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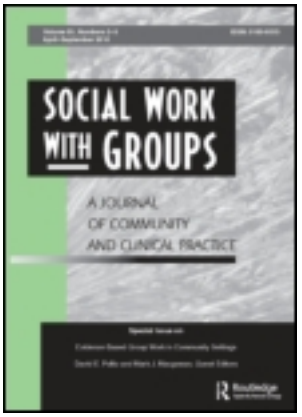

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Developmental Transformations: Improvisational Drama Therapy with Children in Acute Inpatient Psychiatry

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Developmental Transformations: Improvisational Drama Therapy with Children in Acute Inpatient Psychiatry

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This article describes the use of Developmental Transformations drama therapy in groups within an acute psychiatric setting, exploring issues specific to group work with child psychiatric inpatients. Case material from a series of sessions is used to explore how group members can use the process for mutual support as well as to increase flexibility and capacity for creative expression. Connections are drawn between Developmental Transformations and social group work theories to illustrate parallels between the two practice methods.

KEYWORDS drama therapy, group work, inpatient psychiatry, children, Developmental Transformations

PROLOGUE

As group leader I ask, "Who wants a baby to take care of?" Some children raise their hands eagerly—others hold back. One boy takes an imaginary "baby" from my arms and holds it to his chest, crooning softly. Another boy takes his "baby" and peers at me sidelong, slyly, as he then coyly allows it to "drop" to the floor. My face falls, and I struggle to hold back crocodile tears. An 8-year old girl studies me carefully. "I don't want a human baby," she decides with a crooked smile. "I want a **monster** baby."

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INTRODUCTION

This article presents a form of drama therapy group work with child psychiatric inpatients to an audience that may be unfamiliar with Developmental Transformations (DvT) and drama therapy. I begin by presenting the core principles of DvT therapy (Johnson, 2009) and how it relates specifically to work with children and groups in inpatient psychiatry. Second, I offer case material from a series of inpatient groups to illuminate those principles. Finally, I look at DvT work through the lens of social group work theory and demonstrate connections between DvT groups and social group work practice.

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DEVELOPMENTAL TRANSFORMATIONS (DvT)

DvT is a method of drama therapy that uses a form of embodied improvisation with individuals and groups. DvT has been used for more than 30 years in a variety of settings (hospitals, clinics, nursing homes, homeless shelters, schools) and with a broad range of populations including elder adults, adults, adolescents, persons with mental illness, people struggling with substance abuse, and survivors of trauma (Johnson, 2009; Summer, 2009). DvT has also been used in the treatment of child survivors of sexual abuse (James, Forrester, & Kyongok, 2005).

The theoretical framework of DvT argues that the very experience of being alive creates moments of turbulence and instability. In attempting to cope with this instability, we develop patterns of being and adjustment that, over time, become fixed and rigid: a "crust" that forms over our core, fluid selves (Johnson, 2009). Through DvT, participants are able to play with others, brushing up against them in an encounter that gives all involved a chance to examine, explore, and release some of those "stuck" patterns—perhaps choosing alternatives, or gaining new insights into old behaviors and situations. We cannot force the world or other people to be more safe and predictable; instead, through this work we develop a greater capacity to tolerate the instability we experience and respond in a way that is more authentic, more freeing, and more satisfying. Although the theory and practice has evolved along with its practitioners, at its core the experience of the method remains true to its origins, where it is described as "the transformation of embodied encounters in the playspace" (Johnson, 2009, p. 89).

Transformation

The method is named Developmental Transformations rather than developmental play or developmental scenes, because the content and the shape

of the dramatic play is constantly shifting and developing. Linear storylines and scenes are abandoned in service of increasing the energy and following the interest of the group; divergent themes are continually explored and, in turn, discarded. Remnants of prior stories and images surface within the play like familiar friends or unwelcome guests. The core dynamic is one of fostering energy and enthusiasm, whether that passion is for repeating prior scenes and patterns or sabotaging them. Developmental groups often begin with participants exploring sounds and movements and allowing those to transform by the natural adaptation and shifting that occurs as movements are passed around a circle. The leader might encourage group members to transform a movement themselves, such as by their taking the movement to other individuals in the group, or turning a movement into a greeting the group shares with one another. This physical freedom can model for participants the imaginative and narrative freedom desired as the play continues, as roles, relationships, and scenarios are adopted, transformed, or abandoned.

