugs and resume their productive lives (NIDA, 2008).

### **2.1) HISTORY OF DRAMA THERAPY**

The emergence of drama as therapy in modern western culture began in Europe in the 19th century. At that time, numerous articles were published espousing the healing function of catharsis, whilst in Germany and France, theatres were built in psychiatric hospitals for the explicit purpose of treating patients (BADth, 2000).

At the beginning of the 20th century, the Russian psychiatrist Iljine adapted Stanislavskian theatre techniques into a form of psychiatric treatment, called therapeutic theatre. This incorporated improvisation training as well as the production of theatre performances which were then followed by a period of systematic reflection. The emphasis was on the healing function of renewed access to play and on the generation of insight and growth through enactment. At the same time, in Russia, Nikolai Evreinov was developing his ideas and practice concerning "Theatrotherapy". His way of working encouraged the exploration of the internal and psychological processes involved in acting, rather than an emphasis on performance (BADth, 2000).

In Vienna, in 1920, Jacob Moreno began using similar concepts to develop a system of dramatic structures which he called Psychodrama. This too is based on dramatic improvisation and has some similarities with therapeutic theatre. Psychodrama has since become a seminal form of group psychotherapy (BADth, 2000).

In Britain in the 1930s, 1940s and 1950s, many Occupational Therapists discovered the benefits of using drama with their clients. The 1960's saw several developments occurring together. Fritz Pearls and other Gestalt psychologists created Gestaltdrama, and behavioural therapists increasingly employed a social skills oriented form of drama which focused on role play. Eric Berne built Transactional Psychodrama on the foundation of Transactional Analysis, whilst in France various schools gave rise to Expression Scenique, Analytic Drama Therapy and Integrated Drama Therapy. At the same time, numerous theatre experiments were being conducted in theatre laboratories across Europe and the U.S.A. (BADth, 2000).

New developments in the fields of drama in education, theatre in education and remedial drama also exercised their particular influence, as did the increasing prevalence of action oriented group work. Drama workshops led by professional actors and directors in special education settings and in hospitals further nourished the growing interest in what was by now becoming a separate and distinct discipline of Drama therapy, (BADth, 2000).

One of the most important early training initiatives was the Sesame Kats programme. This was started by Marian Lindkvist and involved short drama and movement in therapy training courses and the organizing of performing companies to tour hospitals and care settings, providing entertainment and an opportunity for client groups to become actively and creatively involved.

The first training course in drama and movement in therapy was held in 1964 at the York Clinic, Guy's Hospital (Jennings & Minde, 1994).

In 1962, Sue Jennings and Gordon Wiseman started the Remedial Drama Group to use educational drama techniques in Clinical settings. 1968 saw this group become the Remedial Drama Centre in London, and here performers were trained to work with children and adults with a wide range of needs and abilities. In 1970 this became the Drama therapy Centre and by 1972 it had expanded into a private consultancy, promoting training and research, known as Drama therapy Consultants (Jennings & Minde, 1994).

The British Association of Drama therapists (BADth) was then formed in 1976 and this gave a professional base to the initiatives that were developing across the country. '*Drama therapy*', the Association's official journal, was first published in the summer of 1977. Also, in 1977, Hertfordshire College of Art and Design (now part of the University of Hertfordshire) decided to expand the work of the Division of Art and Psychology (which already offered a successful Art Therapy course), and started a Drama therapy course. A Research Fellow in Drama therapy was appointed at the College of Ripon and York St John, and a qualifying course in Drama therapy started in 1978; in 1980 South Devon Technical College established its own Drama therapy training programme (BADth, 2000).

Further training places became available in 1987 when Hertfordshire College of Art and Design added a full-time Drama therapy course to run alongside its part-time diploma and in 1988 the Institute of Drama therapy was founded, operating from its own theatre premises in London (BADth, 2000).

In 1989, Drama therapists finally moved from an ad hoc grade within the National Health Service to a position on the Whitley Council, under the Professional and Technical Committee, and joined Art Therapists and Music Therapists as a recognized professional body (Jennings & Minde, 1994).

In 1990, the Association began the process of State Registration with the Council for Professions Supplementary to Medicine, with the aim of forming a Federal Board together with Art Therapy and Music Therapy. Thus 1991 saw the formal adoption of a positive policy on supervision and, shortly afterwards, the Association established a network of supervisors in order to maintain the

highest possible professional standards in this new and steadily growing profession. Two Drama therapy supervision training courses, one in London and one in York, are now approved by the Association (Jennings & Minde, 1994).

In 1993, after a period of consultation, the Council for Professions Supplementary to Medicine submitted the Drama therapists' application for State Registration to the Privy Council. The application for State Registration was successful, becoming law on March 26th 1997. Drama therapists, Arts Therapists and Music Therapists are now able to use the professional designation 'State Registered Arts Therapist' as a protected title (BADth, 2000).

## **2.2) TYPES OF ALCOHOL/DRUGS AND THEIR EFFECTS**

### **a.) Beer and spirits and wine**

Beer is industrially manufactured frothy drinks made from fermentation of barley, spirits are made through fermentation and distillation, and wines made from fruits. With some beer containing malt they are all found in liquid form. Spirits and beer are mildly addictive and its dependency varies according to how often and how much of the drinks are taken (Parents, 2008).

Spirits and Beer are commonly available in pubs, restaurants, supermarkets and local retail shops. Having a variety of brands they are therefore, available in affordable prices for all caliber of individuals, thus anyone can afford to buy according to their economic status (Wabala, 2008).

### **b.) Bhang (Marijuana)**

This is the mostly used drug derived from leaves of the cannabis plant, which is easy to grow; its mild hallucinogenic and mood altering effects are caused by the molecule tetrahydrocannabinol (THC), a substance that also increases your pulse and appetite, while lowering blood pressure. THC can also cause psychotic problems. Taking marijuana regularly could also damage cognitive function, wreaking havoc on memory and attention. Marijuana users have been found to struggle with mental tasks that demand undivided attention such as driving and talking. According to Research published in the British Medical Journal suggests users of 'regular' cannabis are 6 times more likely to develop schizophrenia. Studies by the British Lung



Foundation confirm consistent cannabis use is also likely to promote cancer as tar from cannabis contains 50% more cancer-causing toxins than cigarettes. The drug also threatens fertility (Parents, 2008).

### **c.) Cocaine**

Cocaine is a central nervous system stimulant that induces feelings of exhilaration and wellbeing and decreases appetite that is derived from the coca bush. Within seconds of ingestion, it promotes the release of huge amounts of 'feel good' chemicals – dopamine, serotonin and adrenaline – in the brain. This gives a rush of energy and euphoria, but it can also leave users feeling anxious and paranoid. By disrupting brain chemicals, large amounts of cocaine can lead to feelings of grandiosity, delusions and aggression. The euphoria and confidence given by cocaine is very addictive. As the drug desensitizes the brain, its users begin to experience withdrawal. They feel low, anxious and sometime paranoid, often craving for more drugs. Crack – the 'free-based' cocaine is highly addictive and produces aggression and paranoia (Royce and Scratchley 1996).

Cocaine narrows arteries leading to the brain, reducing oxygen and nutrient supply. Research shows that even moderate amounts of the drug, taken occasionally, constricts the blood vessels. Persistent use causes blood flow reductions to large areas of the brain, leading to impaired mental function and poor concentration. Cocaine is very damaging to the heart. This is because it narrows blood vessels while increasing the heart rate and therefore, increasing the amount of oxygen it needs. The damage is directly related to how much cocaine is taken, one line/puff might prematurely age the heart by two or three weeks. Heart diseases and heart attacks are observed in long term cocaine users in their 30s and 40s about 20 years earlier before these illnesses normally strike non-cocaine users (Parents, 2008).

### **d.) Heroin**

Heroin is derived from the dried milk of the opium poppy. Heroine (also known as smack) is a sedative drug that depresses the nervous system, slowing down function and reducing physical and emotional pain. The main effect is to give a feeling of euphoric warmth, relaxation and detachment, with a lessening of anxiety. Initial use can result in nausea and vomiting, but these

fade with regular use. With high doses, sedation takes over and people become drowsy. Excessive doses can produce stupor and coma, and even death from respiratory failure. Heroin-like-drugs such as Pethidine and Doconal are sometimes used by doctors in situations like childbirth, or for terminal cancer patient with severe pain because of their strong pain killing properties. According to a study done in the UK, heroine is implicated in almost half of all drug-related deaths (Royce and Scratchley 1996).

Heroin is highly addictive and regular use leads to tolerance, so more is needed to get high. Physical dependence and cravings soon set in with withdrawal symptoms causing 'flu-like' symptoms, aches and muscular spasms. While many people give up heroin, coming off and staying off the drug can be very difficult. Use during pregnancy tend to result in smaller babies, who may suffer withdrawal symptoms after birth (Parents, 2008).

### **e.) Speed**

Methamphetamine, also known as 'speed' 'sea', is a stimulant that acts on the central nervous system, causing an adrenaline rush and quickening of the heartbeat. Users feel hyperactive, more confident, sociable and energized for several hours. The 'come down' depression, anxiety, lethargy and insomnia can last for days. Appetite loss, nausea and vomiting are common side effects as are headaches, chills, heart palpitations and high or low blood pressure. It can also trigger heart attack and circulatory collapse (Parents 2008).

Speed use elevated the mood, long term use can lead to a strong dependence. Research shows that even low doses of speed can double skin sensitivity, so it could help stroke victims, the elderly or blind with tasks such as reading Braille or buttoning shirts. However, while speed increases nerve activity, non-prescription use can cause long-term nerve and brain damage. A study in the journal *Neurology* found that former speed users had a 5% less of a brain chemical called N-acetyl-aspartate than non-users, low levels which are associated with neuron loss and Alzheimer's diseases. There is also evidence that speed damages the basal ganglia and frontal white matter – areas of the brain that are needed for healthy mood and memory functions (Parents, 2008).

### 2.3) CAUSES AND EFFECTS OF ALCOHOL/DRUG ADDICTION

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual who is addicted and to those around them. Drug addiction is a brain disease because the abuse of drugs leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the brain caused by repeated drug abuse can affect a person's self control and ability to make sound decisions, and at the same time send intense impulses to take drugs (NIDA, 2008)

No single factor can predict whether or not a person will become addicted to drugs. Risk for addiction is influenced by a person's biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction. For example: Biology, environment and development. The genes that people are born with, in combination with environmental influences, account for about half of their addiction vulnerability. Additionally, gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction. A person's environment includes many different influences from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and parental involvement can greatly influence the course of drug abuse and addiction in a person's life. Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction vulnerability, and adolescents experience a double challenge. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it is to progress to more serious abuse. And because adolescents' brains are still developing in the areas that govern decision making, judgment, and self-control, they are especially prone to risk-taking behaviors, including trying abuse of drugs (NIDA, 2008).

Some other reasons that may cause persons to indulge in drugs are that some people are thrill-seekers, some just curious; some try drugs because their friends use, or they want to be perceived as cool. Even more susceptible, though, are the many people who use drugs in order to cope with unpleasant emotions and the difficulties of life. The National Alliance on Mental Illness estimates that about half of all drug abusers also suffer from a mental illness such as depression.

anxiety, bipolar disorder, or schizophrenia. People who are suffering emotionally use drugs not so much for the rush but to escape from their problems. They're trying to self-medicate themselves out of loneliness, low self-esteem, unhappy relationships, stress, and many other types of problems. Drug use doesn't solve any of those problems, and it can easily make them worse or create new ones. But even if the user knows that, the short-term escape drugs provide can be so attractive that the dangerous consequences of abuse can seem unimportant (Cutter, 2008).

Drinking and family functioning are strongly and reciprocally linked. Drinking increases family problems, as family problems increase, drinking increases. Most fundamentally, alcohol abuse is not a significant cause of society's problems. Instead, alcohol abuse is a result of the same dislocating forces that cause other social problems. In this view, pursuing abstinence from alcohol is, at best, a roundabout route to personal and social improvement. Reduction of social problems will therefore require direct attention to the causes of dislocation and helping people adapt to those forms of dislocation that are truly inevitable (Alexander, 1998),

When someone experiences alcohol problems, the negative effects of drinking cost dearly, not only the drinker, but also on their partner and other family members. Often alcohol abusers have a blind spot when it comes to the ravaging effects it can have on loved ones. One of the clearest demonstrations of how alcohol use negatively impacts the family is the widely documented association between alcohol use and interpersonal violence. Family problems that are likely to co-occur with alcohol problems include: domestic violence, marital conflict like arguments and the silent treatment, infidelity like finding someone who 'understands', prostitution, internet sex, jealousy of friends, your partner or the family, economic insecurity due to loss of jobs, poor financial decisions, wasting money, divorce and separation and fetal alcohol effect by drinking when pregnant thus causing brain damage to the baby (Cutter, 2008).

#### **2.4) DRUG ABUSE TREATMENT**

Treatments for alcoholism are quite varied because there are multiple perspectives for the condition itself. Those who approach alcoholism as a medical condition or disease recommend differing treatments than, for instance, those who approach the condition as one of social choice. Most treatments focus on helping people discontinue their alcohol intake, followed up with life training and/or social support in order to help them resist a return to alcohol use. Since

alcoholism involves multiple factors which encourage a person to continue drinking, they must all be addressed in order to successfully prevent a relapse. An example of this kind of treatment is detoxification followed by a combination of supportive therapy, attendance at self-help groups, and ongoing development of coping mechanisms (Royce and Scratchley, 1996).

After detoxification, various forms of individual and group therapy or psychotherapy can be used to deal with underlying psychological issues that are related to alcohol addiction, as well as provide relapse prevention skills. The mutual-help group counseling approach is one of the most common ways of helping alcoholics maintain sobriety and many organizations have been formed to provide this service (Royce and Scratchley 1996).

Drug Counseling focuses directly on reducing or stopping the addict's illicit drug use. It also addresses related areas of impaired functioning such as employment status, illegal activity, family/social relations as well as the content and structure of the patient's recovery program. Through its emphasis on short-term behavioral goals, individualized drug counseling helps the patient develop coping strategies and tools for abstaining from drug use and then maintaining abstinence. In another study with cocaine addicts, individualized drug counseling, together with group drug counseling, was quite effective in reducing cocaine use. Thus, it appears that this approach has great utility with both heroin and cocaine addicts in outpatient treatment (Woody, McLellan, Luborsky and O'Brien, 1995).

