

Anne Bovbjerg Psychologist and Projectcoordinator The
Psyhotraumacenter, Red Cross Denmark:

Play Therapy with traumatized children: principles, terms and conditions

Basic principles

Generally treatment consists of about 10-20 sessions. It is usually not possible to do more than that because of the fact that funding for therapy with refugee children in asylum is limited. However at times treatment programs of up to 30 sessions can be given to some families. These programs include psycho-education where the families participate in psycho-educational programs of about 5-6 weekends of 6 hours each.

During the psycho-educational weekends the family will meet other families who share similar backgrounds and together they will address pertinent problems regarding family issues. Since funding is given to children and adolescents who have a mentally ill or traumatized parent. The issues discussed often relate to coping with having a mentally ill or traumatized parent.

The psycho-educational programs are therapeutic in nature, but they are not group therapy. Rather they address psychological issues through the learning and processing of information given about topics related to coping with having a mentally ill or traumatized parent. The participants work through psychological processes and learn to talk about relevant issues in a more general sense.

The goals of the 10-20 sessions are:

1. Establish trust and contact with the family
2. Finding out what is a good format of the sessions for the family and who should participate in the session
3. Providing the child with tools to re-negotiate the symbolic interpretations and conclusions of the family's conflicts as well as the symbolic interpretations and conclusions of the child's own experiences of overwhelming shock and traumas.
4. Working through and reflection of the self esteem of the child.

5. Helping the child construct a 'safe place' in his/her life. This means that during treatment the child needs to develop a sense of safety with other people as well as finding memories of past where the child experienced safety (with friends, family and other resources).
6. Finding a new frame of reference through fairy tales, personal tales and books, puppet theatre or other methods.

The first meeting with the child and the family is always exciting and much needs to be decided. Usually within seconds the parents and the child decide if they can trust the psychologist to be their ally during the vulnerable time process of working through and resolving child's symptoms of maladjustments.

Meeting the child

The healing element of the therapy is a positive spiral of an active and conscious interaction of the adult therapist and the child and the family. Everybody participates actively in the relating and feedback is provided through repeated themes and symbols that come up during the play and during the conversation.

The therapeutic framework and setting that the therapist provides through the interaction invites the child to invent his/her own universe. Even when the therapist has prepared certain tools and ideas and has made a plan of action for the therapy, the child is always in charge. If the child is not in charge he/she will soon lose interest in the endeavour. Often in the beginning the child is not very confident about therapy. Therefore, it is very important that the child early on in therapy experiences a sense of control and strength.

Traumatized children often have developed conscious and unconscious strategies that keep them safe from being hurt by other people. It is difficult to get in touch with the child unless the child feels respected. Many traumatized children have a basic insecurity and distrust that is not always expressed directly. They may refuse to speak during the first sessions or they may ignore the therapist during the play. These may be signs that the child is afraid to let go and trust with people in situations they cannot fully control. The therapist must be patient and try to create a connection without disrespecting the child's reservations.

Mutism

Once in a while a traumatized child will refuse to talk to adults, including the psychologist. This is a reaction to the experiences of the actions of adults. A mute child can be very difficult to relate to because one knows that he/she is able to speak, but refuses to. In this case the therapist must use body language and gesticulation as well as the indirect methods of drawings, personal myths and reading and talking about the fairy tales of others'.

Case-Helena

Helena is a 10 year old girl. She has not spoken to anyone except her brother for over a year. She has been thoroughly examined by child psychiatrists and doctors, but there is no sign of brain damage.

She has grown up in a family haunted by conflicts. She is born premature and as a baby she was taken care of by her grandmother. Therefore her bond with her mother is weak. When we see them together they seem very disconnected, however when she sees her father and little brother, she seems happy.

The mother knows that this behaviour is wrong and awkward. She feels that Helena was taken from her and that she can never have a natural and mutual relationship with her.

Helena is not able to respond to eye contact or verbal contact for many sessions. During therapy she very much likes a story about another very lonely girl called Esmeralda.

Esmeralda is the strong girl in her parents' circus, but would rather play with her friends and neighbours. At the end of the story Esmeralda is sick and she also saves the neighbours' children from a falling tree. That way she succeeds in getting what she wants.

