Fighting Monsters through the Vulnerable Hero: an examination of techniques of role play within Drama Therapy for children who have experienced trauma in South Africa.

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Drama Therapy Research Report

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Drama for Life

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DECLARATION

I, the undersign, hereby declare that the work contained in this research report is my own original work and that it has not previously, whether in its entirety or in part, been submitted to the University of the Witwatersrand or any other for the purposes of a degree.

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Introduction

"A recent study led by Linda Richter at the Centre of Excellence in Human Development showed that, of the cohort studied, only 1% of children had never experienced violence. Violence was frequently experienced at home, in schools and in the community. Of those who reported exposure to violence, half said they suffered it at home." (Amato & Donald, 2019: 1)

Given the prevalence of violence, and associated childhood trauma in South Africa, this research report explores the therapeutic potential of role play using the role of the hero. Childhood trauma has been shown to have a number of emotional, physical, neurological and developmental effects which I will discuss later in my research. These effects have a severe impact on children's ability to regulate and express their emotions effectively, perform to their full academic potential and form healthy relationships. This can affect them for the rest of their lives if the trauma is not addressed in a healthy manner. It also has an impact on larger society.

The impact that trauma has on development and academic performance can contribute to a number of social and economic problems, such as unemployment, individuals becoming involved in high risk behaviour and substance abuse. It has also been shown that children who are exposed to violence are more likely to go on to commit violent acts themselves later in life. This is a major problem in South Africa where the cycle of violence is very evident. The impact of trauma is further complicated in the South African context by the fact that children will often experience ongoing adverse conditions in multiple contexts rather than a single traumatic or potentially traumatic event. Thus, I believe that it is crucial to find ways to help children to overcome traumatic events as well as to help build strength and resilience.

My belief is that there are a number of themes in hero mythology which may be useful in overcoming trauma and in building resilience. The theme of strength and resilience is one

that is very common to hero mythology and which I believe may be useful in trauma intervention with children. My assumption is that children who have experienced trauma may find their own strength and resilience through embodying this kind of role. This may be helpful in their regaining a sense of autonomy and reframing the narrative of helplessness which may have developed due to trauma. I also believe that embodying heroic characters may be helpful in building resilience. This is particularly important in the South African context where many children will experience multiple traumas in multiple contexts. For this reason, I believe it is very important to develop interventions that help children to overcome past traumas as well as build resilience to help them cope with current and future adverse conditions.

Morality is another common theme within hero mythology. My assumption is that embodying such roles may be helpful to children and assist with their moral development. The impact on moral development will be discussed in detail later in the paper. This is important as it has been shown that moral development can be impacted by trauma. I believe this kind of role play may also be useful in exploring complex moral issues and themes. This may be particularly true when exploring the hero/villain dichotomy in role play or exploring more morally complex heroic characters. These themes may be of particular importance in South Africa where we have very high levels of violent crime, at least in part due to historic trauma. As the therapist, examining and working on issues related to moral development may also important with regards to the psycho-social functioning and health of the client. Research has shown that trauma may result splitting in which the client may dissociate from certain aspects of themselves. The client may have difficultly in viewing themselves or others as nuanced human beings containing both good and bad aspects. They might see themselves as being bad or monstrous which may cause a great deal of distress. It may also cause difficulty in forming and maintaining intimate relationships.

Parental loss or absence is another common theme in hero mythology. It is also a common experience amongst children growing up in adverse conditions. In cases of trauma, parents may be physically absent due to death, abandonment, etc. There may also be cases of

abuse or parents not being able to support their children adequately after a traumatic experience. My assumption is that the role of the hero may be a good way to explore these issues through the metaphor of the hero's story. I also believe it might be helpful in providing children with positive role models to embody. This is of particular importance in the South African context where many children experience some form of parental loss.

My research will take the form of a scoping literature review. I am using literature on trauma, play and role play as a way to critique my assumptions about the therapeutic potential of role play using the role of the hero and how this might be helpful in overcoming trauma and building resilience.

Research questions

The two main questions that I seek to explore through a scoping literature review are as follows:

What is the potential of role play within Drama Therapy using the role of the hero for trauma intervention with children?

What is the potential of the role of the hero in the South African context for children who have experienced trauma?

