

Psychodrama with children: from clinical to psychosocial interventions

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Abstract

This text presents clinical and psychosocial interventions with children, based on individual and group psychotherapy, as well as organizational practices. It conceptualizes and describes how *Surplus Reality* can make a great contribution concerning the family work with young children, by enabling a new meaning to relationships in *status nascendi* and a reduction of the symptom. It emphasizes the importance of the director's subjectivity in the conduction of a psychotherapy group. It describes the socio-educational interventions used at the Support House for Children and Adolescents with Cancer (GRAACC), which aim at fulfilling the demand whenever it is, bringing a fresh approach to an instituting movement. Finally, this text discusses the specificities of the work with children having psychotherapeutic and socio-educational focuses and shows the importance of training psychodramatists who work with children.

Keywords: psychodrama with children, surplus reality, clinical and socio-educational interventions, director's subjectivity, child psychodramatist training.

INTRODUCTION

The work with children having clinical and socio-educational focuses need to be disseminated, since the literature about that is limited. We are pleased to present clippings of the practice and discussion of three monographs, all guided by Dr. Mariângela Pinto da Fonseca Wechsler: one having a clinical focus: *Weaving threads in a group of children in psychodramatic psychotherapy: the director's subjectivity in the handling of aggression*, by Thaís Figueiredo dos Santos, presented to São Paulo Psychodrama Society (SOPSP-PUC-SP) in 2013; and two having a socio-educational focus: *From institutionalized to instituting: psychodramatic bingo in the work with mothers of children*

with cancer under treatment in GRAACC, by Maria Altenfelder Santos, and *Itinerant psychodrama in the Support Group for Adolescents and Children with Cancer (GRAACC): from chaos to cocreation*, by Mariana Negrão Silveira, both presented to the Psychodrama Department at Instituto Sedes Sapientiae (DPSedes) in 2012. Along with these practices, we will also present clippings of family clinical work with a three-and-a-half-year-old child, at the clinic, directed by Mariângela P. F. Wechsler, in order to emphasize the importance of the *Surplus Reality* as a powerful method of family transformation.

By presenting the clippings of the practices adopted, our goal is to stimulate a reflection on the specificities of interventions in both clinical and socio-educational contexts, since it is a contemporary and controversial theme in the psychodramatic movement and shows the importance for training child psychodramatists.

PRACTICES PRESENTATION

I – Psychotherapeutic focus

Contextualizing a family care with a three-and-a-half-year-old child: The complaint is about a child who did not want to walk anymore, just crawl; he did not want to go to school anymore, where he did not let anybody change his diaper. This family had a history of living in many places and the child had recently changed school. Mother had this child in the United States, at a time when her husband traveled a lot, and she felt very alone. She found in the relationship with her baby a source of support in a difficult phase of decisions before the couple's life projects. The child was admitted to a North American school when he was one and a half year old. Mother and father were in individual psychotherapy. The therapeutic project coconstructed with the parents was family psychotherapy because it was a very young child with symptoms that revealed dysfunctional family sociodynamics.

Selected session (2nd session)

J picks up the Pinocchio doll and begins to play on the floor... T observes. J picks up a toy car...

T asks: *Where are we going?*

J answers: *We are going to travel...*

T: *Yay, to where?*

J stands up and pretends to fly and starts to run across the room... as if he was in a plane...

J says: *Now we are here, it's night.*

T: *Who is with us?*

J: *You and me.*

T: *Ah, who am I going to be?*

J: *Mommy...*

T: *Ok, and you?*

J: *Your son.*

T: *We are already at home and it is night...*

J: *Yep!*

T: *Son, it's time to sleep...*

J: *I'm going to sleep with you, daddy is traveling...*

T asks his real mother to play the role of the mother in the scene.

Mother: *No, you go to your room...*

T as the double of mother: *Wow, it's so good to sleep with my son... I'm alone, my husband is traveling... but I think I need to put him in his bed...*

T asks his father to play the game, coming back from a trip...

Father: *I'm here!*

J stands up and goes to the clinic door, opens it, closes it and says: *There is no one here!*

T as the double of father: *Am I invisible? I'm here, but he doesn't see me...* (father is very touched) and J continues saying that no one was there.

