Dramatherapy with parents and children in parallel groups: developing an approach for healthier family dynamics

Jessie Hobeck

To cite this article: Jessie Hobeck (2014) Dramatherapy with parents and children in parallel groups: developing an approach for healthier family dynamics, Dramatherapy, 36:2-3, 104-120, DOI: 10.1080/02630672.2015.1014389

To link to this article: https://doi.org/10.1080/02630672.2015.1014389

Published online: 06 Mar 2015.

Submit your article to this journal

Article views: 481

View Crossmark data
Dramatherapy with parents and children in parallel groups: developing an approach for healthier family dynamics

Jessie Hobeck*

Freelance Dramatherapist, Cambridge, UK

This article is based on my inquiry into the use of dramatherapy in parallel groups (parent and child) to explore difficult family dynamics within a child and family psychiatric setting. The aim of this work is to develop a new approach, which synthesizes ideas from attachment theory and systemic-oriented approaches, together with dramatherapeutic core processes as a way for clients to identify, explore and express difficult internal material and processes, to work towards greater self-awareness and healthier family dynamics.

Keywords: dramatherapy; systemics; parallel groups; family dynamics; group therapy

Literature review: dramatherapy and family work

Dramatherapy practitioners have long worked with families. Early examples can be seen in Jenning’s (1990) ‘Creative Expressive’ model underpinned by her developmental paradigm: embodiment, projection, role (EPR). Since then many eclectic models have proliferated in the field of dramatherapy. The two main models of interest to this inquiry that relate to working with families are underpinned by attachment theory and systemic-orientated approaches. These models are influenced by the work of Bowlby (1988) and his concepts of a secure base, the significance of attachment experiences, and in particular the quality of the initial attachment relationship between mother and baby in shaping one’s whole being in the world.

Also influential are Winnicott’s (1965), psychoanalytic concepts of a holding environment explained through the role of the ‘good enough’ mother as a container of her baby’s distresses, together with the father’s role as supporter (Winnicott 1964). More recent examples of dramatherapy and family work influenced by such theories of attachment can be seen in Hudson’s (2001) work with young people and their families in parallel sessions in a community context, Leigh’s (2010) work with child and parent dyads in an educational setting, Moore’s (2009) ‘Theatre of Attachment’ with parents and adoptive children. Other dramatherapists whose work is informed by attachment and

*Email: jessiehobeck@hotmail.com

© 2015 The British Association of Dramatherapists

As a general overview, these models aim to facilitate and develop healthy attachment relationships, provide a containing, playful, symbolic space in which difficult material can be dealt with in creative, symbolic and playful ways.

The second model heavily drawn on in family work can be seen in systemic orientated approaches. These approaches look at an individual within a system or group and may be seen to have their origins in the work of Moreno. His ‘sociometry’ employed systemic techniques as dynamic, active and projective ways to represent a client’s interpersonal relationships or entire social structure (Fox and Moreno 1987). Further examples of systemic techniques are family tree, genogram, socio-gram, family sculpting and family script work. These methods identify intergenerational patterns, speculate about the significance of current problems and explore new ways of understanding family relationships (Carr 2012).

Insights from group analysts Bion (1961) and Foulkes (1964) based in psychodynamic traditions, outline how an individual’s behaviour patterns and psychological processes may arise and can be explored within a group context. Group therapy aims to help clients explore and understand their own unhelpful patterns within an interpersonal context, like that in which they arose. Helpful elements of group therapy may be a safe space, a sense of community where clients can connect with peers, and share similar difficulties, problems and solutions.

Combining attachment theories and systemic ways of working within a group context offers a framework for developmental dramatherapeutic core processes such as embodiment, dramatic projection and role-play (Jennings 1990; Jones 1996) to identify, explore and express difficult internal and relational material such as difficult attachment experiences, life events and situations (past and present), and personal and family patterns. These techniques will be discussed later in the case study.

Methodology
This inquiry adopts a mixed methodology approach. The qualitative case study allows ‘a unit of human activity embedded in the real world’ (Gillham 2000, 1) to be analysed, and to provide an opportunity for detailed analysis and exploration of small groups or individual cases, in a ‘deep but narrow’ approach (Ansdell and Pavlicevic 2001, 139). As qualitative methods may come under scrutiny for their possible subjective approach (Flyvbjerg 2004), and as Grainger argues that for efficacy in measuring outcomes of arts therapies, ‘we need to have several different languages at our command’ (cited in Jones 2005), to support my inquiry I have incorporated quantitative measures such as Children’s Global Assessment
Scales (CGAS), a mental health clinician-rated instrument that provides a score for the general emotional and behavioural functioning of children from 4 to 16 years. Scores are based on information acquired from direct examination and informants such as parents, educators and other mental health workers. I have included parental feedback in the form of a written questionnaire concerning their experience of dramatherapy at the end of their intervention. This mixed method approach has allowed me to effectively observe and analyze how, and whether change has occurred in my clients in parallel dramatherapy groups. Appropriate ethical guidelines have been followed. In accordance with these, client confidentiality has been respected at all times and verbal consent was obtained before commencement of therapy.