The role of the leader in the process of transformation is to be a keen observer and guide, noticing what elements in the group's play promote energy, participation, inclusion in the play; likewise seeing which offerings the group discards or accepts only under duress. The leader may ask a group to stay in a moment it is trying to escape, or look for subtle cues from participants that other material is beginning to emerge, amplifying some images and storing others for later.

Embodiment

DvT is an embodied therapy. In a group or individual session participants are not just bringing their experiences, thoughts, and feelings, they are bringing their physical bodies to the encounter as well—their breath, their weight, the color of their skin, and their age. Verbal play is neither discouraged nor privileged over the communication conveyed by the physical encounter. A therapist looks to see what is communicated via expression, gesture, stillness and utilizes his or her own physical skills and qualities to communicate in return. With child clients who may have less developed verbal skills, or with clients with whom we do not share a verbal language, what they can show and demonstrate in physical play is often key to meeting them in improvisational play.

More than as just a medium for communication, DvT emphasizes the value of the interaction between persons as bodies in the therapeutic encounter. DvT is best practiced within an open space that allows for free and safe movement, and clean enough to allow participants to utilize the floor or other spaces within the room. Props or other projective devices are discouraged (because of their ability to interfere with the encounter), and use of the expressive and imaginative capacity of the body is encouraged.

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Physical contact between individuals is understood to be a natural possibility within the work (just as it is a natural component of our daily lives); and a therapist will discuss with clients the potential for touch and regularly assess how touch is being used (or if it should be used) during a group or a session, continually asking for feedback from the client. Although this capacity for physical contact can provoke anxiety for therapists and clients alike, in practice the ability to add an appropriate physical component to a therapeutic group allows for a more meaningful encounter, especially with clients who may be suffering from a sense of disembodiment (as is often the case with survivors of trauma) or from sensory processing issues that make tactile interventions a better avenue for engagement than verbal ones. DvT therapists therefore accept the responsibility for including physical contact in their sessions.

In DvT groups, the therapist presents his or her body to the client or group as an object for use within the play: a broken toy (of course the leader cannot "perfectly" perform what is desired) that is subject to the needs and desires of the group. From moment to moment within the group, his or her body may swim like a fish, prowl like a wolf, lumber like a zombie, or shuffle across the floor like a friendly grandparent. When clients choose to explore aggressive play, the therapist may be subject to pretend beatings, gunshots, and bombings in the play and—depending on the needs of the group—he or she may cry about it or may shake it off and ask for more.

In inpatient psychiatry, where many patients have experienced some form of physical trauma—often at the hands of caregivers—this sort of play can help group members to discover that they are able to playfully represent anger and aggression in a way that is safe and contained (rather than act out in reality) and find that the group leader neither abandons them or rejects them for those feelings (James et al., 2005; Landers, 2002). In addition, they discover the reality that a physical encounter between themselves and others can be safe, contained, and enjoyable.

Encounter

At the heart of the DvT group is the encounter between the therapist and the group members, and between the group members themselves. The nonlinear, improvisational encounter between the participants naturally evokes fears and fantasies about being with others. This uncertainty, the reality that we cannot know how others will behave or think, can be a source of anxiety. DvT, which allows the freedom to play out past patterns and imagine multiple future ones, can provide participants with an increased capacity to tolerate these feelings. In DvT groups, children are able to encounter the leader (or another group member) as an authority figure, as an ally, as an enemy—as a failure and as a success. Through repetition of these multiple

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relationships in play, it is hoped that they will gain an increased tolerance for the many roles (some of them painful) they have inhabited or will inhabit in their own lives.

In terms of the encounter between group leader and client, the structures of DvT explicitly seek to minimize the power differential between the leader and the participants. This task is more difficult on an inpatient unit, where multiple factors in the environment serve to reinforce the institutional control exercised over children's bodies and behaviors.

Playspace

The playspace, as it is defined in DvT, is not a geographic location where people interact with each other, but an agreement between those participating that what they are doing together constitutes play. In a therapeutic dyad it can often be clear when material that is explored in a DvT session is unplayable for the therapist or the client, as offerings are made, accepted, and refused. In a group DvT session the process is generally more complex as group members must struggle together to discover what sort of play is amenable to all participants. The result of this process looks very different from group to group. Depending on the clients and leader involved, it may also look quite different from what people expect to see from dramatic play or play therapy. The content and structure of the play preferred by children struggling with mental illness, neglect or abuse is often quite distinct from the play engaged in by children who have not had those experiences. Often the stories and themes they want to explore do not feel like play to the therapist, who must struggle to tolerate the unplayable scenarios and roles that surface.