Helena really liked this story and demanded in a whisper to hear it, up to 3 times per session. She did not want to say why she liked the story so much. Sometimes she would speak in a deep croaking voice and she would talk about the violence and the problems in the family. She would cry silently for a while. Helena got better, but never completely. She had an experience of a strong connection with the therapist whom she hugged for a long time at her last session.

Meeting the family

The first meeting with a child who has been sent to treatment is often emotional. Families from Arabic, Eastern European and South Eastern cultures are generally very different from each other, but they often have many expectations and ideas in common about paediatricians and psychologists. We have found that these ideas and expectations can be difficult to live up to.

They often include the following:

- They expect the doctor or psychologist to be a professional authority
- They expect that the therapist has more answers than questions
- They expect that Western medicine provides a cure in the form of pills and technology
- They do not expect that they are part of the solution

These expectations are not very different from those you might encounter in some areas of Denmark and Scandinavia.

It is important to remember that the families rarely have read any literature on the development and upbringing of children, the way it has become commonplace for educated and urban families in the West. Many of these families do not participate in the birth preparation classes or support groups for new mothers that are available in Denmark. However many of the families have healthy instincts about caring for children. They all are very loving and caring parents who want the best for their children. It is very rare that we encounter traumatized children or children of traumatized parents who have been neglected at an early age.

However it is becoming more and more common to see children at the asylum centres that have been neglected due to the long waiting period that the family has to go through. This long waiting period in exile often will break down the basic family structure. The families live in meaninglessness and hopelessness, and if the mother has been traumatized and has developed depression or psychosis, the children may develop behavioural and developmental dysfunction.

The whole family must be present at the first meeting so that every family member learns about the treatment and what is involved. The aim at the first meeting is that each family member can participate directly or indirectly in the treatment of the child, by having some amount of trust in the treatment and the therapists. For the therapists it is always interesting to observe the whole family and their interactions. The therapists attempt to confirm and communicate acceptance of the family as a whole at the first meeting.

Trust, neutrality and professionalism are key concepts in the treatment, but some families are surprised to learn that the therapist will not interfere directly into the life of the family. Many foreign families find the presence of both intimacy and distance difficult to understand and get used to. Many families also find it difficult to understand that the child gets all or most of the attention during treatment as they feel equally traumatized and in need of treatment. Since that is often the case, we might end each session with 10 minutes of attention for the mother or the father. Alternatively the parents can be referred to another therapist for their own treatment. At some point it is possible to do joint sessions which anyway is part of the puppet theatre concept.

Interpreters

The interpreter is an important part of the early meetings with the family. The interpreter provides the assurance for the family that they are understood culturally and linguistically. It is very important for the translation and the communication with the family that the interpreter understands the therapeutic methods and interventions.

The interpreter must be prepared beforehand and the specific needs of the family and the therapists must be agreed upon. Some families may need simultaneous translation and other families may need a more cultural interpretation of various meanings both ways. In order for the interpreter to assist with cultural meanings, he/she needs to have great knowledge of the treatment field.

At times the family may feel distrust towards the interpreter due to the fact that the family may originate from a scarcely populated area like Sri Lanka where all Tamil families at home or in Denmark know each other. Thus the family might be afraid that confidentiality will be broken and fear that information about them will leak out.

At other times the interpreter will interfere with treatment because of his/her knowledge of the family. This of course is not beneficial and another interpreter must be found. If that is not possible, interpretation can be done by phone by an interpreter who has no knowledge of the family or lives far away.

Family Treatment

The methods we describe here can also be used in family treatment where all members of the family or greater family are present. It is very important that there are strict rules for the sessions so that all members are able to be heard and nobody will be punished or corrected. However this is difficult with traumatized refugee families as family members often speak on the children's or grandchildren's behalf. The adults often find that they know best and should be the only ones to speak. In traditional Middle Eastern and Asian families the father will often speak and make decisions about what should be discussed in therapy. At times it is clear that the family members have been instructed beforehand. If this occurs the therapist must decide to either work with this kind of family structure therapeutically or end therapy with the family.