A key challenge is to identify the physical and psychological mechanisms and risk factors that promote progression from experimental drug use to full-fledged drug dependence. Several mechanisms that lead at risk people to become drug dependent have been studied recently or are currently under study. These include attention deficits in childhood, aggressive and impulsive behavior in adolescents and adults, the processes involved in becoming "conditioned" to drug use, individual differences in responses to drug-use incentives, abnormal responses to common drugs, and the consequences of easy access to drugs (Robert and Neil, 1995).

Therefore, through counseling, and various forms of therapy including drama therapy, most of these problems can be understood by listening and giving a better interpretation of the patients/victims words and actions, and to further identify solutions that in the long run may be beneficial to the community in helping curb some of the mechanisms that lead to drug abuse.

## 2.5) THEATRE AND THERAPY

Theatre in itself is a form of interactive art, which allows us to express our feelings and to experience the feelings of others by being part of the act or the audience. Ronald Harwood, a theatre practitioner states that theatre is one of mans most ingenious compromises with himself. In it he performs and entertains, shows off and amuses himself, and yet it is also one of his most powerful instruments for exploring and attempting to understand himself, the world he lives in, and his place in that world (Jennings, 1992).

Expressive Therapy (Art therapy, music therapy, dance and drama therapy) has proven to be particularly helpful to children and adults experiencing the consequences of a variety of stresses and traumatic experiences, including: abuse (emotional, physical, sexual), addiction to drugs, sex and bad habits, accidents, illness and hospitalization, foster care, adoption, grief, loss, life transitions (e.g. moves, employment change, menopause, retirement), separation and divorce, stress in the workplace and traumas of all types. Expressive Therapy is also highly effective in promoting healing for those experiencing: autism spectrum, chronic pain, physical or mental challenges, spiritual crisis, withdrawal, overactive, controlling or aggressive behaviour and can address a variety of symptoms such as anxiety, depression, fears and sleeping problems (Gersie, 1995).

Drama therapy, which is under Supportive-Expressive Psychotherapy is a time limited, focused psychotherapy that has been adapted for heroin and cocaine addicted individuals. The therapy has two main components: supportive techniques to help patients feel comfortable in discussing their personal experiences and expressive techniques to help patients identify and work through interpersonal relationship issues. Special attention is paid to the role of drugs in relation to problem feelings and behaviors, and how problems may be solved without recourse to drugs (Woody, McLellan, Luborsky and O'Brien, 1995).

Drama and theatre involves teamwork and cooperation as a major component in helping achieve one common goal, therefore even in therapy purposes the teamwork helps all the participants to be able to understand and appreciate each others strengths and efforts in being able to express themselves in the presence of others. As Wilson (1998) states, becoming a part of a group is a crucial element of the theatre experience. For a time, we share a common undertaking focused on one activity which is the performance. Not only do we laugh or cry in a way we might not

otherwise; we also sense an intangible communion with those around us. When a collection of individuals respond more or less in unison to what is occurring onstage, their relationship to one another is reaffirmed. If there is a display of cruelty at which we shudder, or sorrow by which we are moved, or pomposity at which we laugh, it is reassuring to have others respond as we do. For a moment we are part of a group sharing a common experience; and our sorrow or joy, which we thought might be ours alone, is found to be part of a broad human response.

According to Gustave Le Bon a forerunner of social psychology, a collection of people presents new characteristics different from those of the individuals composing it. The sentiments and ideas of all the persons in the gathering take one and the same direction and their conscious personality vanishes. Once transformed into a crowd, they develop a collective mind which makes them feel, think, and act in a manner quite different from that in which each individual of them would feel, think, and act were he in a state of isolation. (Wilson, 1998). This thinking may thus live with them for a long time and may work well in transforming them to think and behave positively in a way that is beneficial to them and to the society.

## 2.6) APPROACHES TO DRAMA THERAPY

Drama therapy uses some of the same techniques as socio drama, but it is more private and interpersonal; in fact, it can become so intense that it should be carried out only under the supervision of a trained therapist. In psychodrama, individual fears, anxieties, and frustrations are explored, for instance, a person might reenact a particularly traumatic scene from childhood (Wilson, 1998).

Insight Improvisation, one of the tools of drama therapy is a vehicle for self-exploration and self-discovery, and can be described as a form of transpersonal or contemplative drama therapy, combining spiritual and theatrical practices for the purpose of personal growth, learning, and transformation. Developed beginning in 1993, Insight Improvisation evolved as a way to connect active, expressive techniques including authentic movement, storytelling, improvisation, writing, solo performance, and collaboration with partners and groups with the skills and concepts underlying meditation, including mindfulness, choice less awareness, and loving-kindness (Joel, 2007).

One major approach to drama therapy is storytelling. Stories are just not for entertainment they have the power of revealing truths about ourselves, of helping us set directions and choose role models, and of debating the entire question of the nature of right and wrong. If we, in troubled times, can remember stories and hold on to their lessons about humanity, then we have a weapon against giving in to despair (Rosenstand, 2000).

Like in childhood, stories often provide a shortcut to our understanding of the moral issues involved: Often real life is too complex, too obscure, too embarrassing or too private for events to serve as examples. No matter how well life can teach us a lesson, though, the fact remains that most of us like stories. We like to read, we like to watch movies, and sometimes a story stays with us and becomes a part of our world view. If the story has a moral, then it becomes a tool for learning, teaching and discussions. Such stories can help us understand ourselves and our world better by providing a cleansing effect, an outlet for our emotions as well as to broaden our horizons to include the life experiences of others (Rosenstand, 2000).

Another successful approach to drama therapy is role reversal, which a group of young people for instance, may take the part of their parents while the adults assume the roles of the children; or members of a street gang will take the place of the police, and the police will take the roles of the street gang. In such role playing, both groups become aware of deep-seated feelings and arrive at a better understanding of one another (Wilson, 1998).

In this case, when working with the drug abusers, role reversal is first preceded by storytelling in which the patient tells his/her story, then role play in which with the help of the other patients, the patient acts out his story while taking the role of his character in real life. This is then followed by role reversal where the patient takes the role of any of the other characters in his story, who can either be a spouse, parent, working colleague or boss, police or teacher. This second chance to reenact one's life allows the patient be able to review and understand both aspects of his own life and of those affected by his behaviour.

A range of insights and techniques derived from Psychodrama can be employed, but Drama therapy is more genuinely dramatic due to the use of metaphor and fictional plots instead of straightforward autobiography. The distinctive characteristic of Drama therapy is the obliqueness



of its approach and the creation of fictitious reality which enhances the client's involvement and identification with the drama (Jennings, 1992).

## 2.7) CONCEPTUAL FRAME WORK

A philosopher Friedrich Nietzsche (1844-1900) once said "We are thinking beings whether we like it or not, and thinking may be used as an instrument to develop perspectives and mental schemes that makes life a joy, even in difficult situations." Philosophy may therefore be a path to mental health, both because the thinking in itself gives pleasure, but also because one may get a more clear perspective on everything happening in this world. When we use our creativity something more than self-realization and therapy takes place. The mental and inner life changes, and when we develop as mental beings this may result in action (Saugstad, 2000).

This concept was relevant to my study in that most times, many of the problems we face as humans are associated with stress and psychological problems. This concept was also helpful in stating that when someone starts to think in a new way and creates a positive attitude, life becomes easier to live and to interact with others without resorting to solutions that are harmful to one's health and even to the society (Saugstad, 2000).

The efficacy of supportive-expressive psychotherapy has been tested with patients in methadone maintenance treatment who had psychiatric problems. In a comparison with patients receiving only drug counseling, both groups fared similarly with regard to opiate use, but the supportive-expressive psychotherapy group had lower cocaine use and required less methadone. Also, the patients who received supportive-expressive psychotherapy maintained many of the gains they had made. In an earlier study, supportive-expressive psychotherapy, when added to drug counseling, improved outcomes for opiate addicts in methadone treatment with moderately severe psychiatric problems, (Woody, McLellan, Luborsky and O'Brien,1995).

The weakness of this concept is that thinking and talking alone just makes one understand the situation as it is, the thinking must thus be influenced by the environment and other influential persons, who in this case may be the therapists and other patients who have overcome the drug abuse.

Drama therapy, through its creative approaches helped the participants look at life in a simpler interactive way. Their attitude and approach to life thus changing when they were able to look at

their past mistakes by thinking over them again and giving themselves a second chance to go over the consequences of their actions, this in effect helped them realize their mistakes and how they could reform.

## **CHAPTER THREE: METHODOLOGY**

Methodology hereby refers to the study design, the study site, the sampling method, the data collection methods, data analysis methods and the ethical considerations that were used in this study.

### **3.0) STUDY DESIGN**

An exploratory study design was used in this project. This ensured that the aims of the project were achieved. The nurses and counselors were briefed about drama therapy and what was entailed in it. This enabled them to encourage the patients to attend and also enabled them to assist as informants in the progress of the recovery process of the patients. The patients were also briefed about drama therapy and their consent taken before the project began.

#### **Time frame**

The drama therapy sessions were carried out with the patients at the rehabilitation unit for a period of 4 weeks from 19<sup>th</sup> May until 12<sup>th</sup> June. We could have only 2 sessions per week, every Monday at 9am – 11am and Thursdays from 11am – 1pm. Each session could last at least 1 hour to a maximum of 2 hours depending on the number of activities planned, the spontaneous activities that arise, and also on the willingness of the participants to go on with the session.

### **3.1) STUDY SITE**

The geographical location of the study was Nairobi. Nairobi is the Capital City of Kenya, 140 kilometers south of the equator approximately within Latitude 1° 16' South and 36° 48' East, with a high population of 3.4 million people that characterizes almost all cultures of Kenyan origin and foreign origin (Hitesh, 2007). Since the study was on medical-social research, it was conducted at Mathari Hospital which is based on the Northern Part of Nairobi, at the Drug Rehabilitation Unit.

Mathari Drug rehabilitation unit is a section of the Mathari National Hospital that was specifically constructed for the rehabilitation, cure and management of drug and alcohol addiction/abuse. It was established in 2003 in order to provide drug abuse treatment and

rehabilitation services with the aim of becoming a centre of excellence for treatment, training and research. The main objectives of the centre are provision of in- and out-patient treatment to drug users using a multidisciplinary approach which includes detoxification, rehabilitation and management of co-morbid disorders. The centre also aims at training of under and postgraduate medical students, psychology students, nursing students and other mental health workers, conducting evidence based research and collaborating regionally, nationally and internationally with other drug treatment and rehabilitation centers (Hitesh, 2007).

The rehabilitation unit has an in-patient capacity of 60 patients with two self contained dormitories for 30 men and 30 women respectively. The unit also has 3 halls of which one is used as a recreation area for indoor games like playing chess, draft and pool, another is used as a TV and Radio room and the other hall is used for group counseling, summons, sharing of testimonies, and indoor activities like art therapy, music and drama therapy. The unit also has a small playground where the patients can do outdoor singing games and ball games. It also has got two small counseling rooms, doctors/nurses room, one room for clinical emergencies, a drugs store, a cleaning store room and filing and registry room.<sup>1</sup>

The rehabilitation centre has got a full time doctor/ psychiatrist, a matron in charge, with nurses who work on day and night shifts at the unit. There are always at least two nurses both day and night respectively. Most of the patients are given medication to help them deal with the effects of their addiction and withdrawal symptoms like nausea, headaches, hallucinations, nerve, respiratory, and other health disorders. The patients' meals are prepared at the hospital's kitchen unit and then brought to be served to the in-patients at the drug rehabilitation unit. The patients are provided with a balanced 3 meal diet each day.<sup>2</sup>

The patients at the Mathari Drug rehabilitation unit are put under in-patient treatment for a period of 3 months, during which duration they are not allowed movement out of the compound of the rehabilitation unit. This is done to help ensure that they do not indulge in the consumption of the alcohol or drugs for which they are being rehabilitated, by monitoring what they eat and

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<sup>1</sup> Dr. Mwangi , Doctor in Charge at the Occupational Therapy Unit, June 2008.

<sup>2</sup> Grace Kamau, a counselor at the Mathari Drug Rehabilitation Unit, June 2008.

what they do, which is only possible if they do not leave the premises of the rehabilitation centre.<sup>1</sup>

Mathari Hospital is also said to be the most affordable drug rehabilitation unit in Kenya by charging only Kshs 36,000 for 3 months, being the full duration of the rehabilitation. Other Alcoholic Anonymous Institutions like Asumbi and Karen, which are under the administration of the Catholic Church, charge Kshs 60,000 for 3 months for which is the full duration for a regular rehabilitation period. Nevertheless, if a patient has not recovered they pay more for the subsequent months to which they are re-admitted.<sup>2</sup>

### **Forms of treatment and therapy used in the rehabilitation unit**

#### **Detoxification**

At this stage the patient is admitted at the Mathari mental wards where they are given medication so as to clean off the drugs/alcohol from their system. At this stage they are also treated for any complications and illnesses that they may be suffering from as a result of their addiction and abuse. Here they are not yet admitted into the rehabilitation unit because they are still highly dependent on drugs and only persons who have been fully treated on the complications and dependency of drugs/alcohol are admitted on to the rehabilitation unit to be able to get counsel on the best way to live without alcohol and drugs.

#### **One on one counseling**

This is done both at the wards and at the rehabilitation unit. Every patient is assigned a counselor who he/she can talk to at least twice a week. Though sometimes the nurses and counselors work in shifts, they try to at least assign every patient to a counselor so as to enable continuity and to build a relationship of trust between the counselor and the patient thus enabling them to talk more of the things that deeply affect the patient and to come up with long term advice and resolutions.

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<sup>1</sup>Dr. Kisivuli, Psychologist Doctor in charge at the Mathari Drug Rehabilitation Unit.

<sup>2</sup> John Okoth, Consultant Alcoholic Anonymous Kenya.

### **Grievances sharing**

In this forum, the participants were always given a chance to air their grievances about the rehabilitation centre and their upkeep. This could be conducted only once a week. Even though some of the complaints were beyond the ability and authority of the nurses, the grievances were still carried out anyway, at least to give the participants the satisfaction of being heard. Some of the grievances were however sometimes of very personal needs and thus there was very little that could be done to make amendments, for instance, wanting to watch TV till very late hours past midnight, while the nurses felt that it was important for them to sleep by 11pm.

