

## THE PERFORMING ARTS AND PSYCHOLOGICAL WELL-BEING

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### SUMMARY

Although psychotropic drugs have been hailed as, 'One of the success stories of modern psychiatry' the prescribing of these medicines has not been without commotion, concern and controversy. Moreover, the President of the World Psychiatry Association Professor Dinesh Bhugra and colleagues, after conducting a recent large-scale study (n=25,522) on psychiatric morbidity in the UK, collectively issued the clarion call that, 'The mental health of the nation was unlikely to be improved by treatment with psychotropic medication alone'. The provision of mental healthcare services may likely benefit from a holistic approach that includes a variety of treatment options that prioritizes patient safety and preference. The performing arts is gaining popularity among service users as an adjunctive form of treatment for mental illness. There is a growing body of evidence that provisionally supports the claim that art therapy, 'Possesses the power to heal psychological wounds'. The North American Drama Therapy Association defines drama therapy as, 'The intentional use of drama and/or theatre processes to achieve therapeutic goals' and that it is 'active and experiential'. This review article discusses and describes the merits of dramatherapy and how this treatment modality can contribute to a patient's recovery from psychological distress.

**Key words:** drama – therapy - psychotropic drugs – healing - psychological distress - Greek mythology - veterans

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"In the aftermath of September 11<sup>th</sup>, I witnessed the enormous benefits of these modalities (creative arts therapies) in helping people to express their emotions and have seen Capitol Hill exhibits illustrating the meaningful gains through artistic process."

Hillary Rodham Clinton (<http://www.nadta.org/what-is-drama-therapy.html>)

### Background

In the opening line for an editorial for the British Journal of Psychiatry entitled, 'Why psychiatry can't afford to be neurophobic' three world renowned academics, Professor Ed Bullmore, Professor Peter Jones and Professor Paul Fletcher (all from Cambridge University) assert that the prescribing of (psychotropic) drugs is, '...one of our defining operational characteristics as a professional group in the mental health arena...' (Bullmore et al. 2009).

The prescribing of mind-altering chemicals is both widespread practice (one in five adults in the U.S. is now taking at least one psychotropic medication) and big business (Americans spent more than \$34 billion on drugs for their mental health issues in 2010 alone) (<http://www.apa.org/monitor/2012/06/prescribing.aspx>).

However, although psychopharmacology has been hailed as, 'one of the success stories of modern psychiatry' (Datta 2009), the American Psychological Association and other reputable organizations have expressed deep concerns that many people with mental

health issues are being inappropriately prescribed psychotropic drugs. Indeed, according to a study conducted by the Centers for Disease Control and Prevention (CDC) patients often receive psychotropic medications without ever being evaluated by a mental health professional. (<http://www.apa.org/monitor/2012/06/prescribing.aspx>).

There are multiple theories that have been postulated that attempt to fathom and explain the culture of prescribing psychiatric drugs. Helman proposed that the use of psychotropic drugs is, '...embedded in a matrix of social values and expectations' (Helman 2001). Kirkcaldy and colleagues conjecture that, 'In many Western industrialised societies, "chemical coping" (Pellgrino 1976) and chemical comforters – including tobacco, alcohol, vitamins, marijuana and psychotropic drugs – are consumed to enhance one's emotional state and social relationships and, as such, form a method for dealing with the vicissitudes of daily living' (Kirkcaldy et al. 2011).

The anti-psychiatry movement and other organizations and individuals have not been reticent about their sentiments towards pharmacotherapy. 'Psychiatric

*drugs do more harm than good...*' proclaimed Peter Gotzsche, professor and director of the Nordic Cochrane Centre in Denmark. In a British Medical Journal debate, Gotzsche attempts to substantiate his controversial claim by reporting that, *'more than half a million people over the age of 65 die because of the use of psychiatric drugs every year in the western world...'* (Gotsche et al. 2015).

Gotsche isn't alone when it comes to being sceptical about the 'popping of pills' as the most appropriate treatment option for people with mental health problems. After reviewing the published literature, the National Health Service in England adopted cognitive behavioral therapy as a first-line treatment for mild and moderate depression because the risk-benefit ratio is, to quote, "poor" for antidepressants.

