

Psychodrama For Kids

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Historically, the arts have always been very multifunctional with their presence in society. Examples like the use of song and dance for prayer or even the use of plastics removed from the ocean to make jewelry and clothing immediately come to mind. Because of this, it is relatively unsurprising that humans have found still another use for the artistic skills and practices that come naturally to us. A movement that has gained traction in the world of therapy and counseling is a belief in the benefits of the various forms of what has been appropriately named “Expressive Therapy.” In an article published by Psychology Today, Expressive Therapy is defined as “the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care.” This idea of tying together a typically free-reign, artistic form of expression such as music, theatre or dance to a more serious, “academic” concept like therapy may seem outlandish at first glance, but counseling professionals have begun to advocate more and more for the regular use of expressive therapy. In this paper, I will argue that Psychodrama and the performance-oriented expressive therapies provide more points of entry for accessing and processing trauma than traditional therapy settings for children and adolescents, ultimately benefiting the personal, social, and emotional growth of a child.

The Research

The use of expressive therapies and non-traditional healing practices can be seen as early as in the Bible. In 1 Samuel, the story of King Saul makes reference to the healing properties of music. The expressive therapies became more common in the 1930s and 1940s when there was a great social push for self expression. It had come to the attention of many counseling practitioners that traditional therapy methods, known

as “talk therapy” colloquially, were proving to be ineffective for many cases. In contrast, it was noted that non-verbal arts methods gave people a way to explore their feelings in less direct ways, allowing those feelings to seem more approachable. The practice was based on the notion that if the arts could help those not in counseling explore and express their emotions, clients who had hit a glass ceiling in their counseling could use these non-verbal art forms as an access point to more deeper rooted issues that they couldn't discuss verbally.

In a perfect counseling relationship, the client would know what their traumas are, understand them, and be able to communicate them to their counselor in a clear and concise manner, feeling unashamed, comforted, and supported by their counselors. However, many clients don't initially understand where their trauma stems from or even how it affects them. Additionally, more intense traumas such as sexual assault or loss of a family member are not as easily discussed in conversation as a counselor might hope. Furthermore, establishing secure client/counselor relationships is not always an easy process and can often take weeks or even months to develop. In contrast with this, therapeutic techniques based in artistic practices can help clients evoke deeper feelings that they may not have been able to access otherwise. The release of these feelings through art can be cathartic for many, granting those experiencing the trauma a much less structured, thought-based release. It is also important to note that the job of the therapist in an art therapy counseling relationship is not to interpret the piece of art themselves, but rather to help guide the patient through the feelings that are brought up, allowing them to attach personal meaning to the art and cultivate a deeper understanding of their emotions.

Another benefit of expressive therapy is the uniqueness that comes with each artistic iteration produced in an art therapy session. It is very common for a counseling client to feel as though they have explained their thoughts and feelings through words as best they could, leaving them repeating the same things without helping the counselor understand any more than what they already do. With expressive therapy, however, it is rare if not impossible for a client to create the exact same piece of art twice in a row, even if they are based in the same emotions or situation. People are constantly evolving, progressing, exploring and discovering, and these new experiences provide more and more context for those learning to understand the world around them.

As much as these theories are applicable to adults, they can be applied to children just as well. Garry L. Landreth, a practitioner in the field of child psychology in the early 1990s, was at the forefront of the movement to develop a therapy style known as “play therapy”. Landreth stated that he believes expressive therapy offers just as much therapeutic value as a verbal explanation. Landreth also believed this statement to hold “...particularly true for young children who do not have the verbal capabilities necessary for reflection through language”. Due to expressive therapies being creativity and play-based, with less focus on verbal explanation, children are able to engage in the work freely while almost effortlessly circumnavigating several obstacles that would exist in a traditional therapy setting, such as lack of appropriate vocabulary to address their feelings or experiences. In a qualitative study done by Shira Diamond and Rachel Lev-Weisel, adults who had participated in expressive therapy groups as children were asked to recount their experiences as well as mention any long term effects they felt the group had on them. One participant stated “I didn’t feel that I wouldn’t get hurt, but I felt

that if I was hurt, space would be provided to put things right ... The therapists there really gave a very clear sense that this place is safe.” Another responded, saying, “I think that it really gave me the feeling that I have nothing to fear. I can open up. No one will label me or something. So the group gave me a very very safe feeling.” A common thread among responses from most, if not all, of the adults who participated was the mention of the safety of the space they were engaging in. In some way or another, each participant reinforced the idea of feeling safe to fully express themselves without fear of judgment or repercussions. This is largely important to establishing a secure client/counselor relationship, especially since the fear of judgment and becoming preoccupied with how others perceive one’s social self is rooted in our cognitive development, as per Suparna Choudhury, Sarah-Jayne Blakemore, and Tony Charman, who discuss this notion in relation to a study titled “Social Cognitive Development During Adolescence”.

