Text-based drama therapy: The state of the field in South Africa

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Bio

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Abstract

This article introduces the emergent field of text-based drama therapy (TbDT), with specific reference to the applicability of the method in the Global South. TbDT is situated within the broader field of online therapy, but is itself a distinct method that requires adjustments to the way the therapist builds the therapeutic alliance. The article suggests that TbDT therapists should be trained to understand the differences in control, clarity, and creativity that the method requires, as well as emphasising that TbDT is still an embodied and creative form of drama therapy. TbDT is suggested as a highly accessible form of therapy that is able to cut across language and cultural differences through the creation of a third language of connection.

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Introduction

This article aims to introduce and define the emerging field of text-based drama therapy (TbDT), specifically as it is practised in South African contexts. TbDT is defined as drama therapy interventions delivered through text-based applications such as instant messaging apps and email. Content may include pictures, GIFs, emojis, voice notes, and music, and is sent through the chosen application. TbDT uses text as the primary means of in-session communication between therapist and client, though other creative aspects can be included. The article comes from a broader ongoing doctoral process, which seeks to not only define TbDT, but also to create the beginnings of a theory underpinning the practice and how to ethically and safely conduct TbDT. The article is offered as preliminary findings and reflections from this ongoing research project.

Teletherapy, or therapy at a distance, has existed for at least the past 45 years, beginning with telephone-based therapy hotlines, and more recently moving into online spaces via chat-based programs and video calls (Anthony & Nagel, 2010). With the advent of global COVID-19 pandemic lockdowns, interest in online therapy flourished in South Africa, with a considerable increase in the number of people searching for teletherapy online compared to pre-pandemic data (Leochico et al., 2021).

Advertisements for services such as BetterHelp, an online therapist database and chat provider, were promoted across social media, often giving the idea that therapists could be on call 24/7, while underpaying therapists and exploiting client data for profits (Osberg & Mehrotra, 2020). Arts therapists in South Africa also expanded into the online world during the pandemic, most notably as part of Frontline Support Services, a coalition of arts therapists who offered free text-based or video-chat therapy to those affected by the pandemic who were otherwise unable to access psychological support (Harrop-Allin & Pollard, 2022).

While the expansion during the pandemic was largely driven by necessity, my own private practice has offered TbDT since 2019, driven by the promise of improved access for clients who may not have enough data for videoconferencing calls, or who may not have the privacy, space, or time

required for more traditional forms of drama therapy online or face-to-face interventions (Hill, 2020). TbDT in particular provides many opportunities for clients to take control of their online privacy. Many text-based apps incorporate end-to-end encryption, working to keep data safe from outside access, and the ability to delete messages on a timed schedule, keeping conversations private even on shared devices.

After the pandemic, the need for ethics and guidelines for teletherapy has only increased, with the rise of artificial intelligence (AI) services, and clients turning to AI bots for therapy. Users cite the bots' 24/7 accessibility and the high costs of professional therapy as reasons for seeking alternative help despite warnings of potential harms (Lawrie, 2025).

It is my opinion that TbDT is uniquely situated to address the needs of South African clients, where there is significant inequality in terms of access to mental health support (Docrat & Lund, 2019). In South Africa, increasing access to mental health care means that, among other things, clients may be able to overcome issues such as geographical constraints (having few therapists available locally) and time and financial constraints (not having to pay for transport to and from therapy, or take time off).

TbDT research and practice are in their infancy, and as a new form of therapeutic work, it is important that practitioners are given adequate training and solid ethical and procedural guidelines to carry out TbDT in a responsible way. Defining the field of TbDT is a first step in that direction.

Text-based therapy: A brief introduction

The therapeutic use of writing and text is by no means a new phenomenon. Non-traditional text-based psychotherapeutic interventions can be traced back to the early 1900s, where Sigmund Freud and Carl Jung corresponded through a series of letters (Brick & Yates, 2022), while the use of internet-based therapeutic interventions can be traced back to bulletin boards and online support groups in the early 1970s. In his groundbreaking text, *Psychology of the Digital Age*, Suler (2016) explains that writing is not simply about communication, but rather an act that can convey multiple psychological benefits, including strengthening inner resources, self-reflection, working through difficult emotions, and therapeutically reconstructing life stories.

Suler (2016, p. 161) also mentions the more recent development of emails, blogs, and social media posts as "a form of self-directed psychotherapy", as opposed to therapist-led therapeutic interventions. Today, the field is broadly referred to as 'e-health', which incorporates the therapeutic use of email, text messages, videoconferences, and phones, helping to improve access to health services and address distance as a barrier to access. As a subcategory of e-health, 'm-health' focuses on the specific use of mobile phones in healthcare, as a potentially more cost-effective and flexible mode of health-care delivery (Parson et al., 2019).