(<http://www.apa.org/monitor/2012/06/prescribing.aspx>)

It was perhaps timely, then, that the President of the World Psychiatry Association Professor Dinesh Bhugra and colleagues collectively issued the clarion call that *'The mental health of the nation was unlikely to be improved by treatment with psychotropic medication alone'* after conducting a large-scale (n=25,522) national study on psychiatric morbidity in Great Britain (Brugha et al. 2004).

In response to the Bullmore and colleagues' British Journal of Psychiatry editorial, a U.S. based psychiatrist Dr. Vivek Datta passionately states in his article entitled, *'Neurohawks fight back'* (also, to their credit, published in the British Journal of Psychiatry) that, *'...research on psychopharmacology is extremely expensive and may be occurring at the cost of social, epidemiological and psychological research for which it is increasingly difficult to secure funding... such research has created evidenced-based interventions for mental illness. For example, the finding that high expressed emotion in families is associated with greater relapse in schizophrenia led to the development of family intervention (Kuipers et al. 2002)...'* (Datta 2009).

Lest there be no ambiguity about our position, we, the authors, would like to make it explicitly clear from the outset that we do not advocate a 'dichotomous' approach to treating and managing mental illness (indeed, we are ardent supporters of a 'personalized' approach to mental healthcare). We are merely stating that 'one size does not fit all'. There is evidence in favor of both pharmacotherapy and psychosocial interventions in the treatment of mental illness and what works for one condition might not necessarily work for another. Indeed, most often the best evidence points to combining of medications with psychosocial interventions.

In a recent study, Cuijpers and co-workers reported that, *'The differences in effects between psychotherapy and antidepressant medication were small to non-existent for major depression, panic disorder and Seasonal Affective Disorder. We also found evidence that pharmacotherapy was significantly more efficacious in dysthymia, and that psychotherapy was significantly more efficacious in Obsessive Compulsive Disorder.'* (Cuijpers et al. 2014).

The advancement in neuro-imaging techniques has contributed to the 'biologization' of psychiatry and possibly has fostered a disproportionate amount of attention and resource allocation to psychotropic medication for research on the treatment of mental illnesses. Indeed, there has been significant decline to non-existent provision of arts and drama therapy in mental health units across UK. We argue that arts-based therapies can act in synergy with psychiatric medications and should, at the very least, be held with higher regard than it currently is.

This review article provides a brief background of the origins of dramatherapy and offers a contemporary definition of this art form. We describe the role and the remit of the dramatherapist and provide case studies of leaders in the field of the performing arts to illustrate its potential to heal. We conclude by summarizing the evidence-base for dramatherapy.

## Origins and etymology of dramatherapy

Before we offer a contemporary definition of drama-therapy, we will go further back in time to antiquity to trace the origin of this art form. Drama ('action') and therapy ('service, healing') are both words of Greek etymology. It should come as no surprise, then, that descriptions of drama and its power to heal are replete in Greek mythology.

Considered as a genre of poetry in general, the dramatic mode has been contrasted with the epic and the lyrical modes ever since Aristotle's *Poetics* (c. 335 BCE) - the earliest work of dramatic theory (Destree 2016).

The two masks associated with drama are symbols of the ancient Greek Muses, Thalia, and Melpomene. Thalia was the Muse of comedy (the laughing face), while Melpomene was the Muse of tragedy (the weeping face).

## Definition of dramatherapy

The North American Drama Therapy Association (NADTA) was incorporated in 1979 to establish and uphold rigorous standards of professional competence for drama therapists. As a member organization of the National Coalition of Creative Arts Therapies Association (NCCATA), NADTA is aligned with professionals in the fields of art, music, dance, and poetry therapies, as well as group psychotherapy and psychodrama (<http://www.nadta.org/about-nadta.html>).

NADTA defines dramatherapy as:

*'...the systematic and intentional use of drama/theatre processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. Drama therapy is an active, experiential approach that facilitates the client's ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience, improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility between roles... Participants can expand*

*their repertoire of dramatic roles to find that their own life roles have been strengthened.'*

(<http://www.nadta.org/what-is-drama-therapy.html>).

### **The role and remit of the dramatherapist**

In North America, a Registered Drama Therapist (RDT) is a Master's level credential requiring coursework in psychology and drama therapy, experience in theatre, and supervised internship and work experience. RDTs are board certified in the practice of drama therapy and follow the NADTA Code of Ethics (<http://www.nadta.org/what-is-drama-therapy/faq.html>).