David Elkind coined the term adolescent egocentrism to describe adolescents’ inability to distinguish between their perception of what others think about them and people’s actual thoughts. The development of adolescent egocentrism begins as the inability of a person, specifically a child, to understand that another person can have needs or opinions that differ from theirs. An example of this could be a young child offering an adult a stuffed animal when they see the adult is crying or upset. The child has an understanding that the stuffed animal usually makes them feel better when they are crying, and applies that understanding of the role of the stuffed animal to the new situation with the adult, assuming that since the adult is demonstrating the same signs of distress, the same solution could be applied. The issue in this setup is that the child is

unaware that the adult in question, or anyone else for that matter, could have needs that differ from their own. As the child grows into adolescence, they begin to develop a “social self”, which is characterized by the aspects of one’s identity or self-concept that are important to or influenced by interpersonal relationships and the reactions of other people. It is in this stage of development where the comprehension of individuals’ thoughts, needs, and opinions as unique begins to take shape. Adolescents also experience a heightened self consciousness in this time period, believing that these different thoughts and opinions are focused on their own behavior or appearance. At this stage, adolescents fall into two categories according to Elkind's original model. These categories are titled “imaginary audience” and “personal fable”. On the “imaginary audience” track, an adolescent child feels consistent anxiety surrounding the way others perceive them, while on the “personal fable” track, adolescents feel that their experiences are entirely unique to them, believing that no one could understand them and isolating themselves. For the sake of this discussion we will focus on the imaginary audience track.

For those who follow the imaginary audience track, they experience a constant feeling of being judged based on others’ perception of them, whether or not there are actually other people present. It is not unreasonable to assume that many of the participants of Diamond and Lev-Weisel's study fell into the imaginary audience track in their adolescence, causing them to vividly remember the safety and security that was provided during their expressive therapy sessions years after they happened. When they were in the adolescent egocentric stage of their development, feelings of self-consciousness and fear of social punishment for their every decision were

commonplace. Participating in expressive therapy sessions allowed the participants to release those burdens. This un-armorng gave the participants the freedom to embrace the spontaneity of their programs, fully expressing themselves to the best of their ability and exploring their feelings without fear of judgment or ridicule. One participant in particular mentioned the idea of self discovery, saying, "Here, I began doing nonsense for the first time in my life ... I was closed, introverted; I didn't know that side of me." Without the safety net provided to them by their expressive therapy experience, it is safe to assume they may have never been able to explore the multifaceted nature of their own personality.

As useful as expressive therapy is in promoting self expression in children, it can also be an effective tool in helping children to process traumatic life events they may have endured. In 2011, the National Survey of Children's Health did research to collect information on statistics regarding childhood trauma. The list of six qualifying traumatic life events used to describe the parameters of childhood trauma is as follows: 1) The child has experienced physical, verbal, or sexual abuse; 2) The child has experienced physical or emotional neglect; 3) The child has a parent who is an alcoholic, addicted to drugs, or has a mental illness; 4) The child has witnessed a parent experiencing abuse; 5) The child has lost a parent to a divorce or abandonment; and 6) The child has a family member in jail. According to this survey, approximately 35 million children have experienced 1 or more types of serious childhood trauma. Another hard statistic to grasp is the fact that one third of children in the United States from ages 12-17 have experienced two or more traumas from the list above. This will most likely affect their mental health as adults and could easily turn into a diagnosable mental illness. Post

Traumatic Stress Disorder, commonly known as PTSD, is a condition whose diagnoses were usually reserved for soldiers and veterans of war. However, as more research has been done, it has become apparent that childhood trauma can also manifest itself as PTSD, altering the development of your brain in similar ways. To cite an example of this, the hippocampus is the part of the brain that regulates memory and learning. Traumatic life events can leave the hippocampus underdeveloped. Having a smaller than average-sized hippocampus will make it harder for a person to retain information and create short/long-term memories. Dr. Christina Bethell stated, "If more prevention, trauma-healing and resiliency training programs aren't provided for children who have experienced trauma, and if our educational, juvenile justice, mental health and medical systems are not changed to stop traumatizing already traumatized children, many of the nation's children are likely to suffer chronic disease and mental illness." In line with the recommendations of Dr. Bethell, I believe that exposing children to programs that will help them heal their current trauma and also develop skills to be used in their future should they be faced with a traumatic life event could be immensely beneficial. Furthermore, I believe that the expressive therapies are the most versatile and readily available styles that could be used to structure the programs in question. One style of expressive therapy I would like to focus on is known as Psychodrama.