Conflict Resolution

In some cases conflict resolution becomes necessary. In order for this to work, communication must be structured so that everybody is heard and has a right to have their experience of the situation. The framework we use is based on the premise that change only happens when all family members wish to change. Peace and harmony in the family happens when everybody works towards a solution that works for all. The job of the therapist is to motivate the family members to take responsibility for creating their version of peace and harmony. When a family is in a dilemma it often is about somebody not being heard. In many cultures mental illness is a taboo and the mentally ill are ostracised from society. The traumatized child must be seen in this context. The family has certain expectations about the treatment, but rarely do they imagine that they are part of the solution.

From a narrative perspective culture is constantly being negotiated and develops over time. Our hearts and brains are very similar at birth no matter which culture we are born into, but

the mental images, instincts, feelings and narratives we develop are very much culturally determined. Our brains are controlled by cultural contexts. Moral and religion are very powerful imprints and conflicts have to be seen in a cultural context.

Working with the Children

The following section is meant to be an inspiration for therapists who work with traumatized children. The individual therapist is free to experiment with the techniques using the narrative and indirect methods with children in order to find his/her own style. Personal style and timing are important in treatment as the methods and techniques must seem convincing and real to the recipient. If a method seems artificial or awkward to the therapist it should be practiced several times for the therapist to get comfortable with it or it should be avoided.

Indirect methods

Indirect methods work as a kind of feedback system where the statements of the children and the family are reflected back creatively. The message we send to them is that ‘this is how we see you and maybe you can find out something new about yourselves’?

When the child creates his/her own book of fairy tales, we usually encourage the child to show the content and the pictures to the family. If the child does not wish to do this, we respect it. At times the child may be afraid that the content may hurt someone or simply feels the content is too personal to share. In many cases however the child may be asked to read his/her story aloud at school. This way the message of the child gets out and might benefit others without revealing any specific unpleasant details. Many children will feel very proud to have produced a story with beautiful pictures. They usually experience a sense of self esteem and self respect even if parts of the story were painful to produce.

It seems that children even at the ages 4-5 years will understand that these methods can be used to tell something about themselves without being disloyal to their parents.

During the process of creating the story the child may hesitate as he/she gets close to important issues and this gives an indication to the therapist that now is a time to avoid talking directly about the feelings. The child may not even know the words or pictures to describe his/her feelings

The flying elephant

In the following we will give an example of using a personal fairy tale in therapy.

Sara has drawn a story about a lonely elephant who wishes he could learn to fly. Through the story she reveals that she wishes to learn and master things in life: Sara has created a story that expresses feelings of being afraid to be outside (flying with others) and feeling unable to show her worth (the ability to fly). Her theme is self worth and mastering skills that can be seen and acknowledged by others. At times Sara wanted to draw very much, at other times she seemed not to care about finishing the book. She wanted it to end well and that made her work towards creating the book and going through the process. The book took months to create, but when it was done, her family admired her work.

Reflecting reality

During therapy the therapist must find a balance between reflecting the emotional universe of the child and not misusing the concrete content of the story to give indirectly moralizing messages to the family. The narratives that are expressed through puppet theatre, fairy tales, tales and personal fairy tales must not aim to lecture the family. They should be open reflections that invite the family to use imagination and creativity when reinventing itself. The tendency to be moralizing is especially present when dealing with cultural differences between therapists and clients, not just ethnic but social differences as well.

In addition the therapist must constantly be aware that he/she is 'one up' in regard to the family, which means that the balance of power is not equal from the onset. However the therapist must attempt to create an equal dialogue and relationship when creating the narratives. The family must feel met in an open and unprejudiced manner or the interpretation of their problems will be useless. A narrative that attempts to give advice or provide solutions by choosing one reality above another is not as intimidating as being arrogant or condescending. The latter should be avoided at all costs since it does not accomplish any positive results.

The adults in the family will know that the puppet theatre and the personal fairy tales attempt to communicate a message. The parents will often attempt to interpret the messages, but the

messages should only indicate the emotional climate of the family and should never criticise specific family members.

In society people rarely have equal opportunities and it is therefore not possible for therapists and family members to have an experience of being truly equal. Therapists often represent a group of people who possess verbal skills and know how to navigate in society quite well. They understand how to get by in society and the clients would like to learn these skills. The therapists become role models for the clients and hopefully the family can utilize this as well as the alternative narratives the therapy has created to create new attitudes to life and healthy expectations of society.