Clinical orientation and setting
This work took place in a child and family residential psychiatric unit which assesses and treats children from 5 to 13 years with complex developmental and psychiatric disorders and children with severe emotional and behavioural problems. Common diagnoses include ADHD, ASD, eating disorders, attachment disorders and conduct disorders. The multi-disciplinary team includes a psychiatrist, specialist nurses, teacher, classroom assistants, clinical psychologist, family therapists, music therapists, social workers, specialist nurses, health care assistants and administration staff. Children are generally only admitted if their parents agree to work closely with staff on the unit (Oldfield 2006, 16). Assessments usually last up to six weeks. Occasionally, longer treatment may last three to six months. Most referrals come from NHS teams based in the community, primarily child and adolescent mental health teams, community paediatric teams, social service teams and the education system. Around ten percent of admissions involve a request for formal assessment of parenting capacity with identified mental health problems (Holmes, Oldfield & Polichroniadis 2011, 27). Assessments use both formal outcome measures and informal staff observations. The multi-disciplinary team meets once a week (ward round) to present and discuss clinical feedback. This contributes to the overall assessment of the client and decisions are made. The unit team is cohesive, supportive, encouraging and inclusive. All professional opinions are valued. This positive regard amongst staff is extended to clients. I believe that this positive atmosphere helps clients settle in, relax and ‘trust the process’ at the unit, which ultimately helps in their successful progression. On discharge each specialist writes a final report and staff hold a discharge meeting presenting outcomes, diagnosis if necessary, and plans for the future to parents.

Dramatherapy at the unit
Within the family treatment program at the unit (educational, psychological, medical, social, parenting support and advice) dramatherapy offered an important
psychotherapeutic, psychodynamic way of working. The British Association of Dramatherapists (BADth, 2011) gives a broad definition of dramatherapy with an emphasis on the healing potentials present in drama and theatre, with the therapeutic process being described in terms of creativity, imagination, learning, insight and growth, describing dramatherapy as forming the meeting point between psychology and drama, based on the capacity of drama to heal and reorganize human awareness (Jones 2005, 41).

The only other arts therapy offered at the unit is music therapy. This provides a space for children to express difficult emotions, have fun and positive experiences and to establish positive relationships. Child–parent dyad music therapy sessions aim to give parents and children a chance to re-experience their relationship and aim to give parents a chance to witness their child in a more positive way.

As this was the first time dramatherapy had been offered at the unit, I began to wonder how it could be used to help children and their families that offered something different to music therapy. After observations, experiences and conversations with families and staff on the unit I began to notice the very different needs of the parents and the children. I found that while it was the children who were admitted for ‘acting out’, what often came to surface were parental problems. Day-to-day interactions (between children, parents and staff) evidenced moments of complex and difficult family communication, relationships and patterns. Often uneasy parental responses created a matrix of unhealthy and difficult reactions and behaviours in their children from rage, withdrawal, rejection or clinginess, and so further elicited parental frustration, confusion, anxiety, or anger, and so the difficult dynamic and patterns would continue to spiral. What was interesting were the mirror-like reflections, the cause and effect of one, often unconscious, reaction shaping the other. Also interesting was that while parents commented on seeing difficult patterns in other families, and how parents contributed to their children’s problems, they seemed unable to see their own. This is where my idea of parallel groups arose. I thought dramatherapy could offer parents their own supportive space, in which they could take a step back, in an environment dominated by their children’s illness and problems, with the aim of reflecting on themselves, to explore current personal and family patterns and themes, and to develop greater self-awareness and self-confidence. On the other hand and of equal importance, I thought dramatherapy could offer the children a safe, contained space to be a child: to play, have fun and positive experiences. I considered it was important in a hospital setting that the children be seen as themselves and not through their illnesses. I thought that if they were given a space in which they could be themselves and express their difficulties while being witnessed and validated they may develop healthier ways of being and expressing.

I believed parallel groups might provide a positive therapeutic relationship and space to support and contain both the parent and child separately yet with the consistency of the same therapist, an important aspect for families used to instability, to attend to the different needs and difficulties of the parent and child.
Given the nature of the assessment unit, stays tended to be brief, as such, dramatherapy treatment was short-term.