Psychodrama is an experimental form of therapy based in dramatic and theatrical practice that allows those in treatment to explore issues through action methods, often including elements like scenes, role-play and even a director. This experiential form of therapy is unique in nature because the practice calls for participants to focus on an individual client's experience in a group setting. Despite this, each participant still gains

something from the collective experience to take with them in their own counseling journey. One of the main benefits of Psychodrama is that the practice allows clients to step outside of themselves to get a different point of view on their experiences. The element of role-play grants participants to reenact things from not only their own perspective, but the perspectives of the other person or people involved. This promotes a more well-rounded, objective understanding of the event or events in question. Another key component of a psychodrama session is that it occurs in three phases— the warm-up phase, the action phase, and the sharing phase— to allow for safe transitions in and out of discussions of trauma.

As mentioned above, the warm-up phase is the first of three stages in a typical psychodrama session. The main focus of this phase is to establish trust within the group. As indicated by the name, there are some warm-up exercises involved, with activities meant to help the group pick a protagonist for that session. The protagonist can volunteer but the purpose of these exercises, aside from building community in the group, is to see which person in the room the energy is flowing towards. When it is clear that the energy flow is channeled in the direction of one person, that person becomes the group's protagonist and their story will be used in the action phase of the session. The reason the protagonist is chosen in this way is because it is believed that their scene will not only be beneficial to them but to the other group members in the session as well, allowing each participant to take something away from the work they are doing as a collective.

The most time-consuming phase of a psychodrama session is the second phase, called the action phase. In this phase, the protagonist sets up the scene that the group

will be exploring during the session. It is at this point that the therapist turns into the director and the rest of the group assumes roles. Depending on the scene in question the other group members are assigned roles within the story, becoming other people in the story, inner voices, alter egos, audience members, or any other entities that the protagonist deems important to the scene. The protagonist distributes a role to each of the participants, assigning them a line or lines to say in association with the character they are playing in the scene. For example, a protagonist in a session may decide to reenact an argument they had with their mother. The protagonist usually starts in the role of themselves in the scene, and could assign one participant to play the mother, another two to play their Superego and Id, and one to play the inner voice of the mother. Once roles are established and secured, different methods of play are used to help the protagonist form a new perspective of the situation they have presented to the group. There are many different methods that can be used in this phase in order to conduct a scene, employing different combinations of techniques and strategies depending on what the protagonist needs in order to heal and move forward. The strategies mentioned below are some of the more common techniques used, but the main goals of a psychodrama session are play and exploration. Directors can choose to push the scene in whatever way they see fit, using multiple methods to produce a piece that helps to heal the protagonist as well as benefit all other parties involved.

Role reversal is one of these techniques and is commonly used to evoke empathy. Using the example above, if this argument made the protagonist angry and they couldn't understand their mother's point of view, the therapist-turned-director might suggest they step into their mother's shoes. In this scenario, one of the participants in

the group would take on the role of the protagonist while the protagonist took on the role of the mother. The protagonist would then give the actor playing them direct quotes that the protagonist said during the argument and they would repeat them so that the protagonist could hear them from their mothers' shoes. The protagonist-turned-mother would respond the same way that their mother responded to them in the original argument, again using exact quotes. Being in this position allows the protagonist the opportunity to understand why their mother might have responded the way they did in that conversation. Even further, it allows the protagonist to understand the response that they were looking for from their mother and why they didn't or couldn't get it. The opportunity to step into another role in the same situation is relatively uncommon but can be immensely beneficial in helping people understand how their actions can be perceived, regardless of good or bad intentions.

Another technique that allows a protagonist to view themselves and reevaluate their actions is a technique called mirroring. Mirroring allows the protagonist to completely step out of the scene, watching it all happen from an outside point of view instead of involving themselves. This provides an opportunity to view the situation from a much more objective standpoint. Watching a scenario from this bystander perspective allows the protagonist to remove their own investment and biases to see which choices led to which outcomes. This holds true when observing both the protagonist's role in the conflict and the offending party's role.

