Joan Moore describes an innovative drama therapeutic approach to facilitating attachment between adoptive parents and their children who suffered abuse and neglect in their family of origin. Children of hostile parents often display fear of adults’ proximity. Play is proposed as the most natural way to increase empathy between these children and adoptive parents. Their joint engagement in ‘make-believe’ invites discovery of new perspectives and heightened self-awareness. The child’s life story is explored, initially using metaphor as fictional contexts provide the privacy of distance that allow us to confront what may otherwise be too disturbing or painful.

It is argued that working in the child’s home, using sensory materials, assists transfer of learning from the therapeutic play space to daily life. Children begin to reassess their survival of adversity as ‘heroes’ rather than ‘victims’. Released from blame for events over which they had little control, children explore continuing troublesome patterns and, through theatrical enactment, create new ways of being. Parents’ direct involvement in performance of the child’s story (both fictional and real) leads to improved mutuality. The shared emotional experience brings parent and child closer, and parents gain improved confidence to support their children.
reconcile previous loss in order to help them to reattach.

To be effective, therapeutic intervention depends on a nurturing atmosphere. Drama allows children and their adoptive parents to have fun as they explore the impact of themselves on each other. Playfulness lowers anxiety about risk-taking and builds trust to explore fear. Even an audience of one or two can act as a mirror to reflect the child’s projection, helping both realise that they share the same emotions and frustrations. Heightened self-awareness increases ability to make a more informed choice of response.

Specific relevance of dramatherapy

Life itself is a drama, yet one in which we are not given scripts:

In our families we are acting parts in a play we have never read and never seen, whose plot we don’t know, whose existence we can glimpse but whose beginnings and end are beyond our present imagination and conception. (Laing, 1971, p 78)

It is my proposition that theatre has always projected and magnified aspects of life itself that are turned into stories and physically embodied on the stage. The Ancient Greeks wrote plays and legends on the theme of abandonment. Jennings (1998) observed a complexity of attachment issues illustrated by Shakespeare, such as absence of mother and sibling jealousy towards Cordelia in King Lear; Juliet had a close, indeed motherly relationship with her nurse who nonetheless betrayed her in Romeo and Juliet.

Dramatherapy is defined as ‘the intentional and systematic use of drama/theatre to achieve psychological growth and change’ (Emunah, 1998, p 3) stemming from theatre and psychotherapy, with roots in psychodrama, developmental play, ritual and role play. Moreno (1946), the father of psychodrama, transformed the therapist-patient role to that of director-protagonist, comprising mutual sharing and respect, having observed people experience catharsis from spontaneous performance with others. Play is the means by which young children explore their world using the five senses until acquiring sophisticated use of language. Accordingly, play therapy and dramatherapy overlap. What distinguishes dramatherapy is its concentration on role.

Landy (1994) states that the task of assisting clients towards spontaneous expression separates dramatherapy from other psychotherapies as drama offers the safety of an ‘alternative reality’. The use of role gives a structure helpful to those lacking emotional control. Boal (1995) viewed performance, with its beginning, middle and end, as a microcosm of life. ‘Going back to the beginning’ can be understood as regression or opportunity to reverse, to ‘get it right’ this time. In real life, ‘disguise’ relates to falseness, intent to deceive. In dramatherapy, the use of costume and masks for disguise is a vehicle to self-confrontation.

Jennings (1992, 1998) found that the ritual of theatre allows us to step out of our usual conscious mentality; retrieval of earlier experiences is integrated into events and feelings occurring in the present, the ‘observing self’ reframing troubling patterns so they no longer threaten. Coherent reworking of the life story helps to build resilience (Siegel, 1999). Most dramatherapy literature has focused on work with groups rather than individuals and accordingly encompasses more structured approaches than non-directive interventions. In work described by Boal (1995) or Emunah (1998), for instance, many scenes worked from adults’ real-life scenarios can therefore resolve matters more directly. In my experience, children are more comfortable with the metaphor. Harvey (2003) describes clinical ‘dynamic family play’ with an adoptive family that is adult led, using prescribed play tasks and culminating in exploration of the life story. Yet I find these children are more effectively empowered by starting intervention with an explanation of their life story as a way of tapping into the events that created their predicament (see, for example, Vaughan’s (2003) compelling account of work with Marty and Jenny).
Why a ‘Theatre of Attachment’ model?