The components of what constitutes play within DvT are threefold. First, the play must be mutual. Both parties, and more in a group, must be mutually engaged in the activity and recognize it as play. This requires an understanding of the client and client population so that mutuality can be assessed and communicated. Second, the play must be discrepant. It must differ from real life in some clear way. Last, those within the play must refrain from harm. If there is an actual injury, whether it be a skinned knee or feelings wounded for real, the play must be suspended until it can be ascertained that everyone involved is safe and ready to return to the group.

Although these rules are referenced as if they were clear in all situations, the actual experience of playing with people is a continual dance of approaching, crossing, and retreating from the boundaries of all of these dimensions. The therapist may pretend to play a mean nurse who is telling the children that if they don't behave in group he will send them to their rooms without dinner. This may be discrepant insofar as he is not a nurse. But, is it sufficiently discrepant enough to be experienced as play by a child whose parents routinely punish him by sending him to bed without

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meals? The answer to this question is necessarily revealed by the immediate response of the child within the play. These responses (and further choices by the leader) are colored by the qualities of the group members. Children in acute psychiatric care may, at times, experience the emotional content of the play as harmful, such as when they are rejected by a preferred playmate. When playing with children who are on the autistic spectrum, the therapist must tune in to the medium of communication preferred by the child. Although this may feel alien and uncomfortable at first, with a little feedback from the child, mutual play becomes possible.

These challenges do not mean that finding the playspace is an impossible task. Instead, they characterize the experience as a continual verbal and nonverbal dialogue between the leader and group members, rather than as a journey that can be easily be delineated with an arrival in the play and then a subsequent departure from that place and a return to the "real world." Rather than a geographic location, the playspace is a relational experience that exists only between the people who are playing and ceases to exist when the play stops.

CASE PRESENTATION: DOG WEDDING

The following case material describes two sessions of a DvT group run weekly with children on an inpatient psychiatric unit. To protect patients' confidentiality, all names used in this case study, as well as other significant case details, have been disguised. During a period of low census on the unit, a small group of patients became familiar with one another and were able to explore new behaviors within the play and ultimately begin to play with content relating to their relationships to one another. Although groups on the unit normally have between four and six children, this series of groups took place with three patients, resulting in a greater sense of intimacy and risk in the play.

Jerrod is 11 and has a friendly, easygoing manner in groups. He is rarely the leader or instigator but often is willing to go along with his peers in their plans and schemes. He seems to have some cognitive limitations relative to his age group and is sensitive to being left out or not being in on the joke. Katie is almost 12 and has been the only girl on the unit for a period of time. She seems frustrated by the lack of female friends and aware of the status her uniqueness affords her. She often seeks out staff to socialize with or takes care of her younger peers. Brad is 8 years old and very experienced in this form of drama group. Enthusiastic and energetic, Brad's play is rigid and controlling, mirroring his behavior on the unit where he shifts in an instant from being a bright, cooperative patient to a nightmare when things don't go his way. His verbal skills and creativity allow him to often play the role of leader, even with group members who are older.

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Session 1 – Dogs and Their Owner

A Monday afternoon session is progressing along familiar lines. To structure the aggressive play, we have taken to playing "Karate Dojo," where I am the wizened sensei and engage each of the patients in turn, play-sparring, experimenting with the form, modeling ways that the patients can engage with each other in more formal, safe fashion. This works for a while with Jerrod and Brad enthusiastically pretending to punch, stab, slice, and assault each other. Katie and I play along, reluctant partners, but essential ones. When we are not participating in the conflict, things tend to stall as Brad and Jerrod are unable to tolerate taking a hit. Each expects the other to understand that he is clearly the loser in any conflict. The energy in the room is high, and there are laughter and sound effects as we play fight. A "gunshot" hits me and I fall to the ground, and a sword swing sends Katie to the ground next to me. Brad and Jarrod congratulate each other and watch us expectantly.