**Referral process:** dramatherapy groups were open groups due to staggered admission and discharge. New clients were notified by myself and other staff, and word of mouth amongst peers meant most parents and children opted to join the weekly dramatherapy groups.

**Assessment process:** Observations were done on the unit and in groups as sessions progressed. Outreach work done by specialist staff and multi-disciplinary staff clinical notes presented at weekly ward round also offered insights into individual clients and how their family function.

**Group context:** Parents’ group ranged from 3 to 7 participants. It took place in the children’s playroom and ran for one and a half hours. The children’s group ranged from 3 to 7 participants. It took place in a group room and ran for an hour. Children’s ages ranged from 6 to 13. The highest percentage of participants were white British. Both of the groups ran over a period of six months.

The following case study presents a mother and daughter’s process of dramatherapy in parallel groups. The vignettes are taken from the beginning, middle and end phases of therapy in order to chart their journey and progress. All names have been changed.

**Case study**

**Family background**

Rose is an 11-year-old white British girl with a diagnosis of severe anxiety disorder. She has a longstanding history of separation anxiety spanning back to toddlerhood which led to complete school refusal. Rose would become violent when attempts were made to get her ready for school. She was referred to the unit by a child psychiatrist due to a lack of improvement with medication and refusal to attend community treatment. Rose’s parents felt her anxiety was worsening and were concerned about her recent expression of thoughts of hopelessness and suicidal ideation. The Unit’s overall aims for Rose were to increase separation from mother, increase time at school and work on issues around enmeshed attachment and emotional ambivalence.

Rose’s mother Jean is a 45-year-old white British woman. She left her profession due to difficulties with depression and other physical health problems. Her father died when she was very young, and she named having a supportive yet controlling, emotionally distant mother.

Rose’s father John is a 47-year-old white British man. Due to his profession he was often abroad. He was away during Rose’s birth. During a career transition he describes himself as having a breakdown. He also suffered from physical health problems. He described both his parents as distant.
Rose has a teenage sibling at secondary college who has suffered from an eating disorder for the past few years. Rose’s maternal grandmother lives close by and is a dominant part of the family.

**Family dynamics**

Both Jean and John experienced difficult early attachment relationships. This may explain a difficult current ambivalent enmeshed family attachment, reflected in dynamics and patterns such as dependency, high anxiety and being highly attuned to each other’s feelings. Difficult events such as early family separation, periods of paternal absence, parental illness and breakdown are factors that may have contributed to these difficult dynamics. Patterns and themes of dependence and illness may be traced inter-generationally. Jean’s mother is a dominant part of the family life. This may give the grandmother’s life meaning and provide Jean with practical help yet it keeps her dependent. Jean has reported feeling guilty that letting her mother go will leave her mother feeling lonely and abandoned. This pattern of interdependence and enmeshment may be mirrored in Jean and Rose’s relationship where Jean becomes depressed at the thought of Rose’s independence and John’s return to work. During this time Jean reports feeling ‘abandoned’ and ‘left behind’. This may explain Rose’s feeling of responsibility and collusion to fulfil her mother’s needs, her anxiety at separation and heightened worry when her mother is around. These patterns may keep the family stuck (homeostatic) in this difficult dynamic.

**Case study 1 Parent in group**

**Jean in dramatherapy group**

Jean is a short woman with short wiry hair and glasses. She walks with a rigid posture and gait. She dresses simply and casually in jeans and blouses. In the dramatherapy group Jean often presented as tired and quite flat in mood however when she spoke she did so with articulate conviction. She appeared to be a straightforward yet thoughtful woman who is more in touch with logic than her emotions. Jean attended 13 weekly dramatherapy group sessions.

**Jean’s Journey**

**Beginning phase – ‘Scared, Trick, Kindness’**

Week 1: At the beginning of dramatherapy Jean shared feeling exhausted, tired, and ‘wanting to go to sleep and forget about it all’. As the session continued her mood lightened. During drama games she laughed and commented, ‘This is fun! This is what life should be like.’ The main activity was an embodied human sculpt. Jean represented her inner-self by lying on the floor in a foetal position which she called ‘scared’. When a peer doubled this position she witnessed it and
immediately became tearful. She then represented her outer-self by standing, hands on hips, which she called ‘trick’. When asked if she would like to make any changes she shook her head with a disbelieving, sad smile and commented that she had been hiding herself for years. She then altered her image by integrating them. She moved ‘trick’ closer to ‘scared’, joined their hands and called it ‘kindness’. At the end of the session Jean reflected to the group that she had felt scared for years and as if she had been ‘holding up a façade to show that she was coping, even to herself’. She contemplated if she ‘did go there, it may be too painful, so it was easier not to’. At the end of the session Jean commented on how ‘powerful’ the work had been and had helped her to ‘feel stronger’. She added that it had been ‘surprising but it made sense’, and described it as a ‘life-changing experience’.