Soliloquy is a technique in which an actor plays the protagonist's physical body in the scene, repeating words that were exchanged during the situation. Soliloquy differs from mirroring because instead of the protagonist watching from an objective

standpoint, they would stand and reveal their inner thoughts from those moments to the audience. This would allow them to make a connection between their inner thoughts and how they reacted or what they said. This also allows the other group members an insight to their thought process in making the decisions they did. The person playing the protagonist in the scene could say to the mother figure “I hate you”, but in giving their soliloquy they could express how in that moment they just wished she would listen to them and comfort them. Another variation of this exercise is when two people play contrasting thoughts in the protagonist's brain. This is usually used when a tough decision is being made. This technique plays on the relationship between the Superego and the Id, or the “angel” and “devil” on the shoulders. With this technique, the two voices are personified, amplifying the arguments made by each side.

The third and final phase of a psychodrama session is the sharing phase. This phase is done more like traditional group therapy where all of the participants come together to share about the experience. It begins with a role-removal process. Each person states “My name is (insert name) and I am not (insert role they played)”. This step is key in every session because it allows participants to shed any of the baggage that came along with their role and it also helps the protagonists to understand that even though other participants might have played their role in the scene, they were not the person who hurt them. Each participant shares how certain things made them feel, how it related to their own life, and things they noticed, sparking up a group discussion. Most scenes have some sort of a central theme and so therapists will usually help to facilitate conversations around this theme.

In comparison to a typical “talk therapy” session, Psychodrama allows clients to step out of their comfort zone in order to view themselves in a different light. They are allowed to see situations from an outside perspective, while giving them a second chance to reevaluate their situation, understand how their words and actions are being perceived, and see how they react to various triggers. It allows for a safe place to feel and express strong feelings. Psychodrama gives clients the space to explore while also not forcing them to push beyond their limits. The practice exists in a “Challenge By Choice” environment, providing complete support from a group engaging in a shared experience. All of the aforementioned reasons have led me to believe that psychodrama programs would be very successful in helping children and adolescents process their trauma.

Personal Connection

I have been involved in the youth theatre world since I was in fifth grade. I’ve experienced firsthand many of the benefits youth theatre has to offer and it truly saved me at the lowest point in my life. When I graduated from my local youth theatre program I was asked to come back and work. It was then when I really got to witness the power of youth theatre and the positive influence it had on children. As a director and production assistant these past four years I've watched hundreds of kids walk into a rehearsal space and onto the stage, many of them allowing me to have a front row seat to their development. I could tell stories about the children that have crossed my path for days. I’ve watched kids completely blossom out of their shell and develop new personalities as well as watched kids grow into themselves and become more secure about who they are as a person.

There's one specific story that I feel really encapsulates how impactful theatre can be. This past summer I was offered a position as a drama program director at Camp Amerikids, a camp for youths with chronic illness aged six to fifteen years old. Most of these kids were underprivileged inner city kids and the goal of camp was to give them a "normal" summer camp experience where they were exposed to new activities they would not get the chance to explore at home. While these new experiences included things like kayaking and jumping on trampolines, for many of the children their schools no longer had arts programs and if they did they were minimal so the arts sessions were new to them, too. Camp offered arts and crafts, songwriting, dance and drama. Everyone traveled through all the different activities everyday, but the older campers got to pick a "weekly project". This weekly project meant the kids got to pick one of the four arts based activities and we would meet everyday for a week. At the end of the week there was a camp talent show where the kids got to show off their own talents as well as what they had been working on in a weekly project. Before starting I was warned that drama had usually just been a "dress up free for all" where the kids would just put on costumes and run around but I obviously know that drama has way more potential than that and could really benefit these children, so I scrapped the costumes and stuck to what I knew. I knew the kids would be apprehensive but I also knew the outcome could make it worth it. The kids ended up loving the program and it benefited a lot of them as individuals but I'm going to focus on one kid's story specifically. For the sake of privacy we'll call him Jorge.

Jorge was in his final year of being a camper at Camp Amerikids but had been coming for as long as he could remember. He did not choose drama as his weekly

project but after seeing him in action during our activity session I noticed that there was a spark. We were playing an improv game called “Freeze” in which two people start a scene and someone in the audience calls freeze, gets up and takes one of their places and completely changes the scene from the same position they left off in. Jorge called “Freeze” so often and was able to switch the scenes so effortlessly and looked so in his element. After our session I decided to talk to him and see if he had any theatre experience and to my surprise he told me that he had never done anything like that in his life. I then asked him to join our drama weekly project and even though he had done arts and crafts for the past seven summers he agreed.