Leader: (whispering, to Katie) "I don't know what's supposed to happen now."
Katie: "Me neither."
Leader: "I think maybe we're supposed to become zombies." (This is a remnant image from a prior iteration of this scene.)
Katie: "I don't want to be a zombie."
Leader: "Me neither. What do you want to be?"
Katie: "Maybe a dog."
Leader: "A dog sounds perfect."
I roll onto my hands and knees and we become dogs, two puppies facing two kids who moments ago had been our murderers. Jerrod and Brad hesitate: will this be fun? Katie approaches Brad, making friendly barking noises.
Brad: "Good Dog." (He pretends to pat Katie on the head.)
Jerrod hesitates.
Leader: "You don't have to be a person; you can be a dog too, if you want to."
Jerrod grins and in a moment there are three of us playing as dogs. Brad seems completely comfortable as the lone "human" in the room. This is the first time I have seen him adopt a nonaggressive role without hesitation.
Brad: "I'm the owner." (to Jerrod) "You're Spike." (to Leader) "You're Spike II." (to Katie) "And you're Polly."
There is a bit of hesitation once everyone has been identified and named.
Leader: (sitting up on my knees) "What kinds of things can you do with your dogs?"
Brad: (shaking his head) "Hey, you're a dog, not a person!"
I retreat to my on-all-fours posture.

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Brad: (pointing to the corner) "Hey, look over there—there's a cat to eat! Go get it."

The three dogs rush toward the corner and snarl and bark, tearing the cat to pieces, and then looking to our owner for approval. Everyone is enjoying themselves; there is a lot of energy and enthusiasm in the play-acting.

Brad: "Good job. Here's a treat."

This play continues as we are provided with more cats to assault/eat, then given treats. Brad feeds each dog with its own bowl and pretends to give us a bath with the hose (boy dogs and girl dog separately). We "animals" remain wordless, obedient, and compliant, offering Brad the enthusiasm of friendly pets. Near the end of the group, Brad presents each of the dogs with a set of presents: a collar that allows us to "speak" in human voice (an idea made popular in a recent movie) and a beeper on the collar that would let him locate us no matter where we were. Faces are disappointed when I inform everyone that we have only a few more minutes to be dogs and owners and then will all have to turn into people again and end the group.

Brad: (as we are transitioning out of group) "I liked being the owner."

Leader: "I could tell. Maybe next time you can try out what it's like to be a dog?"

Brad: (shaking his head, but with an amiable tone) "No—why would I want to be a dog?"

Session 2 – Dog Wedding

In our next session, once the rules had been reinforced and the opening structure performed, the three patients looked at each other expectantly:

Brad: "Let's play dogs again."

Leader: "Okay, we can do that, but this time who is going to play the owner?"

There is a moment's hesitation: Brad clearly had not imagined the game working in any way other than with him being the owner. I study the participants, trying to determine what the group is prepared for—curious myself as to how the structure might change.

Jerrod: "You can be the owner again, Brad, but maybe I can do it next time."

With that concession, the play scenes began again. Although there was brief repetition of some of the activities from the prior group, I could see in Brad's choices as owner far more freedom and creativity than he had been able to express when in a group of "equals." The three dogs got cleaned up and ready to go with their owner to the dog show, each of us taking turns around the track: Brad directing the order in which we went and myself providing sound effects and "color commentary" on each pet's performance of the circuit.

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Inside the structure, the three patients also had begun to play not just with the images in question, but with their relationships to one another. As the judge and jury of the dog show, Brad had to determine who the "winner" was and for what performance, in metaphor playing with the realities of the three children's relationships on the unit, the friendship between the three of them, and the position of each of the two boys in Katie's favor. After returning "home" from the dog show, Brad decided that it was "Polly's" birthday.

Brad: "It's Polly's birthday. We can make her a dog food cake. But what else can we get her?"

Leader: "That cake sounds nice; do you want to get her something, Jerrod?"

Jerrod: (thinks for a moment) "We can get her a new collar."

Leader: (to Katie) "Is there anything you want to ask for your birthday?"

Katie: (looks shyly at the others in the group) "I . . . I would really like a room of my own."

Leader: (glances at Brad as the "owner") "I think we can find her a room, right?"

Brad: "Yeah. We can give her this room over here." (Brad indicates a space of the room often used by children when they are looking to find a more "secure" space to hide in.)

Katie, as "Polly," crawls into the space and looks around.

Katie: "I also want . . . to take a trip."

Brad: "Where do you want to go?"

Katie: (looks at the group, tentatively) "I want to go to Atlantic City."