Background

My interest in this research was sparked by own my experiences as a child. I would take on heroic characters from movies, literature and of my own invention in order to cope with painful medical procedures. Through them I was able to find strength in these moments as well as in my later life. It also helped me to process my feelings of abandonment in these moments. I believe that embodying these characters also gave me a strong sense of moral conviction that continues to this day. I believe that this has been a large part of what has led me to the work I am embarking on today as I have a strong sense of wanting to help others, especially children. I have a strong sense of wanting to be part of creating a positive change in the world and to stand against what I perceive to be injustice. As part of my master's programme I created and performed a performance as research (PAR) project that investigated the impact this kind of role play had and continues to have on me. My findings were that taking on these roles were extremely helpful to me in that allowed me to find a sense of inner strength that helped me to cope with difficult circumstances and continues to help me today. However, it has also left me dissociated from my perceived weaknesses and vulnerabilities, feeling like I always have to take on the roles of perceived strength. This have impacted on my emotional health as it is difficult for to express and process feelings I consider "weak" and on my ability to form meaningful intimate relationships with others. Therefore, I feel there is need for greater flexibility and integration within this role. This has partly informed this research as the data I gathered in my PAR has been part of developing my assumptions for this research. I am investigating whether this kind of role play could be useful to other children in the ways that it was to me as well as how one might work towards finding greater integration and integration within the role of the hero.

There is a great need for interventions to deal with childhood trauma, particularly in the context of South Africa. Childhood trauma is a relatively common experience in this country and children may experience trauma in multiple contexts, which may lead to more severe and

complex effects. South Africa has a long and complex history of trauma relating to high rates of violent crime, poverty, conflict, colonialism, apartheid and continuing inequality. This trauma has an intergenerational impact which has had, and continues to have, a major impact on South Africa. Trauma impacts on the child as well as on larger society (Lockhat & Niekerk, 2000). This legacy of trauma in South Africa and its impact will be discussed further, later in the paper. Children may experience a number of physical, emotional and developmental impacts which I will discuss later in my chapter on trauma. Trauma may also impact on larger society. For these reasons it is important to find effective interventions. However, many people, particularly children, do not have the access to mental health care they need due to a lack of mental health facilities and trained mental health professionals.

I believe that making use of role play, particularly using the role of the hero and roles of vulnerability, may offer great therapeutic potential with regard to trauma intervention. In my experience in both my personal life and practical work as a student therapist, I have found that drawing on and embodying heroic characters is helpful in creating the ability to cope with and overcome difficult and traumatic events. Hero mythology also contains a number of themes, such as strength and resilience, morality and parental absence, that may be relevant to children who have experienced trauma. This allows them to express these issues through the symbolism of these characters. The journey the hero undertakes to overcome their obstacles and difficult experiences may allow children to overcome their own.

Method

I will start by outlining the method I used for my PAR as the data I gathered from my PAR has informed my assumptions and thinking in this research essay. I used Emunah's (1994) self-revelatory performance as a model for my performance and a method of data gathering. Self-revelatory performance is defined as a performance that is created by a group or individual using drama therapeutic techniques. Material will be drawn from current problems that need healing. It is distinct from an autobiographical performance in that it deals with current problems rather than recounting the past. The performance will ultimately be witnessed by a select audience (Emunah, 1994). Although my performance looked at past experiences, it also investigated how my childhood experiences impact on me in the present. Through this I was able to gain an embodied knowledge of how the child experiences trauma as well as how the role of the hero might be helpful. My findings in this research, which I mentioned in the previous section, have informed my research interests and questions for this research. For example, I am interested in how the role of the hero might help the child to gain strength and resilience as it did for me. I am also interested the dissociation of "strength" and "weakness" that I found in myself and how roleplay might be used for a child to find greater nuance in these roles and integrate these aspects of themselves.

For this research my data gathering will take the form of a scoping literature review (Arksey & O'Malley,2005). In a scoping literature review, the researcher will gather relevant studies on a topic or research question and discuss the literature in an analytical manner. This data will be used to come to a discussion/conclusion around the research question or to identify gaps in the current research. This can be a starting point to a systematic literature review which gathers and analyses all the data on a particular subject or a study for its own sake (Levac, et al, 2010).

