

THE STORY OF ANGELA

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The history of dramathrapy and Playtherapy in Greece

The Herma Institute of Dramathrapy and Playtherapy, which I founded in 1992, has adopted Dr. A. Cattanach's definition of playtherapy:

“Playtherapy is a way of helping troubled children cope with their distress, using play as the medium of communication between child and therapist. The method is based on the central assumption that play is the place where children first recognise the separateness of what is ‘me’ and ‘not me’ and begin to develop a relationship with the world beyond the self. It is the child’s way of making contact with the environment.”

(Cattanach 2003 pg.24)

Furthermore, we practise non-directive playtherapy. The child chooses those materials or objects which make most sense to him or her and uses the play experience together with therapeutic relationship in their own way and in their own time. The child is in control of the process and directs the agenda, focus and timing. The non-directive playtherapist allows the child to lead the process, while at the same time acknowledging the choices the child makes in a non-critical and empathetic manner. A core aim of the non-directive playtherapist is simply to be with the child and to provide the optimum conditions that allow the child to develop their inherent potential. Gordon (2015).

The history of dramathrapy and playtherapy in Greece

The first Dramathrapy workshop in Greece was given by Dr. Sue Jennings in 1984. A handful of people were interested and set up a pilot training course under the supervision of Dramathrapy Consultants, which later became the Institute of Dramathrapy. In 1986, The Arts Therapy centre in Greece began the first dramathrapy training, where many renowned professionals taught, including Dr. Sue Jennings, Pr. Robert Landy, Dr. Mooli Lahad, Alida Gearsy, Dr. Ditty Dokter, Steve Micheal, Aisi Minte, Dr. Murry Cox M.D. and others. Around the same time, Dr. Sue Jennings also began giving Playtherapy workshops, which aroused a lot of interest, resulting in a Playtherapy training, which was also supported by Dr. Ann Cattanach, who often came to Greece to give workshops and supervise our trainees. Later, the training became part of the Dramathrapy and Playtherapy Association, where it ran for ten years. Now, Dramathrapy and Playtherapy are established four-year courses, run by Greek instructors with international visitors and external examiners. I qualified in 1989ⁱ and have been co-ordinating both Dramathrapy and Playtherapy trainings ever since. My background has been in special education, where I have worked for over 20 years, both with physically disabled children as well as with adolescents with learning

difficulties, my focus being on theatre. Gradually, I left special education to devote myself to Dramatherapy and Playtherapy training.

There are now three four-year courses in dramatherapy and playtherapy in Greece:

- 1992- The Institute of Dramatherapy and Playtherapy “Herma”
- 1994- The Institute of Dramatherapy “Aeon”
- 2005- The Greek Institute of Playtherapy and Dramaterapy “Athyrma”

The story of Angela

Angela was eight years old when she came to me for therapy. She had been adopted at the age of four. She had a small scar on her upper lip, having undergone an operation to correct a harelip. Her parents brought her to me because Angela appeared to be hyperactive. She had difficulty concentrating at school and at home was unable to stick to her daily routine.

According to Russell Barkley (2018), the inability to inhibit a behaviour is the underlying problem for individuals with ADD. They simply act without thinking, regardless of the consequences. Angela may have appeared to have ADD, but I believe that other factors were also influencing her behaviour. Her parents were going through a difficult time in their marriage. Her father insisted, however, that Angela’s erratic behaviour had started prior to their marital difficulties. I could not dispute this, but in my experience marital problems are present long before the couple fully acknowledge them. So, I suspect that her parents were experiencing difficulties before Angela’s father became involved with another woman. Children are often aware of far more than we realise and quite possibly Angela was unconsciously or consciously aware of her parents’ precarious relationship, which may have been a cause of possible disturbance.

After meeting her parents, I used drama/playtherapeutic methods to work with Angela for 9 sessions. On the 10th I had a session with Angela and her parents together to talk about the issues that emerged during therapy.

Angela was a lively child, who enjoyed playing, but was not very talkative. During the first sessions, she wanted us to play football and then do a role-play. Whenever we did role play, she was very specific about the role I should take and how to play it. She usually took on the part of a young boy and I was to be the ‘bad’ person who would chase her and capture her. Stagnittin and Cooper (2009) maintain that play not only affects a child’s development and inner world, but contributes to his or her development and facilitates growth, development and individual competence. They go on to say that what children play largely reflects their culture and environment, as I believe was true in the case of Angela. Why she chose to play the part of a boy I could not say, possibly because she felt safer in that role, having seen that boys appear to be stronger and more assertive.

In the last session, her story changed. She was still the boy but this time she was employed by a couple as their servant. I played the part of the housewife who gave her orders. I told her to wash the dishes, bring me coffee, sweep the floor and then slowly, as the story progressed, she told me that I would grow to love her and adopt her as my

child. She said that her own mother had not kept her because she had a mark on her mouth but this new couple was going to keep her. It is interesting I believe that Angela gave herself a menial role, indicating perhaps her low self-image and that she felt she was not in a position to change the course of events.

