Introduction

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Abstract

The particular significance of peer groups in a child's development and personality formation has been an important subject in developmental psychology, social psychology and sociological work for a long time. The peer group has proven to be a factor in socialisation whose effect is comparable to that of the family. Relationships with peers are an additional developmental resource; they constitute a 'developmental support factor' (Ahnert 2005, p. 349); peers are, in fact 'developmental assistants' (Seiffge-Krenke 2004, p. 121 ff). The peer group fulfils important functions in childhood development all the way up to adolescence: it provides children with the opportunity to live out and act out conflicts in the context of shared play. It allows them to test and practice new roles which—unlike those in the family—are not determined by age or gender, and to test the degree to which norms are binding or obligatory. By socialising them in terms of communication and cooperation, the peer group prompts children to move beyond self-centredness; it strengthens egalitarian aspects within the child through acknowledgment and rejection; it presents the child with the task of defining his or her relationship to these 'others'. In a peer group situation, children have to express their needs, declare their intentions, and, in a process of mutual consent, agree upon norms, rules and sanctions—and perhaps change them once again.

This new behavioural experience leads to a profound change in the child's self-concept. Entering the peer group allows him or her to experience what it means to be a boy or a girl among many others. Community and commonalities become clear, and in the face of these, it is important to retain one's individuality; otherwise one remains either a follower or an outsider and cannot win others over

for one's own plans. Acknowledgment and popularity are largely dependent upon a person's ability to cooperate, to engage competently in disputes over norms and expectations, and to reach satisfactory agreements, reconciliations and arrangements (cf. Krappmann 1982; Grunebaum and Solomon 1982; Lott 1986). 'In terms of children's social development as well as their cognitive and emotional development, it becomes clear here that relationships with others of the same age and interactions with others in the context of groups of children present a special and independent potential for learning' (Brandes 2008, p. 179).

These functions that the peer group fulfils in the process of a child's development are simultaneously the things that constitute their therapeutic effectiveness (cf. Lutz 1981). If we take these findings seriously, it is actually incomprehensible that the healing and prophylactic power of the group in therapeutic work with children is so little used (cf. Grunebaum und Solomon 1980). In all areas of paediatric therapy, group therapy is much less widely used than individual therapy. Quite contrary to the significance that has been attributed to the group, publications on the subject of children's group therapy are rare (cf. Guldner 1991).

The fact that psychodrama in particular, with its elaborated group concept, has not gained more currency in group therapy with children is even more surprising considering that Moreno's therapeutic work was actually inspired by improvisational play with groups of children. 'Historically, psychodrama emerged from the basis of play… but a new view of play emerged when we began playing with children in the gardens and streets of Vienna during the years before the outbreak of the First World War: play as a principle of self-healing and group therapy, as a form of primal experience; …play as a *sui generis* phenomenon, a positive factor connected to spontaneity and creativity. We shaped play … into a methodological, systematic principle' (Moreno 1973, p. 80 f). In his early creative period, Moreno still worked intensively with children: in sociometric studies with infants and children at the children's hospital in Mitterndorf from 1917 to 1919; in kindergartens and schools in New York from 1931 to 1932; and in role and spontaneity training at the Hudson School, a reformatory school for delinquent girls. He processed these experiences in his theories of roles and development (Moreno 1934) and derived his most important psychodrama techniques from children's role development (cf. Schacht 2003).

Despite this early, intensive concentration on children, Moreno developed psychodrama as a therapy method exclusively for adults, not for children. He described psychodrama as 'that method (…) which delves into the truth of the soul through action' (Moreno 1959, p. 77). The constituting principle of psychodrama is the 'scenic realisation of the immaterial, meaningful content of the client (system) as a material, theatrical arrangement with the help of dramatic elements (e.g. a

stage, properties, fellow actors). The client can then … explore and reshape the symbolic elements of the resulting experience space in an active manner—with the support of special psychodramatic techniques—in order to construct new meaningful content, develop new incentives for action and experiment with new behaviour' (von Ameln et al. 2009, p. 6).