As Levac et al (2010) discuss, scoping studies or scoping literature reviews have been gaining popularity in the academic field recently, as they can have a number of different purposes. The researcher can undertake a scoping study in order to examine the extent, range, and nature of research activity, determine the value of undertaking a full systematic review, summarise and disseminate research findings, or identify gaps in the existing literature. This means they are able to clarify subjects or to outline and redefine areas for future study. The researcher is also able to address questions and come to conclusions based on the literature they have examined. Scoping studies may be particularly useful in fields that have emerging evidence or where a lack of evidence-based studies make it difficult to do a full systematic study. Scoping studies are useful in this case because researchers can incorporate a range of study designs in both published and grey literature and are able to address questions around the literature they have identified and identify areas for further studies. These kinds of studies have been shown to be useful in the medical field when evaluating the efficacy or potential efficacy of a treatment or intervention, particularly if it is a new treatment or intervention.

This is useful for my research since I am undertaking to address the potential efficacy of role play using the role of the hero as a method of trauma intervention for children. I have chosen to undertake a scoping study as this a relatively new field of research without much evidence-based literature. This kind of study allows me to select literature that I have evaluated and found to be relevant and useful. I am also able to come to conclusions based on the data I have collected in the form of this literature and identify gaps in the current literature that might be useful areas for further research.

Drama Therapy is a fast-growing and expanding field of practice and study. Practitioners and researchers are largely developing their own theories and methodology and not speaking much to the methodologies and theories that already exist. I feel that a scoping literature review is a good opportunity to consolidate existing literature and make this knowledge easily

accessible to others who might be interested in the theories I am writing about. It is also a good opportunity to gauge how useful the methods I am proposing might be before putting them into practice, based on literature and studies conducted by other people. As I mentioned, scoping literature reviews are a good way to gauge the efficacy or potential efficacy of a new intervention or method of treatment. As someone who is new to the field of Drama Therapy, my feeling is that, ethically, it is beneficial to gather data on the ways in which more experienced practitioners have implemented the kinds of methods I am proposing and what the outcomes were. Ethics are particularly important in the case of my research as I am speaking about a highly vulnerable population group. As such, I feel it is beneficial to come from an informed place before implementing any kind of intervention with this particular population group.

In conducting my literature review I used the five stages laid out by Arksey and O'Malley (2005). My first stage in conducting a scoping literature review was to identify the research question. This allows the researcher to identify the area or areas of literature they will investigate. For me the research question came from investigating my areas of interest and considering what I could realistically investigate given my methodology and level of study. I also had to consider what would make a useful contribution to the field. The second step is identifying relevant studies. In order to do this, I identified core theorists in the areas of childhood trauma both internationally and in South Africa, play studies in psychology and Drama Therapy and role method and role theory in Drama Therapy as well as in fields such as sociology and psychodrama. I identified the core theorists through resources such as Google Scholar and seeing which theorists were cited the most in these fields. I also consulted with experts as to who they considered to be the core theorists. Once I had identified the core theorists I searched for their theories and writings through the same methods. I also found literature outside of the core theorists that I believed to be relevant to my research question. Again, this was done through resources such as Google Scholar as well as through the reference lists of other studies I had identified. The third step is to identify the relevant studies from the

initial literature that I gathered. This was done by identifying which literature was most clear and comprehensive as well as what literature was most relevant to my research question. With regard to the literature on childhood trauma, I also focused largely on the most current literature since thinking around trauma, as well as statistics, have shifted in recent years. The fourth step is to chart the data. I did this through a process of identifying core themes and creating a narrative review of the data. The fifth and final stage is collating, summarising and reporting the results. This was done by identifying common themes that I found in the literature and coming to conclusions about my research question based on this (Arksey & O'Malley, 2005).

Literature review

Trauma

'*Emotional sequelae in situations of continuous violence may resemble those of children living in situations of war'* (Ensink et al., 1997 cited in Lockhat & Niekerk, 2000: 300).

This quote illustrates the severity of the situation faced by many children in the South African context. Studies (Kaminer & Eagle, 2012 and Artz et al., 2018) have shown that almost all children in South Africa have experienced violence and adversity, often across multiple areas of their lives. This speaks to the urgency of developing interventions in order to help children cope with and overcome such conditions.