Dramatherapists work in the following areas: mental health facilities, schools, hospitals, private sector, substance misuse treatment centres, correctional facilities, shelters, nursing homes, corporations, theatres, housing projects and medical schools (<http://www.nadta.org/what-is-drama-therapy/faq.html>).

Participants benefiting from drama therapy span the life spectrum. Client populations may include persons recovering from addiction, dysfunctional families, developmentally disabled persons, abuse survivors, prison inmates, homeless persons, people with AIDS, older adults, at-risk youth, and the general public (<http://www.nadta.org/what-is-drama-therapy/faq.html>).

### **Dramatherapy in Greece and Cyprus**

By way of initiation, the Dramatherapy in Greece and Cyprus website welcomes viewers with the following stanza from ancient Greek poet Hesoid:

*"One day the Muses taught me glorious song...  
They plucked and gave to me a laurel rod,  
A sturdy shoot, a truly wondrous thing,  
And into me they breathed a voice divine  
To celebrate the future and the past.  
My orders were to celebrate the gods who live  
Eternally, but most of all to sing  
Of them themselves, the Muses, first and last."*

(<http://www.dramatherapy.gr/>)

The website includes a selection of insightful quotes (thus illustrating the power of the written word) from eminent artists such as Tony, Emmy and Laurence Olivier award-winning English theatre and film director Peter Brook (who has been dubbed as, 'Our greatest living theatre director' by The Independent):

*"Drama is exposure; it is confrontation; it is contradiction and it leads to analysis, construction, recognition and eventually to an awakening of understanding."*

(<http://www.dramatherapy.gr/dramather.htm>)

The website also offers a poignant passage from the Gospel of Thomas that expounds on the benefits and drawbacks of self-expression respectfully:

*"If you bring forth what is within you, what you bring forth will save you. If you do not bring forth what is within you, what you do not bring forth will destroy you."*

(<http://www.dramatherapy.gr/dramather.htm>)

### **Influential individuals in the field of the performing arts and mental health**

#### **Eleanor Longden**

Eleanor Longden PhD is a clinical psychologist and an academic affiliated with the Psychosis Research Unit (PRU) at Manchester University. She is truly an incredible individual with first-hand experience of hearing voices and her Ted Talk in California (which has more than 4 million views) inspired a standing ovation from the audience. She authored a consciousness-raising Ted book of the same title in which she dissects and dismantles psychiatric constructs with her eloquence and erudition. For example, she seldom, if ever, uses the term, 'auditory hallucinations' because of the psychopathological nuances associated with it but rather she prefers the expression 'hearing voices' since this is more descriptive and less stigmatizing.

She vociferously argues that if there is no impairment in functioning, if you have insight and if you are not in distress, what is the problem with hearing voices? Eleanor contends that psychiatry, as a profession, can become over-reliant on medication and this may cause its practitioners to 'miss' the trauma that can trigger voice-hearing and thus recovery can elude people experiencing psychosis as a result.

Art therapy is not only beneficial for 'experts by experience' but also for mental health practitioners. David Ward, a Consultant Psychiatrist who played a role in the development and delivery of Early Intervention in Psychosis services locally and nationally in the UK, composed an evocative book review of Learning from the Voices in my Head, an excerpt of which is found below:

*'...Eleanor Longden's story is one of the most eloquent and articulate that I have come across. She conveys an incredibly balanced perspective considering the less-than-optimal service provision she experienced. It is also well-contextualized in the research on voice-hearing. I think this should be compulsory reading for all mental health practitioners and students, and especially psychiatrists at the outset of their training... Longden's work, as she herself suggests, is neither an academic explanation of voice-hearing nor a full autobiography; it is a story beautifully told that calls for a different concept of voice-hearing by acknowledging it as a meaningful human experience...'* (Ward 2013).

#### **Peter Meineck**

Peter Meineck is Professor of Classics in the Modern World at New York University (USA) and Honorary Professor of Classics at the University of Nottingham (UK). He pursued parallel careers in both professional theatre and classics and has worked extensively in London and New York. In addition, he has published several volumes of translations of Greek comedy and tragedy and his translation of Aeschylus Oresteia was awarded the 2001/2 Louis Galantieri Award by the American Translators Association. Peter teaches ancient

drama, ancient theatre production, classical literature and mythology, ancient war and society, global literature, theatre history, cognitive theory as applied to ancient studies and drama, dramaturgy, directing, arts administration and applied theatre.

