Chapter 7
Psychodrama with Children in Brazil

Rosalba Filipini, Rosana Rebouças, Maria Luiza Vieira Santos, and Vanessa Ramalho Ferreira Strauch

Abstract The complexity of childhood and all that surrounds it allows the possibility of entering a universe of mysteries, challenges, and sometimes mismatched sensations. Psychodrama is a psychotherapeutic modality that will enable children to act on the psychodramatic stage. The coauthors Filipini, Santos, Rebouças, and Strauch value play and symbolic action with an active posture of the client in the cocreation of their treatment. The psychodramatic clinic with children is based on socionomy, which underpins fundamental pillars for understanding this specific clientele: role theory, the identity matrix, sociometry, theory of spontaneity and creativity. In Brazil, the entire national territory is taken by the Morenian theory and practice with children that, sometimes, are potentiated by the interface with other theories that complement the clinical look on several aspects of child development, of psychodiagnosis, or even of the psychotherapeutic process. One is the psychodramatic sandplay, and theories of psychocorporal psychotherapy elucidate the child's muscular development and energetic potency. Psychodrama is also an efficient way to care for children with neuropsychological disorders, chromosomal syndromes, and other forms of disabilities.

Keywords Psychodrama with children · Psychodramatic psychotherapy · Psychodramatic sandplay · Psychocorporal psychotherapy · Inclusion and psychodrama

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Introduction

The professional who works with children enters a universe of mysteries and sensations that are sometimes mismatched, which shows the complexity of childhood and all that surrounds it. In this chapter, psychodramatic authors will present the peculiar way they develop and base their work with children, bringing fragments of sessions that reflect the demands of a geographically large and diverse country but that carry important heritages that resonate throughout its territory.

Starting in the twentieth century, psychotherapy undergoes changes, evolving from the concentration of knowledge in the physician or psychotherapist to the sharing of knowledge with the client, who takes a more active stance in his treatment (Filipini, 2014). This modification is essential for the advent of psychodramatic psychotherapy. It meets the Morenian proposal and that of Paulo Freire (1974/2013), an important Brazilian educator who considers that knowledge is constructed.

In the history of child psychotherapy, we recognize the appreciation of play and symbolic action, as well as the social–historical view of man. The Brazilian literature on psychodrama with children began practically in the 1980s, and its production has remained creative. The psychodramatic clinic with children is based on socionomy and underpins fundamental pillars for its understanding: role theory, the identity matrix, sociometry, supplemental reality, theory of spontaneity, and creativity.

Psychodrama Fundamentals

For Moreno (1975), spontaneity and creativity are innate resources of the individual. The interpersonal relationships constitute the self: from the social roles played and their complementary roles occur its development and identity base. The identity matrix is the environment, place, and affective climate in which the child is born and is made up of social, material, and psychological factors. The most significant family nucleus will form the subject's social atom configuration, which will intersect with other sociometric networks in lived experiences. There is unanimity among the authors that working with children means working with the whole family context; that is, the family and or those responsible for the child are part of the psychotherapeutic work.

According to Gonçalves (1988):

> Psychodrama helps children overcome obstacles to their emotional development through what no one can take away from them—their imagination. Through spontaneously created games, play, and stories, children try to deal with the world we provide for them. (p. 11, our translation)

It is also possible to make use of many other resources, such as: decks (of emotions and the throw), children's books, story cubes, different intermediate objects (puppets, masks, fabrics, miniatures, pillows), the conversation wheel with problematization

for the warm-up of the scenic work, rule games, board games, graphic materials, sandbox game (psychodramatic sandplay), and toys in general.

Usually, the work with children begins with the family and/or those responsible for them. Some professionals perform a psychological evaluation process to get an expanded view of the child, its psychodynamics, and the dynamics of the family system. Interviews with parents, sociodrama with the family and/or parental couple, child's social atom, toys, graphic materials, graphic psychological house-tree-person (HTP) tests (Buck, 2003), and Trinca's (2013) drawing-history procedures can be used, among others.