Narratives as common cognition

The narratives that we see in fairy tales and puppet theatre are similar in style, plot and story telling technique to the narratives seen in archaic folk traditions. So the narratives that are used in the therapy sessions borrow meanings from a cultural 'collective memory'. The family members will attempt to find a collective meaning that will benefit the individual members. The 'good life' is the biological and sociological goal of every family.

A puppet in the puppet theatre expresses one point of view and position in the dialogue at a given time. This point of view may change depending on the situation. If the puppet is the little sister of Big Bear it might feel helpless, but next moment it might be feeling very good because it is with her friend. The family members are told that the puppets express their point of view about a concrete conflict in the family here and now.

When a position is expressed in a simple manner using the puppet theatre, the story will have an inner logic that the family members can witness which might lead to a softening of the positions of the individual family members.

The father of the family wants to be a positive authority that inspires trust and safety. He does not wish to be a tyrant that others fear. Usually people will have good intentions however inappropriate their actions may be. However the underlying intention may be hidden if the communication expresses something different. People are usually affected by communication and patterns of communication between people. A domineering person may not wish to dominate, but if his relatives perceive him as dominating then that is what they will react to.

They will not usually be able to see the 'good intentions' behind his actions. In this way the methods also make clear the unhealthy patterns of relating that may exist in families.

Reflective Puppet Theater

This method is inspired by traditional systemic family therapy theory. According to this theory a reflective team of observers can be included in the therapeutic process. Their job is to give feedback to the family and to the therapists. The family influences the therapeutic process and vice versa. Working with the reflective team gives the family a sense of power in the process. The reflective team represents what is also called a first level cybernetic reflection, a kind of steering or control system. The reflective puppet theatre is also a first level cybernetic system. The guidance and reflection that happens as a result of the feedback can be referred to as a second level cybernetic. Each session of puppet theatre that follows after the first session is a reflection upon the previous session.

Each play therapy session develops in a symbolic and fairy tale like landscape where the projections of the child are the actors. The puppet theatre sessions provide a setting for interpreting the trauma history and history of conflicts of the family and child through the use of puppets. Some of the themes that come up during the play therapy with the child will be expanded upon during the puppet theatre sessions.

How we do it

The family is asked to come for an initial session where they are introduced to the therapists and the method. The family is informed about the structure of the therapy process. The child will receive 10-20 session of play therapy. 3-4 of the sessions will be puppet theatre sessions. These sessions are spread throughout the course of therapy, usually starting with 3 sessions of play therapy, then one session of puppet theatre, then 3 sessions of play therapy and so on. The entire course will end with a puppet theatre session.

During the puppet theatre sessions it is required that as many family members as possible are present. Apart from the therapist, 2 puppeteers will be present at each session and at the first session only as observers. At first there will be a discussion about the problems the family is having and what the focus of the session should be. The puppeteers will then choose the

puppets and leave for 10 minutes while the therapist prepares the theatre and family gets ready to see the play.

The theme of the play

The puppeteers discuss how to proceed with the improvisation of the short play. The play must be a reflection upon the problems the family experience as well as the themes that have come up in the play therapy session.

These are the guidelines we use to create a play:

1. The theme and story must not be too close to the story of the family
2. The play must relate in some way to the central theme of the family
3. The play must mirror and confront parts of the trauma history of the child
4. The play must resonate with the sorrow and fear the family and the child have about the future
5. The story must have an ending that shows there is hope and that gives a perspective on how to handle the difficult themes
- 6.

The puppeteers may find it difficult to find the right story to give to the family despite their previous experience with the work. They must therefore be able to work intuitively and with clinical precision. But the play will more than likely also be funny and enticing and the puppeteers will often get a round of applause from the audience (the family) as they bow and leave.

Usually the children will want to investigate the stage and the puppets. Since the play must be build around various themes that relate to the individual family, it is an advantage to have a varied selection of puppets. The various puppets represent various characters: animals, archetypal puppets like the witch, the old man and wife, the princess and the king.

