BUILDING RESILIENCE IN ADOLESCENTS

A CRITICAL ANALYSIS OF THE POTENTIAL ROLE OF DRAMA THERAPY AS A GROUP-BASED INTERVENTION IN SOUTH AFRICAN CHILDREN'S HOMES.

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STATEMENT OF ORIGINALITY

This work has not been submitted for a degree or diploma at any university. To the best of my knowledge and belief, this research report contains no material previously published or written by another person except where due referencing has been made in the report itself.

Signed RMYBURGH

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Abstract

This study examines the ways in which drama therapy can be an effective intervention aimed at building resilience in adolescents in children's homes in South Africa. An analysis of the South African setting and the state of children's homes in the country sets the scene for this research. Statistics with regards to adolescents with specific reference to orphans, and the problems and conditions that affect them follows. A brief introduction as to what the average adolescent faces, as well as known developmental theorists' work on the developmental stages of adolescents will be addressed. Through the defining of abuse, trauma and neglect and the effects and impact thereof the situation as regards adolescents in children's homes is explained and interrogated.

Drama therapy as an intervention in children's homes is investigated by looking conceptually at the terms drama therapy as well as resilience. Drama therapy does not happen in isolation and therefore the ethics and issues around working in a multicultural environment are discussed. I also look at the impact that the broader field of creative arts therapies can have on trauma and discuss the role that drama therapy specifically plays in building resilience amongst adolescents. The use of drama therapy as opposed to traditional psychotherapies is deliberated; embodiment and metaphor as drama therapeutic concepts are discussed. The usefulness of group work as a therapeutic intervention is explored and contrasted with that of individual therapy.

Lastly the expected outcomes of a drama therapeutic intervention are discussed within the described population and circumstances of adolescents in children's homes, looking specifically at resistance, mixed emotions and agency experienced by these adolescents. This study concludes with suggestions and a way forward.

Keywords

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INTRODUCTION

> *As I walked into the children's home I was met with the stark contrast of its bright logo on the front door and the humble furnishings and walls in need of a coat of paint on the inside. The staff desperately tried to control the hustle over food at lunchtime. Through violent threats flying over my head I started my time there and it became the pattern of the rest of my interaction with the home. From the start my work in the home included multiple cancelled appointments, poor communication and a sense of overall overwhelm among the staff.*

The picture of a broken children's home for adolescents became symbolic to me of the immense systemic challenges that the typical children's home in South Africa faces. In the light of the possible trauma children in children's homes face, having been taken away from their homes because of suspected abuse or neglect, these systemic challenges and misadministration brought me to the focus of my study. Having worked with the children I started asking questions, the most important being: What will happen to these children in the future? They live in spaces that is overcrowded and understaffed with little emotional support. They also live in a country with a lot of historical baggage and systemic challenges. It became apparent to me that an intervention is needed and that drama therapy is a potential answer. Drama therapy forms part of the creative arts therapy field where drama is used as a tool with healing potential to offer a space for therapeutic intervention (Pitruzzella, 2004:79)

Within this given context, the question that this research survey will examine is: In what ways can drama therapy be an effective intervention aimed at building resilience in adolescents in children's homes in South Africa?

RATIONALE

Children and young people have always been close to my heart. I find their ability to live authentically and honestly in this challenging world especially inspiring. This to such a degree that at times it has left me aching for that specific innocence – which, once it is lost, can never fully be recovered again. And yet, one of the reasons that I am venturing in this new career of being a helper in the form of a drama therapist is my belief in people's resilience and their ability to transcend even the most adverse situations.

As part of our master's degree training we were placed at a children's home for a 12-week placement. I was excited for the chance to work with children and adolescents. We had the opportunity to see two individual clients and a group of six very resistant adolescents. Part and parcel of this experience was the challenge to engage with the very specific context of inherited systems, overwhelmed or inexperienced personnel and a group of children desperate for love and attention. All of these children were there because of suspected physical, sexual or emotional abuse or neglect. The children's home is situated in a neighbourhood that is known for poverty and other psychosocial difficulties. It faces multiple systemic challenges and administrative and communication difficulties that also impacted our work there. My hypothesis is that drama therapy can play a valuable role in strengthening these vulnerable youths and in building their resilience.

In my opinion drama therapy is very helpful in the therapeutic environment as it offers us the opportunity to work with clients' strengths and skills, as opposed to pathologies that only focus on the weaknesses. My own engagement with the field of positive psychology, as shown through the body of research of Martin Seligman (2002:49), greatly influenced my view of the adolescents that we worked with.

On my experience in children's homes

When I started working at the placement site I had a lot of pre-set ideas and concepts about working with adolescents. These were not only formed by my training, but also through information received from the support staff and social workers at the children's home.

Although meant well, these concepts and ideas were a hindrance in my relationship with the group. Only after learning to let go of my preconceived ideas about what the group needed, could I really start engaging in the building of a meaningful and authentic relationship. In writing about her work with female adolescents Boyd (2000:6) states that she feels that to be in an authentic relationship with her clients, she needed to truly value each individual, needed to be present and also willing to explore and play with alternatives. She adds that being seen, heard and understood allow clients to feel connected to others. Furthermore she states that "... connection to others counteracts feelings of isolation and loneliness. Hope is nurtured in these relationships of acknowledgement and recognition."

The greatest challenges in building a relationship as a therapeutic group were to find a balance between the overwhelming systemic challenges faced by the children's home and respecting the clients' own life stories. This counteracted with multiple detrimental social, cultural and political factors. When the focus was moved to the relationship, in the here-and-now (Chesner, 1994:72), we seemed to move forward. As a therapist the counter-transference (Pitruzzella, 2004:131) feelings of "being jailed", "having no options or voice" and "having mixed feelings, or feeling overwhelmed" were a clear signpost as to what these adolescents may be experiencing. I started the placement with a results-orientated, black-and-white way of thinking. This way of thinking did not deliver the results I hoped for. Subsequently I had to adapt my way of thinking to that of the group's, which resulted in a more open-ended grey area of exploration.

On general themes that were encountered

Even in the first few sessions some general themes that Emunah (1985:107), writing extensively on drama therapy with adolescents, explains started to emerge. One such theme was that of feeling "mixed emotions". There also appeared to be an inability to name emotions, which is developmentally appropriate for adolescents. The second theme that was evident was resistance, and again Emunah's work with teenagers was an inspiration. After the initial assessment period, the main immediate therapeutic aim for this group of adolescents was for them to attend therapy willingly and on time. This would be indicative

of a positive shift and agency in their well-being. It also meant having to find ways to work with their resistance.

In the end in supervision, I came to describe the relationship as a dance, between attending and not attending, being present and being resistant. This was a dance of fighting the feelings of aloneness in the struggle to make sense of the world. It was also a dance of struggle to find a sense of self and identity. My wish and recommendation for this group would be for them to continue exploring drama therapy within a group setting.

The work in this children's home had a great impact on my motivation to research this subject. Furthermore, my own interest in resilience, trauma and working with young people made the challenging work at the children's home worthwhile for me. Specifically, it was the intense resistance that we experienced from the adolescents, my own physical response to the site and counter-transference that compelled me to research this topic to a more extensive degree.

On the theoretical influences

This research has also been partly informed by some of the principles of heuristic research. Although I did not follow the heuristic methodology, I have to acknowledge the deeply personal and reflexive work that I have done during my training and in our placements. Due to ethical reasons I will not use any of the content, case studies or examples from my experience at the placement site. I will, however, contextualise my general experiences and my feeling responses to the space, where I find appropriate theoretical support from other practitioners working in the field. Moustakas (1990:14) wrote that in heuristic research the investigator has to have a direct, personal encounter with the phenomenon being investigated and that there had to have been actual autobiographical connections. He describes the process in three steps: Immersion, where the question, problems and themes are explored; acquisition, which includes the collection of data; and lastly, realisation and synthesis of the data.

On how the research topics came about

My personal experience, not only in my placement work, but also in my life journey influenced me to choose to explore this topic. Finding ways to bring change, healing and authentic engagement in the communities that we work in is especially important to me. I am also very aware of my personal influences and therefore my aim is to give a brief description of my own experiences working in the field of drama therapy.

Through this study I want to show how drama therapy in groups can be beneficial to South African teenagers from challenging backgrounds living in children's homes. Given the mental health budget constraints in South Africa I will argue that group-based drama therapy is a potential solution in relieving the mental health crisis in South Africa (Tromp et al., 2014).

Hereto the creative arts therapies have a unique contribution to make to the treatment of various disorders and therapeutic challenges. Not only because these therapies have proved to be successful methods of group-based therapy, but also because victims of psychological trauma, especially children, have difficulty expressing their experiences.

Blatner (1992:405) believes that a major challenge for the field of creative arts therapies is to integrate more meaningfully within traditional psychotherapeutic approaches. He adds that arts therapies draw on the healthier side of the personality by expressing feelings and thoughts in a way that transcends problem-focused traditional verbal therapies. For traditional therapies to be effective clients need to be involved, instead of seeking ways to avoid therapy. These findings have specific meaning for my engagement with adolescents, as avoidance of the therapeutic encounters was exactly what I experienced in the children's home. This avoidance presented in them firstly refusing to participate, unless threatened by the staff, or refusing to attend. It later evolved into behaviour that was more playful, such as hiding in (or even under) their beds. A big part of the therapy, in my opinion, was for them to show up and show up willingly as a group. It is this concept of a social encounter that forms part of the theoretical basis of why group work in drama therapy is very important and is viewed as having a special place in specifically work with adolescents. The use of group work and its significance will be explored later.

My initial research for effectively engaging in my placement at the children's home strengthened my determination to further study the contribution drama therapy can make to this crisis in South Africa. To determine the impact drama therapy can have on building resilience in these adolescents this research will argue that it can be effectively used.

On the methodology used

This is a qualitative study. Corbin and Anselm (2008:18) describe qualitative analysis as follows: "A process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge." They assert that each researcher's experiences give meaning to the issue of the study. This is influenced by their history, gender, time, place, culture, politics, religion and professional backgrounds. Corbin and Anselm (2008:37) list four main areas where the sources of problems can be found: Problems that are suggested or assigned by an advisor or mentor; Problems derived from technical or non-technical literature; Problems derived from personal and professional experience; and Problems that emerge from the research itself. My research problem appeared in the form of a very personal experience that I had in a professional capacity as part of my training.

They (Corbin & Anselm, 2008:25) also add that knowledge is ever evolving; therefore a theory should be revaluated and adjusted to meet the situation at hand. It was with this in mind that I approached this study. My aim is to analyse the available body of knowledge to understand what it is that makes drama therapy specifically useful for building resilience. Added to that I also aim to make it clear how and why this therapeutic methodology can be applied with adolescents in South African children's homes.

I will contextualise this study with an in-depth background on South Africa in the form of a survey of the literature on children's homes in the country and the experiences of abuse, neglect and trauma of children living in these homes. I will also analyse literature, theories and methodologies on resilience, drama therapy, drama therapy with adolescents and therapy in groups, with specific focus on Emunah's work with teenagers. This literature review will form the base for my qualitative study. Case studies and examples from South

Africa and the rest of the world will be included in this discussion. The expected outcomes of a drama therapeutic intervention and recommendations will conclude this study.

On the terminology used

Throughout this study I chose to use the words children's homes and orphans. I am aware that these terms may have negative connotations and I use them with the understanding of the potential loaded meanings. I am choosing to use these terms to better illustrate the complexity of the situation in South Africa. And to, through this study, help to better understand young people in these situations and how we as mental health care providers can support and serve them. The word home in the context of residential care in South Africa can include so much more; where schools, after-school care and also the role of child-headed households, come into play. I will also use the term at-risk adolescent throughout the text. I feel it is important to understand that given the specific circumstances in South African children's homes this is a very vulnerable population. This population's rights are often violated in the places where they are supposed to be safe.

On the limitations of this study

This study is limited by the fact that there is not a great amount of drama therapy-related content written specifically in a South African context. Furthermore, another limitation was that I could not do a practical case study to test my findings with the target population. This limitation was due to a lack of time and scope of study but also to the unwillingness of the management of the children's home to participate in further research.

STRUCTURE OF THIS RESEARCH SURVEY

This study consists of four chapters that start with a contextualisation to better understand the situation that we are facing in South Africa. An analysis of the South African setting and the state of children's homes in the country will set the scene. What follows is a look at

statistics with regards to adolescents with specific reference to orphans, and the problems and conditions that affect them. Thereafter I will give a brief introduction as to what the average adolescent faces, as well as known developmental theorists' work on the developmental stages of adolescents. Through the defining of abuse, trauma and neglect and the effects and impact thereof the situation as regards adolescents in children's homes is explained and interrogated.

In Chapter Two, drama therapy as an intervention in children's homes will be investigated by looking conceptually at the term drama therapy. Drama therapy does not happen in isolation and therefore the ethics and issues around working in a multicultural environment will be discussed. I will also look at the impact that the broader field of creative arts therapies can have on trauma.

In Chapter Three the role that drama therapy plays specifically in building resilience will be discussed. Embodiment and metaphor as drama therapeutic concepts will be discussed and the use of drama therapy as opposed to traditional psychotherapies will be deliberated. The usefulness of group work as a therapeutic intervention will be explored and contrasted with that of individual therapy.

Chapter Four will examine the expected outcomes of a drama therapeutic intervention within the described population and circumstances, looking specifically at resistance, agency and mixed emotions experienced by adolescents. Furthermore, suggestions and a way forward will be discussed and the study will be concluded with a summary of the most important findings.

CHAPTER ONE: CONTEXTUALISING

In this chapter I will seek to understand the context that we in South Africa live and work in, looking at adolescents and more specifically at orphans. Furthermore, adolescents and their developmental stages and at-risk adolescents in children's homes will be investigated. I will explore the definitions of neglect, abuse and trauma and the effect of these on the developing adolescent. The impact of trauma on attachment styles and how this influences the individual later in life will also be examined.

CHILDREN IN SOUTH AFRICA

Every child in South Africa is afforded the protection of the Convention on the Rights of the Child (CRC) Article 19. According to this Article parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitations, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. This is in agreement with the South African Constitution Section 28(1) that states that every child has the right to be protected from maltreatment, neglect, abuse or degradation. This also includes the right to appropriate alternative care when removed from the family environment. In the period of 2009 to 2010 over 88 600 children were declared in need of care by a children's court (Department of Justice and Constitutional Development Annual reports as quoted in 2010 in the South African Human Rights Commission & Unicef's report: South Africa's Children: A review of Equity and Child rights).

Although these legal instruments offer protection, many South African children are nonetheless affected by trauma because of the high levels of violence, both within their homes and in the wider community. South Africa is a country that is polarised and still deeply divided over its oppressive and violent past (Gobodo-Madikizela, 2002; Ramphele, 2001). The South African society has been affected by traumatic events that have influenced many, including children. Political riots, accidents and child abuse are but a few examples of events by which South African children are traumatised (Lewis, 2009:14).

Byrnes (1996) argues that some of the universally supported goals in South Africa is to eliminate violence against women and children and to improve educational opportunities for women, but unfortunately the problem is that in most cases these goals receive only rhetorical support. It seems that more urgent priorities were to eliminate the legacy of Apartheid legislation and to improve economic and social conditions for the poor, for children, and for others that were disadvantaged in the past.

Educational opportunities, especially for women, are one component that bears further scrutiny, as statistics on illiteracy will demonstrate. Improved access to schooling has led to a significant decline in the percentage of functional illiterate females. Although this shows that the situation in South Africa has improved for females, there are still a great number of challenges that remain. Between 2002 and 2011, the prevalence of functional illiteracy in the age group 20–39 years declined noticeably for both men (17.2% to 8.6%) and women (15.8% to 6.5%). Almost 4.5% of all females in the age group 13–19 years were reported to be pregnant during the reference period. These figures are consistent with results obtained in 2009 and 2010 and explain why just over 2% of girls between the ages 7 and 24 years who were not attending any educational institution blamed pregnancy for dropping out of school (Statistics South Africa, 2012). Another report from Statistics South Africa (2011) reveals the following: Most boys aged 14 to 18 years old who are not in school quoted financial constraints (28.5%) as their main reason, followed by the belief that education is not useful (20.1%). A somewhat higher amount of females in this age group also mentioned financial constraints (29.8%). Girls were more likely than boys to select pregnancy and family commitments (25.9% compared to only 0.8% of males). These conclusions seem to affirm the persistence of gender roles in South Africa.

When examining the mental health situation in South Africa, not only taking into account children, it becomes clear that the country is experiencing a mental health crisis. According to the South African Federation of Mental Health (as quoted by Tromp et al., 2014), one in every three citizens will experience a mental health-related disorder. Despite this high number the Department of Health annually spends only 4%, which translates to R9.3 billion, of its budget to address this issue.