In psychodramatic psychotherapy, action and role-play (the "make-believe") is a priority, yet some children have difficulty doing this right away. To this end, toys and games, such as those already mentioned, are exciting resources for the work. The child's age is a benchmark for psychodramatic practice, and we notice that there are differences in the abilities to play and reverse roles. Preschoolers naturally have an easier time with make-believe games but lack the cognitive capacity for role reversal. The school children need more warming up to enter psychodramatic roles because their interests are initially in the more structured games. Regardless of these characteristics, role-playing games are essential mediators of emotional learning about themselves and the world. Psychodramatic psychotherapy with children will always respect the characteristics, limitations, and singularities of each individual.

The role-play and counter roles are coconstructed by child and psychotherapist and will reflect the conflicts and contradictions that permeate everyone's ordinary life, except that they were constructed based on the child's suffering. Conflict is related to how relationships are structured within the collectivity, and the therapeutic effect of this is linked to the manifestation of the counconscious,[1] that is, the experience lived and shared through creation (Filipini, 2014). In light of this, role-playing is constructing a supplemental reality (Moreno et al., 2001), a dive into the child's subjectivity, and a dramatic project built and executed between child and psychotherapist.

The sharing stage is often diluted in the context of the session or happens at the end, briefly, more clearly defined depending on what was explored and the theme experienced. Sometimes, this step can occur as a relaxation for the closing of the activity.

Psychodrama with Children: The Diversity of Experiences in Brazil

Children in contemporary times are inserted in a context that demands a plasticity of relational combinations never before experienced, a quick receptivity of information

[1] "The concept of counconscious refers to experiences, feelings, desires and even fantasies that are common to two or more people, and that takes place in an 'unconscious state'" (Gonçalves et al., 1988, p. 56, our translation).

and actions, inequalities, and flexibility. The new family models in the middle layers of the population and their diversity are stimuli for a functional family (Filipini, 2005a; b). The availability and creativity of the parental couple, as well as other caregivers, have been important factors in fulfilling their roles, favoring the child's well-being.

In the psychotherapy clinic, Filipini considers that it has been frequent to seek psychotherapeutic help at the stage of family life in transition, especially as a result of parental divorce. The focus of the work is on the relationship, for that is where everyone, especially the children, is sustained. Parent counseling and fraternal unit attachment therapy are common interventions with positive experiences. The report of a fragment of a session where the parental couple is in the process of legal separation exemplifies this issue. In this situation, the conflict between the couple is enormous, the father has already left home, but the children still experience very aggressive situations:

> Two boys arrive for psychotherapy. Their parents are in the process of separating. The younger brother wants to draw, and the therapist suggests that he draws a picture of the family before and after the separation. He does so and puts more positive aspects on the parental couple when they were still together; the older brother watches and gradually draws together and brings up scenes of conflict. Them both dialogue about how hard it was before their parents split up and created the drawings together. They draw the two boys watching everything that goes on between the couple: fighting, shouting, and almost physical violence. I ask them to give voice to the characters, and little by little, they relate the feelings of sadness and anger that took over everyone. Fear also sets in: what will happen now? Will they get through it all? The older brother is very hurt, the younger one, scared. We talked about these feelings. A new story of family life is beginning.

Attachment psychotherapy helps children identify their feelings, recognize and develop resources, allow the siblings to support each other, and search together for a better way to deal with the demands of this new daily life. Playfully, difficulties are brought up and confronted, showing the importance of fraternal cocreation in resolving conflicts.

Besides the diversity of family models and, consequently, of care alternatives, children and adolescents grow up in a world where other issues are significant, such as social inequality, violence, and technology. Added to these issues, we have the pandemic of COVID-19, and they all foster increased anxiety and fear. These feelings are natural and expected in human beings. Still, when fear becomes uncontrollable and phobias start to hinder the healthy development of a child, this situation generates discomfort and anguish for everyone. Bittencourt (2007) discusses the so-called culture of fear when analyzing the content daily disseminated by the media. In Brazil, there is a tendency to highlight issues related to urban violence and insecurity, which causes everyone to feel increasingly afraid. These issues raise the incidence of anxiety, and research (Fernandes et al., 2014; Vianna et al., 2009) points out that 10% of children and adolescents suffer from some type of anxiety disorder. Concerning the International Code of Diseases (ICD-10) (WHO, 1993), three anxiety disorders specific to childhood are described: separation anxiety disorder in childhood, a phobic anxiety disorder in childhood, and social anxiety disorder in childhood.