T asks the (real) father to talk to his child. T in Father's Supplemental Role says: *Sorry for so long absence, I will have to know what you like, what you don't like slowly... to understand that my absence has left me invisible...* father says: *I have difficulty to play... when I was a child my father didn't play with me... but I want to learn, because I love you, J.*

T then asks the (real) mother to also talk to her son... T in Mother's Supplemental Role says: *I used to like and still like you to be "stuck" with me, so that I don't have to feel my solitude. The problem of not wanting to grow up is not only yours, son, but it's mine too: I don't let you grow up and haven't allowed daddy to join our relationship...*

Mother is touched and accept the situation as well.

T: *You saw, J, that it is not only you who don't know how to grow up... Mommy and daddy are also learning... everyone in this family can learn to grow up... Sometimes everyone does like Pinocchio... they lie, but they want to become human.*

In the next session, the parents say that J has stopped crawling and that he has already let other people change his diapers at school. Father says he took J to walk in the park by himself on Sunday for the first time, and mother adds that, although she got anxious, she has agreed and has done something at home.

Contextualizing the psychotherapeutic practice of group care: Group of five children, aged 6-8 years – attended at Instituto Kora (a NGO that offers free psychotherapy to the population), which has as main complaint the aggressiveness or lack of it. In these sessions, the professionals observed helplessness, abandonment, rivalry, jealousy and envy as sources of aggression; low self-confidence and difficulty in accepting rules and saying “no”; difficulty in sharing, focusing on competition, rivalry, fights and confrontation as sources of aggression.

Selected session, “Scapegoat: aggression as an expression of helplessness” (Gab, Luc and Ig, first post-vacation session):

Gab was excited to restart psychotherapy, giving hugs and loving kisses to T in the waiting room. The session began with Gab calling Luc “porky pig” and saying that he was going to beat Ig up. He told Ig that he was going to kill him, that he would kill everyone, including his own mother. Gab asked Luc for help to catch Ig, which generated laughs and a certain aggressiveness. After a while, Ig picked up a music box and Gab threw it to the floor, breaking it. They both froze, waiting for a “scolding”. T said the toys were for collective use, asked them what happens when a toy is broken in their house and proposed that they try to fix it. The three children were disappointed when they have realized that it was not possible to repair the damage. Then, in a truce to rivalry, each one picked up a toy: Ig (a toy car), Luc (Lego) and Gab (checkers). Gab insisted that T play with him. Next, each one stowed the toy (which rarely happened). Gab invited everyone for his birthday, handing out pieces of paper with his address. Ig and Luc said that they do not want to join the group anymore because of Gab and his pranks and cursing. T said that it was not just Gab who disrespected the “do not break objects” and “do not hurt the other” combinations. Ig and Luc continued to accuse Gab, who became enraged by the conversation and started cursing, kicking the door and the walls (irrational acting out). He then directed the aggressions on T, who asked Ig and Luc to get out to talk to Gab and his godfather. When T opened the door, Gab threw a chair at her back. Gab’s godfather came into the room and held him for 20 minutes. Gab was out of control, spitting on T, saying that he hated her and calling her a “whore without character”. It was not possible to calm him down. Gab was still aggressive when he left and T said that she understood that he was angry and that she was waiting for him in the next session. And then he returned in the next session.

As a conduction, a continent for the rages/frustrations of all (cluster 1) could have been created, generating some space in the psychodramatic context for emerging issues, based on the elected scapegoat (Gab).

II – Socio-educational focus

Contextualizing an institutional practice: Two stages were carried out at GRAACC Support House (Support Group for Adolescent and Child with Cancer – Unifesp-HSP), a partnership between DPSedes and GRAACC Psychology Sector. The first project totaled 26 meetings, one and a half hour long, twice a week. The initial demand was the group of mothers and the resistance to psychology, since the mothers’

participation in the group sessions was low, that indicated a need to explore a new approach.

In the initial sessions of the first stage, the themes raised with the mothers were: lack of time to take care of themselves; requirement to be strong in front of their children; jealousy of brothers and sisters who are not in treatment. It was a space of exchange, coexistence and acceptance of suffering. However, the problem of emptying the sessions remained, which made us think more deeply about the place of Psychodrama and Psychology in the House, leading us to “informal” interventions in other spaces of the institution; because of that a session with volunteers of the House, called “**Psychodramatic bingo as an instituting action**”, was done. The chosen game was the Halloween bingo, which aimed at providing visibility to the real and imaginary scenes of the daily life in the House, such as: a cake made by a mother, a child hidden in the roof, a trip to Disney on the witch’s broom and the magic healing potion (solidarity, love, affection, hope and strength). As a prize, the winner could choose between treats and tricks.