The Sunday Times (Tromp et al., 2014) reports that this has prompted NGOs such as the South African Depression and Anxiety Group to refer to mental health as "the orphan" of the healthcare system. The same article reports that there are 22 psychiatric hospitals in South Africa and 36 psychiatric wards in general hospitals. Many middle-class South Africans spend up to R2700 a night to stay in private institutions. This excludes the costs of seeing a psychologist or psychiatrist.

This being the case it is quite evident that one of the most detrimental factors to effective therapy in South Africa is economic constriction. As evidenced in the above statistics, some of the social conditions that affect the South African therapeutic landscape include trauma relating to South Africa's past, HIV/AIDS, abuse, violence against women and children and illiteracy. These economic and social conditions have a direct bearing on the prevalence of trauma in adolescents in the country. It is these saddening facts that prompted me to look into the healing role that drama therapy can potentially play.

According to the South African Association of Drama (SAAD) therapists' website one of the biggest national social needs is for support during a traumatic experience and healing from it thereafter. They also found it especially valid with South Africa's history of Apartheid and the current status of HIV/AIDS. The South African Association of Drama therapists believe that arts therapies have consistently proven to be effective in working with trauma both within the individual and the group context because of the way in which internal material can surface in a non-intrusive way.

There are also many studies about psychosocial trauma associated with HIV/AIDS prevalence in South Africa. The 2013 Mortality and Causes of Death report shows that HIV disease has moved from being ranked sixth in 2012 to being ranked third in 2013. Of the 458 933 deaths registered at the Department of Home Affairs in 2013 (as processed by Statistics South Africa, 2015), 5.1% were due to HIV disease, an increase from the 3.9% in 2012. There is significant chronic trauma associated with the HIV/AIDS epidemic. This includes family disintegration, witnessing the death of a loved one, malnutrition and sleep deprivation, inability to pay school fees and social stigma and discrimination from peers. These sources of trauma combine to have many adverse psychosocial effects on the lives of children, from "low self-esteem, chronic depression and apathy to reduction in coping skills and

resilience". Many children withdraw from social interaction and become involved in drug abuse and/or criminal behaviour which can result in an increased risk of HIV/AIDS infection (Lachman, 2014:225).

Coombe (2002:4) believes that HIV/AIDS are not the only cause of the problems that South Africa is facing. She quotes Smart (1999) who, quite strongly worded, describes South Africa as a "racially divided, traumatised, dehumanised and child welfare negligent society".

In South Africa shame Coombe (2002:16) and silence are part of the trauma that gets carried around and are too frequently used thoughtlessly by politicians. This social situation needs on-going involvement and deep healing for the society as a whole to thrive. Looking at the therapeutic aspects inherent in drama and creative arts therapies, it can indeed be healing and beneficial for participants in the proposed context of this research report. Herman (1997:133) states that "the core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections".

ORPHANS IN SOUTH AFRICA

In 2012, there were approximately 3.54 million orphans in South Africa. This includes children without a living biological mother, father or both parents, and is equivalent to 19% of all children in South Africa. The total number of orphans, according to Hall and Meintjies (2014), has increased by 19% since 2002, with 560,000 more orphaned children in 2012 than in 2002. All these statistics and those following were gathered from a report of the Children's Institute at the University of Cape Town (Hall & Meintjies, 2014).

Orphan numbers are, however, mere statistics and do not indicate the nature or extent of care that these children are receiving or even should be receiving. It is important to disaggregate the total orphan figures because the death of one parent may have different implications for children than the death of both parents do. In particular, it seems that children who are maternal orphans are slightly more at risk of poorer outcomes than paternal orphans – for example, in relation to education.

The vast majority (around 60%) of all orphans in South Africa are paternal orphans (with living mothers). In 2012, 3% of children were maternal orphans with living fathers, 12% were paternal orphans with living mothers, and a further 4% were recorded as double orphans. This means that 16% of children in South Africa did not have a living biological father and 8% did not have a living biological mother. The number of paternal orphans is high because of the higher mortality rates of men in South Africa, as well as the frequent absence of fathers in their children's lives (1.5%, or 280,000 children have fathers whose vital status is reported to be "unknown") (Hall & Meintjies, 2014).

The number and proportion of double orphans have more than doubled since 2002 (from approximately 360,000 to 810,000). This translates to an increase of two percentage points in double orphans in South Africa (2002: 2%; 2012: 4%). These increases are likely driven primarily by HIV/AIDS. Three provinces carry particularly large burdens of care for double orphans: 6% of children living in KwaZulu-Natal and the Eastern Cape have lost both parents. In the Free State, 7% of children have lost both parents (Hall & Meintjies, 2014).

Throughout the period 2002 to 2012, roughly half of all orphans in South Africa have been located in KwaZulu-Natal and the Eastern Cape. KwaZulu-Natal has the largest child population and the highest orphan numbers, with 25% of children in that province recorded as orphans who have lost a mother, a father or both parents. Orphaning rates in the Eastern Cape are similarly high, at 24%, followed by the Free State, at 22%. The lowest orphaning rates are in the Western Cape (9% of children have lost at least one parent) and Gauteng (15%) (Hall & Meintjies, 2014).

The poorest households carry the greatest burden of care for orphans. Close to half (47%) of all orphans are resident in the poorest 20% of households. Around a quarter of children in the poorest 20% of households are orphans, compared with the richest 20% where total orphaning rates are around 2% (Hall & Meintjies, 2014).

According to the UNICEF report (2010) on children in South Africa, the number of adoptions has increased to over 5850 annually, but approximately 13 250 children stay in registered child and youth care centres. The number of children in unregistered centres is unknown. Close to half of children (45%) are admitted because of abandonment or neglect, 14%

because of abuse and 14% are orphaned. The UNICEF report (2010) also states that over 4000 cases of child neglect or ill-treatment are reported to the police annually and violence against children is still pervasive in South Africa. There is a slight decrease in the number of cases of neglect and ill-treatment from 2003 to 2010.

Coombe (2002:10) writes that the increasing number of children losing one or both parents is alarming and that the trauma that these children are experiencing are creating a generation of individuals who are profoundly at risk and vulnerable. Coombe (2002:13) also found that psychosocial support for at-risk adolescents usually take the back seat where the focus is on material support and other amenities. Adolescents, who are traumatised, orphaned and without any emotional support, tend to withdraw, resign and isolate themselves. Other psychological consequences may be a sense of insecurity and instability, a lack of trust and the sense that life is empty, writes Kelly (2000, as quoted by Coombe, 2002:14). This psychological trauma often continues later in life and presents in depression and hopelessness. Orphans experience deprivation on various fronts: materially, psychologically and socially (Coombe, 2002:14).

Mohangi et al. (2011:401) studied the intrapersonal coping strategies of children living in an institution and found that they have various different coping mechanisms. To cope with the adversities that they were experiencing, these children employed strategies such as disengagement through fantasy, denial and detachment. Positive intrapersonal coping strategies, which are all traits of resilience, that were found were a sense of spiritual connectedness, a sense of optimism, a positive self-concept and maturity in the form of social responsibility. I postulate that these resilient coping mechanisms can be enhanced and fostered through the use of drama therapy with adolescents. Mohangi et al. (2011:402) also comment on how these findings are relevant to policy makers of these institutions that care for orphans. It points to the fact that children need extra support in their coping attempts which can possibly be met through the use of drama therapy in a group context.

These statistics are important for this study as it really gives the overall picture of what I feel can be called a crisis in South Africa. This is also part of my argument as to why addressing not only the physical needs of these at-risk children, but also their mental health needs is

important. Furthermore I will argue how drama therapy in a group context can play a very specific role to assist in alleviating this crisis as part of mental health focus.

ADOLESCENCE

This study focuses specifically on the life stage adolescence. To understand why drama therapy with at-risk adolescents is a valid and valuable approach to build resilience and overcome trauma, it is necessary to look at this stage of development as well as the South African context in detail.

Adolescence is a difficult stage in every individual's life. The World Health Organisation (2015) defines adolescence as "the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19". This stage represents one of the acute transition periods in life and is characterized by "a tremendous pace in growth and change that is second only to that of infancy". Biological processes are the source of this growth and development, with the onset of puberty marking the road from childhood to adulthood.

There is an onslaught of changes that impact the adolescent's sense of identity and multiple developmental tasks to accomplish. On top of that it is often during this time that conflicts that were not resolved in previous developmental stages will re-emerge (Erikson, quoted by Emunah, 1995:150). Emunah (1985:78) writes that identity is "so tenuous during adolescence that the incorporation of a role for any length of time becomes confusing or actually threatening to the ego".

Considering adolescence in a broad context it can be a particularly awkward stage for anyone regardless of background. It should also be taken into account that pressures facing adolescents change as society evolves. Today's young people face new pressures as a result of advances in technology and easier access to the media. "With a decrease in protective factors including the demise in family and community relationships and an increase in risk factors including the media barrage, advent of cyberbullying, and easy access to cigarettes, drugs, and weapons, contemporary society is becoming an increasingly more dangerous place for adolescents" (LeCroy & Daley, 2001). Schmied and Tully (2009:10) refers to the socio-ecological model of Bronfenbrenner (1979) where he argued that a child's

development is influenced not only by family, peers, school and their neighbourhood, but also by factors such as parental work arrangements, government policies and the media.

Cluver, Bowes and Gardner (2010) found that bullying is an independent and important risk factor in child psychological distress in South Africa, and that children who experience victimisation at home are more likely to be bullied. This implies a cycle of violence. This cycle has big implications for work in children's homes and shows a need for resilience-focused therapeutic work to combat the trauma of the violence experienced by at-risk adolescents.

In South Africa the difficulties of adolescence are escalated by the psychosocial factors and historical disadvantages. Cluver, Bowes and Gardner (2010:793) found that 34% of the South African children in their study reported being bullied. These children displayed higher levels of depression, anxiety and suicidal ideation as well as post-traumatic stress. They also found that children being bullied were experiencing physical or sexual abuse or domestic violence at home, and living in a high-violence community and AIDS-related stigma added to the risk factors.

The South African Depression and Anxiety Group (2015) reports that one in five adolescents are feeling so hopeless that they have attempted suicide. Their other findings include that the age group of 10 to 19 are one of the highest risk groups for suicide. About 38% percent of adolescents felt so hopeless that they needed to see a doctor and 29% attempted suicide that needed medical treatment. They report that although about 9.5% of non-natural deaths in adolescents are due to suicide, less than 1% of mental hospital beds are allocated for children and adolescents (Tromp et al., 2014).

These statistics reflect a very real and worrying mental health situation which, if left unaddressed, could escalate out of control. Adolescents in South Africa are vulnerable and at risk for re-victimisation and further trauma. I relate all of these statistics to support my argument for addressing resilience-building as a life skill. I will later attempt to show why group drama therapy specifically can be part of a useful solution.

DEVELOPMENTAL THEORIES ON ADOLESCENCE

To fully understand and contextualise the stage of adolescence in the process of human development, it is necessary to look at developmental theorists and their findings. These findings impact how we approach and frame the work that we do in drama therapy. My hypothesis is that this period of life, with its transitions and difficulties can be a perfect life stage for a resilience-focused intervention. Humans develop through stages in their lives and each stage brings a potential positive or negative change (Louw, Van Ede & Louw, 1998:508). Looking broadly at the developmental stages as outlaid by various theorists we can see that adolescence is an ambivalent and difficult time.

Emunah (1985:107) states that adolescence is a period of profound "physical, psychological, and cognitive change, creating uncertainty and instability". Physical growth and sexual maturation necessitate the development of a new concept of body image. Physically adolescents' bodies change and they become sexually mature and experience hormonal fluctuation. According to Emunah (1995:152) adolescents become concerned with the appearance of their bodies and this increases their anxiety as they compare their own evolving bodies to that of their peers, all while they are exploring a new concept of body image and identity. There is also a disconnection between their need for assertion and dependence which can lead to much anxiety (Emunah, 1995:152).

Piaget (Beckett, 2002:122) found that adolescent rebelliousness is often an expression of frustration at having to deal with so many physical, cognitive and emotional changes. The adolescent is overwhelmed and ambivalent; struggling with independence and self-assertion. Feelings of distrust and anger toward authority figures are apparent and they often turn to their peer group for support.

For adolescents new and sometimes contradictory experiences and abilities are intergrated into a solid sense of self or identity. Adolescents who are at-risk will often dissociate aspects of themselves when facing adversity. This struggle of identity diffusion or dissociation can be perpetuated by dysfunctional home dynamics. (Erikson, Haley & Kernberg as quoted by Emunah (1985:109).

Emunah (1985:109) ads: "Their failure to gradually and safely separate from their families often results in severe adjustment difficulties, low self-esteem, disorganised thinking, maladaptive ways of handling emotions, and destructive acting-out behaviours. Acting-out is especially rigid and damaging when the adolescent's sense of personal power and control is blocked. When even the rebelliousness is experienced as fruitless, hopelessness, despair, and self-destructive behaviour often result."

As a way of contextualising the world of the adolescent I will look at how two leading developmental psychologists, Piaget and Erikson, view this time of growth through the lens of Cattanach (1994:32). She is a well-known play and drama therapist and has a valuable body of work to explore. Cattanach (1994:36) writes that the developmental model of drama therapy explores the creative life of the client as part of their whole life journey. "This kind of working would include the change, flux and transformations experienced through social, cultural and psychological aspects of life: how we struggle to integrate the conflicted elements of experience". Her view is that when this struggle is dealt with in a symbolic way through the use of the fictions that we create in a drama therapy process, it can catalyse healing and could be described as "restoring life through art."

Cattanach (1994:29) relays the story of two clients who were adopted and fought a lot with each other. Through the enactment of Hansel and Gretel they began to experience what a better relationship in the form of an alliance might look like. Children with difficult early life experiences are often stuck in negative and distorted ideas about the value of self and together they "mirrored each other's self-negation". Using dramatic play and enactment, they could play out being in a team with joined forces to struggle against the negative aspects and to tentatively find a more positive outlook on themselves and on the other.

Piaget viewed human development as the gradual unfolding of the individual's ability to construct an internal model that sets a framework in space and time and that shows regular order. He called the stage in one's life from 11 years onward the 'Formal operations' stage. This, according to Piaget marks the beginning of theoretical thinking, the capacity to anticipate the future and choose a value system, and to assimilate viewpoints that differ from those of the child's immediate social environment. Where Piaget viewed development as a cognitive model, Erikson defined his theory of stages as emotional stages that is each

marked by a struggle between contrary elements of the psyche. The stage that applies to adolescents is that of Identity versus role confusion. He believes that the emotions of adolescents are mostly concerned with what they appear to be in the eyes of others as compared with what they feel they are. If they cannot settle in their own identity, it can be a possible danger, as they identify with heroes of cliques and crowds.

Cattanach (1994:31) quotes Salmon who says that "if we are to do full justice to the exploration of our own developmental psychology, we shall need to enter the ground of the metaphor, that in the end it is through the metaphorical interpretations we place upon the life cycle that we come to experience the deepest meanings of our lives."

Boyd (2000:15) believes that adolescence, as a stage of life or developmental period, is culturally defined and that definitions are dependent upon the dominant factors that are influencing the society at that given time. Although there seems to be a cross-cultural sense that this is a period of transition. It is both the beginning of adulthood and the end of childhood and this comes with a sense of loss.

This period of transition and identity building is crucial in the life of every individual. I will now give an overview of adolescents in children's homes to show how they are even more at risk than what we can, for the lack of a better word, call "normal" adolescents.

ADOLESCENT ORPHANS IN SOUTH AFRICA

"There is no such thing as an orphan in Africa" is a well-known saying on the continent. Unfortunately Africa is now home to 95% of the world's children orphaned by AIDS. Foster and Germann (2002:672) write that the realisation that extended families are suffering under the stress have resulted in some development of alternatives such as institutions, children's villages and adoptive placements. Unfortunately these external organisations establish child-support programs that exclude the community in terms of decision-making and other contributions and roles that they would have normally fulfilled. They have also found that institutions often do not meet children's cultural and psychosocial needs. Further research affirmed that paradoxically, the extent to which African families have been helping

vulnerable children has led to complacency to the orphan crisis. There are also children who slip through the safety net of community, family and institutions and this gives rise to the increase in child-headed households, children living on the streets or working instead of going to school (Foster and Germann, 2002:672).