It is a good idea for the play to have a plot that revolves around a crisis the family is dealing with as well as a metaphor for the family's struggle. Often weather phenomena can symbolize a major crisis in the life of a family.

The construction of the play:

1. A prototypical frame will have the following elements: *Once upon a time there were three small bears who lived in a forest...suddenly one dark night the wind blew in the tree tops...it got worse and worse and the trees fell to the ground...it was the worst storm that the bears had ever experienced. It was such a bad storm that the bears had to move away from their home, the forest.*
2. After this beginning the story must follow a plot that is similar to that of a prototypical fairy tale.
3. The small bears must face many trials and tribulations: this is where we incorporate events from the family into the plot, but they should not be too close to the actual events. Traumatizing events must be moved to a neutral character. The plot might be about loss and the characters in the play might get lost from each other during flight from the storm and so on. Thus the puppet theatre reflects and mirrors difficult feelings in the family: sorrow, shame, loss and secrets.
4. When the emotional climax is reached the feelings and interpretations of the play must mirror closely the feelings of the family. Then solutions must be found that can be surprising as well as plausible. There may be characters who are saviours or magical characters that help out at the most critical moments. The plot must be logical and adhere to the existing limitations, but at times the princess might win half the kingdom anyways.
5. The ending should be happy. Not that everybody lives happily ever after, but plausible suggestions that point to solutions of the core problems must be incorporated, so that the family has a sense of release at the end. The bears might move to another forest where at first they did not understand how to get food, but then they met a new friend...

The aim of the method is to confront and negotiate the perceptions around shame, guilt and low self esteem that the symptomatic child as well as the other family members have. This method is effective in preventing problems with development and well-being in these children. The universal characteristics of the method make it easy to use with Danish children at risk as well as foreign children and refugee children.

Puppet theatre and the use of puppets as a way of expressing feelings and thoughts are used in many cultures throughout the world, such as puppet theatre using fairy tales, Chinese theatre, carnivals, dressing up and religious rites. The puppets express feelings that are more or less legitimate. Puppets and made up characters are allowed to express what normally is not expressed and it is up to the individual to interpret the message, thus it is a unique way of communicating indirectly with families and children.

Secrets and lies are often necessary for the view of self in traumatized or at risk families. Via the puppet theatre this view can be exposed and talked about indirectly and safely through the plot. Children can be affirmed that their sense of a story behind the story is right and legitimate, however not openly expressed yet. In many cases the family reacts very emotionally when watching the play. They allow themselves to laugh, scream and cry knowing that they are 'only' reacting to the play. At times the adults will mention that they also have experienced terrible dilemmas in life and sometimes this will lead to constructive dialogue between children and adults. Now and again the adults will pull us aside and ask us how did we know?

Because these families are so full of shame and self hatred and mistrust towards the system, it is important to be discrete and sensitive during therapy and the contact in general. It is not a good idea to discuss the play too much afterwards as the magic and the discreteness would disappear as the adults attempt to find out the real meaning behind the story. Furthermore this method is meant as an open feedback or interpretation of the family's problems. The therapists do not wish to take on the role of experts in regard to interpretation or solutions of these problems.

The next scene

It is important to write down the plot in general terms before the first puppet theatre session in order to remember the significant elements of the themes. This will help in planning further puppet theatre sessions in the future as some puppets and characters will appear again. If a new story is introduced to the family, new puppets and characters must be introduced through a story teller. Over the course of therapy the themes and conflicts may change for the child. Therefore it is important to reflect the new issues and point of view so that the child may enter into a dialogue with the family around these.

After the puppeteers have performed the play, the children may wish to make their own play. This is OK as long as it does not at any time interfere with the puppet theatre as a therapeutic method. The parents must be confident that the therapists are in control and do not allow inappropriate behaviour such as the use of indiscrete comments, jokes or entertainment.