Developments in neuroscience have clarified the significance of the quality of early care for children’s development (Perry and Pollard, 1998; Glaser, 2000; Siegel, 2001; Cozolino, 2002). The use of magnetic resonance imaging (MRI) evidenced LeDoux’s (1998) finding that emotion affects the whole brain and overwhelms rationality, so that we ‘feel’ before we ‘think’. Stern (1985) found playful exchanges between mother and baby, involving eye contact and mirroring of each other’s movements, became an ‘attachment dance’. Spontaneous enjoyment of play evidences bonding, contrasting starkly with those for whom mutual interaction is painful due to unresolved loss. Schore (1994) describes the distress caused when the baby cannot switch off his/her state of high arousal as in the ‘disruption and repair’ cycle that normal children depend on. Those with unresponsive parents do not experience this safe holding and so develop defensive strategies to protect themselves (Gerhardt, 2004). One consequence is their difficulty in differentiating and labelling emotion in others (Beeghly and Cicchetti, 1994), boys having even greater difficulty than girls (McClure, 2000).

‘Theatre of Attachment’ allows children and their adoptive parents to experience non-intrusive touching and holding through enactment. They recognise the motivation of characters in the story by engaging with their feelings. Contrary to indications that severe neglect during the first three years causes lasting, irreparable damage (Cozolino, 2002), I find that relationships can be repaired when these children source their problems, having received therapeutic support to overcome their loss and adapt to adoption. Since learning is pattern recognition, adopted children must benefit from understanding their life story. Dramatherapy, like other creative therapies, builds pattern recognition and, by inviting projection and embodiment of our emotional states, has proved especially effective at facilitating clients to gain mastery over their most difficult experiences. Arguably, the task of helping children to work through issues should remain separate to that of life story work. My contention is that relational difficulties arise from earlier experience; therefore it is more helpful for child and parent to address both tasks, thus enabling both parties to obtain a fuller understanding of the source of these difficulties and work together.

Children with unhealthy primary attachments have difficulty managing separation from caregivers, being anxiously concerned to keep them close (Crittenden, 1995). The experience of ‘me but not me’ has particular relevance for such ‘ambivalent’ children who benefit from distancing devices proposed by Landy (1994):

- role reversal to gain a deeper understanding of ‘other’;
- identifying what took place and deciding what should happen next;
- interviewing characters to promote objective analysis.

Avoidant children are helped by therapist and parent modelling the effects of hostility. ‘Parentified’ children used to prioritising parents’ needs may explore scenarios featuring subjugation of one’s own needs for others’ greed or benefit. When memory of the ‘real’ event is too disturbing to confront, metaphor provides privacy to help us address pain in a manner less frightening. I have found many adopted children are anxious and insecure rather than ‘avoidant’ or ‘ambivalent’, and are unsure of the permanence of adoption.

Often enactment illustrates the protagonist being repeatedly threatened by an evil, terrifying and powerful character. When adoptive parents witness the scale of the threat and accompanying fear or helplessness, they may step in to rescue their child. Sensitive parents learn to accept the child’s projection and hold their child’s pain while a satisfactory resolution is sought. The child’s faulty and destructive self-perceptions are challenged in the process of enhancing self-esteem. Those adoptive parents whose own parents were inconsistent or undemonstrative towards them find this hard, but they are encouraged to recover
their own missed experience vicariously from enjoying the pleasure they are giving to their adopted children, thereby correcting the earlier imbalance.

