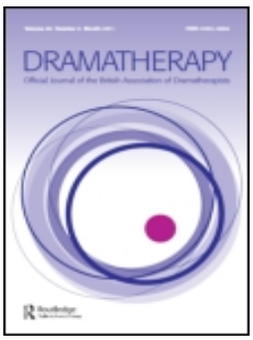

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CLINICAL COMMENT

The stories of looked-after and adopted children and young people: where are dramatherapy and psychodrama in assisting young people who are looked-after or adopted?

A review of the literature

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Introduction

In September 2008, NICE (National Institute of Clinical Excellence) disseminated a public health guidance consultation document to examine *The Physical and Emotional Health and Well-being of looked-after Children and Young People*; subsequently published in 2010 as *Promoting the quality of life of looked-after children and young people*. A key statement in the consultation paper, which demonstrated its relevance to dramatherapists and psychodramatists, was 'it is particularly aimed at social care, health and education practitioners working with looked-after children and young people' (2010, pp. 2–3). Although specific therapy interventions and adopted children were outside the remit of the guidelines, they formed the impetus for this review.

The authors of this paper, Madeline Andersen-Warren, for The British Association of Dramatherapists, and Kate Kirk, for the British Psychodrama Association, were the registered NICE stakeholders for their respective organisations. Their role was to identify and generate systematic and empirical data of, in the words of NICE, 'good practice, based on the best available evidence of effectiveness, including cost effectiveness and the accessibility and acceptability to service users' (NICE 2010, p. 2).

We undertook a search for texts that would be a rich source of information relevant to our needs and a useful resource for our colleagues. The main literature search was undertaken though the post-graduate centre, Keyll Darree, on the Isle of Man accessing PsychInfo, SocioFile, NHS Evidence portal, Social Care Online (SCIE). The following words were used to find relevant texts: 'looked-after children', 'therapeutic/treatment', 'attachment', 'adoption', 'foster care', 'dramatherapy', 'psychodrama', 'action methods' and 'creative therapies'.

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However, these searches produced very few results and we therefore drew information from books and journals which were readily available and traced additional texts from authors' bibliographies. We focused on literature that was written in English, produced in the past 10 years and focused specifically on this client group. Texts that referred to looked-after children in the context of a specific disorder or trauma were not included.

This paper presents the results of our joint endeavour. The main body of the text describes specific papers and chapters that focus on therapeutic interventions with children and young people who are looked-after in foster care, adoptive placements or are in local authority care. The conclusion identifies the key themes and features of this work and the applications for practitioners who work in this, and other, settings.

Literature

The books and articles we read offered us a rich tapestry to illustrate not only the experience of looked-after children but also the ways in which dramatherapists and psychodramatists make sense of this work in order to help them. This section opens with a personal account written by a dramatherapist, who was adopted as a baby; her dual perspective sets the scene for the theory and practice outlined by other therapists

Murray-Park, an American dramatherapist, offers a moving account of her own childhood experience of discovering that she was adopted and her later work as a dramatherapist in a chapter aptly titled 'An Adoptee's Journey to the Self: Containing the Liminality of the adoption ritual in Drama Therapy' in *Creative Arts Therapies Approaches in Adoption and Foster Care* (2003). She writes that 'The discovery [of the adoption papers] was shocking; at 13 years of age I accidentally discovered my way of coming into the world' (p. 62). Her primary feelings were of betrayal and shock both of which she took out on her collection of Cabbage Patch Kids, dolls that she had previously bestowed with love as she ensured that each doll was welcomed to the collection and allocated a special place on her bed as they joined the doll family. After throwing the dolls onto the floor she remembered that each doll had arrived with birth certificate and adoption papers 'tucked in a little envelope' (p. 62). The subsequent play with the dolls enabled her to recognise the love that her adoptive parents had freely given to her as she became an important member of their family. This projective play is described as the author's first experience of dramatherapy.