Termination

A puppet theatre session usually marks the end of the therapy process. This last session is an opportunity to discuss the whole therapy process as well as the thoughts and feelings the family have about the puppet theatre. The central themes of the family may be discussed more in depth and together the team and the family evaluate the puppet theatre and how they perceived it. The last session usually reflects more existential issues around 'life is a struggle' and that 'the good do not always win'. The play may become more 'realistic' in nature and less magical as the child and the family know that in real life the rules are different than in therapy. As the family gets ready to make a transition into the problems and issues of every day life, the discussion can become very concrete. The family may need some actual advice and this will not change the therapeutic alliance as at the end of the day the family will have to be the experts in their own lives.

Expression through puppets

When the child experiences the puppet theatre he/she may discover the benefit of being able to express forbidden thoughts and feelings through a puppet. If this happens the therapist can support it even if the parents are present. The therapist is able to guide the child and the process by being sensitive to the communication between child and parents. At times this may lead to the parents suddenly sharing an awful story about something that has happened in their lives. If the child seems frightened the therapist can ask the parents to wait and instead talk through the puppets. The child will calm down as soon as the story is told about the puppet that also had something terrible happen, but he/she found a magical solution. In some cases this kind of situation will end well only if the parent or parents can have a therapy session alone soon after. Control and insight are the goals for the child and the parents, but this must be achieved without going into explicit details about blood and torn body parts, as this is very

difficult to contain and may re-traumatize the child. Only if the child him/herself seeks out details and wants to discuss these with the parents can this kind of discussion be meaningful. If the child is able to face the terrible facts during therapy they will lose the power they hold over the child.

Necessary props

A large assortment of puppets that may symbolize archetypal characters as known from fairy tales: the king, the princess, angels, fairies, the witch, ghosts. Animals are very important as they always are distant from the stories of the clients. It is much easier to tell a story about small three bears than three small children. The reason for this is that animals do not have a story of their own as they have no language that we would understand. We may project onto the animals our own feelings and stories as they cannot prevent us from doing so. Animal characters also traditionally represent many projected feelings we know from childhood such as hugging a bear makes us feel safe.

Having a stage is an advantage as the puppeteers should not be visible. Faces express many emotions and if the faces of the puppeteers can be seen during the play it will distract attention away from the puppets. If one does not have a stage with a curtain, a table with a table cloth is sufficient. The puppeteers can hide behind the table cloth.

The puppeteers and the authors of the play need to have basic training in order to work within the framework of a play without being too direct. The fairy tale format is important in order for the story to be distant and indirect and yet contain the right elements and ingredients for the story to be relevant.

Working with groups

This method is used with psycho-educational groups of children where the fairy tale reflects the issues of the entire group of children. Usually the children will be 9-11 year of age or 12-15 years of age. The groups consist of 8-10 children who meet once a week with 2-3 therapists.

Each session is thoroughly planned and issues that relate to children of traumatized parents are the focus.

During the first sessions the therapists observe the dynamics of the group and they observe the conflicts and strengths of the group as well as the roles of each individual child. The activities in the beginning sessions consist of physical activities such as trust games where the children are supported in working together as a group. There might be excursions into nature or cultural events and the ability of the children to be responsible and aware is tested. There might be creative or practical projects.

When the dynamics of the group become clear the therapists create a fairy tale around a major conflict of the group. The characters of the fairy tale are made up from both positive and problem creating elements from the different children, so that every child can identify with something in the tale.

The fairy tale is then read to the group and the metaphors that the children relate to become central in the communication during the following sessions. In the space that is created in the group the children will learn about the processes and dynamics they are a part of.

At the end a goodbye letter is written to each child where their strengths and important steps are highlighted. In order for the child to receive the contents of the letter, specific examples that the child remembers are included. The follow up to this letter is a visit with the parents where the contents are discussed.

Alternatively the group can create its own fairy tale that relates the central issues of the daily lives of the children.

Puppet theatre as a group method

Usually the method is used with psycho-educational groups. At the beginning a fairy tale is read to the group that is discussed afterwards. Each child talks about how the elements of the story relate to his/her own life. Each child chooses a puppet that is incorporated into a group fairy tale that the therapist initiates. The children are then divided into groups of 4-5 who together with an adult create a manuscript that later is shown to the other children and parents. The children rehearse their play a few times before performing in front of the audience.

When the parents are observing the children are usually very serious and the themes usually relate to issues around gender roles in the family, illness, injustice and conflicts. At the end a solution to the issues presented is always given.