Cluver and Gardner (2006:1) write that traditionally orphaned children in South Africa were looked after by extended family, which often included elderly grandparents. As HIV prevalence is increasing there are concerns that this support system is weakening and more orphans are being institutionalised. They also found that reliable data on the number of orphans living in non-kin fostering arrangements and in child-headed households or on the streets is difficult to find. Most work with orphans only focuses on fulfilling basic needs and this is often aggravated by medical costs in a landscape characterised by economic difficulties. They also found that orphans often lack sufficient food, shelter, schooling and medical care and that they are more at risk of abuse and economic exploitation. The psychological well-being of orphans in South Africa is of great concern as these children are often exposed to many stresses and multiple losses associated with HIV/AIDS. Another concern is the psychological health of the caregivers themselves. "South African orphans report that stigma and secrecy surrounding AIDS causes social isolation, bullying, shame and a lack of opportunity to openly discuss their loss," according to the research of Cluver and Gardner (2006:1).

Nyirenda et al. (2010:296) found adolescent orphans more likely to be out of school and for those still in school to be academically behind non-orphans of the same age. "There is therefore need for targeted programmes to keep orphans in school and for those that drop out of school; programmes that will help them to generate an income would be helpful as studies from elsewhere have shown a strong association between orphanhood and poverty and economic constraints." Nyirenda et al. (2010:296) further found that orphans are more vulnerable to have had sex and an earlier sexual debut and to be at a greater risk for HIV/AIDS than non-orphans.

Dos Santos and Pavlicevic (2006:3) quote Foster, who says:

Concerns about the socio-economic impact of AIDS on children in developing countries have overshadowed the psychosocial impact ... External agencies find it easier to meet socio-economic needs than more demanding, culturally based psychosocial interventions. But psychosocial well-being is the precondition for sustainable material and educational support; depressed children may be unable to take part in school activities or look after themselves properly. Programmes that address physical needs whilst ignoring psychosocial needs are likely to have only a limited effect.

DEFINING ABUSE AND NEGLECT

From my experience at the children's homes and other institutions that I encountered in my training, many of the children were there because of abuse or neglect. To contextualise and show the role that abuse and neglect play in relation to trauma, I will strive to give a clinical definition of the terms.

According to the Diagnostic and Statistical Manual of Mental Disorders V (DSM V, 2013) "maltreatment by a family member or by a non-relative can be the area of current clinical focus, or such maltreatment can be an important factor in the assessment and treatment of clients with mental or other medical disorders." (DSM V, 2013:717). Many clinicians use the DSM as their diagnostic tool, and even though a drama therapist will not diagnose, it is important to understand these clinical terms. It is also important to note that there are legal implications when assessing and determining abuse and neglect.

Child physical abuse is defined in the DSM V (2013:718) as:

non-accidental physical injury to a child – ranging from minor bruises to severe fractures or death – occurring as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or any other method that is inflicted by a parent, caregiver, or other individual who has responsibility for the child. Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline,

such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

The DSM V (2013:718) states that child sexual abuse encompasses the following:

> any sexual act involving a child that is intended to provide sexual gratification to a parent, caregiver, or other individual who has responsibility for the child. Sexual abuse includes activities such as fondling a child's genitals, penetration, incest, rape, sodomy, and indecent exposure. Sexual abuse also includes non-contact exploitation of a child by a parent or caregivers, for example, forcing, tricking, enticing, threatening, or pressuring a child to participate in acts for the sexual gratification of other, without direct physical contact between child and abuser.

According to the DSM V (2013:718) child neglect is defined as:

> any confirmed or suspected egregious act or omission by a child's parent or other caregiver that deprives the child of basic age-appropriate needs and thereby results, or has reasonable potential to result, in physical or psychological harm to the child. Child neglect encompasses abandonment; lack of appropriate supervision; failure to attend to necessary emotional or psychological needs; and failure to provide necessary education, medical care, nourishment, shelter, and/or clothing.

Child psychological abuse is defined in the DSM V (2013:719) as:

> non-accidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child. Physical and sexual abusive acts are not included in this category. Examples of psychological abuse of a child include berating, disparaging, or humiliating the child; threatening the child; harming/abandoning - or indicating that the alleged offender will harm/abandon - people or things that the child cares about; confining the child (as by tying a child's arms or legs together or binding a child to furniture or another object, or confining a child to a small enclosed area (for example a closet); egregious scapegoating of the child; coercing the child to inflict pain on himself or herself; and disciplining the child excessively (such as, at an extremely high frequency or

duration, even if not at a level of physical abuse) through physical or non-physical means.

THE EFFECTS OF TRAUMA ON THE ADOLESCENT

Having a better understanding of how the different terms are defined in the DSM V one can start looking at the effect of them. Abuse and neglect are more often than not, precursors to the experience of trauma, whether complex trauma or post-traumatic stress disorder. The incidence of trauma in children's homes are unfortunately not documented, but as it is known that trauma and the experience of abuse is experienced together, it is necessary to look at the effect that trauma has on adolescents. Herman (1997:44) states the following:

> Children and adolescents, who are relatively powerless in comparison to adults, are also particularly susceptible to harm. Studies of abused children demonstrate an inverse relationship between the degree of psychopathology and the age of onset of abuse. The experience of terror and disempowerment during adolescence effectively compromises the three normal adaptive tasks of this stage of life: the formation of identity, the gradual separations from the family of origin, and the exploration of a wider social world.

Herman (1997:27) writes that trauma stops the course of normal development by its repetitive invasion into the life of the survivor. She explains that traumatic memories have unusual qualities and that they are differently encoded from normal memories. Normal adult memories are encoded in a verbal, linear narrative that gets integrated into a continuing life story. The fact that traumatic memories are more visual in their nature and also focuses on bodily sensation makes them resemble the memories of very young children. Because this highly visual and enactive form of memory is mobilised in adults and adolescents that are experiencing trauma or overwhelming circumstances, they can be accessed and appropriately distanced by the use of drama therapeutic methods. This concurs with findings of Van der Kolk (as quoted by Herman, 1997:28) that when the body is in high states of arousal, the linguistic encoding is deactivated and the body's central nervous system goes back to sensory and symbolic forms of memory. When clients are

traumatised they often relive the moment of their trauma in a way that resembles the repetitive play of children. People often re-create the moment of terror, either in literal or disguised form. Herman (1997:30) states the following on this:

> Reliving a trauma may offer an opportunity for mastery, but most survivors do not consciously seek or welcome the opportunity. Rather, they dread and fear it. Reliving a traumatic experience, whether in the form of intrusive memories, dreams, or actions, carries with it the emotional intensity of the original event. The survivor is continually buffeted by terror and rage. These emotions are qualitatively different from ordinary fear and anger. They are outside the range of ordinary emotional experience, and they overwhelm the ordinary capacity to bear feelings.

This constant reliving of a traumatic event can provoke such intense emotional reactions that people will do anything to avoid it. This effort to avoid the symptoms of the traumatic experience is a self-protective intent, but it may further worsen the symptoms. Their attempt to avoid the reliving of trauma often leads them to narrow their consciousness, withdraw from other and from life in general.

Bannister (2003:36) noted that adolescents reported feelings of anger, embarrassment, depression and guilt that followed immediately after the incident. Their feelings of anger and depression seemed to continue for years after the abuse and fear of being alone; feelings of worthlessness and lack of interest in sex were reported. Bannister (2003:36) quotes a study of Bagley and Thurston (1996) that found that adolescents who experienced sexual assault were more likely to manifest somatisation, emotional and conduct disorders, and display suicidal behaviour. Other behaviours that have been found in children with a history of abuse includes: poor self-esteem, aggression, fear, conscientiousness, concentration problems, withdrawal, acting out and anxiety to please (Bannister, 2003:36).

THE IMPACT OF TRAUMA ON ATTACHMENT

Attachment patterns are formed in the early life cycles of children (Bowlby, 1988:119). Jennings (2011:57) writes that healthy attachment forms when the primary attachment

figure shows emotional availability and the ability to fine-tune to the infant's needs. Bannister and Huntington (2002:15) write that damaged or inadequate attachment processes can be repaired by appropriate therapy. The different attachment styles can be secure, avoidant, ambivalent or disorganised (Holmes, 2002:159-160).

Pinna and Gewirtz (2013:6) write that the impact of trauma, whether it is abuse, neglect or exposure to violence, on children's adjustment varies according to the developmental stage at which the child experienced the trauma. Two of the strongest prognosticators of a child's resilience are the nature of the response of the caregiver and the child's perceptions of threat during and following the traumatic event. The ways in which trauma-related symptoms manifest are also influenced by the child's developmental stage. Pinna and Gewirtz (2013:6) found that as children's cognitive development become more advanced, their capacity for imagining negative outcomes increase and this influences the way they perceive threats. Adolescents are even more likely to gather and evaluate information about potentially traumatic events, but Pinna and Gewirtz (2013:6) found that they also tend to overestimate their own sense of safety. They give an example of how an adolescent child of an abused mother might step in to help her as they might underestimate the dangers involved. Adolescents' inherent "sense of invincibility" may in fact be so detrimental that they can become victims of abuse or they may even become unknowing perpetrators.

Pinna and Gewirtz (2013:6) quote Van der Kolk (2013) saying that when children are traumatised in the presence of supportive caregivers, their responses might mimic those of the parent or caregiver. "Children whose caregivers are unresponsive and/or inconsistent in their responses to the child's distress may develop insecure attachments and associated emotion regulation deficits," adds Van der Kolk (2013). When a child is met with a parent that is acting inconsistently or out of anger, violence, frustration or met with severe neglect (as is the case with most children in the homes where I worked in), they may form a disorganised attachment. When a child has a disorganised attachment pattern, they may learn that they cannot trust caregivers and therefore they may become extremely anxious or aggressive or as a response they may appear paralysed or frozen.

This attachment style informs how children and adolescents engage in intimate relationships and neglected children's impairments in peer relationships and their higher

risk for aggressive behaviour, often as a result of abuse, can be contributed to this fact (Pinna & Gewirtz, 2013:7).

Strong social support acts as a buffer against future adversity and the absence thereof may lead to failure to develop healthy peer relationships and romantic relationships later in life. Violence in adolescents' romantic relationships is a risk in those who suffered from traumatic experiences, specifically in the absence of a sympathetic caregiver (Pinna & Gewirtz, 2013:7).

For boys and girls attachment style has been shown to predict this risk differently (Wekerle & Wolfe, 1998 quoted in Pinna & Gewirtz, 2013:7). Boys with a history of abuse, who have developed avoidant and ambivalent attachment styles, have been found to be at bigger risk of abuse within their romantic relationships while abused boys who developed anxious ambivalent attachment styles were more at risk of being victimised by their female partners. Pinna and Gewirtz (2013:7) further stated: "In adolescent girls, secure attachment despite a history of maltreatment was associated with lower likelihood of female to-male perpetration. Avoidant attachment style has also been found to predict risk for violence within romantic relationships during adolescence regardless of gender."

Symptoms that are most often displayed by traumatised youth include anxiety, aggression, depression and academic impairment. Pinna and Gewirtz (2013:7) adds that unwanted and upsetting memories and dreams, and intense emotional and physical reactions may also be expected. For adolescents sleeping problems are common. The most crucial task for them is to move towards independence. Adolescents that were exposed to trauma are particularly prone to acting-out through truancy, risky sexual behaviour and drug use. This can endanger both others and themselves. Pinna and Gewirtz (2013:7) also note a direct correlation between adolescents in the juvenile and child welfare systems and the experience of trauma.

THE EFFECT OF CHILDHOOD TRAUMA ON LATER LIFE

Cattanach (2008:22) writes that the experience of having your rights violated as a child means to become invisible. This happens in two ways: to disappear or to make the loudest noise. "In both situations this child is lost, out of sight in the silence or the screaming." Childhood physical and sexual abuse has been associated with the development of severe disruption in personality development (Clod, 1993:167).

Histories of childhood physical and sexual assaults are associated with a host of other psychiatric diagnoses in adolescence and adulthood: substance abuse, borderline and antisocial personality, as well as eating, dissociative, affective, somatoform, cardiovascular, metabolic, immunological, and sexual disorders (Van der Kolk, 2003:8). Lefevre (2004:137) adds that childhood sexual abuse is associated with a range of negative effects on both the interpersonal and intrapsychic functioning. Feelings of anger, fear, guilt, sadness, preoccupation, listlessness, depression, isolation and low self-esteem are also listed as possible effects. Problems are also known to persist into adulthood, resulting in mental health problems, interpersonal difficulties, depressive and eating disorders, dissociative symptoms and needs for psychiatric treatment. Child sexual abuse is specifically linked with problems in areas of physical, emotional, cognitive, self/identity, relational, sexual and social functioning and is commonly associated with post-traumatic stress disorder (PTSD).

Van der Kolk (2003:7) shares the following on the effects of trauma:

> Being left to their own devices leave chronically traumatized children with deficits in emotional self-regulation. This results in problems with self-definition as reflected by a lack of a continuous sense of self, poorly modulated affect and impulse control, including aggression against self and others, and uncertainty about the reliability and predictability of others, which is expressed as distrust, suspiciousness, and problems with intimacy, and which results in social isolation. Chronically traumatized children tend to suffer from distinct alterations in states of consciousness, with amnesia, hypermnesia, dissociation, depersonalization and derealization, flashbacks and nightmares of specific events, school problems, difficulties in attention regulation, with orientation in time and space and they suffer from sensorimotor developmental

disorders. They are often literally 'out of touch' with their feelings, and often have no language to describe internal states.

According to Leahy (2005:114) Wilhelm Reich was one of the first theorists to understand that not all people were capable of verbalising thoughts and feelings, developing defences or "armour ... rooted in the body". Reich noted that being aware of the messages that posture, movement, and facial expression communicate, facilitates the use of information about, between and among people.

Pitruzzella (2002:3) says that drama therapy is punctuated by special moments, which "mark discontinuities and qualitative leaps". These moments are often seen as "turning points" in the journey and are commonly connected with deep personal insight of the participants and the metaphoric reflecting of the inner world. This understanding or insight can be named with clarity and emotional intensity, but without conscious elaboration. While it is oftentimes difficult to verbalise an experience, it can be expressed non-verbally through the body.

Herman (1997:96) writes that repeated trauma in adult life can erode the structure of personality that is already formed, but in childhood repeated trauma forms and deforms the personality. Children in dangerous and abusive situations must learn to adapt when they are most helpless. "Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defences".

CONCLUSION

When writing about South Africa as a context it is important to acknowledge the very specific influence our traumatic past has on the lives of individuals living here. This translates into systemic problems as well as psychological effects that often go unaddressed. Furthermore to the effect of the past, poverty and gross inequality, we are also facing a crisis with the increasing number of children being orphaned. Understanding the levels of trauma as well as the prevalence is important when interrogating any

therapeutic work in South Africa. Coupled with an overall unaddressed mental health crisis and the spread of HIV/AIDS, South Africa has an unfair disadvantage when it comes to psychological wellness. Adolescence as a life stage is challenging under normal circumstances, but the situation that many adolescents in South Africa face cannot be described as normal. Statistics on abuse, neglect and the trauma that many adolescents deal with on a daily basis proves this statement. Children's homes are under enormous pressure, not only because they are often struggling with funding and are under-staffed, but also because of a lack of psychological support.

In this chapter the impact of trauma on adolescents, on their attachment and the effect on their later lives was also examined and found to be disconcerting. In sketching this picture of the psycho-social situation of orphaned adolescents in South Africa I am attempting to show the reader how big the need for psychological support is. It may seem like an indiscriminate collection of facts, statistics, theories and practices but together it shows the importance that should be awarded to adolescence as a development stage in particular the at-risk adolescents in children's homes in South Africa.

With childhood deprivation and abuse, fear and the need for safety severely limits the capacity of the self to develop freely to its full potential. A developmental pathway is laid out and survival strategies continue to organise experience long after they are necessary. However, history is not destiny and change can be possible given the right field conditions. The damage and distress of early experience can never be erased, but psychotherapy may offer a "room of one's own" within which experience can be brought into awareness, understood, healed and transformed (Lefevre, 2004:137).

Understanding the different developmental theories, in their vast and sometimes contradictory decrees, is for me a crucial starting point in working with clients, but specifically the sometimes painfully difficult stage of adolescence. Developmental psychology studies how individuals change over time and which factors produce these changes. This could help us negotiate healing, especially in places where individuals also had exposure to traumatic events, as is the case with abuse, neglect and the resulting trauma as is the case with adolescents in children's homes.

In the following chapters I will argue that drama therapy as a group-based intervention may be one way that we can start to effectively address this situation based on my survey of facts, statistics, theories and practices.