Filipini, based on her clinical experience, states that the creation of spontaneous games by the child is an effective strategy in working with anxiety disorder. She states that the child is the author in the creation of spontaneous games and, therefore, dictates the rules and the development of the game. What is implicit in the game and in playing this role is the child's control and knowledge, which offers them security. This security is the fruit of the rescue of their spontaneity and allows them to playfully face the losses that their own creation gives them: They lose, repeat the same process over and over again, and try to improve themselves more and more. In other words, the child experiences that, no matter how much control they have over something (ideas conserved in our society), they do not have it completely, but they can strive harder and harder to reach their goal. The state of security, spontaneity, and sense of well-being is essential in the game's development, and the therapist makes observations of this process with other situations that life offers.

Here is a case of a child with an anxiety disorder; she cries very often and is afraid of separation, vomiting, and illness in general:

> Gabi, an 8-year-old girl, holds a small rubber doll in her hands as she enters the room, almost like a good luck charm. The therapist starts a dialogue with the doll, bringing it to life, and the child looks at her with a certain astonishment and disinterest, throwing the doll on the floor. Quickly, the therapist picks it up and throws it to the child, stepping into the role of the doll: "Hey, you dropped me!" The child smiles and suggests a game: "Let's toss it to each other and count!" The game starts and the initial rule was that the doll could not fall on the ground. Both players work hard to keep the doll from falling, but this is difficult. The child creates other rules in the course of the game and the players engage and play with excitement, trying to improve their movements and plays. Eventually, the doll had voice through the therapist: "Wow, you brought me with you and we are playing together"; "I love playing with you"; "Hey, now it hurts… It seems that sometimes you are mad at me"; "Oh, what a delightful game you invented with me! I was going to be alone at home and you brought me. I'm thrilled"; "Sometimes I'm afraid to be alone, my stomach even hurts"; "Ohhhhhhh… I've done so many somersaults that I'm dizzy, but I'm not going to throw up". The players also talk about the surprises: "How did it fall?"; "How much was this move worth?"; "Wow, we made it to 15"; "Gee, we've been losing for five moves, this way doesn't work, let's change it"; "It's different each time. How nice!" And so on…

The game brought the idea that we never know precisely how the doll would fall, and this surprise was met with joy. Likewise, we never know about many things, even when we or someone else will vomit, get sick, and so many other things that may not be pleasant. The creation and authorship of the game were important for the child because she recognized their knowledge in the process.

Games of rules and chance also offer the possibility for the child to experience their capabilities and at the same time encounter the improbable, the undesirable, without losing hope for better situations/moments. When we are playing with the child, we have the possibility of using the technique of the double, as occurred with the therapist giving voice to the doll and most of the times we use the technique of the double mirror (Filipini, 2014); that is, we assume a role similar to theirs, which enables thoughts, sensations, and behaviors that are not conscious to the child. The therapist should also work with feared scenes that can be dramatized and drawings of loss situations accompanied by reflection and dramatization.

Another experience with children was achieved by the coauthor Strauch, who makes use of the sandbox play in the clinical context. According to Weinrib (1993), the sandplay or sandbox play is a therapeutic method based on Jung's psychological concepts, a path to self-knowledge and transformation, developed by Dora Kalff in Switzerland. The method consists of using a rectangular box containing sand, with specific measurements within the customer's field of view (72 × 50 × 7.5 cm) in which miniatures can be placed, creating scenarios within that space. Kalff recognized, in agreement with Ammann (2002), that series of scenes and images are frozen, photographed, and stored because they represent a dialogue in the psyche between conscious and unconscious, analyzed throughout the process. The more the miniatures, the greater the opportunities to express what comes to your mind. It is a nonverbal, symbolic, and imagery methodology used with any age group.