Middle phase – ‘Overwhelmed. Contained’

Week 8: Jean is having another difficult week. She shared that her husband’s return to work has left her feeling ‘furious’ and ‘abandoned’. A difficult review meeting led her to question whether things were ‘working’. Jean’s mood lightened during drama games. During the main activity to create an object sculpt Jean created ‘Overwhelmed and Unable to Focus’. She placed puppets all over the floor and named each as a problem. She placed herself (a floppy lamb) in the centre of it all. She covered everything with a gold mesh cloth and named it ‘hazy over everything’. When asked where she would like to be, she moved the lamb far away where she could ‘see it all’, yet didn’t know how she would practically get to this place. After further work, Jean stepped back to witness her image. This distance afforded her a flash of insight. She placed a small mat to one side, piled her ‘issues’ on top, and said, ‘Now they’re contained!’ And made another discovery, that her daughter was ‘far too big’, and replaced the large parrot puppet with a smaller one. She then sculpted ‘Seeing what really matters’, ‘My family together but separate’ and ‘Everything else contained’. At the end of the session Jean reflected, ‘I need to break away from old patterns of behavior but I don’t want to let go of people in the process. I really need to find a middle way’. She became tearful and added, ‘I don’t want to feel like I’m abandoning anyone, but I have to develop myself’. The group discussed the topic of separation, letting their children go, having space for themselves and developing their own interests.

Ending phase – ‘Satisfaction. Find My Power’

Week 12: Jean has been finding the process at the unit difficult. It has been an emotional see-saw: feeling strong and empowered at times then spiralling down again. She is finding her husband and daughter slowly finding their feet difficult. During the main activity Jean visualized a horse chestnut tree. The group drew, reflected on and shared their images. Jean described ‘My horse chestnut tree (not really mine)’, in late Summer early Autumn, on a bright clear cloudless day, an Indian Summer, which she was ‘viewing alone’. Her tree was ‘still fully clothed in green, soft leaves….You can see the “conkers” beginning to grow’. ‘I have a
blanket and I can lie under the tree looking up through the leaves into the sky’. It was, ‘A most peaceful place, I want to stay forever’, she added ‘there is pleasure in the simplest things’. She reflected that the activity had given her ‘real satisfaction, and a focus on the positives rather than negatives all the time, it’s taken me out of that, given me a real sense of peace’. She left the space laughing and told us that it was Rose’s birthday on the weekend and she was looking forward to making her a cake. In the following session, Jean reflected on her work saying, ‘I need to find my power and positives because that will help Rose’. She added that these sessions ‘give me a space to really think about how I feel about situations we [our family] are in’ and help her ‘to discover how I think and feel deep down so I can challenge the situations I am in’.

Case study 2 Child in group

Rose in dramatherapy group

Rose is a small girl who appeared about half her age and dressed very young for her age. In the dramatherapy group she presented as a perfect, compliant doll-like little girl. She appeared happy, bright and cheerful in mood. She was articulate, highly empathetic, very emotionally aware and very engaged in sessions. She was eager to please and effusively polite. She had young play and projective work. At times her play seemed repetitive. Rose attended 13 weekly dramatherapy group sessions.

Rose’s Journey

Beginning phase – ‘leave the worry’

Week 1: Rose was very smiley, enthusiastic, polite and compliant. She showed the group how she felt through flashing a big cheesy smile, cocked her head on the side and gave two thumbs up. She played drama-games with a neat, withheld, crisp perfection. During the main activity to embody and then create an animal in their habitat, Rose created an imaginative yet naïve pig with wings. His compliant smile was undercut by baring his sharp teeth. His legs and tail hung heavy and appeared almost dead. He hovered in an in-between space, neither on the ground nor in the air, in a utopian domestic scene: a flowery garden and perfect house upon which a full sun shone. At the end of the session Rose reflected that she would like to take ‘her pig’ and ‘having fun’, and leave: ‘the worry’.