She goes on to link the adoption process with van Gennep's descriptions of transition rites as a tripartite structure:

> The first stage involves a separation from the previous social status. This occurs for the adoptee when the child is separated from the birth family. The second stage is the limen in which the child lives with the adopted family and is simultaneously

> separated from the birth family. The third stage, reaggregation occurs as the person returns with a new social status. The reaggregation for an adoptee may be the reunion between the adoptee and the birth family. (p. 65)

She argues that the state of marginality between childhood and adulthood most adolescents experience is often 'a crisis period for the adoptee' (p. 65) because the quest for identity is heightened, 'The highs and lows of knowing and not knowing, searching and not searching, frustration and contentment together become a central aspect to the adoptees experience of adolescence' (p. 65).

The importance of the liminal space is also examined by Harris (2009) in relation to arts therapies in the treatment of posttraumatic stress. His particular focus is war-affected children from the developing world and the consequences of separation from the child's family and community. Harris describes the arts therapies as 'Rooted, like ritual, in the primacy of symbolic behaviour to processes of intersubjectivity and social interaction' (p. 98). Murray-Park extends the definition of the liminal space to include the liminality of the theatrical performance. She considers the medieval morality play *Everyman* in the light of Lukacs' *Metaphysics of Tragedy* (1974) where he examines the frontier between life and death as the awakening of the soul to consciousness. The play is cited as an example of a performance text which could provide an adopted adolescent with an opportunity to inhabit a character undertaking a rite of passage as 'symbol and metaphor are integral in ritual and theatre, and Drama Therapy can become a container for these processes' (p. 67). The chapter concludes with a short liminal play written after the author opened her sealed birth records when she was 18.

An account of how a play was devised by a group of adolescent girls, in America, is included in a later chapter in the same book. Laffoon *et al.* (2003) provide an account of the work of STOP-GAP. The authors describe STOP-GAP as a:

> community-based non profit making theatre company dedicated to the use of interactive Theatre as an educational and therapeutic tool to positively influence people's lives . . . [through] three primary components:
>
> Drama Therapy sessions and Therapeutic Drama Workshops
> Interactive touring plays
> Full-length productions and commissioned productions. (p. 152)

The project took place at a shelter for abused and neglected children and consisted of 'experimenting with various forms of improvisation, creative writing and music, STOP-GAP improvised scenes with the youth around specific themes, such as running away, alcoholism in the family and so on' (p. 153). The work became focused on the group of girls who had experienced sexual abuse and culminated in performances of a musical called *When the Bough Breaks*. The play told the story of a young girl who had been sexually abused by her stepfather and her subsequent experiences of 'failed relationships, alcoholism, and self-degradation'

(p. 154). The creative process along with the safety of aesthetic distance, allowed the girls the opportunity to design and direct the future of their protagonist and observe the inevitable downward spiral of a life that shuns intervention, ultimately learning to trust again.

Moore (2009) also addresses the place of theatre in therapy, stating that:

> Throughout history, theatre has projected issues of attachment and adoption that illustrate the universality of emotion as the essence of humanity. Themes such as trickery and betrayal, abandonment, chaos and destruction, power, identity and confusion, prevalent in children's stories mirror those arising in Greek tragedies, legends, folk tales and particularly in Shakespeare's plays. (p. 203)

She asks the reader to consider:

> Iago's jealous rage towards his rival in Othello; Lear's desperation for his daughters to prove their affection for him; Juliet's choosing to confide in her Nurse rather than her mother, yet betrayed by both; and Rosalind's thrill in disguising herself as a male, exploring new freedom on her escape to the Forest of Arden. (p. 203)

However, unlike STOP-GAP her work rests on definitions of theatre that allow for private rather than public performances thus allowing participants to confront 'intense pain and shame in the process of discovering their true strengths' (p. 204). She draws on Schechner's description of performance as art, rituals or ordinary life as 'restored behaviours' that are reflexive and symbolic for which people train and rehearse, that can be repeated and transformed in order that 'meaning emerges through reliving the original and given the appropriate aesthetic form so the individual understands better not only themselves but the time and cultural conditions that compose their general experience of reality' (p. 204). She is also influenced by Turner's etymology of the word 'performance' which is linked to experience rather than form. In an article published in *Adoption and Fostering* (2006) she provides further information about the system she has created:

> This "Theatre of Attachment™" model addresses children's life stories dramatically, often leading to the informal production of a play. Plays need an audience, thus inclusion of adoptive parents in the therapy becomes instrumental to building attachment through their witnessing and engaging with the child's story. (p. 64)

In this article she also quotes Boal's notion of performance 'as a microcosm of life' (2006, p. 65) and Jennings' who 'found that the ritual of theatre allows us to step out of our usual conscious mentality; retrieval of earlier experiences is integrated into events and feelings occurring in the present, the 'observing self' reframing troubling patterns so they no longer threaten' (p. 65).

Moore (2009) explains 'by blaming themselves for past rejections' the children repeat survival patterns of withdrawing or being excessively demanding which prevent them from forming new attachments. The attachment needs are addressed

'through sensory experience that invites children to explore new ways of being' (p. 203). She lists embodiment, play, projective materials and role as her main interventions with sensory items such as cloth and clay to assist participants to experience, through the body, therapeutic material that might be otherwise blocked by the 'higher "reasoning" cortex' (p. 204).

Vaughan (2003), a dramatherapist, and Holmes (2002), a psychodramatist, present work undertaken by two organisations dedicated to therapy with children: Family Futures (Vaughan) and The Attachment Project (Holmes). They too advocate specialised help for children and families who fall within the remit of this review. Vaughan outlines her work in four chapters in *Trauma, Attachment, and Family Permanence: Fear Can Stop You Loving* (2003). The first, 'Rationale for the Intensive Programme' contains information about the underlying principles and aims of the organisation. The Family Futures' Team was established because:

> In our experience, conventional therapeutic help for families, either in the form of family therapy or individual child psychotherapy, does not address the needs of contemporary adoptive families. The primary task of parents who adopt or foster children is to help them form new and positive attachments. (p. 148)

The aims of the attachment programme include: addressing and changing the child's attachment patterns by exploring the child's early history and managing their current behavioural difficulties. The aim of increasing the parents' confidence and skills as caregivers is reached by exploring the parents' relationship as a couple and their expectations of each other, as parents and examining the strategies they use to deal with the child's behaviours and exploring and managing the family patterns of interaction and communication. Contact with the extended family, birth relatives, siblings, schools, social services and significant others is also included as an essential part of the care programme which focuses on all of the above being run as parallel interventions. The initial period of contact often takes place over a five-day period; this is followed by 'The Follow Up Programme which is designed to maintain and build upon the positives gained during this intensive week' (p. 150).

Vaughan contends that Dramatherapy 'brings with it three essential ingredients: structure, focus and the use of non- verbal techniques' (p. 150). Like Moore, she makes links to Shakespeare's plays:

> The drama that traumatised children bring with them from their birth families is the stuff of Shakespeare: it makes perfect sense of the Lady Macbeth dilemma, "Here's the smell of the blood still. All the perfumes of Arabia will not sweeten this little hand." Children struggle with whether they will ever wipe away the smell of their abusers. (p. 150)

A Developmental Perspective on Attachment is advocated by Family Futures and Vaughan outlines the organisation's philosophy: the 'thinking and practice has been generally influenced by Daniel Hughes, both from his working and,

perhaps more importantly his teaching and training input' (p. 153). The developmental perspective enables the team to determine the developmental stage a child has reached and the developmental defects that may have been sustained during their early years. An emphasis is also placed on the need for developmental re-parenting which 'systematically allows the child to regress, enabling parent and child to experience and repair mother-infant interactions and relationships, from birth onwards' (p. 154). Attachment theory is combined with a post-traumatic stress perspective and with therapy emphasising trust and control, touch, body language, and holding feelings. In the second and third chapters she illustrates the work by presenting a case study based on a fictional family.