For Brick and Yates (2022, p. 187), digitally delivered counselling, whether through text, email, or video, focuses on "the intention to convey a mediated experience that does not feel mediated to the client", speaking to creating presence and relationship in the online space. They go on to argue that the layers of anonymity and the "facelessness" of online spaces can contribute to clients feeling more immersed and being freed to share deeply with fewer fears of judgment or stigma (Brick & Yates, 2022). Interestingly, this is echoed by Schubert (2022), who writes that online drama therapy may benefit from the safety of the client being in their own space, which allows deeper sharing and connection. Anthony (2004, p. 135), who was herself a pioneer of online talk therapy, further describes how the client and therapist build relationship and rapport in online work "not by reacting to another person's physical presence and spoken word to interpret a person's state of mind, but by entering the client's mental constructs via the written word and responding in a like manner".

Brick and Yates (2022) also argue that though digital therapy should not try to replace face-to-face interventions, there is evidence that it is just as effective as a standalone therapy, while allowing clients to still access mental health support who may not have the ability to commit to face-to-face therapy in a consistent physical space. Jones and Stokes (2009), in their in-depth handbook on online therapy, agree, pointing out that it is increasingly evident that clients are choosing online therapy not because face-to-face work is impossible, but because it is their preferred method of connection.

Amid the positivity surrounding text-based therapy, Suler (2016) reminds us that people can have very different reactions to text-based communication, with its lack of body language and facial cues. Suler (2016, p. 163) argues that some may find typed text to be "formal, distant,

unemotional, or lacking a supportive and empathetic tone", while others may prefer text as it allows for interactions uncomplicated by physical appearances, finding in-person interaction to be potentially overstimulating. Text may therefore be a preferable option for autistic clients, or those with social anxiety or dysphoria that make face-to-face interactions difficult.

As much as there are many opportunities offered by the world of digital and text-based therapy, it is by no means a panacea. Parson et al. (2019) approach the use of text in therapy with some reservations, mentioning specifically the cost of setting up and internet connectivity. Also mentioned were "the potential for miscommunication, confidentiality and data security, and maintaining boundaries", which could potentially strain the therapeutic relationship (Parson et al., 2019, p. 75). Likewise, Brick and Yates (2022) emphasise that digital therapies are not for every client or every therapist, and that competency and training are vital for therapists to create a sense of safety and authenticity in digital spaces.

There is also evidence for the inclusion of creative tasks in the text-based therapy space run by professionals who are not necessarily arts therapists. Jones and Stokes (2009) give numerous examples of creative writing tasks, such as the unsent letters task, where the client gives voice to feelings and thoughts which may feel unspeakable, or working with dialogue, where the client can script out a dialogue between themselves now and an aspect of their past or future self. In their online counselling handbook, they even include chapters on the incorporation of creative arts therapies, image, and sound into the text-based therapy space, giving concrete examples of exercises that help clients to access their unconscious, and enhance the written word with arts or image-based interventions (Jones & Stokes, 2009).

With text-based talk therapy having the potential to include art-based interventions, it becomes even more important to define TbDT as a standalone field. With this in mind, I turn to defining the practice of TbDT in South Africa.

Text-based drama therapy (TbDT) in South Africa

The following section is a summary of the findings from semi-structured interviews with five South African HPCSA-registered drama therapists with experience in TbDT. The interviews were conducted via videoconferencing and focused on understanding how creative and embodied elements are

incorporated into TbDT, as well as exploring the similarities and differences between TbDT and both online and in-person drama therapy. The interviews were transcribed and subjected to a grounded theory analysis, where categories were created with the aim of giving shape to the field of TbDT. Although the sample is small, it reflects the emergent nature of the field and provides a good first step to understanding what TbDT entails. The client populations that the interviewees worked with were varied and included teenagers and adults, university students, and clients, both in suburban and rural settings.

Text-based drama therapy (TbDT) is different from in-person and video-call-based drama therapy

TbDT is not just traditional drama therapy transferred to text. Rather, TbDT is its own method of working, distinct enough that it requires additional training to work ethically and safely. Until now, many therapists who used TbDT did so out of necessity, mostly due to the sudden pandemic lockdowns and subsequent lack of access to the data required for video calls. Several necessary adjustments are required to the therapist's own mindset, and how they approach the work, the building of rapport, and the therapeutic alliance with the client. For the therapists interviewed, many of these adjustments were made from experience, but in the future, these could be trained, so that therapists can feel more confident to enter into TbDT work.