Middle phase – ‘Proud of the journey I have just done’

Week 3: Rose had just been told her parents will leave her alone on the unit for the first time tonight. She is distressed and teary. She showed the group how she felt by wiping her eyes, and letting out a tiny whimper. During the main activity to build a group landscape with cloths and cushions, Rose engaged quietly and alone within the group, as they explored across ocean and forest. Rose chose to sit on the beach at the edge of the seashore, with one hand in the ocean. She looked pensive yet peaceful as she reflected on her experience of her metaphoric
journey. At the end of the session Rose shared that she would like to take ‘feeling proud of the journey I have just done’ and leave ‘the feeling of sadness I had at the beginning of the session’.

**End phase – ‘I’m flying solo again tonight!’**

Week 10: Rose ran into the dramatherapy room, announced, ‘I’m flying solo again tonight!’ and kicked off her shoes. She showed the group how she felt through beating her fists on the ground with a scowl and let out a loud scream. She played drama-games with an energetic, excited zeal, throwing puppets at peers rather hard as she commented with a grin, ‘Oh, I’m letting some anger out!’ During the main activity to choose an animal figurine to incorporate into a group story, she picked a little koala who lived on top of a mountain in a dark cave which was surrounded by a big fence with sharp spikes, where ‘he sort of likes it in the cave but he never sees anyone, so he is lonely’. There was a tree close by from which he could ‘eat and play’ but he couldn’t get to it as it was on the other side of the fence. During her part of the group story, Rose’s koala said he would like to ‘get out of the dark cave’, and asked another peer’s animal to help him do so. At the end of the session Rose reflected that she would like to take ‘the koala and having fun’, and leave: ‘worry and stress.’

**Reflections on Jean and Rose’s parallel dramatherapy process: ‘The Green Horse Chestnut Tree’ and ‘The Little Koala’**

Pivotal moments from Jean and Rose’s parallel dramatherapy process seem to reveal their difficult symbiotic relationship and its progression as reflected through their parallel embodied expression and dramatic projections. Mirrored images of an enmeshed, ambivalent attachment, dependency and separation often surfaced.

Examples can be observed in their first session as they worked with preverbal techniques such as movement, embodiment and projection to explore their identity and inner-worlds. The dramatherapeutic core process of embodiment (Jennings 1990), or as Jones describes, dramatizing the body, is a developmental process which sees the body as a tool of communication and identity, that can work both consciously and unconsciously (1996). This technique allowed Jean to work at a non-verbal level to identify some of her internal patterns. Her human statue ‘scared’, ‘trick’, ‘kindness’ revealed a part of herself which may have been cut off and as yet unnamed. Other techniques allowed Jean to contain her anxieties, to become witness to herself and recognise unhelpful self-beliefs. Insight into these ways of thinking and feeling, as well as being acknowledged by the group made this process a ‘powerful’, ‘life-changing experience’ that helped her to ‘feel stronger’. While she found the revelation of her shadow or unconscious patterns to be ‘surprising’ she also admitted they ‘made sense’. This empowering experience created a platform for group bonding and support. From this new position Jean was able to honestly and openly explore further in following sessions.
Later that afternoon in the children’s dramatherapy group, Rose was invited to use embodiment to show the group how she felt. Almost like her mother’s outer mask ‘trick’, Rose mimed a big cheesy smile. This image seemed to correspond with her compliant doll-like presentation, as did her neat, perfect play. Later that session the distance provided by dramatherapeutic core process of dramatic projection (Jones 1996) allowed Rose to reveal parts of herself beyond this façade. Here clients project aspects of themselves onto dramatic material (object, drawing, story or role), creating a relationship between inner emotional states and external forms (Jones 1996, 83). This time Rose’s symbolic magical pig’s compliant smile was juxtaposed by baring sharp teeth. A seemingly fearful, defensive gesture, and perhaps a hint and expression of Rose’s shadow self and anger. This image seemed to mirror her mother’s inner-self human sculpt ‘scared’. Once it had been externalized and survived, it seemed to give Rose confidence to further explore difficult emotions in following sessions.

During the middle phase Jean and Rose worked with projective techniques to explore an issue or worry. Here the use of symbol and metaphor provided distance, freedom and ‘safety’ to express difficult internal material and patterns. Jean’s object sculpt ‘Overwhelmed and Unable to Focus’ enabled her to name her problems and see them from another perspective. As the dramatherapy play-space (Winnicott 1971; Jones 1996) is characterized by spontaneity, flexibility and creativity, Jean was able to approach her problems in this way. As she physically moved objects around, she began to question her own role and responsibility in an enmeshed attachment and difficult family dynamics. Once she named and witnessed ‘Rose – helping her enjoy life again, helping her separate’, she then recognized that the oversize puppet parrot was ‘far too big!’ After replacing it with a smaller puppet Jean exclaimed, ‘…that feels much better’. These insights and life-drama connections (Jones 1996) gave Jean space to resolve her problems through sculpting ‘Seeing what really matters’, ‘My family together but separate’, and ‘Everything else contained’. From here she recognized her ‘need to break away from old patterns of behavior…’ and needing to ‘find a middle way’. These were emotional and difficult personal discoveries yet ones that led to thoughts around separation and self-development.