During this last session, she gave the impression that she had begun to accept her adoptive parents and they her. Storr (1972) believes that creativity can reflect a compulsive need to order and control. In Angela's case, I would suggest that Angela was directing our play in a way that she wanted her life to go. She wanted to create what she envisaged as a perfect family, in which she was loved unreservedly, despite her harelip and the fact that she was adopted. The important thing is that by creating the perfect family through play she began to believe that it was possible in real life.

For his research in areas relating to children and young people, inclusion, children's rights, the arts and therapy, Pr. Phil Jones proposed that he interview me on a specific case study. I chose the story of Angela. Through the questions and answers, we discussed the therapeutic process and how drama/playtherapy is more beneficial to children than verbal therapy. The following paragraphs sum up the outcome of the interview and our discussions together.

I strongly believe that the dramatherapist-playtherapist who follows the principles of non-directive playtherapy accepts the concept that at birth all human beings possess the ability to be aware of their experiences and be creative. Moreover, the playtherapist accepts the principle that all children's reactions stem from their intrinsic need to stay healthy and protect their true nature. The body is a primary means of learning (Jennings 1998) and early somatic experiences influence later physical and cognitive growth.

The main process in my work with Angela was to establish a secure relationship with her so that she could trust me. Once this was achieved, I believed she would be able to communicate with me and perhaps share what was going on in her life. At first, she needed to express her anger, which I allowed her to do, as long as she did not damage anything deliberately. She wanted us to play football during our first sessions and once she accidentally broke a vase. I saw the fear in her eyes and reassured her that it did not matter, as she had not meant to break it.

She gradually felt safer and suggested that we do a role play where she gave me instructions on how to play. It was very important that she took on the role of the instigator because in this way she felt that she was in charge. When working with children, I find that they tend to treat the therapist as a teacher and often, although not in Angela's case, want to please them. I needed to get it across to her that I was there to play with her under her instructions, not the other way round.

The fact that Angela gave me a role to play in her story meant that she had started to trust me, even though I had the role of a nasty person. She took on the part of a young boy and I was to be the bad person, who would chase her and capture her. Once I had caught her, I would tie her up. Sometimes she asked me to kill her. I think when she used the word 'kill' it was mainly to indicate her fear of this 'nasty' person I was impersonating. Although she wanted me to capture her and 'kill' her, she enjoyed

proving to me that I had not succeeded, by coming back to life each time. This made her feel stronger, I believe.

Bowlby (1988) suggests that attachment relationships and attachment behaviours are suffused with emotion. If the security is broken, anxiety and anger appear. I believe that in Angela's case this had taken place at some time prior to her adoption, possibly when she was separated from her birth parents when she put into an institution.

I remember clearly playing the role of her persecutor time and time again and how when she left the premises it took me some time to roll up the twine I tied her with. I did not enjoy the role she gave me, but I tried to maintain it as best I could, which meant putting as little emotion into it as possible. I believe this role play made her stronger, as she proved to herself that she managed to survive the ordeal. At the end of each session, I remember how she hid from her father under the large cushions we had used in the role play, when he came to pick her up. Her father joked that he was her *pa-teras* (father in Greek). If you take away the 'pa', the word *teras* is left, which means monster. This may be an indication that he felt some guilt, indirectly admitting that, in her eyes at least, he was a 'monster'. I believe that Angela had a great fear of adults and that role play helped her to establish that not all adults are dangerous and that they can even be played with. The dramatherapist-playtherapist acts as an "undistorted mirror" that facilitates the child to restructure her/his sensory experiences respecting her/ his pace and time, so she/he can explore her/his abilities, start trusting her/his inner truth, and thus discover and express her/his creativity.

It occurred to me that she had previously either suffered or felt that she had suffered situations similar to those in the role play. From her parents I knew that she had lived in some form of institution, so perhaps her memory was that of an older child bullying her or of some abuse by an adult. Rycroft (1968) talks about 'acting out' as 'the replacement of thought by action, and as a substitute for remembering past events'. He suggests that there are three implications: (a) the impulse acted out has never acquired verbal representation; (b) the patient lacks the capacity for inhibition; (c) the impulse is too intense to be discharged in words. Perhaps in Angela's case all three applied. What Angela may have undergone had never been expressed in words, nor was it possible for her as a child to do so. Play, though not a verbal expression of the cause of disturbance, did allow her to express her feelings indirectly and in some way overcome the 'nasty' being that had caused her disturbance.