The second project was an open, weekly, one-and-a-half-hour-long group. The beginning was also with the mothers, but, due to absences, it was directed to the spontaneous demands: children and adolescents. We called the *Itinerant Psychodrama* method, because the directors were available to go in the direction where the spontaneous demand of the House was, in a creative way. Often, they took the work out of the Psychology room, mainly through the Spontaneous Theater. The sessions called “Chaos” had as a tonic the movements of destruction, in which the boy L was always the most destructive. All children wanted the same color/puppet, they did not listen to each other and get along with others only through the Functional Unit with games on triangulation, in which one child was seen as the “good” character (reception) and another one the “bad” character (limits).

In the sessions called “Cocreation”, Functional Unit and participants became potentialized. Recurrent themes worked through Spontaneous Theater and Dramatic Multiplication were death versus life, relationship with doctors, family. The sociometric group relation has changed, like the following example:

Scene 1 – Five children begin a scene in which they performed alternatively several animals: two monkeys, two lions, one jaguar and one horse. Lions want to eat horse, then lions vie for a cub. After a long dispute, one of the lions suggests a friendship agreement and the other does not accept it and says that he has no friends. In a second moment, a new cub appears and, thus, each lion gets a cub. The scene ends when the bravest lion decides to keep the two cubs and another one accepts it. During the scene, L enters and starts to give all the puppets available to the angry lion.

Scene 2 – The angry lion says he cares for L and decides that, from now on, he will be his dog. R says it is Scooby Doo and L is Shaggy, his owner, and Scooby wants some snacks...

REFLECTIONS BASED ON THE PRESENTED PRACTICES

Working with a young child without his family, as the literature already refers to (TASSINARI, 2006; PETRILLI, 1984/2002; FILIPINI, 2014), is a disservice. We know that Child Identity is a product that forms or deforms in a process along the Identity Matrix, a mixture of intersubjectivity constituted by the family (WECHSLER,

1998/1999). Thus, the possibility of resignifying the content that shapes the roles, constituents of Identity, is the art of psychotherapy. The *Surplus Reality*, understood as a way, a method that supports the psychotherapist in the conduction to this resignification, makes a great contribution. However, what is that concept as a method? *Surplus Reality*, according to Zerka Moreno (2001), is to give back to the subject what he could not experience, the same principle of Marx's *surplus-value* – to give back to the worker what was his right and remained for Capital. This principle guides all Socioeconomic work, but updating it as a method is to create an imaginary character, based on the symbolic understanding of sociodynamics and family Sociometry, defined in the presentation of the session as Supplemental Role, and to interact with the subject, cocreating new scenes that can give meaning to the *empty* or resignify the previous constituent record of the symptom. In this way, the matrix of the conflict can be resignified through the roles in games on *status nascendi* (at the moment of the development of the role), since the first stable form of roles integration (Stable Form of Identity) occurs around of 6/7 years old (WECHSLER, 1998/1999). This has happened to J presented above, and it was possible for his parents, who were in the session, to confirm J's records (sensation, perception, thought) of the *invisible father* and the *suffocating mother* (WECHSLER, 2010). By admitting these records and apologizing for that, through the imaginary character, created and played by the therapist, the way was opened for the return to the healthy development of the little J: who walked again, let someone change his diapers at school and went out with his father by himself. Thus, the first group in which the child is inserted is the family, with its interrelations, translating the co-conscious and the co-unconscious.

Falivene Alves (2006) declares: “The individual-group relationship is like the egg-chicken association: Who produced whom? (...) interrelationships, a minimum condition for group existence, are, in fact, great determinants of the group as a ‘locus’ of health and man disease” (p. 131-132, our translation).