Agency and trust versus safety and control

In TbDT, the client has much more agency and control than in in-person therapy. Clients have increased control over their own space, their ability to dictate the level of sharing and witnessing, and the level at which they feel safe enough to choose to engage. Therapists, on the other hand, lose the ability to see their clients and therefore the sense of being able to predict or interpret their emotional responses, and also lose control over the space, both in terms of the objects available and in terms of confidentiality and safety.

With this loss of control, therapists may feel concerned when faced with silence in a session, as they may be unsure how to interpret this, whether it is a technological or signal issue, or resistance and anger, dysregulation, shutdown, or distraction. TbDT requires a specific trust to be created, so

that the client will tell the therapist if something is wrong, rather than disappearing. Therapists also need to learn to manage themselves in the silences and the in-betweens, without jumping in and trying to pre-empt or control the situation.

Although this shift in control is scary for therapists, it can also be beneficial in several ways. Clients may, for example, benefit from the increased control of how they are interpreted and seen, especially when they have a fear of judgment, or present differently in person, for example clients with high levels of social anxiety.

In traditional therapy, more sensory input can mean we have the illusion of control and safety, and without that, we need to be more intentional rather than rely on assumptions and interpretations. Therapists need to text clearly and consistently, offering space for discussion and correction when misinterpretations happen. Obviously, therapists and clients also misinterpret each other often in person, but the lack of body language in TbDT heightens the risk of misinterpretation and could make it difficult for the client to correct the therapist.

As TbDT therapists, we need to adapt to understand and read the patterns of someone's typing and text engagement, as we would read their body language, but we also need to remember that interpretations are not the truth, and rather be clear, intentional, and explicit with what we ask and say, and encourage our clients to do the same.

To help therapists relinquish control, it may help to set up rules for the engagement to create a sense of safety, connection, communication, and trust. Physical space safety checks at the start of a session may also help ease the therapist's concern.

Distance and mediation

Therapists are trained to build rapport and connection with clients, but the added mediation of the computer or mobile phone screen is a different experience. Therapists need techniques to help mitigate the feeling of being too far removed from the client. One such technique is the intentional use of voice notes to create more immediacy and connection, as opposed to texting, which is more distanced and considered. One way in particular that voice notes can be used to play with distance is by asking the client to share their creative work in several different ways, depending on the degree of

distance the therapist feels is psychologically beneficial. An example is asking the client to write a story, and then having them read it out to the therapist via voice note, rather than simply sharing a picture of the written story.

Therapists engaged in TbDT may feel the distance less if they engage in co-creation or creative activities alongside their clients. Using visuals and images also helps to make connections, as therapists and clients can share photographs of themselves, their spaces, or the objects around them. Connection is still very possible over text. However, it may feel different compared to in-person work.

The client's physical space

The client's physical space has a significant impact on TbDT, both on the therapeutic relationship and on the creative methods utilised in each session. This is another part of the work that is out of the therapist's control, meaning that clients take on much more responsibility for their own privacy. The process of informed consent is impacted, as the client will possibly need more guidance as to how to hold their own privacy needs in mind, as opposed to meeting in a more controlled therapy room.

Therapists also need to ensure that the client is able to express their own levels of comfort with the topics being discussed and the creative activities that are offered, as the therapist cannot see moment-to-moment happenings in the client's space. When clients are accessing therapy from more public spaces, such as from a parked car or at a busy community event, the space allows for shifting and fluid levels of privacy, which the therapist cannot control, nor even see. These shifts may also impact the idea of the 'therapeutic hour', with adjustments and flexibility needed on the part of the therapist to understand that rigidly sticking to the hour may not be appropriate, or even really possible for the client.

One positive that comes from the client having control of their space is that the therapist cannot unconsciously shape the client's expression by what resources and objects they provide. Instead, often clients use elements from their current circumstances, providing opportunities to engage with rich and relevant symbols from their lives. The client may also have easier access to their own prized possessions, perhaps imbuing extra levels of meaning and connection for projective work.

Text-based drama therapy (TbDT) is grounded in creativity

It is important to differentiate TbDT from talk therapy held over text, and one way to do so is to find the creativity and embodiment in the therapy: the *drama* of the TbDT. The therapists interviewed provided many examples of how they incorporated creativity into their text-based work with clients, and also how they tailored these interventions not only to their clients' psychological needs, but also depending on the specific client's physical space on the day, and the specific needs of the digital space.

The body and the voice

In text-based therapy, where the therapist and client may never actually see each other's bodies, embodiment is nevertheless still an integral part of the work. All therapists interviewed made reference to using embodied practices, though their methods differed. The use of the voice in particular is important to TbDT, as it is an inherently embodied experience, as opposed to the silent typing of much of text-based work.