Our weekly project ended up being a semi devised piece. It was written completely by the children. I had them improv for two days and took notes on the things they said and turned it into a script that was completely their own words. The kids were in shock that this piece of art had been created completely by them and they were so proud of themselves by the end of it. The show went amazing and the whole camp loved it and were really engaged. The performers looked like they were completely in their element and the audience held onto their every word. The theme of camp this summer was Hollywood so we put together a celebrity game show. The audience loved seeing the performers act as some of their favorite celebrities and cartoon characters. There's nothing like performing in front of an audience for the first time and I could see the pride in all of their eyes, but especially Jorge.

It's a camp tradition that after the talent show one of the older campers gives a speech and offers “words of wisdom” to the younger campers. Since this was Jorge's last summer, he was chosen to give the speech. I was shocked when he spoke about

how this was the best summer he's ever had because of the drama program. He spoke about pushing yourself to try something new and how through drama he learned a lot about himself. He brought up the hard work and dedication it took to put together a show, the support that the kids had offered one another, and the pride he felt in performing the piece. Jorge made it clear that this had been a life changing moment for him. He personally thanked me a million times and told me that he hoped he would be able to find a way to continue participating in theatre at home.

Before joining the drama program, Jorge was a more soft spoken camper. He tended to follow whatever the crowd was doing. We saw that he had the potential to be a leader but he never stepped up. After joining the program, the whole camp noticed a change in him and we even spoke about it at a staff meeting. He had truly become a leader within a matter of a few days. He was taking initiative in rehearsals but also in his cabin. I noticed at rehearsal he spent time checking in with the younger campers and helping them run lines. He would lead warm up games so that I would have the opportunity to prepare for rehearsal. He was constantly trying to better himself and his performance. Drama had clearly lit a fire in him that everyone noticed, himself included. If Jorge felt like drama had changed his life in a matter of a week, imagine what an after school program could do for him.

Program Proposal

CounterAct is a program I developed that will allow students to reap the benefits of a typical drama program while also being a key tool in helping students process traumas and work on their social and emotional development through psychodrama exercises. My mom has worked at a school for emotionally disturbed students for as

long as I can remember and I also began working at that school before Covid hit so this program is catered to those students specifically.

CounterAct's mission is to cultivate a space that facilitates growth and encourages kids to express themselves, challenge their thought processes, and learn from their mistakes through improv and drama therapy techniques while making sure they feel safe, protected and respected. Our staff will be made up of one licensed counselor who would be trained in drama therapy techniques and also volunteers who are traditionally college age (18-22) and share an interest in the program. These volunteers become mentors to the children. They participate in all the exercises alongside the children, most often going first in order to create a safe space where the children don't feel they will be judged. The closeness in age helps the children to see people of a younger demographic in a position of power. The goal is to show them something that is attainable. All the skills they are being taught in our program are skills that our volunteers already possess and use constantly. They are looking up to a person who they will have all the tools to be.

In any therapy situation it takes weeks or even months to develop a secure client-counselor relationship. The way that CounterAct would address this is first by playing lots of different improv games in order to make the kids feel comfortable working with one another and expressing themselves. This is also where we would start introducing psychodrama techniques. As stated previously in this paper, the warm up phase of a psychodrama session is used to establish trust within the group. We would use exercises from this phase in order to start making the kids feel more comfortable sharing things that are more personal.

Experts say that students with emotional disabilities can be impulsive, inattentive, or aggressive, which is behavior that gets them in trouble. Students who are emotionally disturbed usually display the inability to respond appropriately to certain social situations. The exercises that they would participate in weekly would directly combat these issues. Because drama therapy techniques allow you to have a second chance at reevaluating situations the goal is that the children would get to break down personal situations and would understand how they could have been handled better. This idea of changing behavior would usually be done using a more traditional “talk therapy” known as Cognitive Behavioral Therapy. The goal is that because the children were acting out these situations instead of just talking about them they would be better equipped to apply the new skills that they had learned. The children would be acting out their own personal scenarios as well as scenarios brought in by others. Because they would be acting out scenarios that were based on their own personal experiences as well as the others involved in the group they would be exposed to many different situations. Every scenario that would be played out in our sessions would come to some type of a resolution. The hope is that the students would remember these outcomes and when faced with similar situations, know how to handle conflict differently.

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