**Objectives**
The objectives of the ‘Theatre of Attachment’ are:

- to engage parents and children jointly in the process of therapeutic life story work by using creative methods, particularly drama, supported by information on attachment, trauma and parenting in order to facilitate healthier attachments that help to secure placements, so reducing likelihood of later psychological disturbance;
- to work in the home to enable the family to transfer learning from the ‘therapeutic play space’ to everyday life, thereby enhancing mutuality;
- to have fun and release tension in order to stimulate creativity;
- to experiment with different ways of being, using the privacy of fiction to confront difficult feelings;
- to use an audience to discover the impact of self on others and vice versa;
- to discover strengths from finding solutions, using magic and accessing friends;
- to expand imagination to increase problem-solving skills;
- to increase empowerment to exercise choice.

**The method in practice**

**Referrals**
Developing this ‘Theatre of Attachment’ approach has incorporated work with 21 adoptive families, comprising 26 children, aged three to 13, adopted from foster care as the result of neglect and abuse in their birth family. Children and adopters were of white European origin, reflective of the predominant culture. In 15 of these 21 families, both parents attended; the remaining six families had one parent attend, one being a single parent. No families withdrew. So far none has since disrupted the adoption. However, suitability and willingness had been previously assessed by referring agents.

**Timescale and period**
Most families were offered ten weekly sessions of one hour per child, with an option to continue if required (except five families with younger children who had just six sessions). Five families had 20 sessions, two had 15 sessions. Of these, 21 families – roughly half due to availability of funding in some authorities – have been offered optional follow-up sessions, usually one per term or half-term, so far taken up by four families.

Three of the families secured additional therapeutic support from allied services. Sessions were held in the family home, as this is usually convenient for adoptive parents while anxious children generally feel more secure in familiar surroundings. Occasional interruptions by telephone, dogs barking at passers by and so on, in my view, were outweighed by the benefits, possibly because the power held by therapists in clinical practice is invested in the family on their own territory.

**Characteristics of the children**
Adoptive parents typically described problems exhibited by their children as follows: attempting to be in control of everyone around them; sometimes seeming sad yet unable or unwilling to discuss feelings; poor self-control leading to frequent tantrums; difficult behaviour at school; deceit/dishonesty; refusal to comply with tasks; memory problems (losing clothes, forgetting instructions); being intensely demanding but refusing to join in organised activities; resisting parental gestures of affection unless on child’s terms; taking, hoarding food or others’ property; being over friendly to strangers and unaware of danger.

Extended family members and friends soon withdrew promised support, leading to adoptive families experiencing social isolation. These parents felt judged, blamed for their children’s antisocial behaviour but powerless to change it. Moreover, adopters’ perspectives on
their world were usually more benign than evil, their belief being that as individuals they are deserving of affection (Janof Bulman, 1992). This is the opposite to that of their children whose world feels unpredictable and scary and whose ‘internal working model’ (Bowlby, 1973) is of parents too hostile or helpless to protect or care for them. As Aldgate et al (2006) explain, ‘children who believe they are unloved will behave towards others in a way which reflects that experience’ (p 79).

My perception of these children was that many suffered symptoms of post-traumatic stress, ie being hypervigilant, anticipating disaster, sleep problems such as fear of going to sleep and/or waking too early, poor control of bladder and bodily functions and nightmares in which they are plagued by monsters and ghosts. These fear states result from traumatic experiences such as being given cigarette burns when they cried, forced by drunken father to eat sick mixed with salad cream, tied to a chair by their hair, deliberately burnt for playing with a cigarette lighter, subjected to games that start as fun but turn into sexual abuse and being locked up for hours. In addition to these are those whose cries elicit no response at all. Flooded with fear, these children are unable to regulate their affect (Perry and Pollard, 1998).