CHAPTER TWO: DRAMA THERAPY AS INTERVENTION IN CHILDREN'S HOMES

This study opened with an extensive evaluation of the South African context and developmental theories on adolescence, the crisis of orphans and specifically adolescents in children's homes. After reviewing the effects that childhood trauma, neglect and abuse can have on these adolescents later in their lives the real need for an intervention is clear. For me an integral part of the research question in this study is to substantiate why drama therapy, as opposed to other therapeutic interventions, can be effective in children's homes. This study also emphasises the use of group-based therapy and will endeavour to show how critical and beneficial the use of this method is as opposed to individual therapy in Chapter Three.

In this chapter, drama therapy as an intervention in children's homes will be investigated by looking conceptually at the term drama therapy. Drama therapy does not happen in isolation and therefore the ethics and issues around working in a multicultural environment will be discussed. This is especially valuable to discuss in such a culturally diverse country such as South Africa. I will also look at the impact that the broader field of creative arts therapies, of which drama therapy is a part, can have on trauma.

WHAT IS DRAMA THERAPY?

To understand the work that we as drama therapists do, I will firstly focus on the most basic definition of drama therapy. Meldrum (1994:14) writes that drama therapy is the obvious combination of two big processes: drama and therapy. She does, however, go on to say that a lot of definitions of drama therapy stress the influence of the creative and expressive. This stands in contrast with a methodology such as psychoanalytic psychotherapy, that focuses on the relationship between the therapist and the client, and works with the tension and conflict within that relationship in what is called transference and countertransference (Pitruzzella, 2004:131). One of the main principles of drama therapy is to enhance a client's creativity and expressiveness through the use of drama structures and non-verbal and symbolic expression of emotion. This however does not exclude the use of verbal emotional disclosure which can often happen through the drama itself and not necessarily directly.

The British Association of Dramatherapists' (2011) definition states that "dramatherapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth."

A similarly simplified definition is given by Jennings (1992:229) who states that drama therapy is "the specific application of theatre structures and drama processes with a declared intention that is therapy." For her the impact of the theatre and creativity is very important. She does not view a drama therapist as only a psychotherapist, but also a creative artist.

Meldrum (1994:27) points to the fact that many drama therapists use a broad drama base and take from other disciplines what they feel is appropriate for their client groups. She defines drama therapy as "healing through drama allowing the client, with the use of dramatic structures, to receive insights and explore emotions in a special place in real and imaginary time, within a social encounter."

No matter how it is defined at the centre of drama therapy is the nine core processes as identified by Jones (2007:81). The core processes at work are the essentials that make drama therapy effective and therapeutic. They are not techniques but the underlying principles that guide the techniques that drama therapists use. These include projective identification, dramatic empathy and distancing, therapeutic performance process, personification and impersonation, interactive audience and witnessing, embodiment, playing, life-drama connection and transformation.

Leahy (2005:115) explained that every emotion produces a response in the body; the less obvious are responses such as heart rate, breath, and visual acuteness. The more obvious physical responses to emotion include smiling, frowning, or modulating tone of voice. Jung speaks about the implied need of the psyche to have a voice and be seen. The psyche uses symptoms as symbols and metaphors to correct the imbalance.

As people take on and play out roles based in the events that make up their lives, they frame stories about themselves in a role, which provide an understanding and give meaning to their existence (Landy, 1993:26). In playing a role and telling a story the client in drama

therapy enters the imaginative, fictional reality for the purpose of commenting or reflecting upon the everyday reality (Landy, 1996:99). Reneé Emunah (1994:302) concluded that drama therapy invites us to uncover and integrate dormant aspects of ourselves, stretch our conception of who we are, and experience our intrinsic connection with others.

DRAMA THERAPY WITHIN A MULTICULTURAL CONTEXT

Culture encompasses much more than just the identification of a child and family's race and ethnicity. It includes other variables such as faith or religion, sexual orientation, region of residence, and level of acculturation, and closely related factors such as socioeconomic status and literacy level (Thomas, 2010:41). For this study it is essential to examine the South African culture as part of a multicultural context because of its effect on how drama therapy is perceived and practised.

The history of psychology in South Africa also left a scar on the multiple populations it touched, both in terms of clients and in the training that psychologists received. Psychology aided the reproduction of racism not only through its routine denial of the centrality of the phenomenon in South African society, but also through the academic justifications or "authorisation" that it provided for the phenomenon (Duncan, Stevens & Bowman, 2004:363).

Embodiment researchers have found culture-, gender- and potential disability-related constraints of embodiment approaches, according to Koch and Fuchs (2011:11). There is a need to look at these limitations systematically to test the validity of embodiment theories and their practical implications for the work of drama therapists. Park (2004:75) found several studies that reported that race and socioeconomic status may make a difference in rates of reported growth or transformation. The way that different cultures and subcultures think about stressful events and suffering may also influence their responses.

For Holloway and Seebohm (2011:14) a key understanding, in working with cultural dissimilarities, is that although cultures may appear to be dominated by a singular view, they contain within themselves emergent, subversive and contradictory ideas. They believe

this understanding will free the drama therapist to play a more changeable role in a setting of different perspectives.

Our conception of the physical world is partly metaphorical and this explains the very significant role that metaphor plays in determining what is real for us and what eventually will help us make sense of our world (Lakoff & Johnson 1980:133). Emunah (1995:155) found that the metaphors mostly used by adolescents are often thinly veiled allusions to their own lives and experiences. The various definitions of drama therapy in the previous section emphasises the integral part that metaphor plays in drama therapy. That is why it is especially useful to heed the findings of Lakoff and Johnson. They (1998:130) found that the meaning of a metaphor is partly culturally determined, partly tied to an individual's personal past experiences and partly informed by the age of the individual. Different cultures have different conceptual systems, but cultures exist within physical and social environments that are collective. In South Africa, with

Angus and Rennie (1989) as quoted by Swanepoel (2011:104) conducted a qualitative study that explores the experiences of the client and the therapist in expressing themselves through metaphor in a psychotherapeutic setting. They found that assuming that the client and the therapist share the same meanings attached to a metaphor can be misleading especially when it comes to well-known expressions.

Swanepoel (2011:104) used the example of the expression "I feel like a bull in a China shop" that is well-known, but can hold vastly different meanings for different people. She suggests that a route to follow is to respond to the client's image with the therapist's own images and to work on finding a shared understanding.

Alongside the vast theatrical tradition with its multi-layered and mutable images of humanity, as drama therapists we also bring into the clinical space an understanding of physicality: our own, our clients' and that of the spatial relationship between us. The interplay of bodies, gesture and space within drama is by definition an improvisation – absolutely in the moment and of the moment; beyond words and conveying more than just narrative or ideas – both transcendent and ephemeral (Holloway and Seebohm, 2011:8).

Mazarakis (2010:56) quotes Mauss who theorised about the way in which movement patterns capture the experience of the individual within their context. "Movement patterns, habits or embodied practices that we take for granted as natural 'givens', such as running, sleeping and walking 'are learnt through formal and informal educational processes within a given culture'". For me, this contests the idea that movement is a one-dimensional activity that can be read across cultures as identical and it proves that a therapist must always be aware of the impact of their client's cultural roots.

In addition to these abovementioned factors that should be taken into account when working in a multi-cultural society we also need to address the matter of ethics. Barnes (2011) believes that in our multi-cultural context it can no longer be assumed that we have a common understanding of ethics. She believes that our work may seem ethical just because we are interested in solving problems fairly within a community or by helping people assume responsibility for their own lives. We need to interrogate inherited ethical positions in our post-colonial context. Barnes believes that it is important for practitioners to be self-reflective and aware of ethical implications because our work is based on critiques of hegemony and the hidden nature of unequal power relations.

THE ROLE OF CREATIVE ARTS THERAPIES ON TRAUMA

Drama therapy, together with movement or dance, art and music therapy fall under the category of creative arts therapies. These therapies all use the arts' innate healing potential as a therapeutic methodology. Art, music, dance, drama and poetry therapies are referred to as "creative arts therapies" and "expressive arts therapy" because of their roots in the arts and theories of creativity. Creative arts therapies, according to Bannister (2003:121) can be helpful for children of all ages, and for children with multiple different experiences, that include trauma, learning and speech difficulties and those on the autistic spectrum. But Bannister adds: "… for children who have suffered sexual abuse, creative therapy may be the only way that they are able to communicate what has happened to them and to receive help and repair for the damage they have suffered."

Dance and movement therapy, like the other creative arts therapies, highlight non-verbal expression and the use of symbolism. Telling stories symbolically or literally in dance forms, gross motor play or mime, make it easier for clients to express feelings or relate memories, dreams, or events (Goodill, 1987:123). Before even beginning to investigate drama therapy as therapeutic intervention it is important to look at the broader context of all the creative arts therapies and what their role in alleviating trauma is.

The International Society for Traumatic Stress Studies (ISTSS) (Foa et al., 2009) provides a comprehensive summary of the role of the creative arts therapies in the treatment of posttraumatic stress disorder (PTSD). The statement of the ISTSS underscores the growing interest in the relationship between the creative arts therapies and the brain, including how the brain processes traumatic events and the possibilities for reparation through art, music, movement, play and drama therapies. Creative interventions have been formalised through the disciplines of art therapy, music therapy, dance and movement therapy, drama therapy or psychodrama, poetry therapy and play therapy, including sand tray therapy. Each discipline has been applied in psychotherapy and counselling with individuals of all ages and particularly children for more than 50 years.

Van der Kolk (2003:10), writing on the concept of complex trauma, states the following:

> The traumatic stress field has adopted the term "complex trauma" to describe the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war and community violence) and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional and educational neglect and child maltreatment beginning in early childhood.

It is most often difficult for abused and neglected children to tell about their experiences. This can be for any number of reasons: they may have learned not to trust adults, the memories could be too confusing or frightening to verbalise, or the events could be repressed. Events that occurred during the early pre-verbal period of life will be difficult, if not impossible, to relate verbally. Very young abused children cannot tell their stories verbally because their vocabulary and linguistic capacities are not fully developed.

It is suggested that successful treatment for abused children requires "inter- and intra-agency cooperation" and an approach to therapy that gives the children the space to express themselves at the level of awareness and disclosure they are able to achieve. For some, it may be music, art, play, drama or poetry. Non-verbal methods of forming relationships and interacting can give abused children a necessary vehicle for exploring feelings, safely reviewing traumatic experiences, and constructing new behaviours and identities (Goodill, 2005:155).

Bannister (2003:20-21) writes that children are sometimes able to heal themselves through devised play. In her work with deeply traumatised children she also noted that play can be disrupted if there is no support for children. She gives an example of her work with adolescents who have suffered from sexual abuse and how they were unable to "talk through" their problems even with the support of foster parents. However, they were able to work through the metaphors of stories, legends and fairy tales and even stories they devised themselves. She explains how she used creative arts methods, such as painting and role play in combination to work through those emotions that they found difficult to name.

Bannister (2003:128-130) asked three therapists how they use creative arts therapies to work specifically with children who have been sexually abused and therefore may be experiencing a high level of trauma. One relayed the following example showing the importance in using transpersonal roles to support adolescents and the safety inherent in creative arts therapies: when asked to choose someone in their life who was not able to support them during the abuse, but who could do so in an enactment one adolescent chose a well-known singer with a powerful voice as her support. "Thus the metaphor of 'a powerful voice' was used (which the abused child did not have) and also the opportunity to use music and voice enabled the protagonist to express herself (when in the role of her own support) using her creativity and her body."

Malchiodi (2013), who writes extensively on the subject, says that creative arts therapies have begun to have an essential part in the range of interventions in mental health and healthcare that can play a role in mediating the psychosocial as well as the body's reactions to violence and trauma. She found that there has been an increase in the body of

knowledge that supports creative arts as an intervention, both based on a greater understanding of trauma and in the way that it can address body and mind reactions in three distinct ways: self-regulation, integration and meaning-making.

Self-regulation, according to Malchiodi (2013:2), is the ability to moderate emotions when under stress and to respond to adverse experiences with resilience. Exposure to violence and specifically interpersonal violence can undermine the client's ability to self-regulate. Therefore one of the initial goals of treatment in trauma-informed intervention is to provide opportunities to practice self-regulation. Creative arts offers the sensory experience to support positive self-regulation and other benefits include stress reduction and the development of self-soothing behaviours.

Trauma memories are stored in sensory forms like sounds, sights and other fragments of experience in non-linear, non-verbal ways Malchiodi (2013:2). In addition to that, research in neurodevelopment shows that early trauma such as abuse or neglect interferes with secure attachment to a caregiver or parent during the first several years of life (Malchiodi, 2013). While art expression in all its forms is a whole brain activity, it is one that involves right brain dominance because it is an experience largely involving tactile, kinaesthetic, auditory, proprioceptive and other senses which make it able to tap into trauma memories on a sensory level rather than a verbal level. She says that recovery from trauma is often referred to as trauma integration. To successfully integrate is to have the ability to talk and think about the trauma experience without reliving it, through psychosocial and somatic reactions (Malchiodi, 2013).

The creative arts therapies have a unique contribution to make to the diagnosis and treatment of most disorders related to trauma because victims of psychological trauma have difficulty expressing their experiences. This is not limited to children, but also includes for instance schizophrenics, the brain-damaged, the elderly and the developmentally delayed. "The need to disown and deny the affects and memories of the trauma, and to remain in control of them, is more effectively accomplished when these images arise on paper, in a dance, or in playing music. In this way, the client can play out at arm's length the

gamut of feeling and impulse, and be helped by the creative arts therapist to modulate the directness and intensity of expression," writes Johnson (1987: 13).

Thus, the creative arts therapies provide an externalised structure for transitional phenomena for which the patient is not wholly responsible. Instead of the discussion of a feeling, one has a discussion of a picture of a feeling, a less threatening situation for the client because the picture is concrete and external to the self. All of the creative arts are effective in treatment because each allows a re-working of the traumatic experience, over and over. The creative arts therapies can, according to Johnson (1987: 13) therefore be useful as diagnostic and psychotherapeutic tools for victims of psychological trauma. Unique aspects of these non-verbal media are applicable at each stage of treatment: initially gaining access to traumatic memories, working-through and integrating the split-off parts of the self, and finally in re-joining the world of others.

The value of the unconscious, the symbolic world and metaphor has a continued effect on the understanding of the healing aspects of expressive therapies (Lewis 1996:96). Pratt (2004:827) said that through the centuries, the healing nature of creative therapies has been mainly reported in anecdotes that describe a way of returning wholeness to a person struggling with either mind or body illness.

Due to the manner in which the trauma is neurologically encoded in visually dominated forms, creative arts therapies have a special place in the assessment and early stages of treatment. In the later stages of treatment, due to the need for re-integration with one's community through direct communication, confession, and education, drama and poetry in group or performance formats seem to be especially useful (Johnson, 1987:13).

Herman (1997:146) highlights the essential reason that violence must be shared and expressed in order for recovery to manifest. Trauma integration also involves an experience of making sense and meaning of what has happened. This is why humans paint, sing, dance and dramatise in the first place; it is the drive to make meaning of events when words are not enough. While creative arts therapies are not a cure-all for violence and those violated, they are proving to be effective approaches to help survivors.

As Herman (1997:146) suggests, the sharing and expression of trauma can lead to resilience and recovery. The arts have always been an almost instinctual tool for expressing the inexpressible. Specifically in situations such as the children's homes where I experienced a poverty of care and imagination, the use of arts-based methods is imperative. Not only because of the arts' expressive function, but also because it can offer containment through embodiment and metaphor, it can role-model a different kind of parenting. It can also build self-esteem and self-respect which are essential ingredients for resilience. As Malchiodi (2013:2) affirms self-regulation, integration and meaning-making can potentially be some of the expected benefits of using a creative arts approach in children's homes. This will offer at-risk adolescents a way of not only making sense of their traumatic experiences, but also help self-regulate their emotional and physical responses.

Johnson (2010:73) puts this quality of drama therapy to be applied to trauma relief as follows:

> Theater is itself a space that calls forth the absent. Like all art forms, theater lies across the boundary of the seen and unseen, the symbol being a bridge that allows the imaginal and liminal worlds to reveal themselves. Theater makes the absent present, whereas trauma makes the present absent.

THE USE OF DRAMA THERAPY AS OPPOSED TO TRADITIONAL PSYCHOTHERAPIES

In arguing that drama therapy can be used as therapeutic intervention in children's homes one should take into account what it can offer that would make it better suited than traditional psychotherapies. In this section I will endeavour to address that question by examining the advantages that drama therapy can offer and how it differs from traditional psychotherapies.

The British Association of Dramatherapists (2011) states that:

> Dramatherapy is a form of psychological therapy/psychotherapy in which all of the performance arts are utilised within the therapeutic relationship. The therapy gives

equal validity to body and mind within the dramatic context; stories, myths, playtexts, puppetry, masks and improvisation are examples of the range of artistic interventions a dramatherapist may employ. These will enable the client to explore difficult and painful life experiences through an indirect approach.