In the period that followed, practitioners tried out varying approaches in order to apply this methodology in therapeutic work with children. In the United States, attempts were made to transpose classical psychodrama into paediatric therapy with only minimal adaptations: e.g., Drabkova 1966, Lockwood and Harr 1973, Shearon 1980, Stockvis-Warnaar and Stockvis 1962, Zacharias 1965. Dr. Ella Mae Shearon, for example, arrived at the following changes when applying the phases and techniques of classical psychodrama to work with children: 'When applying the classical psychodrama process to work with children, it is often necessary to limit the play phase, since children's capacity for concentration is short-lived. On the other hand, the warm-up phase takes on greater importance when working with children. The play itself should only last a short time. Greater emphasis is placed on the repetition phase, in which new roles are learned, rehearsed and intensified. In our work with children, we place less emphasis on abreactive catharsis, since this releases tremendous amounts of aggression, repressed emotions or trauma' (1980, p. 255 f).

In work with children in France, psychodrama developed in a completely different way: here, psychodrama was adopted by paediatric psychoanalysts at Serge Lebovici's Paris school, who oriented psychodrama toward the techniques and theories of psychoanalytic treatment and developed it further into an analytical form of psychodrama that was shaped by the work of child analysis (cf. Anzieu 1984, p. 79 ff; Petzold 1979, p. 28 ff; Basquin et al. 1981, p. 19 ff; Bettschart 1984, 1988).

More than 30 years ago, when we began working in children's psychodrama groups at the Psychological Counselling Centre for Parents, Children and Youth in Ulm, we initially attempted to apply classical psychodrama—with minimal modifications, similarly to the way it is described in the American psychodrama literature—to children's therapy. We made the same mistakes as all the other schools of therapy: just as in medieval painting, we tried to treat the children like miniature adults. The children resolutely resisted these attempts (cf. Aichinger 1993). We needed to take account of the special characteristics of group therapy with children as compared to work with adults, as described by Slavson and Schiffer (1976, p. 33 f). These include the rapid conversion of ideas and feelings into motor expression; a weak ego structure with low frustration tolerance and control; insufficient formation of the super-ego; non-verbal communication through actions and a great need for playfulness and freedom of movement. With children, we

cannot assume that they will be willing or able to limit themselves to verbalising their fantasies, wishes, thoughts and feelings. The younger a child is, the more likely it is that his or her inner life will be demonstrated through play, actions and dramatization. Conversely, the older a child is, the greater her verbal contributions will become. Among older youth, the work methods will begin to approach those used for adults. If children are denied their natural forms of expression and communication through play—or if they are overwhelmed by insufficient options for communication—this can lead to resistance, which is frequently expressed in the form of restlessness, fooling around, aggression or bored withdrawal. Consideration of these special characteristics and of the developmental dynamics of children led us to make significant changes in form, style and technique. In a painstaking process which extended over 30 years, with over 130 groups of children, we allowed the children to guide us toward the creation of a method that suited their needs.

In contrast to the American tradition, which aims to represent realistic situations with children, we consider symbolic play to be the primary medium of therapy, as it is in French analytical psychodrama. The children illustrate their inner scenarios, condensed into symbolic play using changing forms, in order to find solutions for the tasks, conflicts and problems contained in the scenes. In treating neurotic behaviour in children (1922), Moreno also applied the methods of symbolic psychodrama (1973, p. 221 ff). He considered symbolic psychodrama to be an important technique which nevertheless should not preclude the use of other methods where they are indicated (1973, p. 108).

This play is not only the creatively abstracted staging of a conflict; it also constitutes the active implementation and processing of experiences—a means of coping. In play, the child experiences him or herself as an inventive builder—the co-creator of his own life environment. 'Every playing child behaves like a poet, in the sense that he creates a world of his own or—to put it more accurately—places the elements of his world in a new order which is more pleasing to him' (Freud 1907, p. 214). In symbolic play, the child discovers the creative dimension and relegates concrete existence into its true categories: one world among possible worlds. In this way, the child takes part in the creative power of God and gains the 'perspective of the active creator' (Moreno 1946, p. 28) with regard to his own life. Thus, children's psychodrama becomes a place of rebirth into a different, more satisfying life—just as Bastian, the failure, is able to achieve it in Michael Ende's novel *The Neverending Story*. 'There are people who can never come to Fantastica,' says Mr. Coreander, 'and there are people who can, but they stay there forever. And then there are a few who go to Fantastica and come back again—like you. And they make both worlds well again' (1979, p. 426).