### **Group counseling and Reflections**

This forum was carried out twice a week, it was a form of group counseling thus giving anyone who wanted to share and to talk, a forum to be heard by the counselors in the presence of the others. In most instances, the participants could all give their opinions and share in their plights.

### **Testimony Sharing**

This forum the participants could share about their past. However it could most times be only one sided in that only new patients could be asked to talk about their life and drugs, with the patients who have been in the rehabilitation for longer periods asking them questions. This in a way, did not give the participants chance to know each other and get acquainted in that the patients who had been in for longer periods kind of drilled the new patients who in this way could hide some information because of lack of trusting relationships and fear of embarrassment.

### **Art therapy**

Art therapy in the hospital is done once every week. During this session the patients are told to draw, sketch or paint whatever they feel, the drawings are then analyzed and then the patients all vote for which art work is the best. The best 3 works are then given awards like milk and bread.

### **Entertainment**

There was various forms of entertainment to help keep the patients busy especially in the afternoons since most of the counseling and therapy activities could take place in the morning hours. These could include, playing of ball games and in door games like pool, watching movies and TV.

### **3.2) SAMPLING**

Purposive/Judgemental sampling, a non-probability sampling method was used in this study. This is because the case study was purposefully selected for the project research and they possessed the characteristics that would give the information needed. Also the study involved a small group that was consistent in that they were in patients for averagely 3 months, thus allowing consistency in the subjects of discussion.

#### **Units of analysis**

The units of analysis in this study were the individuals. Each of the participants, staff, counselors, nurses and doctor who were involved in the drama therapy sessions and in the interviews served as units of analysis. Their opinions, words and actions were used as the basic units of analysis.

#### **Study Population**

There were a total 34 participants, 5 being practitioners in health and 29 being patients from the 1<sup>st</sup> to the last sessions. However, of the 29 patients only 21 participated fully by attending all the 8 sessions and filling in the questionnaires. This was due to the weekly discharge and admission of some patients, and the withdrawal of 1 patient from the drama therapy sessions.

#### **Selection Criteria**

Since the rehabilitation centre has in-patients for a period of three months, the participation was voluntary and open to all in-patients. The participants had the right to withdraw from part or all of the activities in the drama therapy session at will.

During each session there was always at least 2 nurses or counselors in session. This was to help monitor the participation of the patients and to help provide any assistance that was required.

### **3.3) DATA COLLECTION METHODS**

#### **1. Use of questionnaires**

This was done at the end of the drama therapy sessions to enable the participants to give open information about their feelings anonymously without feeling pressurized to please anyone. The

questionnaires did not include the participants' name, but it gave the participants background information on age, home area, social, marital and financial status. The questionnaires also gave information on the alcohol abuse and addiction background of the participants, how it affected them in their health, career and relations, why they attended rehabilitation, their overall opinion on rehabilitation and drama therapy, and their resolutions.

## **2. Key informant interviews**

The respondents here were mainly the staff of Mathari, a consultant and specialist in the Drug Rehabilitation area. This is because of their vast experience in handling of mentally challenged persons in counseling, cure and rehabilitation, thus they were able to give a good comparative understanding of the study and previously used therapies in rehabilitation of alcohol/drug abusers/addicts. The interviews were open ended questions conducted during and out of the drama therapy sessions to get information from the nurses, counselors and staff on the well being and recovery of the patients and on their opinions on drama therapy.

## **3. Participatory approach (Participatory Learning and Action)**

This was done as the main activity in the drama therapy sessions. Drama therapy in itself being a form of group counseling with a participatory approach, there was quite varied number of activities that were done to help the participants open up, share and give information in a relaxed atmosphere. Games, dances and music were used to help the participants to build trust, good communication and openness among themselves and the therapist, counselor and nurses thus consequently give and share information with each other on drug/alcohol abuse and addiction, in relation to their personal lives.

Each session would start with **warm up exercises**. The participants could all do simple warm up stretch exercises. This was to help relax their muscles since most of their time was spent sitting and sleeping. This would then be followed by **songs and dance**, and also music playing as all the participants in the room, both patients, nurses and counselors form one big circle, and then in turn we could each dance to the song or the music that was being played. Each participant could dance or do a motion to which all the other participants could imitate and do/dance to in tune to the music/song.



There would then be **games**, sometimes, which were most often trickster games that were meant to challenge the participants into thinking beyond their boundaries and also to instill in them teamwork and a sense of cooperation among each other. The games and dance also helped in the bonding between the participants.

This would then be followed by **sharing of testimonies**. Each session we would have a different topic of discussion to which each participant could be given a chance to air their experience and opinion about the subject of discussion. This could be done in turns with each person given one turn and then the next until everyone had participated, if there was need to continue discussing or seek a more information about the topic, each person would thus be given a second chance to air their opinion. This was to ensure that each person felt recognized and that their opinion was valued. It also was meant to ensure that each participant felt the need and attention given to them was equal and that none was more special than the other despite their differences and capabilities. Since some of the participants were very outspoken and extroverts while others were very reserved and introverts, giving each an equal opportunity gave them a chance to open up to each other despite the fact that most of them were strangers to each other.

*(More details are on Results and discussions; effectiveness of drama therapy sessions on Pg 53.)*

### **3.4) DATA ANALYSIS**

The nature of this project required both qualitative and quantitative data analysis. In this case the individual was the unit of analysis and was evaluated as a separate entity. This is because of the various variables that influences each individual's background, level of exposure to drug abuse, and level of recovery process of each individual.

Tables, bar charts, pie charts and percentages have also been used to provide a better and collective understanding of the results, after which content analysis was also done. The information has further been reported in a thematic order with relevant quotations of the respondents with the issues put into context according to every topic addressed.

### 3.5) ETHICAL CONSIDERATIONS

All the participants were offered a consent and explanatory form to which they read and signed after the researcher orally explained to them about drama therapy and what the study was about, and what it involved in the part of the participants and the researcher and of what benefits the research would be to the participants, the researcher and the community/society.

As much as the study involved intrusion in the personal lives of the participants to be able to gain a clear and deeper understanding of their past, the researcher made it clear to all the participants that it was a voluntary process and no one was forced to give any information nor would it interfere with their treatment at the rehabilitation unit. This helped in gaining the trust of the participants, especially the patients.

## **CHAPTER FOUR: RESULTS AND DISCUSSION**

In this chapter the researcher looks at the findings on various areas of the study by focusing on the demographic characteristics of the participants, the findings on the objectives and assumptions of the study, and on the other relevant information collected in the study.

The data presentation in this case used quotations from the respondents on their opinions based on the various areas of the research as was presented to them. The presentation also uses tables, bar charts and pie charts to aid in analysis of the data.

### **4.0) DEMOGRAPHIC CHARACTERISTICS**

This refers to the variables in the lives of the participants for instance age, marital status, education level, income level and personal interests as factors that influence their interaction and lifestyle.

#### **Marital Status and Age Bracket**

The statistics about the participants showed that 33% were below 29yrs old, 52% were aged 30years to 39 years and 14% aged 40years and above. Out of these, 38% were single while 62% were married with children and out of the married ones 14% of them are separated from their wives because of drug/alcohol abuse/addiction.

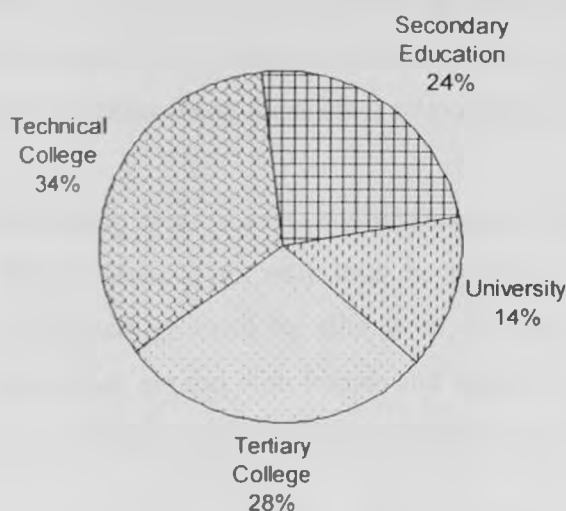
It can therefore, be stated that more married men abuse drugs than single men. This may be because of factors to do with availability of funds, stress related issues that stem from domestic issues like financial needs and management, spousal and family related stress and even peer pressure and societal pressure on the roles and status of an individual.

#### **Level of Education**

The participants' education level is also varied with most of them having basic secondary education. Out of the 21 who fully participated in the study, 14% had university education and above, 28% had attended tertiary college which hereby refers to training in the following areas: Hotel and Catering (2), IT, Tour guide, Accountings and Business Studies. Also, 33% percent had attended technical training which hereby refers to practical or industrial related trainings:

mechanic (2), welding (2), driving (2), and soap making and making sweets (1). The remaining 24% had secondary education with 10% of them managing small scale businesses and farming while 14% were jobless.

Figure 1: Education Level of participants



#### Income bracket

The study also indicated that 38% of the patients earned below Kshs. 10,000, while 33% of them earned between Kshs 11,000 to Kshs. 30,000. Only 5% person earned between Kshs. 31,000-50,000 and 10% earning above Kshs. 50,000, the remaining 14% were however jobless. As indicated further in the study, most of the patients lived in urban and semi-urban areas like Nakuru, Kisumu, Kisii, Nyeri, Garissa, Meru and Nairobi. Only 29% of the participants lived in rural areas. Out of the 71% who lived in the urban and semi-urban areas, only 10% lived in upper class estates, 24% lived in middle class estates and then 38% being the majority of the participants in the study lived in the low class estates.

This therefore indicates that the low income earners are more prevalent in the abuse of drugs and alcohol than the high income earners. This may be attributed to the levels of frustrations both economic and social that are faced by the low income earners, however, this would need further research in comparison with other rehabilitations centres in various parts of the country.

## **Interests and Hobbies**

Here the study focused more on those activities that the respondents did during their free time as a way of fun and to help them relax. Of the 21 people interviewed, 9 of them confessed to taking alcohol as a way of helping them relax, while 5 said they love listening to music, watching TV and playing indoor board games like chess, as the other 8 said they love to participate in exercise and sporty activities like swimming, jogging and playing ball games. This thus shows that 43% confessed to taking of alcohol as a main pass time activity. However the other 57% also confessed to taking alcohol amidst doing those other relaxation activities like sports.

Most of those who chose taking alcohol as a way of relaxation were mostly those above the age of 30 and married with children. This may thus be attributed to the age factor and time availability in that most of them go drinking after work, and they feel too old to participate in sporty activities even when they are out with friends and family, thus they just sit back and drink as they watch the friends and family participate in these other pass time activities.

Some of the comments when asked "What do you do to help you relax or what are your favourite things in the world?" This is what some had to say across the various age groups:

43 year old College graduate and married with two adolescent children said, "Drinking beer coz when I'm bored I enter into the club."

"Going clubbing and drinking beer and spirits" said 33 year old Driver with 3 children.

21 year old Form three drop out said, "Smoking marijuana, chewing miraa and swimming. I like skunking marijuana because it makes me higher in cold days."

### **4.1) RELATIONSHIP BETWEEN CONSUMPTION AND ADDICTION/ABUSE**

Most of the participants involved in the study admitted that it took them quite a while to notice that they were addicted to drug abuse. In fact, most of them registered the fact that even when their friends and relatives had already noticed that they were addicted, they (the participants) had been in denial and thought that they were just being humiliated for no apparent reason.

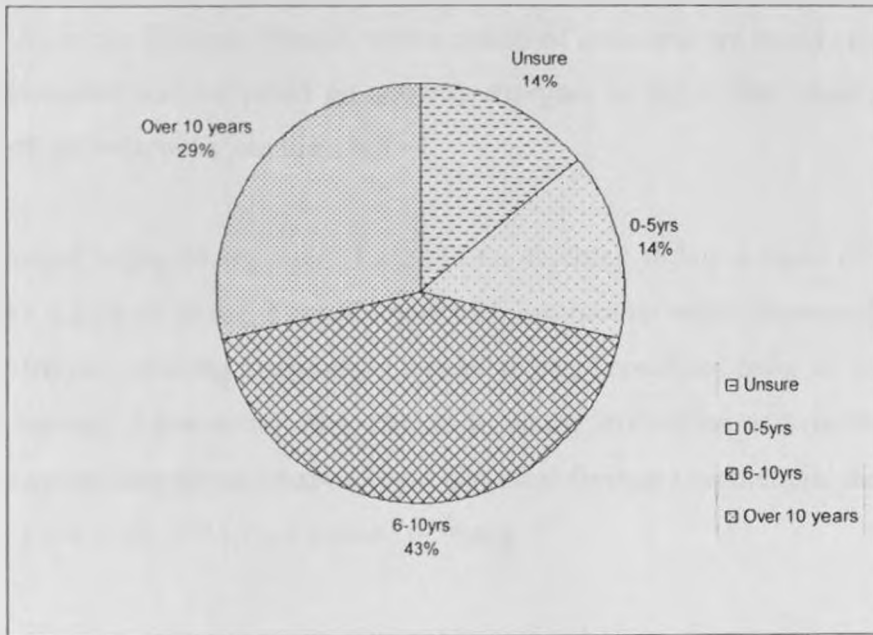
While a few of them were unsure of either which year they started taking alcohol or when they realized they were addicted, most of the participants were able to tell which year they started taking alcohol.

**Table 1: Addiction and duration of consumption analysis**

	<b>Onset of alcohol/drugs taking</b>	<b>Year addiction realized</b>	<b>Duration</b>
1	2000	2005	6yrs
2	1995	2000	6yrs
3	2004	2007	4yrs
4	Unsure (while in university)	2008	Unsure
5	2000	2005	6yrs
6	Unsure (after schooling)	2007	Unsure
7	2000	2007	8yrs
8	1988	1996	9yrs
9	2002	2008	7yrs
10	2000	2008	9yrs
11	1998	2008	11yrs
12	1999	2007	9yrs
13	1992	2007	16yrs
14	1992	2008	17yrs
15	1997	2008	11yrs
16	2004	2006	3yrs
17	1999	2001	3yrs
18	1992	2004	13yrs
19	1992	2007	16yrs
20	Unsure (After schooling)	2005	Unsure
21	1998	2007	10yrs

The study showed that it took most alcohol/drug abusers/addicts about 6yrs to 10years to realize and to accept that they were addicted. However this does not mean that they got help once they realized they are addicted. Most of the patients took at least 2 years or more to get help at the rehabilitation centres despite accepting their situation. Some of the patients even took 6yrs to 10 years to get help at any rehabilitation.