Rose’s dramatic projection work was done on her most difficult day at the unit – her first night away from her parents. Here she was able to experience travelling alone across a symbolic landscape. An experience that could be seen to mirror her real life emotional journey, giving her affirmation of her ability to survive separation and travel alone, as well as an assurance of her grounded-ness that was mixed with emotional ambivalence. Rose seemed to state this by ‘feeling proud of the journey I have just done’ and wanting to leave ‘the feeling of sadness I had at the beginning of the session.’

Mann emphasizes that ‘the power of metaphor rest in the levels of meaning and an ability to be flexible, poetic and intuitive, to give connotations of the universal and the personal (1996). Casson explains that metaphor makes the transition from inner to outer reality where fantasy can be expressed and translated into everyday meaning as a bridge between worlds (1998).
The final phase of their process is expressed through their final images ‘The Green Horse Chestnut Tree’ and ‘Little Koala’. Jean’s green, undeveloped tree may reveal an unconscious wish to keep things dependent and attached. This may symbolize a very real anxiety and fear in the impending event of Rose’s maturation, growing independence and separation. Up until now, as if Rose’s mind and body had colluded with her mother’s fear and needs, she presented as a small, compliant, anxious doll. Jean’s unconscious patterns and fears of abandonment may have kept her stuck in a place where she wanted to ‘stay forever’. As Jean lay under her tree, she was protected, yet it took up all her view, just as her puppet parrot was ‘far too big!’ Meanwhile, Rose’s little koala, like her magic pig, seemed stuck in between spaces and life stages. This creature, from the other side of the world, dwelled in isolation on a mountain top and was trapped behind a fence in a dark cave. While he ‘sort of likes it’ here and was protected, he was also ‘lonely’. Through projection and group story Rose was able to express her painful reality that while her koala could recognize the potential for ‘nourishment, nurture and play in his tree’, it was ‘just out of reach’, perhaps an expression of her difficult dynamic with her mother. This realization prompted Rose to create a scenario in which her koala asked his friends for help to escape the dark cave. An act that was perhaps an expression of her new found desires for independence and growth, and a rehearsal for real life (Jones 1996). During the final stage of her admission attempts at a healthy separation and integration back to school were successful with the help of unit staff and her dad. Rose’s growth and progression from dependence to separation was expressed week to week through embodiment. Her smiley compliance and anxiety eventually became self-confidence and letting out anger. Her shift in behaviour was also reflected in her ability to let go, play freely, and improvise imaginative, assertive and humorous characters. Role-play is the process of physically playing and exploring new roles and ways of being which allows experiences of life, problematic situations and parts of the self from another perspective, to explore and transform issues (Jones 1996). As Rose engaged in scene work with her peers, she explored and practiced different, more assertive ways of being, standing her ground, arguing her point, far from the little girl who would never rock the boat. This progress was also reflected in her weekly CGAS (Children’s Global Assessment Score) results. CGAS, as explained previously, measures the general emotional and behavioural functioning of children. Scores range on a continuum of health – illness from 100–91 being excellent functioning in all areas of life to 10–1 being very poor functioning and needing constant supervision.

Rose’s CGAS scores:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
<td>At the beginning of her admission Rose was scored at 35. As she became settled on the unit, by week 3, she increased to 50s.</td>
</tr>
<tr>
<td>Middle</td>
<td>During the middle phase Rose ranged in the 50s, then 40s as separation from her parents increased and she integrated back to school.</td>
</tr>
<tr>
<td>End</td>
<td>By the end of her admission Rose was managing her transition to school and scored 55.</td>
</tr>
</tbody>
</table>
These scores provide numerical evidence of Rose’s growth and progression in emotional and behavioural functioning as she gained a stronger sense of self during her time on the unit. They can also be seen to mirror my experience of her engagement in dramatherapy.

While the process of separation was difficult for Jean, at least now she was able to lie under her horse chestnut tree which she experienced as a ‘peaceful place’. From this position she was able to advise herself that, ‘There is pleasure in the simplest things.’ This realization brought Jean ‘real satisfaction’, and a focus on the positives. It also seemed to plant a seed as Jean reflected, ‘I need to find my power and positives because that will help Rose’. Moving beyond difficult realizations represented Jean’s significant shifts and personal transformation. As David Read Johnson elaborates, during the process of transformation the client expresses material, confronts and remembers unhelpful, unresolved issues and works with them, during which the client may move through owning their experiences, actively engaging with them in a dramatic form and resolving and integrating the material (cited in Jones 1996a, 120).