A key task then, was to help adoptive parents understand the impact of trauma and attachment. Fonagy and Target (1997) advise adoptive parents to explain human behaviour to their child. I found that if parents were helped to realise the effects of their own unresolved loss, they became less blaming of themselves and the child and more able to relate to their child’s loss and deal with conflict. Dramatising the life story served to illustrate that these ways of being were the children’s only means of survival in the context of horrific adversity. Sourcing reasons allowed exploration of new ways to relate. These children needed warmth and empathy from adoptive parents.

Therapeutic process
An assessment of both children’s and adults’ attachment is essential for effect-
therapist in helpful roles like ‘fairy godmother’, or scary ones like ‘witch’ or vampire. Parents were advised to resist temptation to take over the drama with their own ideas. While empowering the child is important, all players have the right to object, for instance, to any physical discomfort. Children played out their former experience and explored new outcomes. At the end, they were invited to tell the story in their own words. Some were able to extract the message or ‘moral’ of the story, thus enhancing their understanding of issues addressed. Their stories were later printed with pictures added, the collection of which enhances self-esteem.

Sometimes I wrote a fictional version of their life story that described the adversity of an abandoned animal, as a gentle means to expose hurtful feelings, connection to which children could accept or reject. Life story maps developed from an initiative by Corrigan (1990) proved a useful tool to discuss feelings from the ‘real’ story, being a piece of the ‘scenery’ of their life. Children gave their own account by enacting scenes using toy figures to represent people. The facts were explained at appropriate junctures.

**Case example**

Lewis, 11, and Sarah, 9 (not their real names), had been adopted five years previously from a background of neglect and domestic violence. Their birth mother had learning difficulties and most of her partners were sex offenders involved in violent crime. Both children presented challenges that led adoptive parents to feel constantly frustrated and exasperated. Every effort, they declared, was ‘thrown back in our faces’ with little apparent remorse. Early assessment found that the adoptive parents were unconsciously repressing their children’s expression of feelings and that they were too caught up with their own needs.

Sarah tested their patience by responding to every question with, ‘I don’t know’. When her birthday party was planned, Sarah caused further upset by ‘forgetting’ to collect replies. She was at a loss to explain or to understand why her parents seemed so upset about it. Her adoptive mother tearfully explained:

*I never had a birthday party. That’s why I wanted to give Sarah a really special experience and invite her class. But she makes no effort at all.*

Sarah enacted scenes in the sand tray on the theme of bullying in which the cows were so nasty to the other animals that lambs then pigs left the farm. The cows began to bully each other, requiring the farmer to provide separately for the calves, noticing that the bull needed food as much as the others. Sarah concluded that ‘even bullies have to be looked after so they can learn the rules’. Praise gave Sarah courage to explain that she had been bullied at school. Strategies were then devised. Highly relieved that Sarah had explained her difficulties, her adoptive mother hugged her closely.

Lewis then took over the role of family ‘scapegoat’. His refusal to co-operate with homework led to deceit that particularly upset his adopters. Lewis had no idea how to manage this differently but saw little point in making an effort, being ‘always told off anyway’.

In the following excerpt, Lewis took the role of ‘Quazar’, having cast his adoptive mother as ‘Reetad’, his adoptive father as ‘Monkey’ and myself as ‘Magic Jill’:

*One day in the jungle, Quazar and Reetad met a bunch of losers, Monkey and Magic Jill. They defeated them in a swordfight. Reetad was very pleased about winning. She had a drink of wine to celebrate, becoming playful and flicking her cloak at Quazar, who knew she was joking but didn’t like it. He asked her to stop but he had to ask several times. Monkey asked Quazar for a drink. Quazar asked Reetad to share her drink but Reetad resisted. Quazar said, ‘You must share if you want to be part of our team.’ Reetad still didn’t want to share. So Quazar threatened he’d feed her to the lions. Magic Jill advised Reetad to take Quazar seriously. Quazar set Reetad a series of tests. Firstly, she had to pull the sword of Excalibur from its rock; secondly, crawl through a forest...*
to find Quazar; and thirdly to dispose of Evil and prove her faith by jumping into the lion’s den. Unbeknown to Reetad, Quazar had already sacrificed the lions so the den was empty. Reetad was very brave and completed all the tasks. Quazar was very pleased and gave her a magic shield to protect her in battle. ‘This shield will make you invincible,’ said Quazar, ‘but use it wisely! If you fight good people it will absorb your energy and make you weaker.’ He gave her a hundred years’ worth of wine as a reward for her courage.