**Figure 2: Summary of addiction and duration consumption analysis**



This was most often attributed to ignorance and lack of information on where they could get help, and also lack of motivation and self belief on whether they could recover from drug/alcohol addiction/abuse. Another reason that was attributed to this was self pride and also the gap and responsibility of taking care of the family while at the rehabilitation centres/unit. Some of the participants also cited rebellion as one of the reasons that they never attended rehabilitation until when their health deteriorated. This was because they felt harassed and humiliated by their family and friends and so in a bid to feel that they are still self-worthy, they would not listen to any other person's word of advice and instead they would just do the opposite of what was expected of them so as to irritate those who were nagging them about their addiction.

22 year old bhang addict had this to say "Am Ben\* from Huruma. I used to be a bhang addict. miraa, tap tap (heroin) and sea. I used to smoke a stone of bhang. We could roll, enjoy ourselves, we go swimming but we could not dive. I was admitted to Mathari hospital wards in 2000 coz of hallucinations, I was hearing sounds in my ears and I could not get what I was being told.

When I left hospital, my mother wanted me to go back to school but I refused, so I started making soap. My mother then took me home to live with my grandmother. At home I became friends with a cousin of mine and we could steal from my grandmother and we could go and buy changaa. In 2003, after class eight, I came back to Nairobi to join high school.

I then started taking bhang again I used to do anything to buy a stone of bhang, that's like a kilo of bhang. I could argue with my mother when she asked why I had not stopped smoking marijuana. I refused to eat, I could not bathe or wash my clothes, instead, I could buy new clothes to annoy my sisters and mother who were always talking about rehab. I could also steal from my mother and sisters so as to get even Kshs 200 to buy a stone of bhang.

I could go to some guys in Mathari called Ernest and Meta, their house was like a pub, so we could contribute and buy a stone of ganja, then prepare the ganja pill. In 2007 I was admitted again in May for one month at Mathari Hospital wards. When I went back home, I found my friend Ernest had gone *mwenda* (mad/insane). So I only found Meta who was still chewing miraa and bhang. I tried to avoid him a little but I couldn't, so I started taking bhang again, quarrelling with my mother and getting lost for even a week without telling anyone, I did not listen to anyone.

My mother then started telling me to attend rehab my mother quarreled and they could pray for me but I told them am a rasta and I don't believe in God. So I continued taking miraa and bhang until I chewed a blackout and I was rushed to

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\* Not real name



hospital in Mathari in December 2007 and I stayed here till February then I was discharged. My mother and sisters started telling me how I would also go mad like Ernest if I started drinking again. so they decided to take me to school but I said I could not go back to class. I shaved my rasta and I avoided bhang but I could still take miraa and spirits. so in April, I started having the hallucinations again and they talked to me. and they brought me back to Mathari. I have been in the wards since April and now I was brought here to the rehab. I really hope I don't go back again to smoking bhang and taking drugs, my body feels so tired and I thank God I never went mad."

### **Rate of alcohol/drug consumption**

When questioned on how often they took the drugs/alcohol in a day or a week, this is what some of the participants said.

"Mostly beer and wines and spirits two times a day continuously until the week is over. Otherwise I remained drunk all through." 35 year old Hotel manager, married with 2 kids.

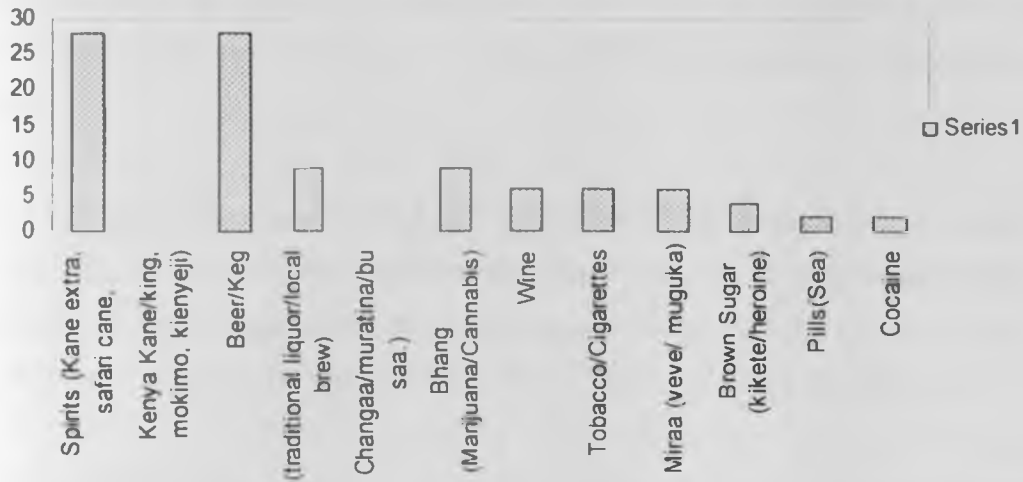
"I used to take Beer, spirits, miraa (veve, muguka), brown sugar (kikete, heroine.) every day morning/lunch/evening." 26 year old Mechanic.

"I used to take a full Kane extra in the morning then another one at lunch and after work I could get two or more." 30 year old, married graduate.

"I started taking alcohol on weekends then I moved on to taking it everyday. I got mostly addicted to spirits such as Kane extra, safari cane and Kenya Kane/king." 38 year old mechanic.

The drugs and alcohols that were most prevalent as to being abused or causing addiction among the participants were rated as shown in the graph below. Most of the participants stated that they were addicted to at least 2 or more of the drugs/alcohol.

Figure 3: Type of alcohol/drugs and their popularity among the participants.



Spirits and beer were rated by the participants as to being the ones that are most abused because they are not restricted by the government on the limit to which they can be taken, rather the only restriction done by the government is on the age limit to which it can be sold and also on the policing of no driving when under the influence of alcohol, which, to most of the participants are not always very strictly adhered to by the public because of the laxity of the police officers. Within the local estates, adults also freely send minors (under 18 years old) to the local pubs to purchase beer and spirits and even chang'aa which is sold to the minors without requiring proof of identification.

Spirits and beer are also easily and readily available in the supermarkets where even secondary school kids buy them without their identity checked for proof of age. Since the students go to these supermarkets putting on their civilian clothes, they thus easily blend in with adults. Currently the availability of cheap spirits is also a factor that has contributed to the increase in consumption and abuse of alcohol. As cited by one of the participants;

*“Kitambo(some time back). I could drink changaa but when I came back to the country, I was away for sometime, I found that nowadays they have cheap spirits like Kenya king, mokimo, kienyeji, like a full bottle goes for like only 100 bob. Like the most popular for us guys is that kienyeji.”* 35 year old businessman/rental houses agent.

Bhang and changaa were also popular among the participants with 19% of them taking it regularly. Despite the government's restrictions on the sale and distribution of bhang and changaa, the participants said that they are readily available by hawkers and within the estates and villages.

"It is just about knowing the right people and having the connections, once they know that you are a regular purchaser they just bring it to your doorstep. When someone is just getting started in taking bhang is when they don't trust you but with time, we even know where to buy a kilo or just a roll." 22 year old female.

Laxative pills were the least prevalent among the participants. A few of the participants also confessed to have at one time in their lives tasted cocaine, but because of the availability and its high cost, they could not continue with taking it so they just take brown sugar/heroin and bhang/marijuana.

#### **4.2) CAUSES OF ALCOHOL/DRUG ADDICTION**

Most of the participants involved in the study cited that they started taking alcohol at their home and school environments, with most starting in high school or after high school and this had an adverse effect on the development to their being addicts. This shows a lot of negligence in the social responsibility as parents, teachers and members of the society, because it is the same members of the community who complain of drug abuse among youth and as yet they still condone the sale of alcohol and drugs within the living environments, and even when we see the youth drinking and smoking, and they even get to know the peddlers of these drugs and alcohol, no one dares do anything to stop it, as long as it is not their child.

Parents, close relatives, and teachers who are looked upon for counsel by the youth are also very instrumental in influencing the youth to drink by making it readily available for the youth and even introducing it to the youth without restriction thinking that as long as they are doing it in a home environment then it is ok. This thus develops into the youth seeing nothing wrong with alcohol and drug taking, thereby they continue in this habit until they realize that they are addicted, and that's when the parents and authority see the need to help them through rehabilitation.

From this study, when the survey was being done on the causes and effects of taking alcohol, there were 26 participants in attendance and this was thus reflected in the statistics below. The participants cited quite a number of reasons to have led to their alcohol and drug abuse and addiction. Above all, peer pressure, career and curiosity were the leading causes of indulging in alcohol with 42% saying they either indulged or first tasted alcohol because of friends and also influence in career because of availability, thus leading to their dependency on the drugs and/or alcohol.

“In my place of job, I got to be associated with other workmates who are fully drunkards. I used to go to wherever alcohol was being taken of which I could not hesitate to take a little. Hence we could not be in a level to direct one another on the way to continue with our work coz we are all drunkard.” 30 year old graduate businessman in import and exports.

On curiosity, a 22 year old jobless man said, “The first time I tasted alcohol was in way back when I was still at my prime ages, I was 18 years old I wanted to see whether my age would increase a little that is what I used to think alcohol was all about. But when I tasted it nothing happened, I left it for a while and then I came back to it. Maybe it’s how because it lied to me I wanted it to lie to the other person. That is when I tasted alcohol.”

“I am a bhang farmer in Meru and so I sell it and I take it because it is readily available.” 26 year old farmer.

23% of the participants on the other hand believed that the factors that influenced their indulgence into alcohol/drug abuse and addiction was lack of/neglect by concerned authorities i.e. parents, guardians, teachers and community. For instance, some of the participants even confessed to having their fathers giving them the alcohol to drink as a way of congratulating them, also parents disposing and storing of alcohol within the vicinity of their children, and teachers also not putting enough measures to ensure that students do not indulge in alcohol abuse. Close relatives like uncles and aunts who are supposed to be teaching the youth on good

morals, also indulged in making the participants take the first taste of alcohol, thus playing a role in their becoming addicts.

28 year old tour guide. "My first time to take alcohol was at the fourth form. I had done so well that my dad decided to give me a treat so I drank and I blacked out. Thereafter I could drink with him at home during holidays, and I've never stopped until now."

"The first time I tasted alcohol was in a party I was fourteen, fifteen, I was the one in charge of alcohol because they thought I wasn't drinking. It was during a party at our *shosho*'s (grand parents) home and my aunts, uncles and parents were all drinking." 35 year old company driver.

"My first time when I tasted alcohol it was way back in form two, when we were given an outing we could go to town and get one or so and it was all okay. We never got punished as long as we did not carry alcohol back to school." 37year old businessman.

Idleness and availability of money was cited as the third reason for indulgence and dependency on alcohol by 19%. Some of the participants cited that once they have money, and no other jobs to do, the only thing they could think of was drinking and taking drugs. This was because of lack of recreational facilities within their surroundings thus its either they sit at home watching TV or they go and drink since during the day everyone is working and the children are in school, there is barely anything else to do.

"I was working in our own farm as the care taker of our own property, so when I got stressed especially from my wife and the job is not very demanding like I didn't have to wake up very early in the morning. So I could just sleep in the early morning, and wake up late and relax, so doing that everyday I had to opt to drinking because the job is not a busy one, mostly it was busy at the end of the month, maybe if someone moves out, so I had a lot of free time to drink until I became a drunk." 33 year old married with one child.

“For me is used to do business of slaughtering cows I used to buy cows and slaughter them so by eleven I could be through with slaughtering cows and I could be having meat to take home and a lot of money which I could drink.” 43 year old father of two children.

16% of the participants however, cited ignorance and source of consolation as their main reasons for indulging in alcohol abuse and addiction. This is because they used alcohol to calm them when they were stressed, angry and when facing fear or loneliness. Despite the fact that they knew that it was a temporary fix to their inner problems and fears, they always thought and believed that they could not do without alcohol and so in the event of any thing arising out of their expectation they could run to alcohol to drown away their pains, sorrows and fears. Some of the persons who participated in the research cited that they always took alcohol when angry, stressed to help them ease up and forget. Though they knew that the moment they got sober they could end up feeling stressed again, they still took the alcohol and the drugs.

“I started when I was in college but that time it was mild because I only used to drink in a while. When my father passed away I started drowning my sorrows in alcohol, but still I could control it. After I got married even before 1 year was over I started quarreling with my wife that is when I started drinking everyday until I could not do without it, that is when I sort professional help and I was referred here, in this rehabilitation centre.” 34 year old metal welder.

38 year old graduate and Industrial company manager, “I am a manager in a factory, and it is very far away from family, my work is very stressful and I also don't have friends so I drink to relax.”

#### 4.3) EFFECTS OF ABUSING ALCOHOL

According to the survey done on the participants, 57% of them said that alcohol/drug addiction had made them to become irresponsible members in their family roles and at work, and also it had led to conflicts and separation between close family members and friends. For instance, loss of financial control, and loss of trust between them and the family members. Most of the participants also acknowledged that the greatest effects of their alcohol abuse and addiction was

having lost trust and respect of friends and community members because they neglected their responsibilities in taking care of themselves and their family members.

40 year old father of three was quoted, "It has affected the people close to me by us always arguing and not being able to be open to one another about my activities. I started lying, stealing and basically having a bad reputation with my closest family members. It has made my family members not to believe in me and not to trust me especially with money even though I could do what they wanted sometimes. I never helped my wife and I neglected my children"

Some of the patients even confessed to having gone through multiple problems because of alcohol like loss of job, conflict in the family, separation from spouse and deterioration in health all together. Some of the patients were having and nervous impairments, with some of their limbs numb to feelings and movement, as some also suffered from slow memory and speech. These had therefore led them to being admitted at the rehabilitation centre at the order of the medical practitioners.

"I came here when I was referred by a doctor from another hospital after my 2<sup>nd</sup> admission to a 2<sup>nd</sup> hospital with acute pancreatic disorder. My wife and mum also convinced me after my loss of employment in four different places within a year." 35 year old College graduate.

"My parents have often told me to stop this drinking habit because I'll never develop myself. I've often quarreled with my wife because of going home when I am in a blackout and no money for shopping. Some friends have also told me to stop drinking much but some enjoy when am buying them alcohol," 26 year old Mechanic.