Vaughan has also contributed a chapter to Jones' *Drama as Therapy Volume 2: Clinical Work and Research into Practice* (2010). She provides a retrospective perspective on the work of Family Futures in the form of case study research based on an interview with a former client. Three therapy sessions are described in detail and combined with reflections on theory and methodology. The dramatherapy processes of dramatic projection, witnessing; embodiment and non-verbal work are given particular attention. Vaughan isolates a number of key issues especially pertinent to working with 'severely traumatised adopted or long term fostered children' (p. 258). She advocates long-term work 'Children with a history of broken attachment relationships need to have a therapeutic response that is sustained and takes account of their need to develop more secure attachment relationships as well as to have help addressing their experiences of trauma' (pp. 258–259) and the active involvement of long-term foster parents or adoptive parents. She views the value of dramatherapy as providing 'the ability to trust the non-verbal process, to hear the story however and whenever it is told and to work creatively from the hip!' (p. 259).

Holmes (2002) sets the scene of past and contemporary therapeutic interventions for children who have attachment disorders. He refers to Bettelheim's (1950) question as to 'whether love is enough' and, as the answer is 'no', he describes the development of his subsequent therapeutic regime for children who were 'emotionally damaged' (p. 156). Since the original question was posed, the answer became lost over time; the prevailing belief, passed on to foster carers and adoptive parents by professionals, was that unconditional care and love would be enough to heal the most troubled of children. Sadly this was not the case and families were torn apart and vulnerable distressed children were moved again, failing to 'fit' in and their new 'parents' failing them. Therapeutic work (psychoanalytic therapy, systemic family therapy, play therapy) was offered but according to Holmes the improvements made in the therapeutic space were not translated into the family environment.

In his contemporary practice he presents a specific action method intervention called:

> intensive attachment focussed therapy' which uses action methods and is also based on attachment theories of Bowlby and Howe, object relations theory and the trauma theory of van der Kolk. The treatment programme addresses 'issues at different systemic levels ranging from social . . . to the intra-psychic. (p. 163)

Holmes offers a case study which demonstrates the method that uses art, action methods and psychodrama techniques. The actual whole treatment was spread out over three months; though the case study presents only a snapshot of two sessions of five hours and two weeks apart. The two key aspects of this work are the 'narrative' and the 'cathartic' (p. 165). The narrative is where a coherent life story is drawn and described through the children's accounts complemented by their social service's chronology, where appropriate, to fill in gaps. Holmes suggests that staff 'make, often heroic, efforts to obtain old social services records' (p. 166). Importantly for the children, the unfolding story is witnessed and contributed to by their 'new' parents or carers and possibly by their social worker. The catharsis, which happens in the course of the intensive sessions, is important in the emotional regulation of the child's distress. In the sessions the young person learns alternative ways of expressing emotions to their previous less helpful coping strategies.

Chimera (2002), a psychodramatist and family therapist, provides works with children and young people from a different perspective, in that she works with young people who are being looked-after, because they were removed from their birth family due to abuse. Her work is influenced by systemic family therapy and attachment theories combined with a specific action method technique called the Therapeutic Spiral Model™ (TSM). The rationale for working with the birth parents is based in the very real experience of the child's needs, their pre-occupation with and their fierce loyalty to their family of origin. In short, attachment is attachment; almost regardless of the attachment style. The importance of attachment is also highlighted by Moore and Peacock in their article *Being before Doing: Life Story Work for Children with Attachment Difficulties* (2007) which includes a fictional case study to illustrate the difficulties faced by the looked-after children and their substitute parents.

The aim of the work is to enable 'children to reconnect with their past experiences in a way that corrects past wrongs and enables the growth of self-worth and self-esteem within a safe environment' (p. 176). Chimera believes there are 'five dimensions of contact' that form part of the assessment, as to whether the facilitated therapeutic encounter happens (p. 178). While TSM is applied to the content of the sessions it is held in the systemic family therapy framework, which pays attention to the whole picture and the multiple layers within it.