A large portion of the respondents described the act of drawing the client's attention to their bodies by prompting the client to check in with how their bodies are feeling, or to focus on where an emotion is situated in the body. This may also include reference to the client's physical space and how the body feels where it is currently situated. Even though in in-person drama therapy, the client would often be asked to take this check-in and build into work that is using the whole body to act or move, this embodied moment was not seen as inferior to other embodied work. Rather, in many cases, it was described as being gentler, more attuned to the needs of the client, and meeting the client where they were in the moment.

The therapists prompted clients to describe their bodily sensations at times, and these descriptions and check-ins were often a catalyst for creative exercises. Other techniques included using breathing exercises and gentle stretching at the beginnings and endings of sessions, as well as body scans. Often, in longer guided exercises, the therapists used voice notes instead of text. By recording themselves talking the client through the exercise, the client was free to put down their phone, look away from the screen, and take time to focus completely on their bodies.

The use of voice notes featured prominently in the work of many of the therapists, and for many purposes. Voice notes, whether used in sessions or between sessions, were often described as a calming, connecting, and regulating technique, reaching out across the distance of the digital space. Voice notes were described as the opposite end of a continuum, with texting being considered slow and edited, and voice notes as more akin to improvisation, and being considered immediate and raw.

Along with this is the idea that a voice note can offer rich insights for the therapist, in terms of being able to hear the tone, pauses, and potentially the changes of emotion of the client, in a more immediate way than through text. In this way, voice notes are more difficult for both the therapist and client to control, as the client is being witnessed in a more immediate way, and may give away more than they intend in terms of their emotional or psychological state.

Voice notes were also used as part of role work, where a client may be prompted to record the note in role, and the therapist could then hot seat the client as a character. One therapist described using voice notes for music making and as a way to record stomping, rhythms, and movement without the pressure of sharing and being witnessed on video. This method also included voice notes for vocalising emotions, using sound rather than words.

Although voice notes are an exciting and creative tool, they are not always available due to the restrictions of a client's physical space. Understanding the client's physical space means that we can better adjust the therapy to meet the constraints and opportunities of each space.

Visuals and images

Drama therapy often involves the use of dramatic projection or the act of clients projecting their emotions, psychological state, or current difficulties onto dramatic materials such as objects or picture cards. Therapists found that projective techniques were particularly easy to adapt and access in the TbDT space, specifically through the use of visuals and images.

Every interview featured a visual or an image. This took several forms, including the sharing of artwork that had been made offline, as well as creating and sharing digital artworks and creations. Therapists described using GIFs or emojis as useful check-in and check-out tools, and also often

asked clients to take pictures of items in their physical space as a response to a prompt.

Some therapists thought of using visuals as a way to deepen their connection with the client, with both therapist and client sharing photographs of their physical spaces, as a way of inviting each other into their spaces. The visual language grew to be a powerful connector for many therapists, stepping in somewhat for the lack of the body, especially when the therapist and client did not share the same first language.

Images were often used in storytelling or role work, either with the client drawing offline and then sharing via picture, or using digital found images, or even photographs of themselves, making an embodied image. Images could be used for tools like the 6-part story method (6PSM) or could be the catalyst for creative writing.

Images were often used in the form of art, which the therapist and client both drew or doodled during the session, and then shared with each other at the end of the session. This formed a way for some of the therapists to stay present while waiting for clients to respond, but also as a further connection and rapport-building tool.

Storytelling

Storytelling was another technique that was widely used by the therapists, and one that was accepted to be easily transferable to the TbDT space. Therapists report having success playing simple story-based improvisational games, such as the fortunately-unfortunately game and the 6-part story method game.

The text-based space meant that it was easy to write the story in text, or offline and upload a photograph of it. Having the text of the story available at all times meant that the therapist was able to easily ask questions and find connections, and the client was also able to edit or reflect easily. Stories unfolded using a range of creative methods: text, visuals, voice notes, and objects, as well as in-session and between-session storying. The stories created space for clients to play with new perspectives and different roles, just like in-person sessions.

A significant difference between in-person and online work was that in text, the therapist listens to the story in a different way, having fewer

opportunities to interrupt during the telling. The therapist interacted with the story as a whole when the client was ready to share.

Text-based drama therapy (TbDT) has unique strengths

Accessibility

One of the major strengths identified in the data is that TbDT is easy to access for clients. TbDT takes away many of the logistics involved in therapy, meaning that the client needs to travel less and may have time for therapy that can fit into their day more easily. Some clients would never be able to make space for a traditional weekly therapy hour. Email and text mean these requirements can be adapted to the unique situations of the clients.