Studying approximations between psychodrama and analytical psychology, Ramalho (2010a, b; 2007) developed psychodramatic sandplay, which starts from the construction of free or thematic image with miniatures in the sandbox, and then the client is asked to create a story and a title. The psychodramatic techniques are applied, moving and interacting the pieces, and may even rebuild the scenario in the psychodramatic "as if". Strauch (as cited in Ramalho 2010b) works mainly with role interviews (who are each of the characters), role-playing (dialogues between the characters playing their roles), confrontations, double mirror, role reversal, soliloquy, maximization, concretization, presentation, interpolation of resistances, psychodramatic extension of the scene, temporal projection (of past, present, and/or future), including inviting parents/guardians to bring in the box the representation of when they were the same age as the child, photography of positive and negative scenes, etc. Examples of theme boxes with children are: "who am I", social-family atom, specific fears, bullying scenes, grief, "separation day", dreams and nightmares, etc. The following is a case to illustrate the work:

> In a psychodrama bipersonal service with Mary, a 7-year-old girl, starting from the demand of separation from her parents and suffering from bullying in school relationships, we proposed a warm-up with internalized dramatization. She would imagine a positive and a negative scene experienced with her class. Next, we used the method of psychodramatic sandplay. The child would choose miniatures to represent in the thematic sandbox both scenes freely (see Fig. 7.1). With her hand, she divided the sand into the boys' "B" (bad) side on the left and the girls' "G" (good) side on the right. We begin with the general introduction of the characters in the story. These were interviewed, starting with the positive scene in which her colleagues played soccer and praised the client, represented by miniature princesses (she was Belle). "Step into the shoes of each character… what would they say to Belle?" Then the characters would say to her, "how good you are!"; "you are amazing!"; "you can do it!"; "congratulations Belle!"
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> As for the other side, with miniatures of the Smurfs (she was Smurfette) and Dragon Ball, the boys were disturbing her. "Step into the shoes of each character… What would they say to Smurfette?" They said, "you are ugly"; "how silly you are"; "you can't play or run properly" and "you don't know how to play, get out of here". And if she could answer something, what would it be? The client states, "I reply, 'I am the best in women's soccer!' I turn my back and they all leave!" The discomfort continues, the confrontation was partial. After they argued, everyone would run away from the fight and leave, unresolved. The conflict would boil down to talking, running away, and oppressing oneself? Outside the box, she had left

Fig. 7.1 Using psychodramatic sandplay with Mary, age 7. *Note* Theme sandbox: "bullying in school"

the first miniatures chosen to be boy John and girl Mary. Continuing in the interpolation of resistances, the therapist included in the scenario these two characters represented by Mr. and Mrs. Potato Head, saying, "Then suddenly Mary and John started talking!" Symbolically she had them fighting, hitting each other, running around the box for a while. A new dialogue emerged, a different reaction from running away, killing or burying characters. She would say, "Do you want to play with me?" He would say, "I don't want to play, you're silly, you can't catch or play right". She replied, "I told you I'm the best at the girls' soccer game!" He: "Oh, really? I doubt you can catch me!" Then they started to play tag. The therapist asked, "And the ending, will they be happily ever after, quarreling or different?" until the apology appeared between both parties and the client realized that the boys liked to play, tease and troll the girls. Other figures, such as "Papa Smurf", also appeared in the story, he was watching her somewhat distantly. Their initial feeling of tension/sadness changed to relief/joy.

In the box, each child's limits are managed and extended; we help them deal with unexpected situations, where fantasy and reality visit each other in cocreation. As Moreno et al. (2001) would say, a symbolic and supplementary reality is posited, representative. Each symbol chosen and assembled in the box and in the story is like a part of a dream, that is, an enigma to be discovered in the here and now—the experience of experimentation. The continent and affective-creative limitation of the box bring security to the child in real/social life.

The psychodramatic sandplay can also be used in feedback sessions, and joint and attachment sessions for parents or guardians. As for a face-to-face therapeutic group from 6 to 9 years old, Strauch follows the warm-up procedures with initiator techniques or the conversation wheel with Freirean problematization (Freire, 1974/2013), in which positive or negative situations, dreams or nightmares, concrete or imagined scenes are raised. Then, the action starts from the problem situations searching for resolutive cocreation, moving on to role-plays or other actions with various artistic resources. In group dramatization, the psychodramatic sandplay can be used with the adaptation of some rules such as: First, everyone will be their own character(s); then, they can switch and move/enter in place of the others' miniatures (there is

tension relief when this consignment is given beforehand); point out the importance of preparing the end of the story; and provide the title collectively *(*protagonist synthesis).