"Me I came to rehabilitation because of my mother and my wife. I kept on drinking and I became an alcoholic. We used to fight and we used to disagree so at the end she(wife) went away. I tried to bring her back to the house and she told me unless I go to rehabilitation, so I stopped for one month. After she came back I would wait for two to three weeks then I would relax and go back to drinking

again. So I was back and start to square one. At the end she went away and she said she would not come back unless I go for rehab and hence I decided to go to rehabilitation.” 33 year old *matatu* (Passenger Van) driver.

Loss of jobs and source of income was also another consequence of alcohol abuse and addiction that the participants cited, with some saying they are at the rehabilitation because of their employers who warned them to get rehabilitation or they would loose their jobs, while others even citing that they had already lost their jobs because of lack of trust with money and responsibilities by their employers.

“I was brought here by my employer. My work performance was not good so he said I must come here so that I cannot lose my job,” 28 year old IT Specialist.

22 year old male, a form four leaver said “My uncle is a CID officer and I take care of him such that he is my employer somehow, I take his cloths to *dobi* (laundry) for cleaning and his car for servicing so he found me smoking marijuana and he told my father he had to take me to prison and that I had to be arraigned in court. My step mother, my biological mother, tried to plead to him so he had to follow the routes and he gave me a warning and said that I had to be brought here to the rehabilitation, so I agreed and I hope to change.”

#### 4.4) MOTIVATION TO ATTEND REHABILITATION

Out of the 21 people who participated fully in the research, at least 56% of the patients at the drug rehabilitation unit joined the rehabilitation unit directly without attending the detoxification programme. However, only 14.2% joined the rehabilitation out of their own free will, before or after being convinced by family and friends that they needed help and support to help them stop their addiction.

“Me it is my second time to come here, at this time it was my wish I came by myself to stop drinking for my family. I am willing because I have seen the way I was drinking heavily I could not be communicating with anybody, but now I brought myself, my mother knew I was here.” 22 year old undergraduate student.



Most of the patients at the rehabilitation unit joined the programme after being coerced by family and relatives, while some were even tricked into going to the rehabilitation. It is only after being at the rehabilitation centre for at least two weeks that most of the patients accepted that they needed help after being able to see the transformation in themselves and also in sharing with those who had been in the rehabilitation for a longer period than them.

“Mine I would say it’s because of my wife and sister, they cheated me when it was Easter Holiday and then my sister bought me one full bottle of whisky, I drank it so they planned to bring me here and I was not happy because they had not told me. They cheated me that they were going somewhere to get what to eat, to eating and then I found myself here. At first I was very annoyed with them because they decided to take me to AA but I just quited that one, how they got me here, but after staying about two to three weeks I just found it was okay with me. And that’s how I am here. Now am very happy because I’ve recovered.” 47 year old fire extinguisher, married with two children aged above 20 years old.

“Me it is my second time to come here, at this time it was my wish I came by myself to stop drinking for my family.” 32 year old married man with two children aged below 10 years old.

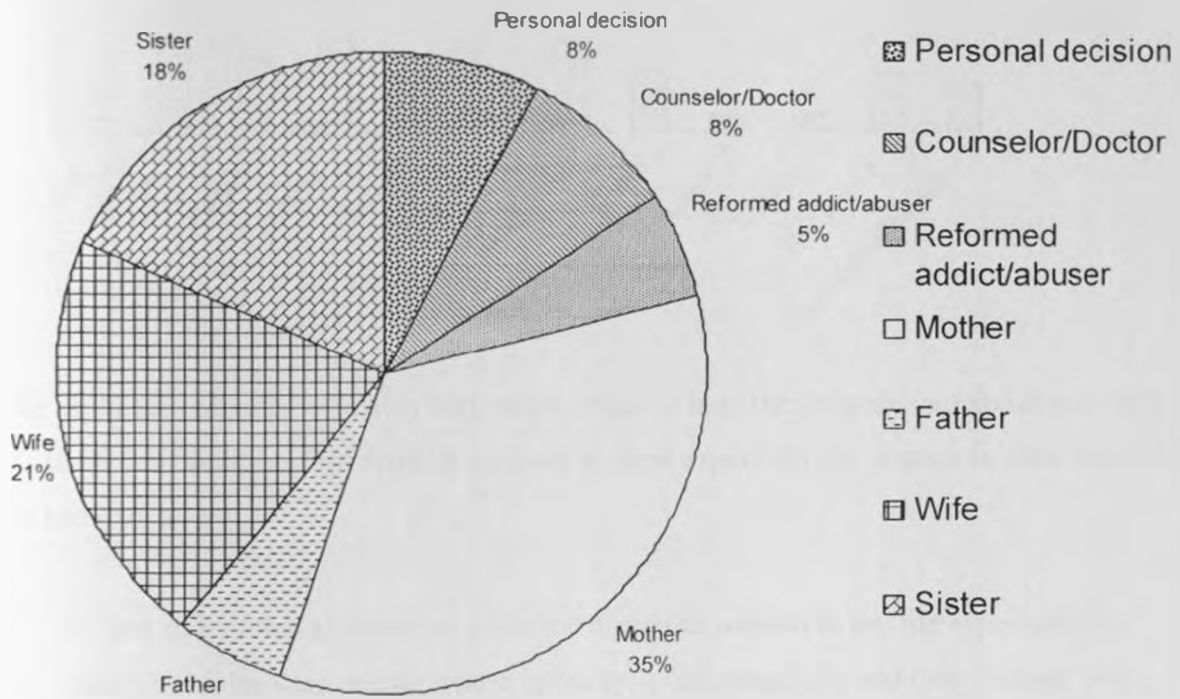
Women are seen to be taking a big role in the lives of those who attended the rehabilitation in talking them from being drug abusers/addicts. As seen on the table below, Mothers are the ones who take the highest percentage of 61.9% in motivating their children to attend rehabilitation, wives follow by 38% and sisters by 33%. Most of the patients cited at least 2 or 3 persons who motivated them to attend rehabilitation.

This may be because the women are more directly affected by the individual’s abuse of drugs both socially and economically. Thus the need to see their loved ones change for the better drove them to try all measures in convincing their children/husbands/brothers into getting help.

One of the participants said: “My sisters could take their time and talk to me about my deteriorating health because of alcohol. I realized I was hooked to beer so we organized

with one of my sister to visit where she was on attachment as a nurse because the place had a rehabilitation center and with support from my mother I was admitted at Mathari Rehabilitation Centre." 24 year old Mechanic.

**Figure 4: Motivation to attend rehabilitation**

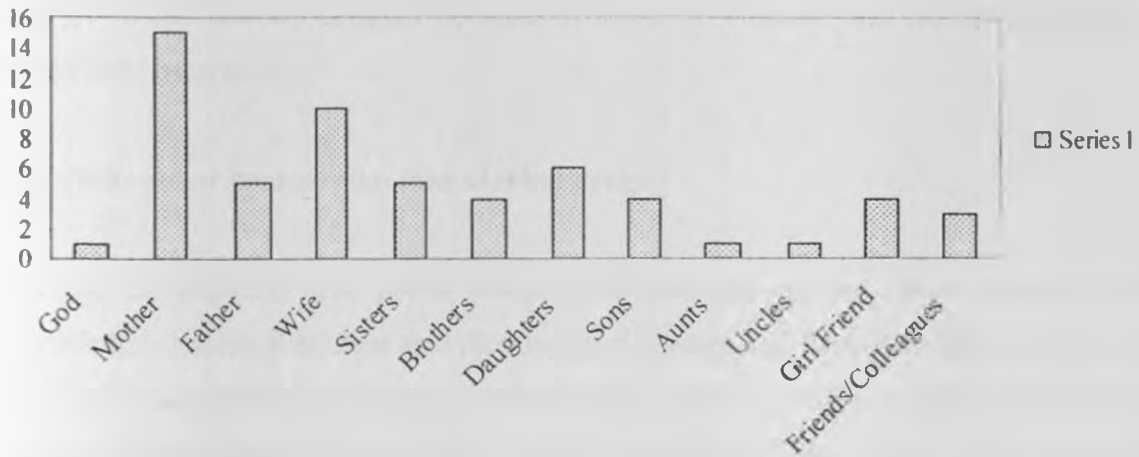


Many of the participants also confessed to be closer to the women in their lives more than the men in their lives. Of the women figures in their lives we have mothers, wives, sisters, aunts and girlfriends, while of the men figures in their lives we refer to fathers, brothers and uncles.

The most outstanding reason cited by the participants for being close to the women in their lives was because the women were more caring and loving to them even in their worst situations, the women also encouraged them when they felt so low and were almost losing hope in their lives, by giving them advice and not abandoning them despite their addiction, sickness and loss of jobs and friends. They therefore felt they could count on the women in their lives and it is these women who were the greater motivation to make them attend rehabilitation so as to try make their lives better. Most of the participants cited to being close to at least three people in their lives as shown in the bar chart

Figure 5

Persons closest to the abusers/addicts



Some of the participants were also very much aware of how the drug/alcohol abuse and addiction had affected the relationships with those close to them especially the women in their lives. Some even had this to say:

“I feel so bad that alcohol has made me distant to women in my life especially my daughters who keep asking where is daddy. I feel especially sad that I missed my daughter’s 6<sup>th</sup> birthday which was last Friday. To my wife I feel so sorry about all the times that I was not a good husband. I was never there. I thought if I gave her money it was everything. I could give her money for food, but if she left the change aimlessly I could still steal it again for alcohol. I thank God she still loves me and she brought me here to recover.” 38year old industrial manager.

“The women in my life are my two sisters who don’t have a problem with my drinking, my mother and my wife have tried talking me out of alcohol until now it was agreed that I have to come for rehabilitation because I was drinking too much. I feel sad that I missed the birth of my daughter and that I was not there when my wife was delivering. I really want to change because my drinking has really affected my relationship with my wife.” 35 year old hotel manager.

Other ways in which drugs/alcohol had affected their relationships included, their absenteeism from family functions like get-togethers, lack of fatherly responsibilities towards their children, misuse of funds on alcohol and drugs while there was need for money at home, fear by children because of domestic violence and regular conflicts between their parents.

### **Perceptions about women who take alcohol/drugs**

When the participants were asked about what their perceptions about women who take alcohol/drugs was, most of them said they believed it was a bad thing for women to take alcohol. With 57% of the participants accepting that women should not indulge in alcohol mainly because of cultural, religious and security issues. In that most of them think it is not culturally or socially or religiously acceptable, also because women are very vulnerable to attacks and violence especially when they drink alone, and also because some of them believed that women are the backbone of the family thus if they indulge in drug/alcohol abuse, they would neglect their duties and their families would be ashamed.

43 year old accountant said "Women who take alcohol don't bother about their families and it's very shameful."

24 year old and single man from Garissa was quoted "In my home area women are not supposed to use alcohol or drugs because of our religion Muslim. Those who use alcohol are recognized as prostitutes."

"They are mostly affected because nowadays they chew khat, they drink keg and they smoke and definitely end up being raped, so I think it's bad for women to drink," 33 year old mechanic from Nairobi.

14% of the participants however said they did not think that it was a bad thing for women to take alcohol or drugs citing that it was a personal choice. Two of the respondents had this to say:

"The women in our region are social drinkers they drink wisely so I have no problem with them drinking." 28 year old IT Specialist living in the up-market Nairobi.

"It's very normal and okay for women to use the drug of their choice." 33 year old businessman from Nyeri.

However 29% of the participants cited that they did not have any assumptions about women who took alcohol with some preferring not to comment. One of the participants said

"I don't judge women about alcohol for drug abuse because the nature of addiction can happen to anyone and I don't have a problem because what a man can do even a woman can do," a respondent from Kisumu.

#### **4.5) CULTURE/SOCIAL PERCEPTIONS ON DRUGS/ALCOHOL**

Every culture and society has got its perceptions and beliefs on issues that surround drug/alcohol taking and addiction/abuse. Some of these are deeply stemmed into the traditions while some of these perceptions arise from the environmental influences like the lifestyle, economic activity, and social identity of the community.

The participants were able to discuss freely what their society/culture thought about persons who drink. 58% of the participants said that their culture did not consent to those who take alcohol or drugs, with a majority of them citing that the society thought of addicts and alcohol/drug abusers as people with loose morals, who are bewitched, unfocussed, outcasts, irresponsible, cursed by God, losers in life, useless and violent who engage in criminal behaviours like stealing.

"Where I stay, people who drink are referred to as people with loose morals and people who don't have a future. You know those people who everyone looks at them and think they are charmed or have been bewitched, that is what the elders think. But for us young people, most of us drink so we find nothing wrong about it," 26 year old farmer from Meru.

"I come from Western Kenya and people who drink are out casts because most of them, if they are fathers in the home they cannot play their roles well, so they are like they are bewitched." 32 year old driver and mechanic.

"I do come from Nyeri District and there it depends on what kind of alcohol you are taking. If it is local brew then I think they will just be taken as a useless person, but those who take beer, I think those men there they meet people from higher caliber so they discuss issues." 30 year old retail shop owner.

33% of the participants however, said that in their communities, people who drink or abuse alcohol are not perceived to be bad people, because the society saw it as a way of life. Though sometimes the society associates some criminal activities with those who abuse alcohol, they do not condemn those who abuse alcohol.

"I come from Eastern, Meru and from our place, people who drink they are mostly those who are idle so the society does not like them because they are violent, but there's a lot of miraa in my place and we even grow it, so for miraa it is ok, the community takes it a normal." 37year old businessman and farmer.

"I have no culture but I am a Rastafarian. We say ganja is for meditation. 'A puff a day keeps the doctor away.' And this may be true but I don't know why it affects me when I take more of it," 21 year old high school drop out, residing in Huruma.

"I come from Dagoretti, there there's bhang a lot. If you go there they smoke bhang. So I think that those who drink like me day dream a lot, and those who don't drink are ok. *Hao wanafikiriwa kuwa watu wabaya sana kwa sababu bhang inakuweka kwa vitu kama wizi.* (bhang smoker are perceived as very bad people because bhang turns most youths to be thieves)." 26 year old Mechanic.