On reading the transcript of this enactment at the following session, Lewis’s adoptive mother observed that Quazar resented being teased by Reetad but that she was set challenges that she was willing to undertake and had fulfilled. Lewis was gratified that his mother had recognised Quazar’s feelings arising within the context of the drama. Real feelings had been played out and resolved using the privacy of fiction. Consequently, both gained respect for each other and felt emotionally closer.

This new intimacy encouraged Lewis to explore how he might benefit from cooperating with homework. He identified gains and then planned his own strategies for coping with stress. His adoptive mother recalled that her own mother had not been interested enough in her; she wanted a different experience for him. She realised she was blaming Lewis for not providing the responses that she still desired from her mother. Perhaps due to bouts of ill-health, Lewis’s adoptive father was inclined towards pessimism, making it difficult for his wife to obtain the emotional support she needed from him, optimism being the best buffer against adversity (Seligman, 1996). As both felt stuck, not yet appreciating why the children still struggled, I wrote a play of the children’s life story, which the parents performed with me.

Enactment of the life story
Lewis and Sarah’s adoptive parents gained from realising the feelings contained in the ‘real’ story by engaging directly with them. Seeing how events conspired, the children recognised how brave they had been and began to view themselves as ‘heroes’ rather than ‘victims’. The play consisted of a few ‘snapshots’ of the child’s life, starting at birth and concluding with their move to adoptive care. Dolls were used to represent the children. The therapist took the role of birth mother, giving adoptive parents roles such as teacher, doctor or a neighbour who expressed concern and probably tried to help. Music, e.g. the birth mother’s favourite tunes, lent emotion and authenticity to introduce various scenes. Incorporating positive aspects of birth parents’ personalities and lifestyle was important to counter what might otherwise have come across as overwhelmingly negative.

At the conclusion, the adoptive parents relinquished their roles and were invited to describe to the ‘birth parent’ the feelings that this story aroused for them, such as outrage at the child’s suffering, sadness that s/he was so unappreciated, yet pleasure in having the opportunity to adopt him/her. Then the child was encouraged to ask questions of the ‘birth parent’ about why s/he behaved as s/he did; for example: ‘Why did you throw me out? Why did you let those daddies hurt me? Why didn’t we have proper meals? Why did you take drugs? Why did so many people visit the house all night? Why did you only buy us videos? Why was I adopted?’ The therapist, still in role as birth parent, explained what happened, apologised to the children and gave them ‘permission’ to reattach to their adoptive parents. This very moving session concluded with adopters describing to the child how different his/her life would have been if she or he had been born to them and how they intended to provide for him/her now. The intensity of this experience drew the child and parent closer together.

Further findings

Children’s progression
Children who have experienced abuse and neglect in their family of origin face a series of psychological tasks, starting with grieving the loss of their birth family, requiring them to address betrayal...
and abuse and make sense of why people think and act as they do; secondly, they have some need to grieve the loss of foster families and, thirdly, from reconciling these losses, they need to reattach to new parents.

Invited to consider that in fiction ‘anything can happen’, children initially use disguise and trickery in characters like James Bond or Boadicea to solve problems, gain impunity or release themselves from blame. The use of magic expands imagination, helping them to realise choices, such as access to friends and strategic planning that were previously unavailable. Children acting at an emotionally younger age often engage in ‘magical thinking’. The dichotomy of good versus evil, prevalent in many dramas, leads them to explore issues of ‘conscience’ as distinct from ‘rule’. They learn about feelings through matching physical to emotional sensation playing games such as ‘show the feeling’ (Emunah, 1998).