### **The mental health of veterans**

'The theatre of war' can and does have profound effects on the mental health of servicemen (Hankir et al. 2012) who can consequently develop behavioral (Kwan et al. 2017) and psychological problems (Rona et al. 2014) both whilst in active service (Jones et al. 2016) and later in life when they become veterans (Murphy et al. 2016). Conditions such as depressive illness (Sundin et al. 2014), Post-Traumatic Stress Disorder (Rona et al. 2016) and alcohol and substance misuse (Stein et al. 2016) are not uncommon in veterans and can have a considerable effect on their quality of life and functioning (Fear et al. 2010, Rona et al. 2017).

### **Dramatherapy and veterans**

Both the experience of war and the debilitating symptoms of psychological distress can expose veterans to the full spectrum of human emotion. The genre of Greek mythology is diverse and through the medium of the Muses (such as Thalia, Melpomene, Pathos and Eros to name but a few) participants can, authentically or vicariously, experience visceral emotions such as joy, melancholia, despair, guilt, betrayal and romantic love. Veterans who participate in dramatherapy about Greek mythology can therefore identify with the protagonists and characters that they are playing who often embark on a roller-coaster ride across the spectrum of human emotion. The process of the actor relating with the character can be both therapeutic and cathartic (the great 19th century Russian theatre practitioner Konstantin Stanislavski warned, however, that when the actor becomes the character the director must, "Fire him".)

### **The Aquila Theatre**

Peter Meinick founded the Aquila Theatre in London in 1991 and he is currently its public program director. The Aquila Theatre relocated to New York City in 1999 and has been based there ever since. Aquila's stated mission is, 'To bring the greatest theatrical works to the greatest number' and they have developed a sixty-seventy city American tour that brings classical drama to communities of all sizes across the USA (<http://www.aquilatheatre.com/>).

While touring, Aquila presents special school performances, talk-backs, master classes, workshops, and on-site school visits, reaching 15,000-20,000 middle and high school students, many of whom reside in underserved urban and rural communities. In 2006, Aquila developed the Shakespeare Leaders program with support from the Charles Hayden Foundation. Aquila's

Young Audience company recently produced special education programs, in conjunction with the Lincoln Center Institute for Arts & Education, at schools in the New York City metropolitan area (<http://www.aquilatheatre.com/>).

### ***Aquila's Our Warrior Chorus program***

Aquila's applied theatre program, Our Warrior Chorus, uses ancient literature to build dialogue regarding the veteran experience, war and service. Warrior Chorus is a national initiative that trains veterans to present innovative public programs based on ancient literature. Programming performed by veterans focuses on critical social issues including war, conflict, comradeship, home, and family and includes veteran-led readings, discussions and the innovative use of New Media. Warrior Chorus builds upon Aquila's extensive experience in implementing award-winning humanities based programming and provides a new model for veteran engagement in public programming (<http://www.aquilatheatre.com/warrior-chorus/>).

### ***Aquila's Between Athens and Afghanistan program***

Aquila's Between Athens and Afghanistan program builds on the Warrior Chorus program. Veterans explore ancient texts and lead several group discussions in New York City.

*"I liked that the experiences were filtered through classical literature. This distance allows both performers and audience members to use their imaginations in an empathetic way, rather than merely evoking sympathy. Classical literature places the emphasis back on character and story, and helps reject the laziness of labels. The abstract nature of myth also allows individuals to flesh out their own experiences with some combination of memory and imagination."*

US Army Sergeant & Warrior Chorus Participant (<http://www.aquilatheatre.com/warrior-chorus/>)

### **Research on the performing arts**

Dunphy and colleagues examined an array of articles addressing the value of art related therapy to health and concluded that, 'Overall, despite the many inconclusive studies, the effectiveness of creative arts therapies for a range of conditions is indicated. For music therapy, these are adults experiencing cancer, terminal illness, dementia and depression, and children diagnosed with Autism Spectrum Disorder. For arts therapy these are mental illness, asthma, depression and coping with breast cancer. For dance-movement therapy these are schizophrenia, cancer, depression, stress, emotional eating and dementia. Drama therapy has been documented to reduce behavioural issues for school students. However, all of these modalities are practiced around the world with a range of clients and conditions far broader than these results would indicate, pointing to significant opportunities for further research'. (Dunphy et al. 2014).