Jean and Rose’s continued blossoming and process of healthy separation may rest in Jean’s ability to remain positive and affirming. A position fostered by continued support and opportunities at self-exploration, expression, awareness and development, or as Jean put it, ‘a space to really think about how I feel about situations we [our family] are in’ that have helped her ‘to discover how I think and feel deep down so I can challenge the situations I am in’.

**Role of father**

The importance of a father figure in supporting the mother–child dyad is stated earlier through Winnicott’s (1964) concepts. Rose’s father was present during the beginning phase of dramatherapy. He attended three sessions. During his time in the group John engaged in dramatherapeutic techniques of embodiment and dramatic projection which he reflected enabled him to make ‘helpful’ and ‘useful’ realizations about his family’s difficult patterns and dynamics, how they affected him and his role in shaping them. During a family sculpt he named patterns around illness and worry, which ‘make us all spiral’. He sculpted and named the enmeshed dynamic between his wife and daughter as well as the dominant role of Jean’s mother. He also positioned the ‘needy’ family dog. He reflected on the detachment of his own parents towards himself and his brother, with whom he was close and the peripheral position of his son. He reflected that the session gave him an awareness of the importance of his role in helping Jean and Rose to separate. In later sessions, after some mindfulness activities he sculpted and became aware of his feelings of ‘anxiety’ and ‘negativity’ and the importance of relaxing and letting them go. Here he named needing time for himself to continue such relaxation work, his role in supporting his wife through her difficult, dark times and helping his daughter become independent. His aim was to attend further sessions,
however, he had to leave the unit to return to work. While this is the reality of a busy working family, it was also symbolic of this family’s dynamic and shaping of themes of absence, separation and dependence. When John became involved again during the end phase of admission his role was of a practical nature, to help staff facilitate Rose’s transition back to school and independence, which was successful. While this phase was difficult for Jean, as she reported feeling ‘abandoned’ and ‘left behind’, she had the support of the unit.

**Therapeutic alliance in parallel groups**

Being the dramatherapist of both parents and child required great awareness, neutrality and sensitivity. Often during the children’s dramatherapy sessions I was aware of my urge to provide the children with a space to let go and have fun. I was also aware that this may have come from a personal space of positive experiences and a keen sense of play, creativity and the imagination.

As a female therapist, and possible ‘mother-figure’ as well as a figure who provided the children with ‘fun’, ‘playful’, ‘positive’ experiences, I became aware that children may become attached to positive attention, praise and encouragement. For example events such as Rose’s choice of ‘koala’ figurine had clear links to my Australian identity and made me wonder about her use of this symbol in asking for help and escape. I was aware my ‘positive’ role may undermine parents who had expressed feelings of failure as a parent to me. Here, clear boundaries and affirming communication were important. Overall, parents were happy that their children had this space. They constantly asked when children’s dramatherapy was on and reported to me that their children looked forward to it. During their time on the unit parents had many forms of support from specialist nursing staff, to intensive parenting programs that gave them positive practical strategies to deal with their children. They also attended advice and social groups as well as family, psychological and often music therapy.

Transference helped me gain an understanding of individual and family difficulties. For example Rose’s compliance and effortful trying to please and Jean’s endless tiredness and feelings of abandonment. Such insights helped me shape session aims and interventions. Also, seeing both parent and child was hugely helpful in gaining deeper client insight and working on a more holistic level.

Supervision and personal therapy enabled me to discuss and reflect on sessions and the difficulties of attachment and separation, both the clients’ and my own personal experiences. I believe my personal perspective and keen sense of these issues fostered an empathy and sensitivity towards my clients’ needs and difficulties, which in turn helped establish a strong and positive client–therapist rapport through which clients could explore and work through deep and difficult personal material.
Evaluation and client feedback

In my experience parallel group dramatherapy provided clients at the unit with the consistency and reassurance of having the same containing figure and holding environment (Winnicott 1965), an important factor for both parents and children with attachment difficulties. Also important was that parents and children had their own spaces. This ensured they could explore their own needs and difficulties within their own peer group (Bion 1961; Foulkes 1964, Moreno 1947). The value of this can be seen in the case study above and is expressed in parental feedback below. One of the patterns that arose from the parents’ group was that ‘veteran’ parents, those who were coming to the end of their process, took on the important role of encouraging and giving hope to the new, overwhelmed and struggling parents. In a different way, the children seemed to appreciate coming together as a group, being allowed to just play, to have fun and be. They enjoyed the active nature of sessions, having positive experiences, and exploring their own feelings, roles and ways of being.