Viewing play as a form of communication suited to children led us to change our psychodramatic techniques. We needed to focus our attention on nonverbal processes and learn to understand the actions of the games analogically, in their figurative content, and to answer them analogically. We did this—contrary to Moreno's recommendations—by participating in the dramatic play as a two-person team of therapists; we became fellow actors in the children's scenes, selecting our roles as actors at the symbolic level in such a way that they stimulated and supported the therapeutic process for the children. The transference/ countertransference relationships that were triggered by the therapist pair's participation in the scene became an important element in the treatment.

The constellation of a pair of therapists and several children represents a family-like situation, which in turn fosters the emergence and playing out of corresponding scenarios. Since the group constructs a constellation similar to that of a family, in which the events of childhood can be dramatized and acted out, the group of children is particularly suitable for developing internalised atmospheres and internal scenarios through play with the therapists. The process that occurs in the group of children can be seen—as Sandner (1978) pointed out—as the re-enactment of specific phases in a child's development within his or her social context. This situates therapeutic group work within a model of development theory. In a process of development and resocialisation, which must be accomplished by the individual child together with the entire group, healing can take place.

In contrast to classical psychodrama and most systems of analytical psychodrama—which often consist of individual therapy in a group setting—we take a group-centred approach. We shift the group as a whole into central focus and the network of relationships between the children into their respective context, and are not concerned only with the development of the individual child within the group and the associated intrapersonal and interpersonal processes.

Like Petzold and Schneewind (1986), we see the group not only psychodynamically, as a place where scenes from the family, its subsystems and its environment are reproduced, but also sociodynamically—as a social reality in which social competence and performance can be developed. In this way, the group takes on important functions in fostering development and socialisation. Moreno's theory of personality (Hutter 2004), which regards the human individual as a 'social atom'—as an 'inter-actor'—consequently requires treatment in and by groups, in which healing takes place through encounters. Cooperative mutual help is seen as a significant factor in healing.

Children's psychodrama that is based on Moreno's anthropology of the human being as creator regards the fostering of an expressive, creative personality as its

central goal and does not limit itself to rectifying problems. It aims to promote spontaneity and creativity in the child and, in cases where these things have been limited or restricted, to reawaken them and help them to blossom. Since psychodrama includes a differentiated system of intervention techniques designed to facilitate and activate 'free creativity' (Krüger 2002), Moreno considered psychodrama to be the most clear and complete form of play psychotherapy (Krüger 1982, p. 128). The specific features of children's creativity are particularly manifested in symbolic play. Symbolic play is therefore centrally important in children's psychodrama—as it is in all forms of children's psychotherapy. Thus, it is essential for children's psychodramatists to comprehend its nature.

Hildegard Pruckner's (2001) work in Austria dealt intensively with children's psychodrama. She adopted significant elements from us—such as the basic structure, play as a form of presentation and processing for the child, and the importance of network analysis. Nevertheless, on certain points—such as the role of the therapist in the play session and therapeutic interventions—her work developed in a different way. In Pruckner's approach, the leader never participates in the scenario; rather, as in classical adult psychodrama, he or she remains at the edge of the playing stage, in order to intervene in the action as a director or in a doubling role. One or more co-leaders may, however, participate in the play if the children so desire.

We will now present a short overview of this book's individual chapters:

In Chapter 1 we describe the preparations that are made before group work begins, and we deal with questions related to setting and indications. In Chapter 2, we are concerned with the external framework, the furnishing and equipment of the group room and the temporal framework. In Chapter 3, we describe in detail the structure of a group session and the modified intervention techniques used in children's psychodrama. Chapter 4 focuses on the phases through which the development process within a group of children takes place. In Chapter 5, we examine disorder-specific interventions, using the examples of fearful and aggressive children; Chapter 6 focuses on group-process-oriented interventions. Chapter 7 examines the specific demands that a group of children places on the therapists. Finally, Chapter 8 deals with the accompanying network analysis.