Hence the question: when and why create groups with children? Generally, the criterion for the formation of a group of children, having psychotherapeutic focus, is the age groups, respecting the socio-affective-cognitive possibilities of the child: 4-5 years old (1st childhood); 6/7-10 years old (2nd childhood); 11/12-14 years old (pubescent); 15-17 years old (adolescents). Working in a psychotherapeutic group is to focus on the interrelationships, a mixture of intersubjectivities, in which the content that shapes the roles, transmitted by the characters performed on the scene, can be recreated in the service of health or in the service of the repetition of illness/symptoms. It is also to focus on the relationship between the lived interpsychic and the intrapsychic. In this way, the *what for* is in the service of signification or resignification.

The group of children presented showed us the “exclusion” as the predominant protagonist. We think that this “exclusion” is related to the difficulty of triangulation experienced in the interrelationships and, probably, it was a coconstructed pattern, based on the family relations (identity matrix). Our *what for* to create this group of children, from a theoretical point of view, was to try to resignify the pains: exclusion, loneliness, anger, rivalry as symptoms of aggressiveness, that is, resignify child's mother relationships (cluster 1) and child's father relationships (cluster 2), based on the identification, enabling the elaboration of the difficulties of triangulation in the lived relationships and, consequently, potentializing the fraternal relationships (cluster 3).

According to Bustos (1990), *cluster* means a group of roles and constitutes the path that the child makes in his development with the figures of mother, father and brothers and sisters. Thus, the author created the nomenclature *cluster 1* to refer to the relations that have as a function the maternity, the reception; *cluster 2*, the relations that have as a function the father figure, meaning the possibility of acceptance of the rules,

autonomy; and *cluster 3*, fraternal relationships that teach how to cope with rivalry, competition and cooperation.

From a methodological point of view, our *what for* to create groups with children recognized the importance of the director's subjectivity as a determinant in psychodramatic work and the service room as a locus of psychic metabolism. However, how important is the directors' subjectivity in a group of children? In the group presented, we noticed that in some moments the director has played what is called *pathological internal complementary role* (Perazzo, 2010), when he has accepted a way of relation with a fragile member of the group that proposed an exclusion, intensifying the rivalry between them. In this way, instead of giving their difficulty back to the group, creating some intervention that would allow the recreation of the scene, the director played her own conflict. Transfers are also present, especially because working with children calls for caring constantly for the "spontaneity of our child". A powerful inner work is needed. However, we are not gods... so when we have reflected on the work, writing our own monograph, in a more distant moment, the director-writer could become aware of all the situation. Writing is also therapeutic!

Having a socio-educational focus, what is the criterion for the formation of groups of children? We realized from our presentation that the mixture of ages was not an obstacle, because the focus is the **Theme** in question to be worked on. In GRAACC Support House, the general theme worked out was how to deal with the disease (cancer) and how to deal with the relationships among the residents (children and adolescents) of the Support House.

How can Socio-psychodrama facilitate instituting actions with mothers and children in GRAACC Support House? Through a Dramatic Game, called *Psychodramatic Bingo*, the directors were able to go where the demand was pulsating in the institution, promoting, therefore, a pulsating instituting movement, leaving the institutional trap, that is the own dichotomy that the institutionalized one proposes: Psychology room versus Volunteers Bingo – the room of the suffering subjects versus the joy of the game. Here we are borrowing the concepts that Contro (2009) provided us when revisiting the concepts of institutional analysis, in which instituting and institutionalized are part of a continuous movement between cultural preservation and creating spontaneity.

How can Socio-psychodrama facilitate the sociometric and sociodynamics reorganization of children in GRAACC Support House? Through the *Itinerant Psychodrama* – a method that we call a strategy that facilitates institutional work having a socio-educational focus, pointing to a new way of dealing with the needs apprehended in *status nascendi*. Contro (2009) still declares that Psychodrama is a possibility of displacing, transfiguring the instituting and promoting a pulsating instituting movement. By responding to spontaneous and creative demand, the children were allowed to cocreate their feared scenes. Socionomic methodology opened up work possibilities and group readings, encouraging the focus for collective creation and not only for private roles, which may facilitate the transformations of the subjects' sociometric positions in the groups.