I believe this parallel factor helped create an environment in which clients were more at ease and thus likely to honestly engage, as is seen in the case of Jean and Rose. I feel these dramatherapeutic experiences contributed to their strength and confidence to progress towards healthy separation. After working with children for 25 years, Bannister (2003), concludes that the support and/or parallel therapy for the child’s caregiver is of paramount importance. She asserts that this concept of parallel therapy is vital for the efficacy of therapeutic engagement, treatment longevity and success in the case of family work. My experience of running parallel groups at the unit would lead me to the same conclusion. I feel that this more holistic way of working adds depth to client work and both client and staff insights.

During the time this work took place parents, children and staff commented on its value. Feedback was made during sessions, as seen in the case study above, and in written parental questionnaires. Here parents reported that dramatherapy had been a ‘powerful’, ‘surprising’ way to get to the ‘core of feelings, emotions and situations’ and ‘really, really useful at getting in touch with how I really feel inside’. They reported their experience of the client–therapist relationship offered a ‘safe’, ‘supportive’, ‘empathetic’, ‘positive’ opportunity in an ‘incredibly supportive space within which I could be honest and open’ to ‘explore difficult issues in an immediate and positive way’, to ‘be able to express [my thoughts] through various methods’ which ‘Helps you see things from different perspectives, even in the thick of it’. Parents reported finding the use of parallel dramatherapy groups ‘An essential part of [the] therapeutic process. I could not have come as far without it’, and commented on the importance of ‘having something just for parents to focus on them’, to ‘rediscover lost parts of themselves’ and to ‘see I am not the only parent feeling helpless, alone, and can see we will get through it’. Their recommendations included that ‘it should be a permanent part of the programme’.
Children named their dramatherapy group as an important space to play, have fun, move, and to leave their worries and anxieties. A regular comment was feeling better than when they came in. They also named being able to express feelings and emotions that they otherwise could not.

As a dramatherapist, I was able to reflect back to the team during weekly ward round. Staff expressed this feedback provided unique and valuable understanding and insights into the clients’ internal worlds and difficulties, offering a different perspective on their problems. Patterns and themes that arose in parallel dramatherapy group sessions often shed light on difficult attachment patterns and family dynamics, and helped inform how to work with specific families. Reflections on a psychodynamic way of working often informed staff of particular clients’ behaviours and ways of being. These insights often contributed towards further client aims and outcomes.

Benefits and difficulties
The benefits can be seen above. The difficulties were mostly due to the short-term nature of the treatment. While this lent itself to a systemic way of working, it often meant that more defended parents who took longer to engage, progressed less. The staggered admission and discharge sometimes meant the dynamic of the group became unsettled, yet as discussed above it meant ‘veteran’ parents helped new arrivals.

Conclusion and recommendations for practice
This article has presented an overview of my inquiry into how dramatherapy can be used in a parallel process to explore difficult family dynamics. Overall, this systemic approach to dramatherapy in parallel groups provided parents and children a safe, supportive space to work in active, creative, symbolic and playful ways. It gave parents their own therapeutic space to get to the core of difficult thoughts, feelings and patterns in immediate, positive, powerful ways. It led to personal insights, greater self-awareness and towards healthier ways of being and relating as seen with the case of Jean. It allowed children their own safe, contained space to play, have fun, positive experiences, to explore and express their difficulties, to leave their worries, to develop self-confidence and healthier ways of expressing, as seen in the case of Rose. It provided the multi-disciplinary staff valuable insights into the clients’ internal world and difficulties. Overall, parallel dramatherapy was seen by parents, children and staff as a valuable psychotherapeutic, psychodynamic intervention within the unit’s multi-modal whole-family treatment programme, and as such it continues to run.

Further recommendations for practice, from the overall outcomes of my case study, lead me to suggest the development of child and family parallel group intervention in community settings. I also recommend longer-term intervention as a way to continue client development and awareness, and follow-up sessions to
consolidate changes and progress. In terms of further research, in accordance with these findings, together with parent and child feedback I would recommend dramatherapy with a larger sample of clients in order to broaden the evidence base for this way of working.

Acknowledgements
I would like to thank Dr. Ditty Dokter, Prof. Amelia Oldfield, Anna Chesner and Deborah Evans for their inspiring work and thoughts.

Notes on contributor
Jessie Hobeck is an Australian dramatherapist who trained and currently practices in the UK. She specialises in work with families.

References