## Research on dramatherapy

The British Association of Dramatherapists (BADth) was established in 1977 and is the professional body for Dramatherapists in the United Kingdom. Dramatherapy is the official academic journal of BADth. In the opening paragraph of her editorial, Editor-in-Chief of Dramatherapy Anna Seymour counter-intuitively comments on the populism and isolationism that is characterizing the current political landscape in parts of North America and Western Europe, namely the inauguration of U.S. President Donald Trump and the UK's decision to leave the European Union. Dr Seymour then exhorts:

*'I say this from a deep conviction that the role of Dramatherapy is to bring about change in the world. We cannot treat individuals without cognisance of the larger political terrain and how it impacts upon individual lives...'* (Seymour 2016).

This statement reflects Seymour's ambition, grandiose though it may seem, and her vision for the future of dramatherapy. Seymour then tempers her ostensible grandiosity with a sobering touch of realism: *'We have tough times to come but there is also enormous resilience within the profession. Building the evidence base for our practice is an ongoing task and contributing to this publication is an important part of maintaining its credibility'*. (Seymour 2016).

The remainder of this paper provides a succinct summary of some of the research that has been conducted into dramatherapy to, 'build its evidence base'.

## Research on the efficacy of dramatherapy on victims of domestic abuse

Jennifer Kirk conducted a small-scale study to ascertain the efficacy of a brief dramatherapy program with women who were victims of domestic abuse. Kirk recruited 15 women who were assigned to either the experimental or 'treatment as usual' group. The former received up to 12 weekly dramatherapy sessions by a qualified dramatherapist and the latter received 12 weekly key worker sessions by an experienced domestic violence substance misuse worker. The Clinical Outcomes in Routine Evaluation (CORE) system, used within the UK's National Health Service with adult populations to assess psychological distress, was administered on both groups before and exposure to their respective interventions (Kirk 2015).

Both the experimental and the control groups were offered 15 weekly sessions including three assessment sessions. The duration of the weekly dramatherapy and key worker sessions was 50 minutes and the research was conducted over a six-month period from October 2008 to March 2009 (Kirk 2015).

A multi-modal model of dramatherapy was used which combined drama with art, movement and music. This approach to the arts therapies is also known as an 'integrated arts approach' involving two or more expressive therapies to cultivate awareness, emotional growth and improved relationship to self and other (Kirk 2015).

The results revealed significant positive changes in a subset of CORE system scores for five out of the six women who had individual dramatherapy and for three out of four subjects' mental health because of key worker intervention. The findings reveal that, for these women, dramatherapy was more effective in reducing psychological distress than key worker sessions (Kirk 2015).

## Shared Reading intervention in a prison-setting

Eleanor Longden and colleagues conducted a study on a specific literary-based intervention, Shared Reading, which provides community-based 'safe' spaces in which individuals can relate with both the characters of literature and one another. 16 participants were recruited for the study which took place over a 12-week period to compare benefits associated with six sessions of Shared Reading versus a comparison social activity, Built Environment workshops. Data collected included quantitative self-report measures of psychological well-being, as well as transcript analysis of session recordings and individual video-assisted interviews. Qualitative findings indicated five intrinsic benefits associated with Shared Reading: liveness, creative inarticulacy, the emotional, the personal and the group (or collective identity construction). Quantitative data additionally showed that the intervention is associated with enhancement of a sense of 'Purpose in Life'. Limitations of the study included the small sample size and ceiling effects created by generally elevated levels of psychological well-being at baseline (Longden et al. 2015).