Leader: "Atlantic City sounds like fun. We could totally pretend to go there."

Katie: "I want to go to Atlantic City so I can get Dog Married."

Brad takes a long time to think about this. The group has been very generous with him in his position as "owner," allowing him the ability to veto or approve all the choices and suggestions offered by others in the group.

Brad: "Who do you want to marry?"

Katie: "Well, it has to be another dog." (She looks at me and at Jerrod, then back at Brad.) "I want to get married to Spike." (She indicates Jerrod.)

Leader: "Well, you can't get married to somebody unless they want to get married too. Do you want to get Dog Married, Spike?"

Jerrod: (Barks and nods.) "Yes, I do want to get married."

Brad: "Then let's all go to Atlantic City. Here's your tickets!"

Brad begins to pass out airplane tickets to each of the "dogs" and then mimes bringing out a suitcase and packing it.

We all begin to pack our things and Brad drives the car as we get in to go to the airport. On the plane Brad helps Spike and Polly find their seats and enlists me as a flight attendant who brings the dogs dog treats and water to have on the flight. He makes sure their seat belts are buckled before we go in for a landing and then plays out driving the dogs to the church. Through the structure he continues to hold the "owner" role: Katie

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may have requested the wedding, but he seems committed to realizing the idea.

Brad: "I've never been to a dog wedding."

Leader: "Me neither. I wonder if it's very different than a person wedding. Maybe they don't have rings and vows and stuff."

Brad: "No, they need to have all that stuff." (to Jerrod) "Did you bring the rings?"

Jerrod: (looking at me, shrugging) "Do I have them?"

Leader: (I nod) "You gave them to me to hold. Here's yours, and here's yours." (I pretend to give a dog wedding ring to Katie and to Jerrod.)

Brad: (to Leader) "Now do their vows."

Leader: (changing my tone to that of a preacher.) "Okay. Dearly Beloved, we are gathered here in Atlantic City to Dog Marry Spike and Polly, in sight of their owner, till whenever they decide they don't want to be dog married anymore, when chasing cats or chasing their tails, fetching sticks or burying bones, or at least until the end of group."

Brad: "Now do the 'I do' part."

Leader: "Do you, Polly, agree to dog marry Spike?"

Katie: "I do."

Leader: "Do you, Spike, agree to dog marry Polly?"

Jerrod: "I do."

Leader: "Then, by the power vested in me by Atlantic City and with permission of your owner, I now pronounce you Dog Married." (I pause, but they continue to watch me.) "Ummm, you may now shake hands."

Laughing, the two "dogs" pretend to shake hands like a dog might with a person, holding up one "paw" and shaking it up and down. Brad then gives presents to the newlyweds: new collars, a dog dish and a brush. Our time is running out so I begin to prepare them to leave group and head back to the unit, and we go over the parts of the group that people enjoyed. As they are lining up to go, Brad looks back at me.

Brad: "Maybe next time I will try being a dog." (He looks at Jerrod.) "And you can be owner."

DEVELOPMENTAL TRANSFORMATIONS AND SOCIAL GROUP WORK

In finding ways to see DvT groups through a social group work lens, it was helpful to explore group work models that focused on the developmental skills and capacities of its members. For example, Lang's (1972) three-stage "broad-range" model described groups as ranging, along a continuum, from "allonomous" (where interactions are governed exclusively by the worker) to "autonomous" (with the group itself taking the primary leadership role and

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the leader taking a more peripheral role). Groups located within the center of this model are considered "transitional," where there is a range of control being exercised by both the group and the worker. This model, which posits that the capacity of the members dictates the stage the group gravitates toward, is particularly applicable to hospital inpatient groups (where shifting membership and open-ended structures preclude the easy application of other stage models) and to children (whose capacity for autonomy and participation in group structures is developing throughout the life of any group).

Although Lang (1972) identifies that a group can shift back and forth between different levels of autonomy and allonomy over its life span, DvT allows a group to more explicitly explore different levels of autonomy during the course of a single session. A new or low-energy group might require the group worker to take a more active leadership role. In a more experienced group (or when faced with enthusiastic and imaginative group members) the group worker might take a more peripheral role and facilitate or observe the client-driven play. In DvT theory a group is not seen as more mature or competent based upon its level of autonomy or on the degree of intervention of the worker.