The director of the psychodramatic sandplay respects the child's "inner creative healing self" (Strauch, 2020), a spontaneous–creative self that seeks, in ludic play, healthier outlets for its conflicts. Jung spoke of the archetype of the healer; Moreno spoke of the human being as a genius who is the creator of its history. Based on Widlöcher's (1970) view of psychodrama, coauthor Strauch realizes that, as a diagnostic method, the psychodramatic sandplay contributes to the direct observation of behavior, witnessing real feelings and conduct, the exploration of the imaginary, and the development of role aptitude.

The coauthor Rebouças bases her work on the theories of J. L. Moreno and Rojas-Bermúdez, and the technical and theoretical resources available in both approaches are fundamental contributions that support their understanding of the child, the family, and also clinical intervention.

The challenges of clinical practice with children can lead one to look beyond the boundaries of Morenian theory and seek complementary knowledge to enrich clinical practice and understand child development. The psychocorporal approaches Bodynamic Analysis[2] and the psychocorporal psychotherapy with children and adolescents[3] are examples of this knowledge.

The Bodynamic is a body therapy system created in Denmark by Lisbeth Marcher in the 1970s. It is based on Danish relaxation therapy, humanistic psychology, bioenergetic analysis by Lowen (1982) and energy therapists of neo-Reichian approach. This system of body psychotherapy offers subsidies to understand in a detailed way the motor development integrated with the psychic and social development of the fetus and child in its various phases of child development (Marcher & Olars, 1997).

The psychocorporal psychotherapy with children and adolescents is a method created by psychologist Rocha (2010), based on bioenergetics. It proposes the toy as a means of interpretation and/or intervention in the child's psychic and corporal process; that is, in the clinical practice, it offers specific toys (in a directive way) that favor the unblocking of aspects that hinder the free flow of the spontaneous–creative potential.

In this approach, the psychotherapist should lead the child to play where they have not yet played, always considering the energetic potency of the child's body. The toy helps to express the body tensions; through playing, the child enters a tension-charge, discharge-relaxation flow and, using specific toys, the therapist intervenes intending to mobilize blocked body energies, allowing the free flow and facilitating both the child's spontaneous–creative process and the rescue of the energetic pulsation, thus giving way to feelings, reflection, and elaboration.

To exemplify, Rebouças brings the case of an eight-year-old girl, Joana, who came to psychotherapy with depression and anxiety brought on by her parents. She was shy with her peers, had difficulty getting into groups, and was not very available

[2] https://www.bodynamicbrasil.com/home/.

[3] http://www.brasildarocha.com.br/en/.

to play. Her skinny, devitalized-looking body caught the eye, her leg muscles were poorly toned, and she could not coordinate movements in games like jumping rope or hopscotch, according to her, she had never made an attempt to learn to ride a bicycle, nor did she enjoy playing games like running, for example.

The following is a fragment of a session with Joana:

> I suggested the game of hopscotch as a means of intervening and helping her to notice her body and her body base (feet, legs), working with her on grounding, which, according to Alexander Lowen, means getting in touch with the ground, feeling the feet and legs so that the person becomes aware of her grounding and feels her rootedness of the living body "with her feet on the ground". I encouraged her to play with me and jump, feeling the soles of her feet and her legs. I encouraged her by saying:
>
> —Jump with the sole of your foot firmly on the ground!
>
> —Jump by feeling your legs!
>
> As she gained strength, I encouraged her.
>
> And that's how the hopscotch play mediated the work of *grounding* or rooting, helping the patient realize the strength of her base, capable of sustaining her living, vibrant body in the world. Little by little, she brought the related content to be elaborated. She was learning about herself and her creative power was expanding her possibilities to play in a group with her colleagues at school, in the condominium, etc.

This game was repeated many times, as well as others with the same objective, such as jumping on one foot, jumping like a frog, jumping rope, always encouraging her to feel the soles of her feet and legs; after the game, we would talk about that body experience and also about other themes related to the pleasure of playing, self-confidence, shyness, etc. Joana began to develop self-confidence and learned to ride a bicycle.

In addition to the psychocorporal approaches, Rebouças highlights the importance of the intermediate object in working with children, a term enshrined by Rojas-Bermúdez (1997). The author employed the term intermediate object (IO, from Latin *objectus*) in the sense of a tangible thing, outside the subject, real, concrete, and material that, when instrumentalized in an appropriate context, serves as mediation for communication between two people.