Improved physical co-ordination results from the swordplay that requires invention of non-verbal signals and leads to raised self-esteem. I have found that girls are as keen as boys to play at sword-fighting. Similarly, the boys as much as the girls enjoy baby dolls, allowing recovery of early missed experience of nurture in the process of reworking pre-verbal memory. Most children have responded appreciatively to candle ceremonies, a ‘goodbye’ to the past and a reminder of how many people loved them, and still do.

How parents are affected
In my experience, adoptive parents tended to gain sufficient insights from engagement and a follow-up report detailing themes of play to adapt their parenting style so that, even when support reduced and children lapsed into previous unhelpful patterns, they were better able to support the children, having improved confidence and skills. Several parents used the experience of drama to address their own grief. One adoptive mother told a story featuring the dismembered carcasses of animals. In a private debriefing, she realised they represented the aborted foetuses she had been unable to give birth to. Acknowledging her pain allowed her to connect to the intensity of her adopted child’s pain and substantially greater mutuality. However, sensitivity to issues of privacy requires regular time to be set aside for such debriefing, sometimes for children as well as parents.

Therapist’s use of self
Modelling other ways of being helps children and parents to internalise qualities in roles practised in drama and to integrate them into everyday life. The witch may reveal how much she hates to be vilified and ask how she can adjust so that people will ‘like her’. Sharing roles allows us to discover new perspectives. When becoming tired of being a ‘servant’, for instance, the therapist might ask if she or he can have a turn at being the ‘King’ who ‘appears to be having more fun’. Focusing on solutions helps to contain emotions: ‘doubling’, illustrated by Bannister (1997), can be used by the therapist to speak for the character, echoing feelings the child may hold but be unable to declare for themselves. The use of ‘three wishes’ (Boal, 1995) serves to invite the protagonist to decide what is most important and might reveal the child’s deepest desires, thus allowing exploration of unresolved loss. It can also help children practically to relate more successfully to others.

Exaggerating feelings serves to heighten affect. The therapist uses the feelings transferred from the child to inform him/her. These may be expressed in ‘Brechian asides’, a device to clarify views about what feels wrong, uncomfortable or even wonderful. John Cassons (2004) discovered sculpting to be effective because it connects emotional knowledge of the right brain to analytic abilities of the left brain. Arranging clay figures, toys or people in a ‘sculpt’ allows children to consider relationships as a precursor to joining the separate elements into a story. Sculpting a role prior to enactment enables a child to embody the role. Practising an authoritative pose helps us assume that authority and to explore helpful as well as unhelpful aspects of that role. I have incorporated
Jennings’s (1990) developmental play paradigm – ‘embodiment’ (play with the body), ‘projection’ (using materials) and ‘role’ (enactment) – to expand the family’s experience and help them see play as rehearsal for living.

Conclusion: limitations, indications, implications
This article has focused on work in the adoptive home. As such, it does not evidence that success depends exclusively on working in the home as this would require comparison with parallel work in other settings. The fact that both children and adoptive parents benefited from inclusion in the therapy was apparent from their mutual enjoyment of each other’s company, further evidenced by a diminishing need for extended support and by placements previously under strain being, so far, sustained. Having fun as well as gaining an understanding of the life story led parents to realise the importance of making time to play with their children and to see play as a valuable means of communication.

However, not all families will accommodate to drama. This approach does not claim to resolve every problem. As an individual therapist, I do not have colleagues who can give my clients separate attention simultaneously. Funding restrictions can make it difficult to guarantee a fuller service (20 sessions) from which families generally benefit. In addition, problems resolved at home often continue in school, especially for older children who will be more effectively helped when teachers have received training about the specific needs of adopted children.

The overall success of this approach leads me to conclude that there is a need for more training in the use of play and drama to facilitate attachment, encompassing a variety of disciplines and creative means that may enable therapists to help adoptive parents heal their children more effectively.

Note
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