Chimera describes a case that is typical of the complex psycho-social-familial dynamics found in families in which there are severe abuse experiences. She describes the multiple sessions and specific interventions applied to this multifaceted case in which it would be easy to lose the two young girls, were it not for the fact that the therapeutic process keeps them at the centre. Their story is explored by going 'along the Yellow Brick Road' using action methods and the structure of TSM. In the process the children identify and connect with their strength symbolically and in action, they learn about aspects of safety and boundaries, which are an integral aspect of each session's structure. When all these are in place the time is ready for telling the story; this can be initiated through metaphors,

fairy tales, time lines (birth to present day), pictures or other creative media. Once the story is laid out there is 'walk through' with the child and birth parent, here details are added, questions answered and some form of resolution of large and small events is found.

Though Chimera states that this way of working does 'not solve everything' what happens is that the young person is able 'to live more fully in the present and use the resources available' (p. 190) to them. The Yellow Brick Road and TSM offer a 'safe way to explore traumatic stories, regain lost parts of family narratives and begin to create new stories of connection and survival' (p. 190).

Stories, metaphor, and dramatic action also feature in dramatherapy texts by Jennings (2011), Bird (2010) and Moore (2010). Jennings includes a chapter about the importance of Neuro-Dramatic Play (NDP) in fostering and adoption in her book on healthy attachment and NDP. She writes 'the emphasis in NDP is the playful, rhythmic and dramatic essence of the mother and child attachment that forms the core of the attachment relationship' (p. 148) and continues by stressing the necessity of including these interventions in therapy with looked-after Children to enable them to form or re-form healthy attachment patterns. She relates the components of NDP to the developmental embodiment, projection and role paradigm (EPR) and provides useful creative structures for therapists, carers and parents to use to empower the children.

Bird also focuses on EPR and combines narrative therapy and dramatherapy in his study of an intervention with a fourteen year old girl living in local authority accommodation. The body of the paper is devoted to an exploration of the stages of the therapy, culminating in a dramatic exploration of a fairy tale. Bird examines the value of metaphor, symbolism and aesthetic or dramatic distance by referring to the work of two prominent narrative therapists: White and Epstein; 'The process of working metaphorically reinforces the role of the imagination and how this can play a "very significant part" in externalising . . . the problem' (p. 12). The necessity of liaising and interacting with the care team is considered as an integral aspect of the therapeutic milieu: 'Rather than focusing all the attention on [the client] and her struggles, it is important to consider the social and political impact that social services and their management . . . had on her behaviour' (p. 13).

Moore provides useful information about the success rates for adoption by unrelated adopters. According to her source (Dance 2005), adoption is largely successful 'however the likelihood of disruption increases with age from approx 20% at age 7 to 50% at age 11, identifying therapeutic support is of critical importance' (p. 3). She also addresses the issues of culture and race and their impact on the processes involved in providing therapy. Her approach is based on a dramatic narrative approach and she provides examples of dramatherapy sensory structures designed to allow the children to form attachments to the adoptive parents by freeing themselves from blame:

> From physically re-enacting events from the past, within the safety of the 'therapeutic space' children realise they did not cause the problems that led to their abandonment, so cease blaming themselves for rejection, events that had been beyond their control. (p. 8)

Moore emphasises the need for the parents of the child's substitute family to be actively involved in the therapy; a view that Cattanach was championing in her chapter ' Co-working with Adoptive Parents to Support Family Attachments ' in *Clinical Applications of Drama Therapy* (2005). She provides a detailed breakdown of the functions of narratives and stories in play and drama therapies. She supports these interventions by providing relevant theory from social construct theory and narrative therapy combined with the importance of seeing the child as ' part of an Ecological System' (p. 234). To illustrate her work she presents the story of Alan, a seven year old boy who had been living with his adoptive family for two years when he started therapy. Meetings with Alan's parents were an integral part of the therapeutic process as 'Alan's play and stories help the parents to understand how it feels to be him and help them to make sense of some of his behavior' (p. 240).