In psychotic children, the IO, a puppet, for example, can be used, because in this type of disorder, natural communication (facial microexpressions, other facial expressions, smile, tone of voice, etc.), postural forms that escape egocentric control and that are proper of the species and necessary for life in society produce states of alarm in patients with this type of disorder. The natural communication emitted by the other creates suffering since it is perceived in a distorted and extravagant way, the result of pathological decoding (Rojas-Bermúdez, 1997). A puppet (IO) is an inert face that can mediate, facilitating communication between the child and their therapist.

Chapter 8 of the book *Psicodrama e Neurociência: Contribuições para a Mudança Terapêutica* features an experience report by the author on IO and intra-intermediate object (IIO) (Rebouças, 2008). Here is a summary of the experience:

The author attended an 8-year-old child, psychotic, with poor social skills and unable to establish bonds with people other than the closest family members (father,

mother, siblings, and grandparents). In the waiting room, the therapist welcomed her by greeting her through a puppet (a female figure with a neutral physiognomy). The child stared at him and went into the consulting room, where remained until the end of the session. So, they continued (psychotherapist and patient) for many sessions, in which she dialogued with the puppet that was under the therapist's control.

In another session, a second puppet was offered so that the patient could communicate with the therapist's puppet. She accepted and then talked about herself and her fears (fear of clowns, movies, birthday parties) through this puppet (a girl). The puppet chosen by the patient came to function as IIO, defined by Rojas-Bermúdez (1985) as an "egoic catalyst" that makes room for the appearance of the patient's blocked material.

For a few sessions, play with the puppets continued until the child and therapist were slowly removing the puppets. They met face to face playing roles and creating various scenes, including themes linked to situations that caused her panic, such as going to the movies. The author reported a significant improvement in the way the patient related to her social roles, going to the movies with her school class, and celebrating her birthday with tranquility, among other gains.

In this case, both the IO and IIO roles were intended to enable/facilitate communication through the concealment of natural forms, with the IO concealing the psychotherapist's natural forms. The IIO concealed the patient's own natural forms, encouraging communication, role-play, and the development of creative spontaneity.

Puppets used as IOs and IIOs are important resources for intervening with children in situations they cannot talk about or dramatize, for example, frightening dreams, bullying situations, feared scenes, etc.

The possibilities within the psychodramatic approach with children are diverse, and the works developed have unique adaptations. Still, all of them are based on socionomy and are based on a dramatic project coconstructed between psychotherapist and child.

Psychodrama and Inclusion

Brazilian psychodrama is also inclusive and has reached a population that sometimes had its attention restricted to medical care. It was believed that children with intellectual and mental disabilities would not have the same benefits as others concerning psychotherapy. Thus, the previous option was to assess the child, limit counseling care to the parents, and, in some cases, offer only supportive therapy (Buscaglia, 1993). In coauthor Santos' professional psychodramatic practice with children, it has been observed that the search for services for children with chromosomal syndromes, neuropsychological disorders, and other forms of disabilities has been increasing over the last few years.

The question arises whether, by following the model described by Buscaglia, we would not be trapping ourselves in a cultural conservatism. The challenge of offering these children the possibility to experience, live, and elaborate their conflicts

through psychodramatic psychotherapy has been confirmed as an efficient way to improve the communication and expression of the children's inner world and for parents to understand the uniqueness of their children, favoring telic relationships and improving the relational quality of families. Inclusion is not only possible but necessary. Considering the Morenian idea that the self is structured and organized based on interacting roles (Moreno, 1975), and knowing that segregation causes deficits in several areas of development, whether language, affectivity, or cognition, it is increasingly believed that, individually or in groups, both neurotypical children and those with some form of disability can overcome their pain and emotional conflicts through psychodramatic psychotherapy.