Blatner (1992:405) believes that a major challenge for the field of creative arts therapies is to integrate more meaningfully within traditional psychotherapeutic approaches. He believes that creative arts therapies can promote healing and can give clients experiences that more traditional verbal and behavioural therapies cannot.

He (Blatner, 1992:406) also adds that creative arts therapies draw on the healthier side of the personality by expressing feelings and thoughts in a way that transcends problem-focused traditional verbal therapies. For traditional therapies to be effective clients need to be involved, instead of seeking ways to avoid therapy, for example by breaking eye contact, narrating in the past or speaking in general terms. Blatner (1992:406) lists some principles of psychotherapy that are also principles of creative arts therapies, such as directness and speaking in the here-and-now, having an encounter in a direct way through eye-contact and engagement. With yet another principle, concretisation, he found creative arts therapies to be an extremely helpful method of keeping clients from speaking abstractly and therefore distancing themselves from threatening thoughts. Using arts-based methods the defences can be circumvented by using the symbolic representation of the affective state and thinking and helping the client experience their subconscious material (Blatner, 1992:406).

Blatner (1992:406) writes that one of the advantages of drama therapy is that the therapist can control the degree of distance according to the type of activity used. Some exercises allow clients to express themselves in a rather general fashion with little implication that what is being represented necessarily reflects personal issues. Other exercises bring the subject matter closer to home.

Creative arts therapies are also helpful in creating and developing a more active observing ego through self-expression (Blatner, 1992:406). Because symbolic material gives clients a sense of safety and distance, it can also offer them greater access to intuitions and pre-verbal associations. Blatner (1992:407) affirms that through the use of imagery and

physicalisation clients can make use of their imagination and express their individuality: "Imagery anchors experience in a network of non-linear associations and can bring whole complexes of ideas to the surface of consciousness." Adolescents can use this process to see how their temperament, interests and personal history make them who they are, and this in turn can influence the individuation process and validate more authentic dimensions of the personality.

As the arts therapies serve as a "vehicle for social reinforcement" they can also be meaningful on a systemic or operational level giving opportunity for bringing patients, supportive family members or friends and staff members together through participatory methods (Blatner, 1992:407).

As Yalom (2008:20) lists in his work on group psychotherapy, inclusiveness or group cohesion is one of the principles that guide therapists working in the field. Creative arts therapies, according to Blatner (1992:407), add another level: the sharing of imagery or symbolic forms. He believes that spontaneous imagery and participation with child-like playfulness makes this deep sharing possible. Spontaneity, creativity and experimentation strengthen clients' ability to take a more active role in their own healing. Just like an artist does not create only one work of art, but a series, the client can be encouraged through this metaphor to take the therapeutic process into their daily lives (Blatner, 1992:408).

Blatner (1992:408) believes that therapy in this experimental form gives client permission and techniques for working with themes that surface in the transferential relationship in a playful manner. Effective psychotherapy would imply that clients not only have an insight and see what they have been avoiding, but also to integrate these experiences in a constructive way in their lives (Blatner, 1992:408). The concept of sublimation is explained as follows: it is the process that helps clients find "constructive avenues for expressing the whole range they experience by offering socially validated vehicles". These vehicles offer flexibility and expression and connect clients to the "long tradition of transcendence" that is offered by the arts in most cultures (Blatner, 1992:408).

Through the use of symbols material are produced that holds archetypal, but also personal meanings. These shared themes can reduce feelings of isolation, restructure failures as part

of life's challenges and help to overcome the internalised sense of inadequacy (Blatner, 1992:408).

Drama therapy offers clients the opportunity to engage with various roles and as Blatner (1992:408) calls it, role expansion, may involve working with roles that have been inactive or neglected. This is a way of reframing the self as the locus of control and Blatner (1992:408) believes the role of specifically the creator, the experimenter and the playful explorer can be very valuable in this instance. The idea of distance and witnessing is also very important and an essential contribution that creative arts therapies can make towards healing. Through the use of imagination, the client can eventually be guided into taking other roles that may specifically be aimed at cultivating empathy and moving away from habitual roles (Blatner, 1992:408).

Langley (in Meldrum, 1994:18) views drama therapy as intrinsically different from psychotherapies where the process is language-based. Drama therapy can also treat clients who cannot speak and use elements such as mime, sound, gesture and body language in addition to speech. Lewis (1996:96) argued that although it seems much easier to sit in a chair and discuss an individual's pain and confusions, little healing occurs in spite of intellectual understanding or expressed feelings. She believes that anxiety is still deeply embedded inside, unchanged and untouched. According to her, it is through creative arts methods that these deeply painful places can be accessed.

CONCLUSION

Drama therapy is a fairly new field in South Africa and therefore defining the methodology is important. Because drama therapists work with the embodied arts the ethics around and the impact of culture, gender and other aspects of our very diverse society should be taken into account. Drama therapy resorts under the umbrella-term creative arts therapies which have been shown as an effective intervention to alleviate trauma. I have further argued for the use of drama therapy as opposed to traditional "talk-based" therapy as a way to address the crisis that orphaned adolescents face as outlined in Chapter One. As also seen in

Chapter One, South Africa is under pressure to provide mental health solutions that can help alleviate the mentioned crisis. Drama therapy can assist in this and also help prevent secondary trauma as its effects can potentially filter through. My hope is that drama therapy can become a vehicle for a co-creative space, where at-risk adolescents have a say in what happens to them. Where they can have participatory rights and where they can learn how to defend themselves against further victimisation of unsatisfactory systems and children's homes.

CHAPTER THREE: THE ROLE OF DRAMA THERAPY

After the evaluation of the South African context in Chapter One and examining developmental theories on adolescence and the crisis of at-risk adolescents it was asserted that there is a gap in children's homes for therapeutic interventions. I believe that these interventions can be very successful, cost-effective and above all healing for the at-risk adolescent if drama therapy is embraced. The analysis of the effects that childhood trauma, neglect and abuse can have on those affected for the rest of their lives affirms this assertion. At-risk adolescents are in urgent need of skills to build self-esteem to prevent re-traumatisation through resilience building.

Chapter Two investigated drama therapy as an intervention in children's homes by conceptually looking at the term drama therapy. In Chapter Four I will discuss the expected therapeutic outcomes that drama therapy can have for adolescents and how this approach can be included in a treatment plan. Further in Chapter Two a broad overview over what it means to work sensitively in a multicultural environment was discussed. I feel that our lives in South Africa are layered with multiple different cultures, languages and the big divide in terms of economics. Being sensitive to these issues is the only way to be able to engage effectively in group work with adolescents. Finally creative arts therapies and how this broad field of study can help contain and alleviate the traumatic experiences of at-risk adolescents were discussed.

In this chapter drama therapy will be analysed in more detail. I will firstly discuss the role that drama therapy plays specifically in building resilience. For me resilience is the psychological ability to bounce back from adverse circumstances that can be achieved through various emotional skills. Thereafter I will focus on and analyse embodiment and metaphor as drama therapeutic concepts. In my work with at-risk adolescents those two concepts stood out for me as what really sets drama therapy apart from other approaches. My analysis will include how embodiment and the use of metaphor is able to not only help adolescents build resilience but also can be used to create a contained and safe space for dealing with the trauma of abuse and neglect. This chapter ends with an exploration of the usefulness of drama therapy as a group-based therapeutic intervention as contrasted with that of individual therapy.

THE ROLE OF DRAMA THERAPY IN BUILDING RESILIENCE

To determine whether or not drama therapy can assist in building resilience in adolescents in children's homes, I will firstly look at the concept resilience and how it helps clients, and especially adolescents, coping after adversity.

Cox and Theilgaard (1987:18) explained that clinical experiences led them to the conclusion that conventional and supportive psychotherapy can be facilitated by the use of image and metaphor. The idea is that deep affective material from the client's inner world can be contained; changed, or consolidated and new resources can be called into being. These new resources can enhance resilience, which may not have been there before.

Resilience, according to Fletcher and Sarkar (2013:12) is conceptualised as the interactive influence of psychological characteristics within the context of the stress process. They concluded that resilience can be proactively built through techniques such as minimising catastrophic thinking, challenging counterproductive beliefs, energy management, problem solving, cultivating gratitude and strengthening relationships. These techniques can also be addressed through drama therapeutic methods as will be shown later. The strengthening of relationships can further be achieved through working in groups. As adolescents living in children's homes do not have the luxury of choosing who they live with, it can be greatly beneficial to foster better relationships. Fletcher and Sarkar (2013:12) also write that resilience consists of various factors that aim to enhance personal resources and protect individuals from a negative view of stressors.

In understanding these stressors that can negatively affect an individual, Malchiodi, Steele and Kuban (2008:192) differentiate between resilience and posttraumatic growth as two concepts. Posttraumatic growth is the experience of coping following adversity. They defined resilience as "the ability to bounce back or return to prior functioning", where posttraumatic growth implies that "functioning is improved in one or more aspects posttrauma".

Jennings and Hickson (2002:50) in their work with adolescents write about the concept of resilience in drama therapy and how it applies to an adolescent's survival tactics. They describe resilience as a client's self-stabilising means of dealing with trauma and crisis and

finding ways to reasonably cope with adversity. The move, as lead by researchers such as Seligman (2002:49), from using a model of disorders and pathology to studies of resilience based on health or adaptive development in the face of stressful situations has clearly been informing my own way of working with drama therapy. It is based on the idea that people have different ways of being in the world, and according to Jennings and Hickson (2002:50) it is far better to assess a client's coping skills and build an intervention based on strengths. They go on to say that young people have incredible levels of resilience which may sometimes be viewed in a negative way. They may be seen as stubborn or difficult, rather than being seen as having their own adaptive strategy of coping with their circumstances. They believe that creative drama work can help adapt these often misunderstood and extreme coping mechanisms without being destructive.

Mohangi et al. (2011:397) believe that spiritual connectedness and socially responsible behaviour is part of the elements of resilience that adolescents use to engage and that fantasy, denial and detachment is used to disengage. These are adolescents' intrapersonal coping strategies that help them create meaning in their lives. Their lives happen on a continuum of engagement and disengagement. In their strength-based approach resilience is viewed as the way in which an individual faces adversities by mobilising their strengths, resources and capacities to address negativity. Dealing with adolescents living in residential care implies that a therapist is also dealing with a psychology of loss (Niemeyer, 1998:331). Resiliency and vulnerability appear to exist on a continuum in the lives of these children.

Mohangi (2011:389) further explains that resilient-coping consists of a sense of self-worth, hope and optimism, and a sense of security, comfort and belonging and can be described as a form of emotional giftedness. Rutter (in Mohangi, 2011:389) stresses the important protective factors that are typically needed to deal with stressors: rational appraisal, self-esteem, social support, positive life events and a sense of control. According to this theory, an adolescent's reaction to stress reactions and their coping abilities may be directly linked to their social development, their adjustment and their well-being.

Internal attributes, such as autonomy, high self-esteem, having a strong sense of a secure base, self-worth, and a sense of self-efficacy, independence and task accomplishment and an internal locus of control are linked to adolescents' resilience in facing adversity

(Mohangi, 2011:402). Self-efficacy (Bandura, 1995:2-3) can be developed and nurtured through consistency, warmth, praise, support and encouragement for children to engage in their environment. For me this last point is worth stressing, because we are experiencing a crisis of overcrowded and understaffed children's homes coupled with financial and time constraints. Mohangi (2011:402) believes that caregivers who praise and affirm desirable behaviour and achievements are more likely to have a warm reciprocal relationship with a child that could possibly lead to positive self-esteem and self-concept. Even though self-concept is not innate, but learned, it can be enhanced by giving an adolescent the opportunity to take part in discussions and to express and substantiate their views and to be treated equally.

Zolli (2013) said: "People who are psychologically hardy, it turns out, believe very prevalently some things about the world. So, if you believe that the world is a meaningful place, if you see yourself as having agency within that world, and if you see successes and failures as being placed in your path to teach you things ... then you are more likely to be psychologically hardy, and therefore more resilient in the face of trauma."

Nash and Haen (2005:122) write about their work with adolescents in residential care. They encounter adolescents whose lives seem to have had so many hardships that it renders them "partially asleep to life". They see the concept of resilience in drama therapy as a way to bring their dormant inner lives back in the context of group work.

They describe how working with adolescents whose lives are filled with an absence of choice and power can be seen as a dance of encouragement and withdrawal. These vulnerable adolescents' resistance can be seen as an act of protest or of defiance, but Nash and Haen (2005:123) believe that this is an important struggle for autonomy and it must be respected as part of the adolescent's journey towards resilience. Working with the resistance is one of the most important themes that I have discovered in my work with adolescents and it is affirmed by the work of Nash and Haen (2005:123) and Emunah (1995:151).

Nash and Haen (2005:123) give an example of a 17 year old boy in a children's home. He slept most of the day and refused to attend drama therapy. They affirm the need to keep

inviting in spite of the client's avoidance of connection and a learned suspiciousness of adults. For Nash and Haen the client's ability to say "no" is not just a form of resistance, it is also a form of empowerment that represents a constructive expression of aggression as well as an assertion of appropriate separation needs. This seems to correlate with the previously discussed developmental stages of adolescents. Erikson's idea of identity versus role confusion comes into play. When an adolescent is given no power or choice they will not be able to reach this developmental goal.

Nash and Haen (2005:123) also believe that the therapist's ability to communicate acceptance and a sense of trustworthiness without coercion or manipulation is important as to not re-traumatise the client by violating his boundaries. This approach gives the client hope and helps him to begin connecting to the very vulnerable emotions that he experienced without being forced.

Emunah (1995:158) believes that the view to which most drama therapists adhere is that our self is essentially composed of the many roles we play and that it is in the process of expressing ourselves through these many roles that we begin to see ourselves clearly. As Erikson sees it, role confusion is one of the multiple things that adolescents go through and thus experimentation with roles that include a shifting and evolving self, is developmentally appropriate and healthy (Emunah, 1995:158). The importance of adolescents experimenting with different roles is that they can integrate roles from past stages in their lives and they can prepare for future ones. This can lead to further resilience building as they have the opportunity to resolve issues from the past and it gives them a sense of having more options available in their future.

Emunah (1995:159) warns that role experimentation may be threatening, especially to adolescents who do not have a supportive environment, although many may crave a sense of identity and wish to consolidate the conflict in their inner and outer worlds. The fact that adolescents see drama therapy as 'only acting' means that they can experiment with numerous roles, without commitment, giving them space to take on roles, discard others and revise and transform different roles.

This being said, it was not my experience, in the children's homes that I have seen, that there were space, resources or time for this type of valuable engagement. I see this as a potential gap that can definitely be filled by a consistent drama therapy practice and specifically group engagement. My argument is thus for drama therapy to be seen as a valuable tool to support and strengthen the work being done in children's homes in South Africa. This has direct bearing to the policy on the care of institutionalised children and should be advocated for on governmental level.

THE ROLE OF EMBODIMENT AND METAPHOR IN DRAMA THERAPY

In most drama therapy theories the concepts of embodiment and the use of metaphor are widely discussed. The role of these two concepts will be discussed with the aim to help shed light on why drama therapy as a methodology is helpful and effective.

> "Images, emotions and recollections that are too painful are pushed out of awareness, but remain hidden within the body like foreign substances with psychosomatic manifestations." (Kellerman, 2000:25).

This idea that the body stores memories that may be too painful for the client to acknowledge or deal with is at the heart of our work in embodied therapies. Lewis (1996:96) says that humans are not just intellects or even feeling intellects: we are embodied creatures. Body-enactment participation leads to a direct knowing rather than a knowing about, according to Grainge (1991:18). She believes that when you allow your body, feelings and mind to be engaged in an experience you have a sense of knowing which is quite different from simply reading or hearing about the same experience. Because childhood abuse and neglect is such a painful and damaging experience, a lot of what happened in the lives of clients who experienced it, may be hidden away.

Bannister (2003:52) quotes Young who found in 1984 that the topic of embodiment has great relevance for research concerning assessment and treatment of abuse. This correlates with the work of Pearson (1996:7-16) on the Sesame method that uses "body memories". Through the use of safety and containment this method allows the clients to "discover

themselves" and "find their identity". Bannister (2003:54) found embodiment to be successful and relevant to the treatment of child sexual abuse survivors for three reasons: It addresses the damage such as attachment that was caused by the abuse in a positive way; the treatment can focus on alleviating the damage to the embodiment process and physical problems associated with abuse; and the use of metaphor and symbolism can prevent re-traumatisation and re-experiencing of the abuse.