Playing With the Unplayable: Facing Messiness, Turbulence, and Instability in Groups

In discussing principles involved in teaching students and practitioners about group work, Salmon and Steinberg (2007) discussed not only the "messy" quality of group work but also the choice on the part of practitioners to work in the "swamp" of important issues and to tolerate, even embrace, the reality that things can go askew in the process, including through the practitioner's own capacity for error. From this perspective there is a direct corollary to the DvT principles of turbulence and instability in life (as reflected in the group) as well as in the portrayal of the worker as the "broken toy," who will inevitably fail in some of his or her attempts to assist the client and the group.

Beyond facing external forces and understanding the strengths and weaknesses of the practitioner, there is also the challenge of working with unpleasant and distasteful content. When playing with children on an inpatient psychiatric unit, the content of their play is often traumatic, aggressive, and distasteful. Kurland and Salmon (1992) framed this challenge as a product of self-determination: if we give our clients an open and free forum to express their ideas and feelings, it is inevitable that they will produce opinions and viewpoints that are difficult for the worker to tolerate. DvT play provides an excellent way for the group to "explore the issue and [the clients'] thinking and feeling about it" (p. 117), without immediately

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challenging or agreeing with the expressed viewpoint. Mutual play around a difficult topic can also help a group better integrate group members who hold challenging or controversial (even delusional) beliefs.

Play, especially play that revolves around violent or taboo topics, can stir up emotions for the group leader. Dealing with these challenging topics in any group presents an essential task and a career-long challenge to clinicians (Salmon & Steinberg, 2007; Shulman, 2002). Along with the diminished power differential present in developmental transformations play, this emotional impact can result in a chaotic, turbulent experience for the leader. However, the benefit of increasing the worker's tolerance for this chaotic expression can be an increased ability to identify latent content, as the worker begins to see past the thunderclouds to what lies beneath the stormy surface. For example, Roman (2002) connected the difficult emotional content with group process, highlighting the connection between difficult content and needs (often personalized by members) and the needs and desires of the group. Steinberg (2003) also made this connection, expanding it to include social factors as well as intergroup factors, noting that "much of what is conceptualized as 'personal distress,' therefore, also may be less personal than it sounds" (p. 98), an observation that also can be applied to distressing images in play that may seem to be related to a single group member, but in fact has resonance to the group-as-a-whole when engaged in mutual play.

Models for Intervention by the Group Leader

Kurland and Salmon (1992) discussed the challenges of balancing the interests of individual group members with the needs of the group-as-a-whole. Expanding on this, Lang (2004) described the multiple simultaneous demands of group leadership, where "the necessity is to be attuned, concurrently, moment by moment, to a compound of individual and group needs in multiple domains" (p. 43). In both instances the imperative is not just to act, but to choose when to act and when not to intervene, at the appropriate moment in the group.

A particular kind of awareness is required for this style of intervention, which Roman (2002) described as a "rhythm . . . moving in and moving out of the emotional component of the group. The worker must learn to move in and feel, then move out and process, all the while staying with the feelings" (p. 60). Steinberg (2003) described a similar perceptual shift using the terms "hard eye/soft eye," comparing the group leader to a rider on horseback, where "the rider keeps an eye on the distant and indirect (soft eye) as well as on the near and immediate (hard eye), and by doing so, keeps all grounds and views in sight, related, connected" (p. 97). These descriptions of the group worker's role are consistent with the role of the DvT therapist. For example, the DvT therapist attends to play on multiple levels: observing

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the surface content and the energy beneath it, choosing who might develop a scene or image further, commenting on the group's functioning, or deciding on some other intervention entirely. Playing with ideas of proximity and perception, the practitioner utilizes a rhythm and an embrace of multifocality that creates the maximum freedom and participation for the group as a whole.

CONCLUSION

In her teachings on the use of programming in groups, Ruth Middleman (2005) highlighted the challenge of integrating "program" into social group work. She explained that the "area in group work, traditionally known as program, most likely is known as expressive therapy (music therapy, dance therapy, and so forth), or as experiential or whole person learning" (p. 30). She pointed out the artificial division between process and content and the false dichotomy between talking versus doing as wedges that could drive group work away from an inclusion of program material as core to how groups function and develop.

Developmental Transformations is one form of program—drama therapy—that can contribute to social group work. DvT offers group workers a means with which to incorporate expressive techniques that can be used to reach out to new and vulnerable populations and contribute to meaningful and rich group work practice.

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