Santos (1984) shares that her initial experiences in assisting children with disabilities happened in the context of a children's hospital, working as a psychologist in a project of preparing for surgery through psychodrama. The preparation for cardiac surgery for children with Down syndrome was developed through play and handling of hospital supplies, role-playing, games, puppet theater, storytelling, and graphing techniques (Chiattone, 1984). Featuring in scenes of surgeries and dressings, playing make-believe with the equipment, experiencing roles of doctors, nurses, and family members (role-playing), the patients could be welcomed to manifest and share fears, uncertainties, insecurities, and fantasies. The preparation for surgery, done individually or in groups, results in better conditions in the postoperative period, shorter recovery time, children and parents emotionally more stable, minimizing the trauma that a surgical intervention usually brings.

The hospital experience also brought belonging to a multiprofessional team, significant exchanges, and the opening and perspectives of care for other types of disabilities. Thus, the clinical work has expanded to care for children with autism spectrum disorder (ASD). Currently, the prevalence rate of this disorder is increasing, not so much because of the quantity, but because of the efficiency with which the diagnoses are being made (Lisa et al., 2018). In the proposal to assist children with disabilities through psychodrama, an important point is how the issue of diagnosis is considered. More than a label that categorizes and limits, the focus of care is on uniqueness. The look is for the child and their possibilities, the diagnosis being illuminated by the process, constantly evaluating and relativizing.

During the evaluation of a child with ASD, it is important to identify priorities in treatment so that important periods of neuroplasticity are not lost in interventions (Wolkmar & Wiesner, 2019). It is now known that the brain can create new connections throughout life, but it is in childhood that precious opportunities for developing various skills occur (Grandin, 2015). Clinical practice has shown favorable results of psychodramatic psychotherapy with patients with autism levels 1 and 2 (mild and moderate). Psychodramatic care is also practical because it uses concrete reasoning in practice, without requiring verbalizations or theorizations. Thus, both children at an earlier age and those who have not yet developed abstract reasoning can benefit from this form of care.

The theory is confirmed in the office, as can be seen in the following report:

> A five-year-old child with autism had started care three months before the onset of the COVID-19 pandemic. During that time of face-to-face care, the child never spoke spontaneously during the sessions. With insistence in the farewell formally said: "See you soon". The parents had decided to discontinue care, maintaining orientation sessions. Because of the difficulties in social interaction and the tendency to isolate, it was feared that, removed from social and family ties, even more significant developmental challenges would arise. At the age of two the child showed regression during school vacations. It was decided to try the online service and the big surprise has been the child's positive response. Besides a better quality in playing, the child started to communicate with the psychotherapist and other professionals who also followed this modality, indicating that the security provided by the environment, added to the closer contact with the parents, is bringing benefits. The protected, relaxed, and safe environment got possibilities for spontaneous expression, creative experiences, and new play: conversations with puppets, hamburger parties, storytelling, birthdays, musical performances, and cooking activities. I think she will soon start talking about feelings as well.

The experience of inclusion and diversity has shown positive results in the various age groups and group work. The insertion of children in the groups happens after a period of individual care in psychotherapy or psychopedagogy. Usually what guides the formation of groups is the child's ability to establish shared relationships. In the sessions, the warm-up stage is followed by the "novelty time", which includes positive and negative facts of the week, requests for help, and definition of the activity, game, or scene to be dramatized. Cognitive functions such as attention, memory, resources for organization in daily activities and school tasks are also included (Santos, 2015). The experience has been an ongoing challenge and has brought much growth and learning for children, parents, and professionals and relational and affective gains and lessons in humanity for all.

Online Psychodrama with Children

The COVID-19 pandemic brought us home, and the digital environment became our medium for social interaction; home-offices connected us with our patients on stages that extended from one home to another.

Online psychotherapy, regulated in Brazil since November 2018, has become a possible intervention. Therapists and children have lost the physical/presential space of the consulting rooms, having to find new possibilities for the manifestations of the inner world in the virtual area.

Working with less material, getting out of the cultural preservation and recreating new ways of attending has been a permanent challenge. Introducing every corner of the house, sharing musical instruments, showing collections, the landscape from the window, or playing hide-and-seek in the closet while taking the therapist along on a video call, the session is happening and teaching that we are capable of new answers.

Coauthor Rebouças relates an experience with a child who invites her to play "neighbors" who talk through the window—the tablet screen:

Lia: Hello neighbor, today my daughter is going to school and I am preparing her lunchbox, what about you? Are you doing this too?

Therapist: Yes, I am doing it.