Drama therapy stands unique in its ability to offer an embodied experience of metaphor and symbol in the therapeutic space (Swanepoel, 2011:103). Lakoff and Johnson (1980) extensively analysed the metaphors that inform our daily lives. They identified specific metaphors and the examples can be used as a starting point for looking at the impact of metaphor in movement and drama.

Milioni (2007:3) writes that some forms of therapy that evolved from psychodynamic theory, uses embodied metaphor in order to access suppressed or repressed material. In drama therapy, the body is seen as a representation of some of the emotions, issues and dilemmas of the client. "This can take the form of a representation of these as a physical position in space ('statues', 'fluid sculpts' and other dramatic forms) or it can signify the embodiment or personification of aspects of self (e.g. Moving in a particular way, posture, role, gesture, displaying a particular characteristic, shape/form, pace/rhythm, dimension in space, character/personality)".

Lakoff and Johnson (1980:127) found that emotional affect is often described with metaphors of physical contact. They give the following examples: "His mother's death hit him hard." "That idea bowled me over." "She's a knockout." "I was struck by his sincerity." "That blew me away." "I was touched by his remark." Lakoff and Johnson (1980:127) also found that physical and emotional states are often represented as entities within a person. They use the following examples: "He has a pain in his shoulder". "Don't give me the flu." "My cold has gone from my head to my chest." "His pains went away." "His depression returned." "He could barely contain his joy." "The smile left his face." "His fears keep coming back." "I've got to shake off this depression – it keeps hanging on."

They add that the values we uphold are not independent from the metaphorical concepts we live by. For them the metaphors we live by provide coherent structure for our lived experiences. These metaphors can highlight or hide things from us, but they also help us make sense of our experiences. The greater your personal attachment to a specific metaphor in relation to an event in your life, the more insightful your experience of this event will be (Lakoff & Johnson, 1980:128). This can be specifically relevant to adolescents living in children's homes as they struggle to find meaning and identity after being removed from their homes. The use of metaphor proves to have a positive outcome in more than one way: it can have a feedback effect, essentially becoming a guiding force for one's future actions; it can sanction actions, justify inferences and help us set goals (Lakoff & Johnson, 1980:128).

Jones (2007:271) commented extensively on the therapeutic benefit of dramatic metaphor in drama therapy. He noted that it creates distance from the actual real-life problem and that this in turn will allow the client to relate in an altered way to the problem and to create a different perspective. The use of metaphor also enables the client to move into a different relationship to the challenging material and this brings them into contact with the imagination and in turn with the therapeutic potential of the process. The client can then use the metaphor to link to their own personal material should they wish to take the process further.

Working with the idea of kinesphere, defining one's personal space, and exercising control over that space can help abused children regain a sense of control and ownership over their own bodies. The concept was created by Laban and he defines it as "the sphere around the body whose periphery can be reached by easily extended limbs without stepping away from that place which is the point of support when standing on one foot" (1966:10). Movement games based on the concept of "territory" in which the children can be the masters of their space help to communicate things like: "How close is too close?" "Who can come into my space?" "How should they come in?" "Who is not allowed in, and why?" Similarly, activities that involve touching in a safe, structured, and playful way help to teach the children that there are some people with whom they can be safe. Examples of these are partner and group sculpturing (Goodill, 1987:155).

Bannister (2003:55) suggests that since traumatic memories are often based on senses and images, they can also only be accessed fully through the use of senses and images, and this is why play and drama on the developmental continuum is a valid solution. Bannister (2003:56) shares the example of a girl who told a story during a psychodramatic process of a dragon who came to her house, taking away both parents and leaving her to look after her siblings. She said that while her parents were away, a monster came and stabbed her repeatedly and it threatened her with death if she told anyone. When the dragon brought her parents back, she couldn't tell anyone about the monster out of fear. Later it was revealed that this girl had been sexually abused by her step-father while her parents were under the influence of drugs.

Koch, Caldwell and Fuchs (2013:88) found that to work professionally with body memory and embodiment, therapists should have ample experience with their own bodies. Body awareness, bodily grounding experiences, and also embodied skills are required for a successful practice. This also implies that they should have experienced how one's lived body changes through learning processes.

Koch, Caldwell and Fuchs (2013:88) also identified a need for the therapist to develop intuition as well as a "body of knowledge for how the body expresses the self, for how feelings are visible in very slight cues and slight changes of behaviour, even in the first encounter with the patient".

The fact is that drama therapists are trained to work with embodiment and metaphor, and the benefits of using these methods in relation to interventions aimed at trauma relief were stressed in this section. This makes a strong case for the inclusion of drama therapy as part of an on-going intervention with at-risk adolescents in children's homes.

DRAMA THERAPY AS THERAPEUTIC INTERVENTION THROUGH GROUP WORK

In South Africa budget and time constraints are a valid reason for suggesting group work in therapy. These are, however, by far not the only reasons why the attributes and benefits of group work should be studied and considered. In this last section of Chapter Three I will

argue that group work is an important factor in therapeutic work with trauma survivors making it vital as part of the therapeutic intervention in children's homes.

Leveton (2010: xviii) states that both drama therapists and sociodramatists have an advantage in serving to people who are affected by trauma. "Their application saves time and money that would otherwise be spent on individual or family interviews." The success of drama therapy is not only financial, drama therapy can be "successful in reducing pain, improving communication, and suggesting solutions for oppressed and victimized groups," writes Leveton (2010: xviii).

As the individual is not just a single, separate being, but by his very existence presupposes a collective relationship, it follows that the process of individuation must lead to more intense and broader collective relationships and not to isolation (Jung, 1969). The recognition of this collective relationship is a much talked about, but often underrepresented concept in South Africa, called Ubuntu. Ubuntu is the concept of how the identity of a person is formed interdependently through engagement with community (Battle, 2009:1-2). Working on a community level, drama therapy can contribute to this relationship. Drama allows expression of difficult personal issues through the use of symbolism and can transcend communication barriers through the use of metaphor. This creates a safe space for participants and communities to start working towards healing.

Group work in therapy is not exclusive to drama therapy, but the methodology does serve working in groups well. As clients identify with larger socio-political concerns and issues, they realise that they exist together in an interdependent world. This drama therapeutic witnessing element is very important in drama therapy and Jones (2007:101), who calls it the "active witness" and other theorists write about it extensively. Jones (2007:101) adds that in drama therapy "the audience phenomenon is present in a series of possible interactions between group members, and between group members and facilitator."

John Casson (1997) suggests that a witness' purpose is twofold: Firstly, to validate the client's experience; additionally, to share with the client in the closure process. He suggests that the audience, auxiliary ego and director can serve this role. As people take on and play out roles based on the events that make up their lives, they frame stories about themselves

in a role, which provide an understanding and give meaning to their existence (Landy, 1993:26).

In playing a role and telling a story the client in drama therapy enters the imaginative, fictional reality for the purpose of commenting or reflecting upon the everyday reality (Landy, 1996:99). Emunah (1994:302) concluded that drama therapy invites us to uncover and integrate dormant aspects of ourselves, stretch our conception of who we are, and experience our intrinsic connection with others.

Bannister (2003:50) writes that group therapeutic work is a broad term and that Moreno has been credited with first using it as "group psychotherapy". Moreno stressed the importance of the fact that oftentimes the therapeutic factor is the other group members and not the group leader. In the past, Bannister (2003:50) found that therapeutic groups with adolescents have been focused on using "action or creative methods". She writes: "Group therapy with adolescents, as opposed to adults, is popular because adolescence is a time when the peer group probably has the most influence upon its members." Pretorius and Pfeifer (2010:63) investigated the efficacy of group art therapy with sexually abused girls living in different children's homes in South Africa. This study is of specific interest as art therapy falls under the same broad categorisation of creative arts therapies as drama therapy. Literature and South African case studies on the use of drama therapy in this type of setting is unfortunately more limited. This specific study focused on using art to alleviate symptoms of depression in adolescent girls who experienced sexual abuse.

The study of eight weeks focused on four core themes: establishing group cohesion and fostering trust, exploration of feelings associated with the abuse, sexual behaviour and prevention of re-victimisation and lastly group separation. Pretorius and Pfeifer (2010:69) found, consistent with other research, a decrease in depression, anxiety and sexual trauma. Low self-esteem, however, was the only variable that did not show a marked difference. Interestingly, other researchers (such as Bannister, 2003:20) found that creative arts therapies can have a marked influence on the self-esteem of children suffering from abuse and trauma. Bannister (2003:52) quotes an example from the psychodramatic group work of Peter Pitzele (1991) with adolescents who have been physically or sexually abused. He noted that all of the participants suffered from a lack of self-esteem and that they had "an

impaired sense of self". Pitzele describes this lack of self-esteem as a mask, which he also calls a role, and he uses this role to help adolescents explore their own identities that lie behind the defence mechanism or mask.

In another South African case study Koekemoer (2006:1) explored, observing drama therapist Heather Schiff's work with learners in a Western Cape school, the effectiveness of group drama therapy in an intervention with children that were experiencing psychological difficulties related to their situations of poverty. She found a marked improvement in her six participants' self-concept as well as self-esteem. The positive effect of self-expression through the use of different dramatic methods, such as dramatic play, developed enactments, role play and symbolic play, is also emphasised.

Dwivedi (1993:9) believes that effective group work can enhance social skills, self-esteem and reality testing. It has also been linked to effective improvement of problems such as disruptive behaviour, increasing social acceptance and enhancing an individual's concept of the self. As a small therapy group can have a resemblance to the natural peer group of an adolescent, the use of group therapy can foster a sense of safety. As Dwivedi describes (1993:9) the group experience can reduce the sense of isolation, normalise responses and mobilise mutual support.

My experience of working in a children's home was that the group therapy was helpful in creating understanding and bonding between the group members, who do not have a choice of where they live and who they have to share their immediate space with. This correlates with evidence from a study of Mohangi et al. (2011:397) that shows adolescents' need for mutual understanding and support from their peer group as fundamental. Their study focused on the use of a resilience framework and looked at the impact of a strength-based intrapersonal approach to help children living in an institution cope. Although this study was not specifically an arts-based intervention, they used methods such as drawing, stories, role play, and clay modelling to stimulate conversation.

Nash and Haen (2005:124), writing about their drama therapeutic group work with adolescents in a children's home, specifically focus on the start of a group, where the therapists need to begin by uniting the often scattered community and help them

communicate in a meaningful way. They assert that working with group members that exhibit affect poses of boredom, apathy or disconnection can feel like an intimidating task, but by working with the here-and-now principles in drama therapy a form of "flow will inevitably occur, a current that carries the group toward its own unfolding".

They give the example of picking up on a conversation that some of the adolescents in their group had about their lunch. Instead of going directly for their planned activities and ignoring the content that the clients bring, they got involved in the conversation and also pulled other group members into the discussion. In my experience, working with what is there really helps building trust in a group and it also shows the clients that what they have to say will be listened to and acknowledged. This is also a way of finding common threads and themes to work with in on-going therapy. I have found that even spending a few minutes in a session talking about likes and dislikes can open the group up to relax and find an easier way into the dramatic action.

A group warm-up is another way to reconnect members of the group to their physical selves by releasing energies that have been frozen, rigid and turned inward (Nash & Haen, 2005:125). In a group members can become engaged through movement and action in the immediacy of the moment which happens through the engagement between group members. In this moment of here-and-now engagement, validation, safety and attunement lies the therapeutic value of group work.

In a group clients can also have a "corrective experience" or symbolic experience of what was perhaps omitted in their development with the support of other group members (Nash & Haen, 2005:126). This can include re-enactment or even the use of story as a symbol or ritual to contain the group's experience of a specific transitional life stage. In group work I have seen rituals, such as building a threshold and moving through it as a group, that work well as a way of marking a transition. In working with adolescents it is especially this corrective experience or reparative work that can be done through the group that can be extremely beneficial. The building of group cohesion can help to make them feel less alone in their situation. Emunah (1995:151) found that when issues and themes that are relevant to all the group members were explored, they were able to experience "a sense of commonality and universality".

We also have to look more closely at the way that therapy groups in general can function as a therapeutic methodology. Yalom and Leszcz (2008:20) list the therapeutic factors that can be achieved through group work: the instillation of hope – faith that the treatment mode can and will be effective; universality – demonstration that we are not alone in our misery or our problems; imparting information – didactic instruction about the situation at hand; altruism – opportunity to rise out of oneself and help somebody else and having the feeling of usefulness; the corrective recapitulation of the primary family group – experiencing transference relationships growing out of primary family experiences providing the opportunity to re-learn and clarify distortions; development of socialising techniques – social learning or development of interpersonal skills; imitative behaviour – taking on the manner of group members who function more adequately; interpersonal learning and group cohesiveness – receiving feedback from others and experimenting with new ways of relating; catharsis – opportunity for expression of strong affect; and existential factors – recognition of the basic features of existence through sharing with others.

In groups, however, things cannot always necessarily work smoothly or without friction. Yalom & Leszcz (2008:389) write that conflict cannot be eliminated from human groups and that this conflict will manifest in other, more destructive ways if it is denied or suppressed. Learning how to effectively deal with conflict in a group is "an important therapeutic step that contributes to individual maturation and emotional resilience". For adolescents who might be struggling to express their anger or other emotions in a constructive way this may prove to be great learning. Emotional resilience and healthy insulation come from working with conflict and learning that they can also withstand attacks and pressure from others.

While negotiating and working with conflict and other material that the group offer, the physical and emotional safety of individual clients must not be ignored. Bannister (2005:182) writes that therapists working with adolescents, especially those who have been abused, in groups must be very careful to create conditions of safety. Boundaries and contracts form a big part of building a group and setting rules, especially for young people who do not have appropriate boundaries. This sense of justice, boundaries and fairness is important for when violations take place. Bannister believes that one of the overarching

principles of working in a group should be so that it is important that clients will not feel further abused.

A group offers clients the experience of belonging and of being included in a community. Empowerment and synthesis can be achieved through the group principle of inclusiveness (Blatner, 1992:407). Blatner also states that to observe others in a similar situation acting and expression without the pressure to "do it right" can give clients permission to explore their own issues.

Group work in drama therapy often follows the developmental phases as a structure. As a group progresses through the developmental stages and through the dramatic play they create, what Cattanach (1994:146) refers to as a fictional present, by using their remembered past and imagined future. She adds: "In dramatic play children can face life experience through the fictions they create and in this fictional present they can try out possible futures or re-work situations of the past but appropriately distanced from the everyday reality by the fictional nature of their play." It is this engagement with the fictional present that not only gives clients a space to act out their problems of the past, but offers them an opportunity to find solutions to problems in a distanced, but personal way.

Dramatic play is not different from any other engagement in groups. Cattanach (1994:140) states that when a group of children is engaged in dramatic play, then all the negotiations and interactions which are part of any group with a task apply to them too. A group process can be complicated and dynamics such as negotiations around who will take up what role, how the story will develop and whose suggestions will be rejected will be at play. The emotional and internal processes of each individual, their creative development, the group dynamic and the creative development of the group all intertwine. For Cattanach (1994:141) it is important to define the aims of therapy and offer a group structure within which the therapeutic goals will be achieved when using dramatic play as a therapeutic intervention in groups.

Other therapists have also commented on the successful use of groups in drama therapy. Mooli Lahad, in an interview with Jennings (1994:180) says that adolescent and child abuse are pushed under the carpet by society and that there is a very big need to work with these

children as well as their families. He believes that drama therapy offers tools to learn new roles, new encounters, and new abilities to make contact using metaphor through stories, drama and enactments. Lahad (1994:180) describes a group as successful when you can see a change in mood from passivity, greyness, dullness, emptiness to light in the eyes, enthusiasm, rhythm and movement, real movement, dancing and singing.

When working in a community as part of a group, participation is one of the key factors that distinguish art for change from other art forms. However, a key value for many artists involved with community development is the democratisation of creativity – that is, not leaving creative expression to be the sole domain of the professional artists, according to Ellinger (2005:11). Community building and the sense of belonging to a group can be reinforced when creating together. This can be a valuable tool for adolescents living in a children's home.

The question of why group therapy would be considered as a more appropriate or beneficial approach as opposed to individual therapy remains to be answered. Bannister (2003:128), in an interview with other therapists, asked them to comment on the use of group work versus individual therapy. The findings were that it is each therapist's preference that dictates the way they work, but there was a leaning towards group work as a powerful experience. Importantly, it was noted that assessment of the developmental damage of each child before commencing a group was necessary. When speaking about the benefits of using groups for this kind of work, therapists' concluded that although groups require compromise from both the therapist and the clients, it has the power to "move things along quickly, because of the creative interaction between the children themselves". Peer support and the reduction of stigma were other important benefits of group work as noted in the interviews.