8% of the participants cited the society as a contributor to the abuse of drugs and alcohol by some of the youths. This is because despite the communities being aware of the effects of drug abuse on the health and behaviour of the abusers in that it turns the youth to be more aggressive and violent, the community members still highly tolerate the abusers. This they do by even buying for the addicts and abusers alcohol so as to protect them or to carry out vengeful actions on their behalf, since they know that most of the community members fear these drunkards and

drug addicts. The community members also knowing very well these criminals who are addicts, do not report them to the concerned authorities thus creating a circle of criminal and insecurity within the community. One of the participants had this to say.

“Where I live in Korogocho, most of the youths there are drunkards and people like us because we beat up thieves and those who offend our friends and family. So they just buy for us alcohol then we go and do what they tell us, like husbands who cheat on their wives, we really beat them. Our group is the good one because we do not steal so people like us. But we also have another group of drunkards who steal and rape young girls so we are always fighting them and beating up their members. It is however difficult to separate the good group and bad group because we all take alcohol and drugs” 22 year old jobless college graduate.

#### 4.6) DRAMA THERAPY SESSIONS AND THEIR EFFECTS.

Even though only 21 persons participated fully in the research, the total number of people who attended the drama therapy sessions was 34, with some sessions having 25 participants while some having 34 people. (this is inclusive of patients, nurses and counselors.) This is because of the irregular turnover in the admission of new patients every week and the discharge of those who have recovered.

Each session had a testimony sharing session in which the participants could freely tell of their backgrounds, their alcohol/drug abuse/addiction and also on social issues to do with their family, personal perceptions and the society at large.

The testimony sharing session was specifically meant to be able to make the participants to understand that they share in their plight and that they can come out of the addiction. It was also to help them to understand the causes and influences that made them indulge so deeply into alcohol and the effects it had on their close relations, career and even health. In this way they could thus be able to support each other and know how to make compromises and lead a drug/alcohol free life, by not only doing it to please those who had brought them to rehabilitation, but by avoiding those influences so as to do it for their own benefit.

Sharing with others also helps them to be able to understand the severity of drug addiction and the other effects it has had on the others, which they are lucky not to have had yet, thus it makes them understand the importance of quitting drug/alcohol addiction.

In sharing testimonies, some exercises and games could sometimes be done to trigger the memory of the participants. **For instance :**

**a.) The Memory Game**

29 objects were arranged on the table (mirror, phone, keys, note book,.....) the participants were then grouped in five. Each group was then given only 30 seconds to view all they could on the table and then together as a group write it on one sheet of paper.

**Aim:** To test how much their memory could contain in a glimpse. And together as a group if they could work as a team. This exercise also tests imagination of most people.

**Result:** The nine groups could only remember 15 to 19 of the items on the table. Some of the groups even recorded some objects that were not on the display e.g. necklace. This is because of the mental assumptions that some things go together, thus the presence of earrings, may have prompted the assumption that even a necklace was there.

**b.) Object and testimony Game**

Patients were asked to pick one object of their choice and narrate any story, joke, song or action in their lives or past that the object that they had picked reminded them of. The objects were specifically used to trigger the memories of the participants, and it is amazing how it brought memories which they were willing to honestly share with each other. For instance this is what some patients quoted:

“I picked a purse. This is the greatest temptation of a jobless man. This purse reminds me of my greatest weakness. When I was in class three I stole five shillings from my mother’s purse and since then I have always been stealing from my sister and my mother. I don’t like stealing, but every time I see my mother or sister leave their purse I just find myself picking money. I have been caught many times and I have tried to leave stealing but the temptation is always too strong. I don’t know, maybe one day al change.”



"I picked an earring. This earring reminds me of girl I really loved and I did for her everything but she refused to date me after I had spent my money to please her. I felt so bad, like killing myself but I forgave her."

"I picked a tape recorder. It reminds me of how I love reggae music. I also have a tape recorder like this at home but mine is from abroad. My brother in the US he sent it to me. When it was still new I could walk with it everywhere, mine had earphones so I could listen to music. I could even have it on my pillow when sleeping, and listen to it throughout. I just love music."

"This is a paint brush, it reminds me of those days when I used to draw and paint. I used to draw nice things. I don't know why I stopped."

"I have a toothpick, it reminds me of how I used to eat nyama choma and beer after work everyday, my wife could quarrel me but the nyama choma was so sweet, anyway."

"I picked a rosary, it reminds me of when I was in missionary school. We were told that if you are not Catholic, we should not eat the sacrament during mass or else we would die, so we used to sneak and eat the sacrament and we never died or got sick."

"I have picked a medicine sachet. It reminds me of nurse 'Mary' (not real name) and how she gives us medicine. It also reminds me of how I used to love 'dope' (heroin).

### **c.) Sharing game**

Every person was to line up straight, and then stretch out their hands in front of them with the palm of their hands open. Each one was then given a wrapped sweet and then asked to unwrap and eat a sweet without folding their elbows.

It took the participants almost 5 minutes before one could figure out the trick, i.e. to eat a sweet, one had to unwrap for a friend and then feed the individual the sweet, everyone had to do this to someone. In essence, each individual would have to feed someone else their sweet and also eat from the palms of another participant.

In this kind of game it helped the participants to open up just before the sharing of testimonies began. After this session the participants were asked to talk about something they missed most about their lives outside the rehabilitation since they joined the rehabilitation, to talk about their experience at the rehabilitation, two people they met at the rehabilitation centre and why they liked those particular people. In this case the participants were requested to talk only about their relationship with the other participants and not the nurses and doctors. This is because each person was grateful to the nurses and doctors for contributing to their health, by allowing and encouraging them to talk only about their fellow participants, it allowed them to see the value in making friends with strangers, and to appreciate the bond, trust and what they shared in common with each other.

After the sharing of testimonies, there would then be song and dance session or games to wind up the day. This would sometimes be done in the open air in the playground. Some of the games would be trickster games while some could be sporty, in essence they were practically meant to create a feeling of friendship and trust among all the participants.

**(Attached find Programme of Activities for the drama therapy sessions.)**

The participatory approach helped a lot in bonding and for the participants to identify with each other and to realize that they were not alone in the struggle to quit drugs and alcohol abuse.

The songs, dance and games involved during the drama therapy sessions helped the participants build trust with each other, it enhanced teamwork and co-operation and it made them to be able to make the sharing of testimonies to be open and honest, to which this was only possible when every participant felt valued, trusting of the others and also the realization that they shared in the same problems and plights, thus being able to give each other support.

Initially some of the participants never got to know or understand one another, most of them were just friendly and acquainted to their roommates or the patient officials who had welcomed them, but due to drama therapy the participants were able to have fun together through dance and games and to be able to mingle with the others in the rehab without restrictions, in this way, they were able to make more friends. Also the fact that each person would be given a chance to share in the testimonies, and even special attention to share their opinion and skill, would ensure that one freely shared because it never mattered whether someone was a poor narrator, dancer or not, but it was about sharing and respecting the other person's opinion and self expression. For instance during the song and dance session when each participant had to show the others a dance style to which the others would then imitate.

When the participants were asked about their opinions on whether the drama therapy sessions had helped in their recovery and in their relationship with people who were friends and strangers, most of them accepted that attending drama therapy had helped them in their recovery and also in being able to understand their past and its influence on their addiction i.e. how their lives, and personal perceptions contributed to their addiction and more even how their addiction had affected those people close to them. In sharing it had also helped them to realize that they were not alone in the fight against drug abuse.

Some of the comments in support of the drama therapy included the following:

"There's a connection between all of us at the rehab now. I can be able to talk to strangers about my experiences with alcohol, and share with them my good times and the bad times I had with the drink, without holding anything back." 33 year old beer and spirits addict.

"Yes, some moments we look at each other's eyes and we get focused so we find an interesting time to know each other. Sometimes you are shy but you find with movement you can do look at each other and dance all together. It made us to be one big family of addicts who want to recover." 21 year old bhang addict.

84% of the participants stated that drama therapy had made them feel that their burden was not only theirs as they realized that the others were going through the same struggles.

They also stated that drama therapy had helped them to open up and feel free to discuss without restraint in that the discussions were confidential among only those who attended the session. The participants also came to realize that they could have fun without drugs and alcohol, thus they learnt to socialize, share jokes, games and talks. They also learnt to relax and to understand themselves and to cope up with moods, anger and stress by listening and learning from each other both their fellow patients and the nurses, counselors and therapists.

“Drama therapy has helped me open up about my feelings and made me realize that there are other members in the group who are just like me, we share a common background. It has also helped me get in touch with my higher power and build a relationship with time,” 33 year old changaa and spirits addict.

“It has helped me a lot, in rediscovering my self. It has also put me in touch with my inner self and also made me express myself while sober. A thing I could not do there before.” 40 year old beer and spirits addict.

However, 16% of the participants did not acknowledge the drama therapy sessions citing that it reminded them of their past life for which they never wanted to have memories of, they thus did not attend the drama therapy sessions after the first two sessions, opting to relax. For instance, the playing of music, reminded them of their night life and even the sharing sessions, made them have memories of their families and friends whom they missed a lot and it hurt them to talk about, saying it made them feel like escaping from the rehabilitation centre.

When asked what they liked about the drama therapy sessions, some of the participants cited the variety and spontaneity, the music, dance and the games that made them to be active and kill the boredom, the openness, the trust and confidentiality during the sessions and the storytelling/sharing testimony on ups and downs with other members. They also liked the closeness thus no lack of friends in the rehabilitation.

This is what some had to say when asked what they liked about the drama therapy sessions.

'Some of the things I liked were when we were expressing things which made us join this rehabilitation. It was also very fantastic and I couldn't be bored even a second.'" 29 year old beer, wine and spirits addict.

"Everything in drama therapy was good to me because it really helped me in my recovery and also I've learned new skills to apply in my life especially to deal with this disease of alcoholism, and also everything we discussed was confidential." 43 year old changaa, spirits and beer addict.

During the review of the sessions, some of the participants were free to express some of the things they never liked about the drama therapy sessions. And some even had suggestions especially on the music.

'I would like them to add reggae music because it catches people's attention, its good for meditation and so on," 22 year old bhang and spirits addict.

"Un- confidentiality. Talking by other patients outside the sessions, while naming is supposed to be confidential." 26 year old tobacco and miraa addict.

"Dancing, cause I was shy if am not under the influence of substance/alcohol." 38 year old beer and spirits addict.

## CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

### 5.0) SUMMARY

This study looked into the causes and effects of drug/alcohol addiction, the prevalence and the level of drug/alcohol addiction, the types of drugs/alcohol taken and the motivation to attend rehabilitation. It also looked into the issue of women and alcohol abuse and addiction, how they are affected, their role in the lives of those who abuse alcohol/drugs and how the society looks at the women alcohol/drug abusers. Culture and social perceptions was also looked into in this study, and then lastly the participants overall opinion on drama therapy and their resolutions regarding alcohol/drug abuse once they left rehabilitation.

The research used focus group counseling/discussions, participatory approach (Participatory Learning and Action), key informant interviews and use of questionnaires to obtain all the information that were relevant as per the aims of this study.

The success of this study was apparent in the way the participants were able to grow from strangers to friends, untrusting to trusting and secret keeping to open sharing with others, and this was made possible by the very nature of drama therapy of doing fun activities together and thus being able to know and understand each other better thus with time, being able to share in life experiences both good and bad and being able to learn from them.

The nurses and counselor at the rehabilitation were also very supportive by allocating time and the available resources for the therapy to take place despite the short notice, and lack of enough facilities for undertaking drama therapy at the unit. While contributing to the success of the project, they also learnt a lot about drama therapy, and noticed the change and well being of the patients in the way they could lighten up and communicate more freely with each other, something they said was not so prevalent before, as most of the patients kept to themselves and only built the counselor-patient relationships unlike after the drama therapy when they could notice the open interaction between the patients, with laughter and chatting. This they said had helped a lot in the fast recovery of the patients in that they were able to see the world through each other's eyes and thus have a positive attitude that helped them in their recovery process.

This study has thus concluded that Drama therapy is very beneficial as counseling and guiding tool among Drug/alcohol abusers/addicts and thus it may even be used as a therapy tool for other mental related illnesses/complications. At least 86% of the participants promised to reconstruct their lives once they left rehabilitation, by trying to live an alcohol free life and getting back to being responsible members of the family and society, going back to school and getting jobs that they would strive to keep. However, only 14% of the participants said they did not yet have resolutions because they were still living in denial as had not yet accepted that they were addicts, and they didn't understand why they were in the rehabilitation. It is was however hoped that they would be able to accept their situation and work towards change.

### 5.1) CONCLUSION

The lives of the patients at the rehabilitation unit took a new turn when they realized that they could do without alcohol/drugs and still interact with others, doing fun activities and games together and sharing testimonies also helped them understand the impact of alcohol/drug addiction in their lives and those of others. It thus opened their sight to new avenues of a healthier and drug free lifestyle.

Some of the participants' testimonies could prove that their decisions were based on the fact that they think in a negative, unconstructive or inadequate way about themselves and of others. Thus instead of taking stress and criticism positively and work towards eliminating them, they took alcohol and drugs as a way of escaping their daily problems, which thus interfered with their relations in the family and at work and even led to more stress as it affected even their financial and social well being. Through drama therapy, they were thus able to focus on the positive aspects of their lives, and look at their failures as lessons that had made them stronger to face the challenges ahead.

This study thus concluded the following:

- Rehabilitation works for most people, nevertheless, it is important for each individual to get support from close relations, friends and even fellow recovering addicts, thus in sharing in plights and dreams, seeing change in each other gives one motivation to be a better person each day.

- A person's upbringing, culture, environment and unique character work together in promoting drug abuse and addiction. This is basically because the home environment, school environment and society, are very accommodative of alcohol/drug taking and they create an environment that enables the young and youth to freely indulge in abuse without restriction, because of the example that they show and the availability of the drugs, to which the adults and the authority do not mind of, until they turn into addicts later in life.
- The society and culture looks down at those who drink irresponsibly and thus ending up being addicts, both in the rural and urban areas. Addicts and abusers are considered, bewitched, unfocussed, charmed, outcasts, irresponsible, cursed by God, losers in life, and useless, and they are also seen as violent who engage in criminal behaviours like stealing.
- The society also considers women drinking or abusing alcohol and drugs as being a bad thing, not socially acceptable and creating a bad picture. Despite the fact that most of these comments were given by addicts who are men, it is quite clear that it is socially acceptable for men to take alcohol and drugs while women are not expected to consume alcohol in large amounts or publicly.
- Women are also considered to be playing a vital role in supporting their family and friends who are alcohol addicts, in that they were the main motivation and driving forces that made the addicts attend rehabilitation in an attempt to lead a drug free life.
- The major causes of drug addiction are peer pressure, career stress and curiosity, lack of/neglect by concerned authorities i.e. parents, guardians, teachers and community, idleness and availability of money, ignorance and source of consolation
- The effects of alcohol were cited as irresponsibility in the family roles and at work, conflicts and separation from close family members and friends, conflict in the family and deterioration in health, loss of financial control, loss of jobs and source of income and Loss of trust and respect of family members, friends and community members because they neglected their responsibilities in taking care of themselves and their family members.