What are the similarities and differences between the group of children in the psychotherapeutic and socio-educational focus, after all? The similarities rest on the same assumption of Man, Theory, and Methods. The latter are deep methods of action that aim at the experimentation of characters that reorganize the contents that shape the roles – constituents of Identity. For Calvente (2002), character offers metaphors, suitable for shaping content linked to roles and meanings from the inside out. He has more autonomy; his structure makes him more independent. The role has a more basic structure, being more determined by the counterpart. The author still draws attention to the forms of

behavior in different social roles, which are repeated in different situations and contexts, characterizing themselves in a conserved character. Falivene Alves (1999) brings the idea that the same character appears in various roles. In this way, we think that Character is a unique way of functioning that inhabits various roles.

The result of the experiences of multiple characters are sociometric and sociodynamics transformations, since the bond, both the one that engenders interpersonal relations and the one that engenders institutional relations, is always worked from the perspective of *Moreno's Social Trichotomy* (MORENO, 1972), three dimensions of lived reality: visible (external society), invisible (sociometric matrix) and a movement between both (social reality).

The differences are articulated in the *desired* perspective of the methods, in addition to the contract with the group: in the psychotherapeutic groups, the methods are at the service of the character's experience that is anchored in the readings of the relational (inter) and internal (intra) world of the children, at the same time. The reading of the meaning apprehended in the dramatic context, in addition to being returned by a character created by the therapist, can be given back to the children in the group context, facilitating bridges between fantasy and reality.

The perspective, the point of view that will guide the updating of the methods in the socio-educational groups, is at the service of the characters' experience, since the experimentation of the plots and the collective dramas are already considered as reorganizers. In the group context, thematizing are always based on the perspective of the collective role cocreated and lived. Aguiar (1998) points out two thoughts about Spontaneous Theater, saying that it is not necessary to reveal the co-unconscious, the experience already allows the reorganization of some contents. Reveal or not the co-unconscious depends on the goals of the group. In the case of socio-educational groups, such as the Support House, whose objective was the reception of the pain of patients with cancer and the interaction among them, the sessions pursued the characters' experience as a possibility of reorganization of the contents that shape the roles.

We can quote Moreno (1959):

Therapist is not a magician, a divine healer, but a man. The child is the Psychodrama itself, since he "pretends" that his world works and that his roles are more acted in the "as if" style, as long as his imagination makes it symbolize what goes through his head and his feelings, in "here and now". He dramatizes, concretizes and presents in a state of constant reception. Your fantasy is your own reality. For all this happens, the **mediator** must be able to provide the child with this necessary reception for them to make their own discoveries, which will contribute to their healthy development (p. 78, our translation).

FINAL CONSIDERATIONS

How to carry out the practice of Psychodrama with children? In which contexts? What are the expected outcomes? We will begin with a short excerpt from *Hocus-Psychocus (Pirlimpisquice* in Portuguese) by Guimarães Rosa (2005): "this drama of the now, unknown, sturdy, the most beautiful of all, that never exists, nobody wrote it, it cannot be represented once again, and never again... I saw – that we were the others – each of us, transformed" (p. 90-91, our translation).

We believe that encouraging the formation of Psychodramatists having both

focuses, working with children means, firstly, to provide the magic *diffusion* that inhabits the child imaginary world, the same that crosses the dramatic context in which constructions of dramas and plots happen in here and now, in an unusual and non-reproducible way. Certainly, it will also provide theoretical foundations on development and supervised practice that engenders a group learning locus that can accommodate students' intrinsic difficulties, classroom sociodynamics and sociometries, promoting transformations and growth to the singular subjects who are with us in their roles of director and auxiliary ego.

Consistent with this incentive, it is necessary to demystify the tendency that points out that work having psychotherapeutic focus is deeper than those having socio-educational focus, since we present works in both focuses that showed deep transformations, noting that the differences are the methods' perspective.

Look for spontaneous demands, not stiffening in the face of established issues, reproducing what has already been institutionalized, but creating instituting movements could be our mission as social transformers.

Fostering the importance of powerful psychotherapeutic work for a group of children directors would be another explanation, since the director's subjectivity must be trained to capture the pathological complementary roles that the child proposes in the relational game, being essential that we do not enter into them, proposing other creative relational games which seek new trials and openings for an instituting/spontaneous movement. The Self-Directed Group, which works at the same time on issues of the internal and relational world, promoting therapeutic transformations and deep learning would be a good device to encourage this powerful internal work in the Training Courses. We hope that this training consistent with our mission of social transformers will open up more possibilities so that Group Directors, Children and their Families could act more as authors and actors of their ups and downs.

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