My role as a therapist both with children and adults is to help them understand what is happening in their lives and how they wish to respond to these situations. So, when I played with Angela I didn't wish to influence her story but simply to become her helper. My relationship with Angela was to restore her faith in people. I hoped that through our role play she would be able to learn how to trust and how to form a relationship with another person.

The story of Angela may have influenced me too on a personal level, as it brought back memories of my own childhood. When I was her age, my family returned to Greece after having spent about five years in Canada. At school, I felt very different because I could not speak Greek. Aigen, K. (1991), points to the importance of

therapists being able to open up vulnerable places and to relate to their patients from that place.

Through her trust in me, Angela was able to indirectly bring her issues out into the open so that both of us could witness them. Geldard and Geldard (1997) stated that the skilled counsellor is one who can take advantage of opportunities that occur through play and intervenes in a purposeful way. Had I been working with Angela using verbal psychotherapy as opposed to drama, she would not have been able to say anything significant about her life, as Angela was not a talkative child. She could not function verbally. Even when she drew a picture she did not like to comment on it. Through the story she made and taking part in the role play, she was communicating in a way that came easily to her and harboured no threats or fear of repercussion.

Her parents and possibly her teachers were afraid that Angela's problems were not only emotional, resulting from being institutionalised, but that she may have had learning difficulties. So, by letting her introduce a story/theme that we could play together, she was, indirectly and unconsciously, able to tell me about herself in a symbolic/detached manner. In this way, she brought out the issue of her adoption spontaneously through the role play. I believe that in the same way that dreams reveal aspects of the subconscious to adults, play reveals what is going on in a child's mind. A child will play out what he or she is going through at that specific time or something she or he has experienced in the past, by re-enacting his or her story. In this way, during the process the child becomes more conscious of his or her life. He or she communicates this to the therapist and this process may give him or her some form of release and allow him/her move on with their life.

Angela was able to play a certain role and slowly get stronger. So, in the final session she was able to try out a new role, one that matched her current circumstances. By trying out different roles, she built up her role repertoire. As she had gained trust in me, she was able to give me a more positive role. I was no longer her captor but a woman she worked for, who eventually became her mother. Landy (1990) defined role as 'the container of all the thoughts and feelings we have about ourselves and others in our social and imaginary worlds'. (p.230)

Holmwood (2014) maintains that the roots of dramatherapy lie in each individual, cultural and societal acknowledgement that drama which exists in all cultures and societies is present in a myriad of approaches. As Holmwood implies, acting out, role play, drama seem to be an innate part of human behaviour. We take on different roles all the time, depending on changing circumstances and the fluctuation of those around us. It stands to reason, therefore, that play/dramatherapy should be an ideal therapeutic process, as expression through 'drama/play/acting out' comes naturally to human beings, particularly children, who have not yet replaced expression through play and action with expression through words.

The contract that we had agreed on from the beginning was, firstly that Angela would only come if she wanted to and that at the end of the ten sessions we would meet with her parents and tell them what we agreed she wanted them to know. Angela did not speak herself during the final session, maybe because it was hard for her to mention issues that the parents were not talking about openly, issues that had to do with their relationship. So, instead she drew storms, possibly indicating what was going on at home. The parents did not comment on this, however, when I pointed it out to them.

Murray Cox and Alice Theilgaard (1987) maintain that

metaphor exerts its mutative effect by energizing alternative perspectival aspects of experience. This means that material which the patient has endeavoured to relinquish, avoid, or deny so that it is 'safely' classified, categorized, and 'filed away', appears again in the 'pending action' file.

In the case of Angela, her metaphor had not been filed away and did appear very clearly in the role play that we acted out together.

The parents had wanted me to see Angela and tell them whether anything could be done about her hyperactivity and lack of concentration. They did not seem aware of the fact that their breaking up could also be upsetting her. They were going to leave their home and go to an area closer to Angela's mother's parents' house and her dad was going to move out as he had another relationship. This he had confided in me at our first meeting, not in front of Angela. At the final meeting, they said that they would not be moving yet, implying that Angela would not be immediately affected. I told them that they must be more open with Angela and not imagine that a young child is not aware of what is happening between her parents. If she might have to change house and was not told about it openly, it was not surprising that she was disturbed and unable to focus. She needed a stable environment, where both parents would support her and be honest with her about what was going on.

What brought about change was that Angela had told her story. She believed her biological mother had left her because of her harelip, which was why she was put into an institution and later adopted. Winnicott (1971) referred to therapy as a process that gives back to the client what she/he brings to therapy and argued that a good therapeutic relation acts as a developmental experience that facilitates the individual to identify her/his being, be aware of her/his existence, feel her/his own truth.

At the last meeting with Angela's parents, I believe that they were made more aware of how their behaviour was influencing her. Landreth (2006) maintains that we need to help the parent to understand that the child's play will reveal her experiences and her feelings as well as her reactions to her experiences. I would like to have seen them again but another meeting did not take place.

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