- The drugs that are more prevalent among abusers, because of their availability, cost and their immediate effect in making one feel drunk or hang up are beer, spirits, changaa, bhang, tobacco, miraa and heroine.

The average level of education among the participants in this study was secondary education, though this requires further research to determine more. Because maybe the persons who participated in the study are from the hardships areas while those who are well off and more educated attend rehabilitation centres that charge higher fees. The study also indicates that the low income earners are more prevalent in the abuse of drugs and alcohol than the high income earners. These needs further research because the level of education and income of those who were at this rehabilitation centre may have been from the low income areas because Mathari is the most affordable in-patient rehabilitation centre.

## 5.2) RECOMMENDATIONS

The government, Non-Governmental Organizations and authority at various levels should also address some of the social issues that have come up as core reasons that lead people to drug abuse. Some of these reasons cited were idleness, child neglect and abuse, poverty, peer pressure, ignorance and disease, and insecurity. For instance, construction of community recreation centres, creation of jobs even in the jua kali sector so as to avoid idleness and provision of medical services like family counseling units where people can easily and freely access the services.

With the support of government and non-governmental organizations, more rehabilitation centres, charging affordable fees, can be constructed to help victims of drug abuse and even criminals facing charges as a result of drug abuse involvement like the drug peddlers.

The government needs to instill strict regulations in the sale and consumption of alcohol, both in the age of those to whom it can be sold to and also by restricting its sale in local retail shops especially those around schools and residential areas. Children as young as 8 years, while still in primary school already have access to drugs, because they are easily available in local retail shops and even changaa houses. Some of the parents even send the young children to go and

purchase for them the alcohol thus the children out of curiosity take the alcohol/drugs and thereby start getting addicted at a tender age.

The family and the authority need to take enough precautions to ensure that drug abuse is not tolerated among the youth. Most of the people who turn out to be drug addicts started taking alcohol within the family and social settings, as young children in the presence of adults who were figures of authority in their lives like parents, aunts and grandparents.

It is also important for the school and education authorities to monitor the behaviour of the students to notice changes in them, also to monitor the securities around school to ensure that drugs are not trafficked or smuggled or sold around or within the school premises.

It is also important for the health practitioners to be trained on how to carry out the drama therapy and art sessions in ways that will help them to contribute to the patients' lives. This will widely help in assisting the patients to fully understand how their lifestyle and backgrounds affect their alcoholism and drug addiction/abuse, and thus be able to leave the rehabilitation fully reformed to start new lives.

I would also recommend that the health institutions be able to provide facilities that will help enhance both the drama therapy and art therapy sessions to be carried out, by allocating a budget for the props that are needed for games, music and dance, and the testimony sharing sessions. E.g. music system.

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## APPENDIX 1: INFORMED CONSENT: DRAMATHERAPY SESSION WITH CLIENT

Explanation of the study and the purpose of the dramatherapy programme and study.

Hello, My name is ZIPPORA A. OKOTH. This is a request to confirm your possible participation in a study I am doing to find out the level of effectiveness of using drama therapy on drug abusers as a form of group counseling. I am a student of MA Gender and Development Studies from the University of Nairobi. I also hold a BA in Drama and Theatre Studies and certificates on Counselling, with experience in facilitating dramatherapy sessions.

The purpose of this study is to help access the attitudinal and behavioural change on drug abusers, and to sensitize on necessary behaviour changes that would allow them to consider a healthier, lawful lifestyle outside of the rehabilitation unit. Also to find out the level of transformation of the depressed persons back to their normal social life in their interactive levels with other persons known and strange to them, compared to if they could not have attended the drama therapy sessions. This study is also geared to find out how an individual's unique character, personality and other traits work together with that person's upbringing, culture and environment in ways that might promote drug abuse and addiction. To find out the attitude of the immediate society and the health practitioners towards drug abusers in regards to their past and their recovery. To access the gender imbalances in the causes that lead persons to become drug addicts, and in effect those who attend rehabilitation.

I hope that this information will help to improve the counseling and therapy services provided to people in this hospital and in other places and that this study will contribute largely in giving health practitioners an alternative and additional method of therapy that will enable them achieve long term results with minimal time and costs.

The success of this study, may also enable the education system in the country to consider including Drama therapy into its curriculum in the fields of Medicine, counseling, arts and social studies. This project may also enable the government, Non-Governmental Organisations and authority at various levels to address some of the social issues that will have come up as core reasons that lead people to drug abuse.

In order to gather this information I would like to request your permission to participate in the dramatherapy sessions at the Drug Rehabilitation Centre for a period of 3 weeks with two sessions per week each lasting 1 to 2 hours.

Procedures including confidentiality.

If you agree I will ask you to participate in a dramatherapy session with other men and women at the drug rehabilitation unit, Mathari Hospital. The sessions will be facilitated by two members. One person will facilitate the sessions, the other will write notes, record and assist with any props if necessary. The session will also have in attendance a counselor/psychologist from Mathari hospital who will help monitor the therapy activities carried out during the sessions, and thereafter will assist in giving a progressive account of the your recovery on account of your participation at the drama therapy sessions.

During the sessions, we will have storytelling, song and dance, role play and role reversal, memory and imagination exercises, and games. You will not be forced to talk about your personal life but will be encouraged to talk or act out whatever you feel in an atmosphere of fun.

The drama therapy sessions, will be recorded with an audio tape recorder to ensure that I do not miss anything said or record it wrongly. The tapes will not have names of any participants or you and my research team will keep everything confidential. (During the dramatherapy sessions the participants will always take a name that they would like to be referred to and this will thus alter their identification.) Only those present in the sessions will thus be the only ones who will remember your face. After the therapy sessions, all persons present at the drama therapy sessions will be requested to keep what has been shared confidential though this cannot be controlled by the research team outside the therapy sessions. At the end of the study (the drama therapy sessions) I will note down what is on the tape and keep it confidential, and thereafter I will destroy the tapes.

Risk, discomforts and right to withdrawal.

During the discussion you may feel uncomfortable to talk about some topics. However, I do not wish you to feel uncomfortable and you can refuse to participate in the activities or leave the discussion whenever at your wish. In addition, there is a slight chance that you may share information that is personal and or confidential with the group from the community that you did not want to share. I do not wish this to happen and although my team cannot control the confidentiality of what shall be talked about outside the therapy sessions, my team will encourage all participants in the group to respect the privacy of the other group members.

## APPENDIX 1: INFORMED CONSENT: DRAMATHERAPY SESSION WITH CLIENT

### Explanation of the study and the purpose of the dramatherapy programme and study.

Hello, My name is ZIPPORA A. OKOTH. This is a request to confirm your possible participation in a study I am doing to find out the level of effectiveness of using drama therapy on drug abusers as a form of group counseling. I am a student of MA Gender and Development Studies from the University of Nairobi. I also hold a BA in Drama and Theatre Studies and certificates on Counselling, with experience in facilitating dramatherapy sessions.

The purpose of this study is to help access the attitudinal and behavioural change on drug abusers, and to sensitize on necessary behaviour changes that would allow them to consider a healthier, lawful lifestyle outside of the rehabilitation unit. Also to find out the level of transformation of the depressed persons back to their normal social life in their interactive levels with other persons known and strange to them, compared to if they could not have attended the drama therapy sessions. This study is also geared to find out how an individual's unique character, personality and other traits work together with that person's upbringing, culture and environment in ways that might promote drug abuse and addiction. To find out the attitude of the immediate society and the health practitioners towards drug abusers in regards to their past and their recovery. To access the gender imbalances in the causes that lead persons to become drug addicts, and in effect those who attend rehabilitation.

I hope that this information will help to improve the counseling and therapy services provided to people in this hospital and in other places and that this study will contribute largely in giving health practitioners an alternative and additional method of therapy that will enable them achieve long term results with minimal time and costs.

The success of this study, may also enable the education system in the country to consider including Drama therapy into its curriculum in the fields of Medicine, counseling, arts and social studies. This project may also enable the government, Non-Governmental Organisations and authority at various levels to address some of the social issues that will have come up as core reasons that lead people to drug abuse.

In order to gather this information I would like to request your permission to participate in the dramatherapy sessions at the Drug Rehabilitation Centre for a period of 3 weeks with two sessions per week each lasting 1 to 2 hours.

### Procedures including confidentiality.

If you agree I will ask you to participate in a dramatherapy session with other men and women at the drug rehabilitation unit, Mathari Hospital. The sessions will be facilitated by two members. One person will facilitate the sessions, the other will write notes, record and assist with any props if necessary. The session will also have in attendance a counselor/psychologist from Mathari hospital who will help monitor the therapy activities carried out during the sessions, and thereafter will assist in giving a progressive account of the your recovery on account of your participation at the drama therapy sessions.

During the sessions, we will have storytelling, song and dance, role play and role reversal, memory and imagination exercises, and games. You will not be forced to talk about your personal life but will be encouraged to talk or act out whatever you feel in an atmosphere of fun.

The drama therapy sessions, will be recorded with an audio tape recorder to ensure that I do not miss anything said or record it wrongly. The tapes will not have names of any participants or you and my research team will keep everything confidential. (During the dramatherapy sessions the participants will always take a name that they would like to be referred to and this will thus alter their identification.) Only those present in the sessions will thus be the only ones who will remember your face. After the therapy sessions, all persons present at the drama therapy sessions will be requested to keep what has been shared confidential though this cannot be controlled by the research team outside the therapy sessions. At the end of the study (the drama therapy sessions) I will note down what is on the tape and keep it confidential, and thereafter I will destroy the tapes.

### Risk, discomforts and right to withdrawal.

During the discussion you may feel uncomfortable to talk about some topics. However, I do not wish you to feel uncomfortable and you can refuse to participate in the activities or leave the discussion whenever at your wish. In addition, there is a slight chance that you may share information that is personal and or confidential with the group from the community that you did not want to share. I do not wish this to happen and although my team cannot control the confidentiality of what shall be talked about outside the therapy sessions, my team will encourage all participants in the group to respect the privacy of the other group members.

Benefits.

This study will help you and the hospital directly and I also hope that the information gathered will help to improve the counselling and therapy services provided to other people at Mathari Hospital and other places. If you do not want to take part in the therapy sessions or in the interviews, you can refuse. If you do not want to participate you will receive the same service as always and nobody will hold this against you.

No payments shall be made to you, to the other participants, to the hospital or to staff at the hospital. I (the researcher), will cater for all the costs, props and equipment needed for the purposes of the drama therapy sessions during the course of the study. The hospital shall also not be compelled to pay me for the sessions. Nevertheless, the hospital may be required to avail its facilities and equipment where necessary, if available, to enable the drama therapy sessions to be carried out.

Sharing the results.

After the assessment of the drama therapy is completed I will be sharing the results with the community and current and future clients of who may be in need of the drama therapy. In addition, a copy of the data collected will be given to the University of Nairobi for examination purposes, and a copy to the Mathari Hospital for its records. If you would like to receive a copy of the report, I can be informed and I will make this possible for you.

Consent and contact.

Do you have any questions that you would like to ask?  
Is there anything you would like me to explain again or say more about?  
Do you agree to participate in the dramatherapy sessions to be carried out at the Mathari hospital for purposes of the study?

Contact details:

If you have any other questions about this study later you can contact any of the following persons:

1. **Dr. Owuor Olungah, Lecturer - Department of Gender and Development Studies, Institute of Gender, Anthropology and African Studies, University of Nairobi, P.O. Box 30197, Nairobi, Tel: + 254 722 217132, Email: [emcolungah@yahoo.co.uk](mailto:emcolungah@yahoo.co.uk).**
2. **Zippora A. Okoth, P.O.Box 54544-00200 Nairobi, Tel: +254 722 446990, Email, [agathadani@yahoo.com](mailto:agathadani@yahoo.com)**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the drama therapy sessions at anytime without it affecting my medical care in any way.

Print name of participant \_\_\_\_\_

Signature of participant \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

*If illiterate*

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness \_\_\_\_\_

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

A copy of this informed consent form has been provided to the participant \_\_\_\_\_ (initialed by the researcher)

Signature: \_\_\_\_\_  
Name \_\_\_\_\_  
Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Name \_\_\_\_\_  
Date \_\_\_\_\_

## APPENDIX 2: ASSESSMENT FORMS

Assessment Forms for Participants/patients, for the Dramatherapy Sessions conducted at Mathari Hospital Drug Rehabilitation Unit

### NOTE.

1. Please do not include your name in this sheet of paper.
2. All information recorded here shall be kept confidential by the dramatherapist.
3. Please write your comments in the spaces provided or tick as appropriate. You can add an extra sheet of paper if necessary.

### PERSONAL BACKGROUND INFORMATION

1. Sex..... (Male/Female). Age.....
2. Marital Status..... (Single/Dating/Married/Divorced/Separated)
3. Do you have any children.....(Yes/No) How Many.....
4. Home District.....
5. Residential Area.....
6. What is your education level (primary/secondary/college/university/postgraduate /Doctorate  
.....
7. What is your career/profession/skill.....
8. What is your average income per month.....
9. What do you do to help you relax? .....
10. What are your hobbies/interests? .....
11. What are some of your favourite things in the world and why? .....
12. What are some of the things that you don't like and why? .....

### DRUG ADDICTION/ABUSE INFORMATION

Please tell me about yourself and how you got into drug/alcohol abuse/addiction .....

What drugs or alcoholic beverages did you abuse or get addicted to?  
.....

When did you start taking alcohol or drugs .....

When did you realize or when did other people realise you were addicted? .....

How many times/often and how much did you take the drugs/alcohol in a day/a week?  
.....



How has alcohol abuse affected your close relatives, family and friends (wife, children, parents)

What or who motivated you to get help/ rehabilitation? How are you related to them?

What do you think about women and alcohol/drug abuse in your home region?