Lia and I took the kids to school, returned home, and were taking care of the household routine when she gets a call from the teacher:

Lia: What? My son went to the hospital?

Lia comes to the window crying.

Lia (pretending to cry): Neighbor, neighbor, my son was sick at school and is in the Hospital Aliança with COVID-19.

The scene now is not at the window, but at the hospital where her son died of COVID-19 and she returns to the neighbor's window to let her know what happened and the scene closes probably because of the anxiogenic content, the real fear of an inescapable threat experienced by humanity: COVID-19.

After this scene, she could talk about the fear of death, the fear of losing her parents, fear of getting sick, she talked about the sadness of not being able to go to school, to the outside area of the condominium, the loss of contact with her grandparents.

Over many sessions my little patient and I connected by the bond of therapeutic love through a "window" in cyberspace constructed the elaborative scenes of a moment of pain, hers and mine too, fear for the real threat of the virus was the protagonist theme of each session.

After some time, death from the virus no longer appeared, but the possibility of getting sick and being cured, of protecting oneself and one's family to live, and so we went on.

Coauthor Filipini, meanwhile, takes up the case of the girl who created games in her office and keeps it up in online care:

Gabi turns her room into a laboratory and she becomes the "mad scientist"! The therapist becomes a kind of hostess while the scientist goes about preparing her magic potion.

—Ladies and gentlemen, look what our mad scientist is picking up now, it's a white, gooey liquid, what will happen? Now we have another one, let's see the color… It's blue!!!! She will mix it up!!! Oh! What will happen?!!! Get ready! [and so, the narrative of the mad scientist's spectacle continues, until the slime is ready].

Upon finishing it, the child, still in the role of the "mad scientist", handles the slime with great dexterity, making precise, daring movements and proudly displaying his almost magical achievement! When the story ends and we leave the psychodramatic role, we can talk about her abilities and the difficulties she still has to face.

We enter the intimacy of the houses. Parents, siblings, and pets became our auxiliary egos, and we had to reinvent ourselves and discover new possibilities of intervention. We were learning with the children to explore the digital platforms and suggesting other possibilities in the online modality, such as using hand sculptures, *emojis* and figures to represent conflict situations, joint digital drawings, games, sharing videos, images and digital stories, among others. Strauch also suggests the method of psychodramatic sandplay in digital tools, such as *onlinesandtray*, *dollhouses*, *onlinepuppets.com,* and *jamboard.* Psychodramatic psychotherapy keeps happening to the extent that there is accurate availability to be and play together.

Conclusion

Psychodramatic psychotherapy with children has achieved a solid place in psychological science in Brazil. It started with contributions from psychoanalysis, was strengthened by publications that grounded it through socionomy, and currently adds methodologies and theories without fear.

The importance of rescuing spontaneity and creativity for resolving intra- and interpsychic conflicts is present in diverse clinical practices. It is crucial that psychodramatists favor the creation of a drama project with the children at each meeting and that psychodramatic roles can be played or other ways of accessing them can be developed. For this, we have the resources of the OIs that facilitate the relationship and the sandbox game, or the psychodramatic sandplay, developed and used in working with children. The body has always had an important consideration in Morenian theory, and the psychocorporal approaches come to add to and assist psychodramatists in their clinical practice.

In psychotherapy with children in Brazil, we have the important reach of psychodrama in chromosomal syndromes, neuropsychological disorders, and other forms of disabilities. Sociometry is the methodology that enables the identification and place that individuals occupy in society. To work inclusively is to favor a healthier place and healthier relationships through the construction of shared knowledge.

Children bring us unexpected situations where fantasy and reality visit each other. Play and the symbolic become a reality in psychodrama, and this experimentation, a cocreation in the here and now, brings the possibility of transformation. Whether in the in-person or online modality, psychodramatists continue to believe in the potential of creation and recreate themselves in their interventions.

The contributions of psychodrama in serving the child population are growing. There is much to be created in a country like Brazil, with its vastness and diversity of territory, culture, and people. But for their survival, the Brazilian people need a lot of creativity and collective strength. This is why we have enshrined the importance of the Brazilian educator Paulo Freire, who taught us, like Moreno, to believe that we can, that we know, and that we build a transformation together.

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