In drama therapeutic group work adolescents will often be asked to take up different roles in enactments. Another resilience-enhancing skill that adolescents can learn from engaging with drama therapeutic groups is the concept of de-roling once the scene ends. This letting-go of roles helps them to prevent premature over-fixation with a role as adolescents can easily lean towards "extremism or over-constriction" as Emunah (1995:159) calls it. Through the process of de-roling the drama therapist "insures that the adolescent does not 'get lost'

in either an emotion or a role" and the intervention promotes a fine balance between expression and containment, and embodiment and role detachment.

CONCLUSION

Through this chapter's first section we now have a clear-cut view of what resilience is and can now understand the importance of resilience in the lives of traumatised adolescents. The next section dealt with the role of embodiment and metaphor in drama therapy which emphasises why drama therapy can be an effective intervention. Lastly the use of group work and its various benefits were explored. In the following chapter, Chapter Four, I will examine the expected outcomes of a drama therapeutic intervention within the population and circumstances, looking specifically at resistance, mixed emotions and agency experienced by adolescents. In addition the study will look at more recent South African studies that have been done on the outcome of various creative arts therapies. A summary and recommendations for a way forward will end this study.

I experienced how drama therapy in a group of adolescents in a children's home had a profound impact. Despite, or maybe even because, of the systemic challenges, their resistance and unwillingness. These homes can easily become a place where further trauma is experienced, but with the right therapeutic intervention we may be able to lessen the trauma. The safety and containment that drama therapy offers may well be the "safe space" that at-risk adolescents need. I postulate that the drama therapy space can become a place in children's homes where they can express their emotions, through an embodied and metaphorically driven process.

CHAPTER FOUR: RECOMMENDATIONS AND A WAY FORWARD

From the beginning of this study I have systematically moved toward the argument that drama therapy can be used as a group-based therapeutic intervention to build resilience in adolescents in children's homes. This, however, is the time to review the verity of my main research question and to find a way to move forward to bring these words into practice. From the previous chapters these are just some of the truths that we have discovered: A therapeutic intervention is necessary in South Africa, especially in the context of children's homes. Drama therapy is a good fit, not only in a multicultural context but also with its ability to be used in a group setting and in its ability to aid in the building of resilience. These facts, although they have been substantiated through this study, must be brought into action before they can be of any value to drama therapists and adolescents in children's homes. This chapter will start with an exploration of the therapeutic outcomes that can be expected when drama therapy is set to work. I will take you through how drama therapy can bring resistance to voluntary participation, mixed emotions to expression and move adolescents from no voice and space to agency. Thereafter I will look at a way forward and conclude with my findings.

EXPECTED THERAPEUTIC OUTCOMES

To understand what the use of drama therapy can truly mean for adolescents in children's homes, it is useful to look at the therapeutic outcomes that can be expected. I have experienced all of these outcomes in my work with adolescents, but I have also found substantial evidence in other theorists' (Emunah, 1995; Wade, 1998; Grainge 1991; Bannister, 2003; Cattanach, 1994; Bailey, 2006) work as examples of the benefits of drama therapy in this field.

Emunah (1995:151) explores the relationship between adolescent trauma and adolescent drama using the following four signifiers: The connection between acting out and acting; the interplay between emotional expression and containment; the experimentation with roles; and the impact of collaboration and intimacy. For the purpose of this study I will explore these concepts in three themes that I have found in my work with adolescents: The

movement from resistance to voluntary participation, from mixed emotions to expression and from no voice and space to agency.

From resistance to voluntary participation

Adolescence is a period marked by defiance and rebelliousness, but also by transitioning and transformation. Wade (1998:714) believes that for transformation to occur, such as to move from one state like resistance to another such as participation, there is a need for a specific environment where self-reflection is encouraged. When transformation from one false assumption to the next occurs, the individual then lives by their new self-definition. This is accompanied by a new sense of power, freedom and passion for life. Grainge (1991:17) contests the belief that personal history can and should be ignored in the process of development and believes that it is a reflection of the idea that the mind can be split from the body. From childhood we are taught the importance of the mind. The body is considered as the vehicle which gets us from place to place.

According to Wade (1998:714) it is important to note that transformation is unique to each individual's experiences and it involves a complex interweaving of patterns. The concept of self is also central to the different patterns of personal transformation and critical self-reflection and the exploration of the meaning of "self" is implied (Wade 1998:714). The idea of the self as an effecting agent of change is also part of what Jung described as the role or function of the psyche. When working with adults this self-reflective capacity may be more developed, with adolescents this may be restricted and may also cause further resistance to therapy.

Emunah (1985:72) notes three specific resistances that adolescents can experience toward drama therapy in particular. Firstly, drama, because of its performativity, can be challenging for adolescents who are uncertain and self-conscious. Adolescents' need for affirmation and approval and their concern about their appearance and peer acceptance might make drama therapy specifically challenging for them. This is even truer for adolescents with a history of abuse and trauma, as they tend to struggle more with low self-esteem and may anticipate ridicule and failure. Secondly, adolescents, in their striving towards being "grownup" may

see drama therapy as a childish activity. They may also use this as an opportunity to assert their identity and position by defying any instructions from any adult. Emunah, thirdly, found that because drama seems like you are "acting like" or "becoming someone else", adolescents who are trying to establish an identity may find this threatening. "Given the tenuousness of their identity and the boundary confusion that could arise through role and dramatic play, it is not surprising that they initially resist the activity," writes Emunah (1985:72).

Emunah (1985:78) believes that to really find an appropriate and effective treatment plan in the face of adolescents' opposition and confrontation, one must understand the underlying issues in their rebelliousness and their resistance to treatment. She writes that this resistance can be healthy and is age-appropriate and can therefore be used as part of a dramatic activity. "A power struggle with the therapist is averted by the playful manner in which the drama therapist permits, mobilises and creatively channels the client's aggression and rebelliousness" (Emunah, 1985:78). She notes that the natural response of "acting-out" becomes "acting" and that involves self-observation and self-mastery and then the possibility of discovery and change can occur. Self-mastery is achieved through the drama and the client experiences their own strengths, not weaknesses. Emunah (1985:78) writes that the trusting relationship that is achieved by unquestioningly accepting the adolescents' choice of material will result in a beneficial therapeutic intervention that will move the adolescent from resistance towards a more resilient approach.

Emunah (1985:79) identified three stages of resistance during sessions with adolescents, starting at the very critical beginning of the session. In her experience she found that adolescents often start by testing the therapist's ability to remain in control by being rebellious and provocative. A therapist will traditionally respond by trying to set limits and enforcing their authority. In my placement I found that staff often tried to exert control by negative reinforcements. This is affirmed by Emunah's (1985:79) experience in children's homes and institutions. She found that this can be very detrimental and be met with further opposition. Even if you succeed in gaining their cooperation, an antagonistic attitude will often be the result. By allowing the clients to actually feel and behave how they really want to, whether it is hostile or aggressive, can minimise their initial resistance.

Drama as a permissive approach sets the stage for exploration where all kinds of behaviours, attitudes and emotions can be expressed within a safe and controlled space. "This permission creates an environment in which clients will eventually feel free to experiment with alternate behaviours," writes Emunah (1985:79). She believes that energy, when constructively and creatively expressed, can be released. She describes how this almost paradoxical approach helps the clients to cooperate and do exactly what they want to do according to the therapist's instructions.

The second stage of resistance happens once the initial stage of resistance is passed. This is when adolescents become engaged in the drama, which Emunah (1985:75) states they get into very eagerly. In this stage they still challenge the leader as their behaviour portrays and duplicates their lives. Their resistance moves from resistance to the structure, to resistance through the content. They will expect the drama therapist to censor their creations, and when this doesn't occur, their behaviour will be neutralised. In these rebellious roles, Emunah (1985:75) has found that adolescents often portray "cool" characters to win the acceptance of their peers as identity and self-image are paramount challenges at this developmental stage. Another theme that Emunah noted was that any activity that reminds the adolescents of child's play will be met with defiance. Consequently, to be effective, the content must be specifically chosen to fit with stereotypical adolescent issues.

The third stage happens when the adolescents' engagement is sustained and is without disruption or resistance, in such a way, that they can start to engage in therapeutic direction (Emunah, 1985:76).The aim for the drama therapist would then be to instil awareness of consequences to certain behaviour and actions. Change or insights seemed to appear when the adolescents were playing themselves, but Emunah (1985:78) also found that role playing other adult figures can be beneficial. "Generally, disturbed adolescents portray authority figures as very controlling and sadistic. Physical and verbal abuse is common, not only while role playing parents, but also teachers, counsellors and policemen. The players seem to enjoy the sense of power and control which their roles allow them to experience" (Emunah, 1985:78).

Participation is another characteristic of a resilient adolescent and can be seen as an empowering experience for them. It is this act of voluntary participation that has to be reached for drama therapy to be effective.

From mixed emotions to expression

As individuals reach adolescence they start to experience the sometimes painful transition from childhood to adulthood. This period is often linked to experiences of insecurities and problems regarding identity and the self (Jennings, 1995:99). Adolescents often struggle with communication and to express their internal world and this struggle results in their experience of mixed emotions. Emunah believes that it is particularly difficult for adolescents as they are not yet able to reflect with perspective and distance on their thoughts and emotions and that leads to difficultly in verbally articulating how they feel and what they think (1990: 102). Inner pain, conflict, confusion, turmoil as well as excitement longing and hope can be expressed through dramatic enactment (Emunah, 1995:156). The balance between expression and containment becomes extremely important as the mastery over mixed emotions is a primary task of the adolescent. Emunah (1985:79) found in her work with adolescents that they often choose real-life situations and realism for enactment to understand and master their mixed emotions. She (1995:156) uses the example of a well-known warm-up game where one person is elected to leave the room while the others decide on an emotion to portray that the person then has to guess. She found that the group would often choose the emotions that they are currently experiencing and typical selections are hostility, rebelliousness, resistance, anger, depression and confusion. In this way the group expresses their resistance to therapy through the game which, according to Emunah, will often result in cathartic release, humour and self-awareness.

When we engage with the process of therapeutic group work and work in a metaphorical way we access embodied knowledge. Lakoff, a linguist, and Johnson, a philosopher, suggest that metaphors not only make our thoughts more vivid and interesting but that they actually structure our perceptions and understanding. "The essence of metaphor is understanding and experiencing one kind of thing in terms of another," said Lakoff and

Johnson (1980:5) to explain the nature of their work with metaphor. The use of metaphor may be very helpful for adolescents struggling with self-expression and mixed-emotions. Where words and ability lack, metaphor and symbol can carry the message effectively and lead to better self-expression.

According to Emunah the creativity inherent in drama can be an effective tool to help adolescents express the internal chaos that they might be experiencing. Emunah (1995:153) also adds that the adolescent can test possible life choices and they can experiment with different roles before attempting them in reality. The drama therapeutic concept of embodiment and its link to somatic memory applies here. In drama therapy the various aspects of an adolescent's evolving sense of self can be played out and gradually integrated. Drama therapy, as a therapeutic approach dealing with bodily experiences, work closely with the concept of body as memory. Not only is the history and uniqueness of an individual expressed by his or her bodily habits and behavioural patterns, but sensations or situations expressed by the lived body may also function as reminders which can release enclosed content (Fuchs, 2012:9) In Chapter Three I discussed the role of embodiment and metaphor in drama therapy. However, embodiment and body memory play such an extensive part in the ability to move from mixed emotions to expression that I will discuss it here with regards to their affect on the expected outcome of drama therapy.

The concept embodiment can be understood in a lot of different ways, but the primacy of experience is what defines something as an embodied concept, believe Koch and Fuchs (2012:25). They also write about experientialism and embodiment as a way of finding meaning. Koch and Fuchs (2011:3) explain that,

> ... embodiment denominates a field of research, in which the reciprocal influence of the body as a living, animate, moving organism on the one side and cognition, emotion, perception and action on the other side is investigated with respect to the expressive and impressive functions, on the individual, the interactional, and the extended level.

The lived body holds memory; it is not only one's rational explicit remembrances of past experiences. This memory enables us to adapt to the natural and social environment and to

feel at home in a social and cultural space. Body memory, according to Fuchs (2012:12), can appear in a vast array of forms. He identified six of these forms as procedural, situational, intercorporeal, incorporative, pain and traumatic memory. These forms are not strictly separable from each other; Fuchs believes they are derived from different facets of bodily experience, albeit still embodied.

Our body thinks, and it thinks as it moves. In other words, our moving, living body is intelligent, and our thinking arises through material physical sources as surely as it may seem to move beyond them. When we trust our innate intelligence, it speaks, or brings us images and feelings in unpredictable ways (Fraleigh, 2000:57).

Rowe (2000:15) suggests that embodiment with body-in-space metaphors, for example using the sentence "I'm losing my footing" as a metaphor for being psychologically disorientated by working with falling and balance in movement, gives the client and the therapist multiple opportunities for growth. Firstly it gives the client the chance to explore the embodied experience by physically working with balance and falling. It also gives the therapist a way of structuring their work around the basic patterns of the embodied experience, for example the metaphor of a journey.

Mazarakis (2010:81) explored the relationship between memory and the body in her master's thesis. Since she worked as a participatory researcher with her work focusing on the practical as well as theoretical aspects of the body as an archive, she had first-hand experience in the matter. According to Mazarakis, the way in which physical intelligence draws together the internal and external environment of the individual, enmeshes the inscriptions of their context into their experience of the lived moment. She explains somatic memory as follows:

> Perception mediates our experience in the world in the way it brings together the internal and external environment, but each moment of perception is reliant on our past perceptions. Somatic memory is therefore the way in which the body 'remembers itself' as the reference point for further perceptions (Mazarakis, 2010:81).

Some feelings, that adolescents find it difficult to express, can be powerfully communicated, to the group, the therapist and/or an audience, but most importantly to the self, through an artistic form. "The externalisation of an internal experience allows it to be better understood and assimilated" (Emunah, 1995: 158). Clients can find and identify their mixed issues and feelings without reducing or simplifying them and the nuances, complexity and subtleties can be conveyed. Through this experience adolescents can feel understood and witnessed – in the fullness and complexity of their world.

From no voice and space to agency

In my experience dance and movement therapy gives you the space/place to "practise" for real-life situations and it gives you a sense of freedom. It becomes a testing ground for new things and a place where you can safely engage with and experience life's changing stages. It gives a participant a clear way to explore potential and new ways of relating: from living more open-heartedly to working with personal boundaries.

It also gives participants a place to rehearse this in a safe space. A safe space implies an emotionally (as well as physically) safe place where participants will be encouraged to be non-judgemental and accepting towards themselves and others. Bannister (2003:20) calls this safe space the 'play space', 'area of illusion' or the 'space between' where development that was blocked or delayed can be completed. Female participants in a drama workshop led by Grainge (1991:2) speak of feeling empowered and enlivened by the theatrical experience; it led to a greater sense of their own inner wisdom and creativity without them ever directly talking about their experiences in daily life.

Another characteristic of a safe space is that it allows for aesthetic distance. As you are moving you are using distancing methods, such as metaphor, to create distance between you and the emotional material that you bring. All of this happens in the non-verbal plane and is only later reflected on verbally. Bannister (2003:129) describes the use of safe spaces in adolescent psychodrama groups. The group was encouraged to create space where they could go to if they felt unsafe. She describes how they created "nests" using floor cushions and how they made safety icons or talismans from various items around the room. They

picked a specific golden scarf to be the "safety scarf" which they could wrap around themselves to show that they needed to remain safe for a session.

Bannister (2003:140) affirms that in any kind of therapy the therapist has to consider that clients are ever-changing entities and that the changes they make will be affected by what is currently happening in their lives. She writes that with abused clients, who have undoubtedly suffered developmental damage, any form of "resolution" can be a stepping stone towards their further development. The example of an adolescent, who normally needs a mixture of reassurance and protection coupled with the freedom to experiment from their caregiver, may revert to more childlike behaviour for a while. "It is not easy for caregivers to tolerate this, to respond with the physical affection which a younger child would appreciate, and yet to allow the freedom that most adolescents expect" (Bannister, 2003:140). Allowing an adolescent the space to explore their own boundaries and finding their own voice may be a challenge for caregivers. Support for the caregivers to deal with this transitional phenomenon may also be an area where drama therapy can fill the gaps.

Rubenstein (2005:176) believes that by telling your deepest secrets to an empathic third party, the process of naming begins. This process is described as a process of knowing an agency. He writes: "Once we put a name to something, we can begin to understand it and exert some agency, if not control, over it." The journey towards agency thus begins by naming the shadow and this can be uncomfortable or unpleasant.