In her chapter 'Creative Co-Constructions' in the same book Kindler (2005) also illustrates her method of working with a case study. She combines psychoanalytic thinking with dramatherapy practice to bring together her dual trainings in these fields. Prior to introducing her client, six year old Ben, she outlines the major psychoanalytical theories that influenced her interventions. Ben was 'abandoned by his birth mother at 4 months, adopted at age 4, and bereaved of his adoptive mother before his 7th birthday' (p. 91). Kindler uses the format of describing the therapy sessions as clinical vignettes and follows these with a discussion about her reasoning for the interventions she employs. During the therapy Ben began 'to develop the capacity to identify his disavowed and volatile states and link them to events. But, more importantly, he started to understand how his feelings were linked to the affective world of interactions, which we inhabited together' (p. 101).

Conclusions

This paper has described a number of chapters and articles in some detail and referred to others, in passing, that have something of value to offer to the discussion on therapeutic work with looked-after children. However, there needs to be a synthesis of the key issues we have gleaned from the literature and perhaps we need to share some of the questions that are left unanswered by the process.

The power of the witness in this work cannot be underestimated. It could be argued that it doesn't matter how the child tells the story; whether through metaphor, symbolism, in action, physically or through words; the therapist's role has to be to bear witness to the story and to contain the concomitant emotions. The issue of 'truth' in looked-after children's stories can be complicated by the social care staff holding child protection histories around their early life experiences.

The official 'truth' may be at odds with the child's heartfelt and constructed story. All the papers refer to developing narratives that enable the child to move on into adult life, less fragmented and with a more coherent life story. This is in order to leave their looked-after or adoptive family situation and move on. The main objectives for dramatherapists and psychodramatists are clearly described by Gonick and Gold (1991):

> . . . working with children in foster care is to reach them before they close down completely. Expressive arts therapy offers such an opening through the special relationship that creative expression allows. We believe we have helped these children to take another chance with an adult, and let someone in. (p. 440)

This has to be the mandate for practitioners who work with vulnerable young people who are looked-after.

All children are surrounded by multiple systems: family, education, community, society. However, looked-after children have the added layers of social care systems and the tensions between their birth family and the new caregivers; foster or adoptive parents. Most authors advocate working not only with the child's individual story but also with the systems that surround them. The assessment of the birth family has to be undertaken with care prior to including them in the therapeutic work with the child. A theme that was apparent was the education of the foster or adoptive parents and their inclusion in helping the child, and them, to succeed.

Inevitably the influential theories were related to attachment; with Bowlby, Winnicott and Klein being the most frequently cited. As the developments in neuroscience become more pertinent to creative therapies, so too does its relevance to understanding the importance of attachment in relationships. This is both in the early infant stage of life and in the development and impact of therapeutic relationships on the client, in this cases the looked-after child. In the papers we reviewed there was a clear point when this new knowledge started to percolate through the papers, with the most recent acclaiming the importance and impact of neuroscience theory on practitioners' thinking and their work.

The literature that we have included here offers insights into the value of dramatherapy and psychodrama with these particularly vulnerable children. It is clear that discrete philosophies for working with looked-after children are being developed, often influenced by prevailing generic principles and theories relating to this client group, but research based evidence is not yet available. Moore closes her 2010 article by stating that:

> Dramatherapists could be more proactive in seeking government funding for scientific means of measuring the effectiveness of creative therapies that, anecdotally, are shown to succeed in changing unhelpful patterns between parents and children, since it is apparent from the reactions of parents to this programme that the sensory and embodiment of the experience is so influential in bringing about desired change in those previously experiencing extreme stress. (p. 9)

This is indeed a necessary next step and we are pleased that she is joining us in a small scale research study to further examine the roles that psychodramatists and dramatherapists have to play in therapy with looked-after children.

Notes on contributors

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Kate Kirk is a Psychodrama Psychotherapist and Psychodrama trainer. She works for the Isle of Man Child and Adolescent Mental Health Team with young people from 4 to 16 years. Her PhD research was into the impact of working therapeutically with clients who have experienced sexual trauma as adults or children.

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