**REHABILITATION BACKGROUND**

Have you ever attended rehabilitation before? If yes, please explain where and when and why you went back into abusing drugs/alcohol?

How has your rehabilitation at Mathari helped you in your drug abuse/addiction (counseling, art therapy, drama therapy and any other therapy activities)

Did you attend the dramatherapy sessions? .....

How many sessions did you attend in total? .....

Has drama therapy helped you in your recovery process during your rehabilitation? Please explain.

How has drama therapy helped in your relationship with other people who are friends and strangers? (believing in yourself, cooperation with others, sharing with others, better communication, trusting others, relaxation, enjoying every moment and appreciating every person and moments.)

What are some of the things you liked about the dramatherapy sessions and why?

What are some of the things you did not like about the dramatherapy sessions and why?

What plans do you have, or what do you want to do when you leave rehabilitation? (family, career, friends, relaxation )

Do you have any new resolutions? If yes what?

Would you recommend drug rehabilitation involving dramatherapy to anyone? Why?

### **APPENDIX 3: KEY INFORMANTS INTERVIEW GUIDE**

Research questions for Key informants; nurses, counselors, doctors.

- a.) Under what circumstances do the patients want to join the rehabilitation programme?
- b.) What is the impact in the recovery process of those who attend the rehabilitation as a personal preference and those who attend as a conviction of their friends and relatives?
- c.) What are the major drugs and substances that most of the persons admitted are addicted to?
- d.) Does a person's background and personality trait have any contribution towards a person's recovery process from drug and substance addiction?
- e.) What are the other therapies used in the drug rehabilitation and what is their effect on the recovery of the patients?
- f.) What is the society's attitude towards those who attend drug and substance addiction rehabilitation?
- g.) What is the society's attitude towards the health practitioners and staff at the rehabilitation unit?
- h.) What are the gender imbalances in the account of those who attend the rehabilitation as drug addicts and in effect those who leave the rehabilitation fully recovered?

#### **APPENDIX 4: PARTICIPATORY RESEARCH GUIDE QUESTIONS.**

These are research questions to guide the group discussions and group counseling sessions.

1. When was the first time you tasted alcohol, it was under what circumstances, how old were you and how did it feel?
2. What influenced you to continue taking alcohol/drug and when did you realize you were addicted?
3. What or who motivated you to come to rehabilitation? Was it forced or voluntary?
4. What do you think about your stay at the rehabilitation centre towards your recovery in alcohol/drug addiction?
5. How has your addiction/abuse affected your career?
6. How has your addiction/abuse affected your relationship with close family and friends?
7. How has your addiction affected you in the way you think and behave towards others?
8. What do you think about women who take or abuse alcohol?
9. What does your society/ culture think about alcohol/drug abusers/addicts?
10. What do you think about drama therapy?
11. What are your resolutions once you leave rehabilitation?

## APPENDIX 5: PROGRAMME OF ACTIVITIES

**NOTE:** This is a tentative programme of activities that will take place during each session. Nevertheless, the spontaneity of the participants will provoke the flow of events.

DATE/WEEK	ACTIVITY	ACTIONS
Week 1 Day 1	Introduction	<ul style="list-style-type: none"> <li>- Warm up songs</li> <li>- Introduction and explanation of the project by therapist for client consent.</li> <li>- Question and answer session about the project.</li> <li>- Self introduction (real names).</li> <li>- Self introduction, names that every person would like to be called, and something about themselves.</li> </ul>
	Exercise (Body and imagination exercises.)	<p>Body stretch exercises</p> <ul style="list-style-type: none"> <li>- All participants stand in one or two circles one inside the other.</li> <li>- Walk opposite one direction and change directions in turns.</li> <li>- Each participant puts left hand on top of the others right hand. Then with the right hand each person taps the other's hand in sequence.</li> </ul> <ul style="list-style-type: none"> <li>- Participants sit down in most comfortable position on the floor, music is played and they are let to wonder in their own imagination and fantasies with the therapist provoking every imagination using sight, smell, memory and hearing as main motivations. E.g. remember 1<sup>st</sup> day at school, the one thing you miss most about your loved ones like wife, kids, parents and friends..... Listen to the sounds of birds and animals outside this room..... Listen to the distant sounds..... imagine you are in that one place you always dream of going to.....</li> </ul>
	Storytelling	<ul style="list-style-type: none"> <li>- Every participant only tells one word to make a long story, everyone participates, and everyone is supposed to say their word loud enough for all to hear.</li> <li>- Every person is then told to say one sentence to make a long story.</li> <li>- The therapist summarizes the story that has been said and participants are allowed to make adjustments which part the therapist has forgotten.</li> <li>- If there's a lesson to be learnt from the story then it is discussed.</li> </ul>
	Music and Dance	<p>Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.</p>
	Round-up	<p>Warm up exercise with stretch of muscles</p>

DATE/WEEK	ACTIVITY	ACTIONS
Week 1 Day 2	Introduction (This has to be done for every session because of new participants.)	<ul style="list-style-type: none"> <li>- Warm up songs</li> <li>- Self introduction (real names).</li> <li>- Self introduction, names that every person would like to be called, and something about themselves.</li> </ul>
	Exercise (Body and imagination exercises.)	<ul style="list-style-type: none"> <li>- Body stretch exercises</li> <li>- All participants stand in one big circle then pair up facing each other. The pair then looks at each other straight in the eye holding their hands for seconds, then move to the next in line, everyone moves in the same direction they first stood facing until each meets the one they first paired up with.</li> </ul>
	Storytelling	<ul style="list-style-type: none"> <li>- Every person tells us the best thing that has happened to them in the past one month and why that particular happening makes them glad.</li> <li>- Every participant only tells one word to make a long story, everyone participates, and everyone is supposed to say their word loud enough for all to hear.</li> <li>- The therapist summarizes the story that has been said and participants are allowed to make adjustments which part the therapist has forgotten.</li> <li>- If there's a lesson to be learnt from the story then it is discussed.</li> </ul>
	Music and Dance	Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.
	Round-up	Warm up exercise with body stretch of exercises.

DATE/WEEK	ACTIVITY	ACTIONS
Week 2 Day 3	Introduction	<ul style="list-style-type: none"> <li>- Warm up songs</li> <li>- Self introduction (real names).</li> <li>- Self introduction, names that every person would like to be called, and something about themselves.</li> </ul>
	Exercise (Body and imagination exercises.)	<ul style="list-style-type: none"> <li>- Body stretch exercises</li> <li>- The participants stand up and walk around with eyes closed and when you bump into someone you open your eyes and stop moving.</li> <li>- All participants still stand then pair up facing each other. The pair then both close their eyes, and then touch each other's face gently. Touching the eyes, nose, and every part of the other's face.</li> </ul>
	Storytelling (real life narrations and sharing for role play.)	<ul style="list-style-type: none"> <li>- The participants share about their personal experiences with drugs, when they first tasted alcohol/drugs, what made them take it, how it felt and where they were.</li> <li>- Each participant is given a chance to tell the others about their first time experience with alcohol/drugs, and by the end of the session each person has shared their experience.</li> </ul>
	Music and Dance	Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.
	Round-up	Warm up exercise with body stretch of exercises.

DATE/WEEK	ACTIVITY	ACTIONS
Week 2 Day 4	Introduction (This has to be done for every session because of new participants)	<ul style="list-style-type: none"> <li>- Warm up songs</li> <li>- Self introduction (real names).</li> <li>- Self introduction, names that every person would like to be called, and something about themselves.</li> </ul>
	Exercise and games (Body and imagination exercises.)	<ul style="list-style-type: none"> <li>- Body stretch exercises.</li> <li>- Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or signal for the next person to give a dance style and this goes round till everyone has participated.</li> <li>- All participants stand then pair up facing each other. They then play the <b>mirror game</b>. One person does something and the other does exactly as the other person has done. They take turns so that each person can be a mirror.</li> </ul>
	Sharing of testimonies	<ul style="list-style-type: none"> <li>- The participants talk about their motivation to attend rehabilitation. Here they are encouraged to talk about the reasons or persons that influenced their decision to attend rehabilitation, whether it was their personal choice or they were coerced into attending rehabilitation, they also tell us about</li> </ul>
	Music and Dance	Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or signal for the next person to give a dance style and this goes round till everyone has participated.
	Round-up	Warm up exercise with body stretch of exercises.

DATE/WEEK	ACTIVITY	ACTIONS
Week 3 Day 5	Introduction (This has to be done for every session because of new participants)	<ul style="list-style-type: none"> <li>- Warm up songs</li> <li>- Self introduction (real names).</li> <li>- Self introduction, names that every person would like to be called, and something about themselves.</li> </ul>
	Exercise and games (Body and imagination exercises.)	<ul style="list-style-type: none"> <li>- Body stretch exercises</li> <li>- Participants sit down in most comfortable position on the floor, music is played and they are let to wonder in their own imagination and fantasies with the therapist provoking every imagination using sight, smell, memory and hearing as main motivations.</li> </ul>
	Object- memory and sharing	<ul style="list-style-type: none"> <li>- The therapist avails various objects, then arranges them all on the floor.</li> <li>- The participants then form groups of 5 people, then they come and observe all the materials on the floor.</li> <li>- They then go out and try to write down all the things that they have identified as a group and then give the list to the therapist.</li> <li>- Each person is then told to pick one object of their choice and sit on a circle.</li> <li>- Each person then tells the group why they chose that object and what that object reminds them of, especially about an experience in their life. It can be a story, a joke, a song or just a game. If the participant wants the other to do an action to help him/her explain her story, then a volunteer offers to help him/her demonstrate the story.</li> </ul>
	Music and Dance	Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.
	Round-up	Warm up exercise with body stretch of exercises.



DATE/WEEK	ACTIVITY	ACTIONS
Week 3 Day 6	Introduction.	<ul style="list-style-type: none"> <li>- Warm up songs</li> <li>- Self introduction (real names).</li> </ul>
	Exercise and games (Body and imagination exercises.)	<ul style="list-style-type: none"> <li>- Body stretch exercises</li> <li>- Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or signal for the next person to give a dance style and this goes round till everyone has participated.</li> <li>- Participants pair up and stand facing each other, they are then told to look at each other directly in the eyes, then look at the faces and then their whole body from head to toe. This is done without any music playing in the background so as to allow the participants to concentrate.</li> </ul>
	Balloon game (Balloon, pins, thread)	<ul style="list-style-type: none"> <li>- The therapist introduces the game. The participants then cite what they term as obstacles and problems in their lives.</li> <li>- The therapist gives each person a balloon, a pin and a thread. Each person to blow up their balloon to full size and tie it round with a string so it doesn't deflate.</li> <li>- Each person is thus to assume that the balloon is their life and the pin is a symbol of the obstacles and troubles in life, thus they try to deflate each other's balloon, while protecting theirs.</li> </ul>
	Testimony sharing	<ul style="list-style-type: none"> <li>- The participants talk about the three closest persons in their lives. They also talk about how alcohol/drugs has affected them in their lives and in their relationship with those who are close to them.</li> <li>- The participants also talk about what they do for a living/ career/profession and how they think their addiction and abuse has affected their work/jobs.</li> </ul>
	Music and Dance	Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.
	Round-up	Warm up exercise with body stretch of exercises.

DATE/WEEK	ACTIVITY	ACTIONS
Week 4 Day 7	Introduction (This has to be done for every session because of new participants)	<ul style="list-style-type: none"> <li>- Warm up songs.</li> <li>- Self introduction (real names).</li> <li>- Self introduction, names that every person would like to be called, and something about themselves.</li> </ul>
	Exercise and games (Body and imagination exercises.)	<ul style="list-style-type: none"> <li>- Body stretch exercises</li> <li>- Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.</li> <li>- <b>Sharing game:</b> Participants in groups, each given a sweet and put on the palm of the hand, each person to stretch their hands and then asked to eat their sweets without folding their elbows. (Challenge, each person shall take the neighbours sweet, unwrap it and feed it into the neighbours mouth and the neighbour shall do the same, thus they shall all eat a sweet.)</li> </ul>
	Testimony sharing and Fantasy talks	<ul style="list-style-type: none"> <li>- The participants can choose to talk about things, persons, places and objects they love. This should be about things they have never done, places they have never gone and people they have never met.</li> <li>- They should thus tell us what these fantasies are, why they would love to do, meet, or go to their fantasies.</li> <li>- The participants share about the alcohol and drugs that they used to abuse, how frequently they could abuse it. They also share why they loved that particular drug/alcohol and the effect it had on them.</li> </ul>
	Music and Dance	Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.
	Round-up	<p>Warm up exercise with body stretch of exercises.</p> <p>The participants were given questionnaires to which they would voluntarily fill so as to give information about their background (i.e their personal life, career, social life and preferences like hobbies, likes and dislikes), their alcohol and drug abuse/addiction history as in, its influence and effects, also on their opinions about their rehabilitation at Mathari, about drama therapy and also on their resolutions once they leave the rehabilitation centre.</p>

DATE/WEEK	ACTIVITY	ACTIONS
Week 4 Day 8	Introduction (This has to be done for every session because of new participants)	<ul style="list-style-type: none"> <li>- Warm up songs</li> <li>- Self introduction (real names).</li> <li>- Self introduction, names that every person would like to be called, and something about themselves.</li> </ul>
	Exercise and games (Body and imagination exercises.)	<ul style="list-style-type: none"> <li>- Body stretch exercises</li> <li>- Participants sit down in most comfortable position on the floor, music is played and they are let to wonder in their own imagination and fantasies with the therapist provoking every imagination using sight, smell, memory and hearing as main motivations.</li> <li>- <b>Participants contribute</b> and introduce games which they teach each other.</li> </ul>
	Memory and sharing	<ul style="list-style-type: none"> <li>- Participants to each talk about what they have loved during the past two weeks and why they have loved those particular things.</li> <li>- Participants share what they enjoyed about the dramatherapy sessions.</li> </ul>
	Music and Dance	Music is played or a song is sang and everyone gives a dance style to which everyone dances/imitates, the therapist will clap or tap on the next person to give a dance style and this goes round till everyone has participated.
	Round-up	<p>Participants are each given a foolscap and a pin which they help each other to pin on their backs. Each person is then requested to write something they love about that person on their backs. Only good things are to be written with no names of the person who has written them.</p> <p>Thanks and exchange of gifts by therapist and participants.</p> <p>Questions and answer between the therapist and participants.</p>

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