The online space also means that clients are connected more easily to therapists outside of their community, which can be useful when a client is in need of outside perspectives or is exploring culturally taboo topics. Without the need to travel physically to the therapist, distance is no longer an issue.

Gentleness

Text-based work is, by nature, slower in pace, as there is a natural rhythm to the back and forth of typing, recording, and listening to voice notes. This gentleness is also enhanced by the fact that there is no 'unintended witnessing', or the idea that while I am processing or thinking, I am not watched and potentially assessed by the therapist. I can choose when to be witnessed and when to take space. Therapists wondered if this gentleness might enable clients to feel more comfortable with creativity, as well as enabling a slow and sustained connection between client and therapist.

Another of the unique aspects of TbDT is that there is a record of everything that is said and created, for both parties to revisit. The client can use the text of the session to better integrate what was learnt, and the therapist can also refer back to what was said and done in a more specific and precise way. This record could also be used to track changes and to help the client gain perspective.

The third language of text-based therapy (TbDT)

The third language of TbDT captures the uniqueness of the connection in the text-based space. There is the language that we literally use: our spoken languages, then there is the creativity itself, and then there is the third language, which incorporates how we communicate when we do not have a body. This includes the visual language that is created, including how we use images, gifs, emojis, and photographs, as well as the rules that bind us (not grammar rules, but social rules: how this space works in particular, how I let you know that I am still here, or how I let you know if something is wrong).

This third language also mitigates the difficulty of not having therapy in your mother tongue, as it becomes a shared means of understanding connection and communicating. It is a written body language, where the patterns that indicate I am okay or not also appear in the way I communicate textually.

In short, the third language is one of connection and understanding developed by each client and therapist, unique to that specific relationship. It may include understanding norms and patterns in the way the client presents themselves in text, images to deepen meaning, and shared emojis, gifs or images with a unique, shared meaning.

Competency as a text-based drama therapy (TbDT) therapist

If we better understand how therapists already doing this work build confidence and competence, then perhaps we can learn how to train TbDT therapists before they enter the work. What emerged from the interviews is that experience and training both made a significant impact on the confidence of the therapist. Most of the therapists spoke of feeling initial nervousness, mostly due to how different text-based work was from what they had been trained in.

For many, this nervousness dissipated once the therapist had gained some experience in the modality. More experience allowed for relaxing a little control, learning that the modality was not so different, and that there were ways of creating connection, even through the screen. Interestingly, the experience did not necessarily have to be their own practice, though that definitely helped. Instead, relaxing control could also be hearing about the

positive experiences of others using this modality. There was a sense that, although this work was very different and new, someone somewhere was already doing it, so it must be possible.

The confidence was also linked to personal experiences of positive online connections, often with the pandemic acting as the catalyst. Confidence also came from having little pieces of experience with clients moving from in-person to online, or from running supervision online. These smaller therapeutic experiences allowed therapists to feel more confident to take the leap into fully text-based work.

Previous drama therapy training, specifically in the form of lectures or workshops, even briefly covering text-based work, helped therapists to know more about what to expect and how to set up a contained and playful therapeutic space.

Some therapists spoke of feeling confident to enter the work due to their own comfort level and experience with online spaces personally. Many spoke of valuing the use of text and videoconferencing for personal connections and friendships, and their personal preference for using voice notes with friends meant that they felt naturally led to use them therapeutically.

A smaller category that deserves further investigation is one in which a therapist questioned whether perhaps their own neurodivergence contributed to their comfort level in the text-based space. This therapist spoke of the idea that the distance that text-based work affords could help the neurodivergent therapist from becoming flooded or overwhelmed by their client's material. Although this is only one therapist's experience, it echoes my own reflection as a neurodivergent therapist and gives an interesting avenue for future research.

Although we cannot train therapists to be neurodiverse or force a love of the online space onto them, we can design training that combines practical and theoretical elements to create competence in TbDT. We can also introduce TbDT as a viable option for drama therapy, offering a space that is adjacent to traditional in-person drama therapy, which may help more people find space for themselves in drama therapy.

Conclusion

TbDT is an emerging and unique form of drama therapy, with much to offer the South African context and the Global South more broadly. In order to practice competently, drama therapists should seek out training and experience, especially in relation to understanding the shifts in control, clarity, and creativity that the field requires. In a world where convenience is often prioritised, TbDT gives us a glimpse of what accessible, adaptable, technologically informed drama therapy can look like, without needing to sacrifice the therapeutic relationship, creativity, or connection to our bodies and each other.

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