In a follow-up study, Longden and colleagues sought to investigate whether Shared Reading was transposable to a prison context and whether mental health benefits identified in other custodial and non-custodial settings were reported by women prisoners. In this study, 35 participants were recruited within an all-female maximum security prison and attended one of two weekly reading groups. Qualitative data were collected through researcher observation of the reading groups; interviews and focus group discussions with participants and prison staff; interviews with the project worker leading the reading groups; and a review of records kept by the latter during group sessions. Attendance rates for the study were reported as 'good', with nearly half of the participants voluntarily present at approximately 60 per cent of sessions. Two intrinsic psychological processes associated with the Shared Reading experience were provisionally identified, "memory and continuities" and "mentalisation", both of which have therapeutic implications for the treatment of conditions like depression and personality disorder. The authors concede that more rigorous and controlled research is required however they argue that their findings indicate that women prisoners will voluntarily engage with Shared Reading if given appropriate support, and that the intervention has potential to augment psychological processes that are associated with increased well-being (Billington et al. 2016).

## Dramatherapy and dementia

Dramatherapy focuses on the importance of contact and connection. It is not based on cognitive ability and so is particularly appropriate for the dementia sufferer. Mechaeil and colleagues conducted a small-scale, quantitative study to explore the effects of Dramatherapy on older people suffering from dementia. Eight individuals who satisfied the inclusion criteria were recruited to participate four were assigned to a Dramatherapy group and four acted as control participants, involved in normal day centre activities. There were 12 sessions in total, over a 13-week period. The effects of therapy were assessed based on eight individual factors: anxiety, happiness, social contact, body posture, levels of confidence, energy, attention, and engagement (Mechaeil et al. 2010).

The study revealed that positive therapeutic effects are first observed in the evaluations examining the pre-to-post therapy differences. In that set of analyses, Dramatherapy influence was greatest on levels of attention and engagement. Additionally, it was more pronounced in the last stage of therapy, comprising sessions 9-13. A similar pattern was evident on all other factors, in which scores on the final stages of therapy reflected better performance in individuals assigned to Dramatherapy. However, the study did reveal that for the factors of happiness and social contact, the sustained effects were in favour of the control group (Mechaeil et al. 2010).

The authors report that engagement in Dramatherapy induces positive effects on attention and engagement levels, factors that are considered critical to older people suffering from dementia. They conclude by stating that, *'...considering the small sample size and the relatively short time frame of the intervention implemented for this study, these results are remarkably positive and offer a very strong argument for the value of Dramatherapy in this client group'* (Mechaeil et al. 2010).

## Conclusion

In this review article, we have identified the shortcomings and merits of psychotropic drugs and highlighted the need to explore and develop alternative (not necessarily instead of beneficial medications in case of serious mental illnesses) and adjunctive approaches to managing and coping with mental illnesses and associated psychological problems. We have discussed and described the origins of dramatherapy and illustrated its value in the field of mental health. We have included a summary of some of the studies conducted on dramatherapy many of which have shown positive results. However, more robust research in this area with larger sample sizes and more rigorous study designs are required before health care providers can consider scaling up such initiatives to a population level.

As enumerated above, we are not advocating a 'dichotomous' approach to managing mental illnesses and associated psychological problems. Rather, we seek to redress the value and importance of implementing art

and drama in the therapeutic context, instead of focusing only on a reductionist perspective of sole reliance on medications. Kottler's quote on the power of storytelling and the 'role' that we play in healthcare, we feel, is an apt way of closing this review:

*'The practice of therapy can indeed be an exercise in creativity-especially in the ways we play with language. We are play-wrights in that we spontaneously compose and direct dialogue, acting our various roles of a nurturer, an authority, or a character from a client's life. We are poets in that we create images and metaphors to illustrate ideas. Over the years, most practitioners have compiled in their heads a wonderful library of helping stories and therapeutic anecdotes that they have borrowed or invented.'*

*These represent the sum of a practitioner's lifework. One of the things we do so well as we walk through life is collect things that may be useful in a session later.'*

(Kottler 2010)

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## Contribution of individual authors:

Ahmed Hankir conceived the idea for the manuscript and conducted the literature review for all sections of the paper.

Bruce Kirkcaldy conducted a literature review on the pharmacotherapy and psychotherapy sections and revised the drafts of the manuscript to verify its veracity and accuracy.

Frederick R. Carrick conducted the literature review on empirical research that has been conducted on dramatherapy.

Asad Sadiq conducted a review on the historical aspects of dramatherapy.

Rashid Zaman supervised Ahmed Hankir, formatted the design of the paper and revised the drafts of the manuscript.

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