Emunah (1985:78) says that adolescents living in an institution often experience confinement and hopelessness and this can be alleviated by the dramatic play because it is a world where possibilities are innumerable and perspective can be attained. Jones (2007:102) feels that the audience as a witness can play various roles in the experience: Whether the witness is only the therapist or not, they can give support, confront, guide or be a companion.

The concept of witnessing in drama therapy is closely linked to the idea of empathy. Jones (2007:95) believes that distancing can be seen in Brecht's terminology as the client "reads" the material presented. This encourages thought, reflection and perspective without losing engagement. He gives a general example of how, when clients feel emotionally

overwhelmed, it may be therapeutic to develop a response that is more distanced from their current situation in order to find ways of dealing with their emotions. For adolescents in children's homes who often come from backgrounds where they experienced abuse or neglect which leads to trauma, finding a distanced way to deal with their emotions is very appropriate.

Birdfield (1998:25) describes aesthetic distance as follows: "In enactment, aesthetic distance refers to the ability to be in role either as oneself or part of oneself or another real or fictional self – retaining a healthy balance between cognition and affect; between thinking and feeling.

The British Association of Dramatherapists (2011) describes this 'indirect approach' or aesthetic distance as a method to explore difficult or painful life experiences. Often when individuals engage with the dramatic metaphor through enactment, role play, story or even witnessing a play or performance they find that although the characters may be very distant from them in terms of time, class, culture or lifestyle, it can still evoke a strong emotional response. It is also true that oftentimes adolescents tend to shy away from their emotional response as it can be an overwhelming experience, but in the drama they can allow themselves to become fully engaged because they know it is not "real life". This fictional barrier filters and protects us from potent emotions, such as envy, anger or psychological stress. Metaphor is used to describe feelings, as seen earlier in this study through the in-depth analysis of Lakoff and Johnson (1998:130). Dramatic expressions, such as "I can't see the light at the end of the tunnel" or "I can't see the wood from the trees" can be a springboard for drama therapy and also clearly illustrates the distancing effect of the metaphor. Through the drama a client can enter into their own fictional reality and explore their relationship to the dramatic metaphor in a deeply embodied way. And this embodied exploration through the containment of the metaphor then becomes the expression and the road map to finding their voice.

Dramatic enactment, according to Emunah (1995:156) offers emotional release, catharsis, containment and a sense of control. In this way adolescents can safely learn how to express themselves and therefore find a sense of agency in a situation that may sometimes seem to give them no voice to speak up and no space to find their own identity.

Through drama therapy adolescents can learn to become actors rather than reactors. They can also learn that expression can be creative rather than volatile or a matter of acting out. This development of a sense of mastery and agency is important for adolescents and through making choices, editing and refining their creative work they learn and rehearse for taking on life's challenges (Emunah, 1995:158). This is exactly what I would like achieve for the adolescents in a children's home: The idea that they can become equipped to effectively deal with all the challenges life brings.

Once these outcomes are reached

Cattanach (1994:146) writes that at the heart of drama as a healing process lays the safe space for individuals or groups to meet, coupled with the developmental model of embodiment, projection and enactment and the inherent symbolism in drama. In her work with children, she used dramatic enactment to help them transform their experience as they moved from everyday reality to dramatic reality.

More than adolescence, the adolescents in children's homes have the added difficulty that they have to deal with the trauma of abuse and neglect. Herman (1998:145) writes that trauma destroys the social systems of care, protection and meaning that is necessary to support human life. She believes that the recovery process requires the reconstruction of these systems in order to counter the disempowerment and disconnection from others.

Drama as a methodology overcomes the dualism of body and mind functioning. It leads to an increased self-awareness and a greater sense of wholeness. As the adolescent enters more fully into an exploration of his or her personal meaning through dramatic enactment and movement, a deepened appreciation and understanding is gained into the universal connectedness of all human life, concluded Grainge (1991:iii). This sense of connectedness helps alleviate the sense of aloneness often experienced by adolescents.

Drama and its manifestation through theatrical forms, such as movement, provide a meaningful framework for people to tackle relevant issues and gain greater personal insight (Bailey 2006:220).

When using the developmental model of drama therapy, Bannister (2003:140) says that adolescents should be able to move forward in the three areas of feelings, identity and relationships by answering the questions: "What do I feel?", "Who am I?" and "Who are you?" Feelings should be congruent with body language and having the ability to understand what you are feeling and expressing them when you need to is a skill we learn in early childhood. This skill can be learned or re-learned if trauma interrupted the development thereof. After becoming aware of the range of feelings that can be experienced, our identity emerges and our character begins to be formed. This awareness of their self and their identity is often shown when a client discards a coping behaviour which they previously used. A self-effacing, victimised client can become more assertive or a bullying and controlling client can become more reasonable. The ability to make, maintain or terminate relationships as an extension of the attachment process is the last part of self-development. A drama therapist can play a big role in helping adolescents who experienced trauma deal with the painful nature of ending a relationship through expressing feelings on both sides. Treading carefully around endings and guiding the adolescent through this process should be in the priority of the therapist throughout the therapy.

As Emunah (1995:150) explains drama therapy as a dramatic mode becomes a container within which trauma of the adolescent can be safely explored and mastered. This is even truer for adolescents that live in children's homes in South Africa, as the multiple challenges of adolescence escalate in the face of the trauma from abuse or neglect that they experienced. While many adolescents might act-out, or resort to delinquent behaviour, substance abuse, withdrawal or even suicide, this group drama therapeutic container may help sustain and build resilience.

Emunah (1995:153) gives the following reasons as to why the high risk and high growth phase of adolescence is a prime time for a creative arts therapeutic intervention: The internal chaos and emotional experience needs external expression and acknowledgment; there is a heightened creativity during adolescence; and aesthetic sensibility, as a conceptual thinking developmental task, develops during this time.

One aspect of working with drama therapy as a way to build the strengths and healthy aspects of adolescence is that it can foster growth and identity and reduce the risks that are

so apparent in this life stage (Emunah, 1995:153). "Over time, adolescents in drama therapy develop a sense of 'identity cohesion', as they come to accept, own and be masters of the wide range of roles that encompass their beings," writes Emunah (1995:160).

Adolescents often experience intense and painful feelings of alienation and by participating in a highly active and interactive group some of these feelings can be alleviated. Shared issues and commonalities experienced through the group work and enactments further foster a sense of belonging (Emunah, 1995:166).

Treatment for adolescents who have been abused is important, specifically in children's homes where there is access to younger children. As part of their coping mechanisms, adolescents may in turn become perpetrators and restart the vicious cycle of abuse (Bannister, 2003:151). O'Callaghan and Print (quoted in Bannister, 2003:151) state:

> There is an acceptance that adolescent sex abusers have developed a dysfunctional behaviour which is not generally mitigated by time alone. The deviant behaviours and thinking processes of the abusers originate from negative experiences, such as various forms of abuse in childhood, which lead to the abuser developing deep needs for power, acceptance and aggression which they meet through abusive sexual behaviour.

This does not imply that all victims of abuse, neglect and trauma will become perpetrators, but that given the systemic challenges that we face in our children's homes in South Africa, more care to mitigating this potentiality should be taken. Drama therapeutic methods, such as role reversal, can offer the adolescent a chance to experience victim empathy by understanding and identifying what their victims may be feeling (Bannister, 2003:152). Bannister affirms this by saying:

> It makes sense therefore that young offenders should be offered parallel treatment programmes. In addition to a programme which helps them to regulate their offending behaviour they should be offered creative therapy on the lines of the regenerative model. This will help them to heal themselves and to develop their emotional control, their sense of identity and their role repertoire, especially their empathy with others (2003:152).

Jennings and Hickson (2002:50) discuss the aims of their work in treating adolescents and they identified the following goals: Achieving healthier attachments; building resilience in dealing with the world and learning survival tactics; finding ways of engaging adolescents instead of imposing their own ideas on them; giving them the positive experience of having choice; offering ways to motivate them to participate; and the negotiation of boundaries and ground rules.

The witnessing of the trials and triumphs of others heightens empathy which is a trait of resilient individuals and it brings the group to a deeper level of cohesion and intimacy.

CONCLUSION

In Chapter One it was shown how South Africa is under pressure to provide mental health solutions that can help alleviate the mentioned crisis. Drama therapy can assist in this and also help prevent secondary trauma as its effects can potentially filter through. I believe that drama therapy can become a vehicle for a co-creative space, where at-risk adolescents have a say in what happens to them. Where they can have participatory rights and where they can learn how to defend themselves against further victimisation of unsatisfactory systems and children's homes.

Unfortunately, in the institutional spaces that I have engaged with, there was no space, resources or time for this type of work. My argument is thus for drama therapy to be seen as a valuable tool to support and strengthen the work being done in children's homes in South Africa. Importantly, this has direct bearing on policy-making and should be advocated for on governmental level.

I postulate that the drama therapy space can become a place in children's homes where they can express their emotions, through an embodied and metaphorically driven process. I have often experienced the drama therapy space as a place where I can rehearse for events, relationships and experiences in my life. This is why I feel so strongly about the use of drama therapy as it gives participants the opportunity to have a sense of more options

and choices. And this sense will give hope and will also affect their self-esteem and in turn their resilience.

On a way forward

I believe that drama therapy as an ongoing group intervention can be a valuable addition to the therapeutic efforts in children's homes in South Africa. The idea of commitment to humanistic aims such as working at the client's pace and providing core conditions of empathy, acceptance and congruence is essential in creating a treatment plan for adolescents, allowing them to feel accepted and for a sense of safety and trust to begin to develop (Rogers, 1951).

Cluver and Gardner (2006:8) found that there are very few organisations that provide psychosocial support for children who are orphaned. Importantly, their study found a need for effective interventions that aim to reach larger numbers of orphaned children. "Such interventions must be sensitive to the differing cultural norms and political agendas around HIV/AIDS in South Africa" (Cluver & Gardner, 2006:8).

Cluver, Fincham and Seedat (2009:106) found that poor urban children in South Africa are exposed to multiple community traumas, and that AIDS-orphaned children are specifically at risk for developing posttraumatic stress disorder (PTSD). Their study concluded that the level of perceived social support these vulnerable children receive can decrease the symptoms of PTSD that these adolescents displayed. Adolescents pose particular challenges for children's homes: they test the boundaries, they can be disobedient and rebellious, and part of their developmental task is separation from adults which is often the cause of mayor conflict.

There seems to be a need for interventions that both strengthens the relationship between caregivers, school staff and adolescents living in a home and that gives them a strong sense of support. This is one area where an on-going drama therapeutic intervention may add valuable support. They add that nationwide policies should continue to aim to reduce the amount of AIDS-orphans such as through anti-retroviral treatment and the reduction of community and domestic violence. They have found that the high levels of these stressors are on the increase. Therefore, orphans should be screened for mental health problems and

factors found to show protective value should be the focus of interventions. "Interventions aimed at improving social support should be rigorously evaluated to determine their effectiveness on long-term mental health outcomes," writes Cluver et al. (2009:106).

Mueller et al. (2011:57) found that arts-based interventions in a community project in South Africa offered participants opportunities to increase the self-efficacy of vulnerable children that can potentially protect their psychological health. Bannister (2003:53) used an integrated model, combining play and drama therapy and psychodrama with sexually abused children and found that this approach seemed to be effective. The effectiveness was ascribed to the idea that it follows the development of a child and that where attachment is absent or dysfunctional, as is the case with so many children in homes in South Africa, it can be reparative and focused on building resilience.

Bannister (2003:127) found, after interviewing several therapists working with children and adolescents who are experiencing trauma that they recommend that therapy is commenced as soon as possible to better psychologically buffer the victim. She noted that 12 months of intensive therapy was usually necessary for adolescents recovering from trauma. Younger children, specifically those with supportive caregivers or parents, can benefit from as little as six sessions. Interestingly, she found that the use of metaphors and toys worked so well because clients can see a different perspective almost instantly. These sometimes instantaneous results make drama therapy an ideal intervention in children's homes where there is limited time and money. I would also argue that the earlier the intervention, the more effective it will be. This is unfortunately not currently happening in South Africa.

I have used the work of many international theorists as foundation for this theoretical study. By starting to practice this work actively in children's homes we can test the theory in practice and start building a body of research to support these findings in our very own context. I also feel that our complex, multicultural and layered nation will make the work challenging and rich. Having adolescents actively participating in their own healing through a methodology that includes play and drama, can be a way of building agency and resilience. Using drama therapy, the practice and implementation of children's rights can be more than theoretical, it can perhaps lean towards a more democratic way of living and being in children's homes. My wish and recommendation for children living in children's homes

would be for them explore drama therapy within a group setting. And to ultimately for them to become active participants and decision-makers in their own lives.

On drama therapy's role in building resilience

"I believe that drama therapy has a unique and critical role to play in helping young people through the tumultuous life passage known as adolescence," writes Emunah (1995:151). I can only wholeheartedly agree with her statement. The most intense life lessons I have ever learned were non-verbal, experiential or embodied. It is in this language that I feel more at ease and less resistant; more comfortable to explore and express. Moreover I feel that it has something to do with connecting with the unconscious and leaving the critical mind or intellect out of the equation.

The life of every adolescent in every children's home in South Africa can attest to the fact that there is a need for drama therapy in the country. Even more so when these are at-risk adolescents due to the effect early trauma can have on later life as we have seen in Chapter Two. These adolescents are in dire need of resilience to prevent their situations to have a detrimental effect on their futures. This is where drama therapy can intervene. The crisis of overcrowded and understaffed children's homes coupled with financial and time constraints also make the case for including drama therapy as a group intervention not only practical, but imperative.

There have been studies done showing both the need and effectiveness of drama therapy with adolescents. Similarly studies have shown the effect drama therapy can have on clients that have dealt with trauma, abuse and neglect. I also examined the use of drama therapy as opposed to traditional psychotherapies and found significant benefits of this methodology.

Building psychological resilience through drama therapeutic methods in adolescents is necessary and beneficial. Resilience as a skill will combat the effects of the adversities that they faced or may still face.

Adolescents should be afforded exceptional care during treatment as this is an important developmental stage. Any treatment plan should take this developmental stage into

account. The increased amount of stressors that adolescents in children's homes face makes them more at-risk than those adolescents who have not experienced trauma, neglect or abuse.

Adolescents' resistance to drama therapy can be overcome by working with the resistance. These often unwilling participants would benefit from the impact drama therapy can have on their lives. The drama therapist's continued energy and enthusiasm, coupled with a willingness to work with where the client is at, is needed to bring the theory of resilience-building to life.

On using group-based therapeutic methodologies

A group-based therapeutic intervention can be effective, both because of the listed benefits, but also because of the cost aspect. Every children's home in South Africa will have different characteristics and constraints. There cannot be one tailor-made therapeutic plan that will suit everyone's needs. Therefore it is essential that a way is found to determine where help can be most effective. Furthermore, it should be noted that even when group-based therapy is employed not every child in every targeted home can be reached. Now that we have arrived at a point where we emphatically know that a group-based drama therapeutic intervention can be helpful in building the necessary resilience in adolescents in children's homes we need to move further.

The use of groups to this effect is not only beneficial in terms of the budget constraints that these institutions face, but as shown, groups as a therapeutic intervention can have multiple benefits for its participants: Building group cohesion, fostering trust, safely exploring feelings, building self-esteem, enhancing social skills, social acceptance, improvement with disruptive behaviour and dealing with conflict, reducing the sense of isolation, normalising responses, mobilising support, experiencing validation and empathy (Pretorius & Pfeifer (2010), Koekemoer (2006), Dwivedi (1993), Mohangi (2011), Nash & Haen (2005), Emunah (1985). Other therapeutic benefits, as listed by Yalom and Leszcz (2008) are the instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the

primary family group, development of socialising techniques, imitative behaviour, interpersonal learning and group cohesiveness, catharsis and existential factors.

On complexities and challenges

We need to find a way to implement a treatment plan for these adolescents and identify the places where the greatest need is. It is not only finding those who have the greatest need, but finding the ultimate point where need and fulfilment can viably and effectively meet. Unfortunately, no matter how many different studies are done or the amount of theories reached can alleviate the effects of some of South Africa's biggest obstacles: how to build resilience in adolescents in the face of burn out, fractured mental health care relationships, poor services and lack of funding.

However, I believe that this study provides a rich description of the complexities that we face in South Africa, the challenges of being an adolescent in an institution and the impact drama therapy can have on building resilience and alleviating trauma. It is therefore my conclusion that the methodologies and ideas described in this study can be applicable in many similar circumstances. With this study being just one building block in the literature on working effectively with adolescents in children's homes it is hoped that future studies on the effectiveness of working in groups specifically in the South African context can be done.

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