Definition and impact of trauma

Trauma can have a number of meanings in different contexts. In the medical field, for example, it refers to a physical injury or wound (Kaminer & Eagle, 2012). For the purpose of this research essay, I will be referring to psychological trauma. There is a great deal of debate on what constitutes psychological trauma. Trauma is sometimes defined as an event in which an individual feels completely helpless and at risk of death (Terr, 1990). However, Kaminer and Eagle define trauma as "external experiences that place excessive demands on people's existing coping strategies and create severe disruptions to many aspects of psychological functioning" (2012: 230). They believe that, whether an event constitutes trauma or not, depends on a child's psychological response to the event (Kaminer & Eagle, 2012). Children may experience physically threatening events without developing any significant disruption to their psychological functioning. Other children may experience seemingly less physically threatening events and develop significant disruptions to their psychological functioning. They stress the

importance of distinguishing between traumatic and potentially traumatic events. (Kaminer & Eagle, 2012). For the purposes of my research, I will be using Kaminer and Eagle's definition of trauma.

Trauma, and particularly trauma that is experienced in childhood, can impact a person for the rest of their lives. It can also have a larger impact on society. According to Haen (2005), symptoms of trauma in children can include: increased anxiety, which manifests in hypervigilance, somatic complaints, and noticeable changes in sleeping and eating patterns; avoidance of reminders of the event, including numbing of affect and dissociation; instability of mood; decreased ability to socialise; an increase in aggression; difficulty with memory and concentration; and repetition of the traumatic event. In children, this repetition can manifest itself in four different ways: dreams, play, re-enactment, and repeated visualisation (Haen, 2005).

These results of childhood trauma are also noted in Terr's (1990) book, *Too Scared to Cry.* She describes how children who have suffered traumatic events often experience emotions that can include: terror, rage, denial and numbing, unresolved grief and shame and guilt. She discusses how these emotions and the impact of trauma can affect children if they are not properly resolved. She goes on to discuss how childhood trauma can ultimately affect larger society. For example, children who experience trauma may be more likely to commit violent acts later in life. This may be due to children experiencing feelings of rage and revenge fantasies. If not properly resolved, this can lead to actual violence later in life. Terr makes a distinction between what she terms TI and TII trauma. T1 trauma refers to single incidence of trauma while TII trauma refers to repeated and prolonged exposure to trauma. Terr argue that these two types of trauma may result in somewhat different symptoms and severity of symptoms. For example, Terr believes that in the case of TII trauma is linked with dissociative symptoms such as the child's memory of the event being impacted and numbing (Terr, 1990). This distinction is being challenged in more current research on trauma.

Post-Traumatic Stress Disorder (PTSD) is the most commonly researched response to trauma (Kaminer & Eagle, 2012). There is still a lack of data on the rates of PTSD among children in South Africa. A number of studies involving school-going children aged 10 and older found that more than twenty percent (20%) of participants have enough symptoms for a PTSD diagnosis. Other studies have found lower rates of full-blown PTSD but high rates of sub-clinical symptoms (Kaminer & Eagle, 2012). The DSM V defines PTSD as a condition resulting from exposure to death, threatened death, actual or threatened serious injury or actual or threatened sexual violence. PTSD can result from direct exposure to the aforementioned traumatic event; witnessing such an event in person; indirectly, by learning that a close friend or relative has been exposed to such an event; or through repeated or extreme exposure to aversive details of such events, usually in the course of professional duties (APA, 2013).

The DSM V defines four symptom clusters under PTSD (APA, 2013). The first symptom cluster includes intrusive symptoms. This may include: involuntary, recurrent recollections of the event (in children this may take to form of repetitive play), traumatic nightmares, dissociative reactions such as flashbacks, ranging from brief episodes to complete loss of consciousness (children may re-enact the event in play), intense or prolonged distress after exposure to traumatic reminders and notable physiological reactions after exposure to trauma-related stimuli (APA, 2013). The second symptom cluster involves persistent and effortful avoidance of trauma-related stimuli after the event. This may include: avoidance of trauma-related thoughts or feelings or avoidance of trauma-related reminders (APA, 2013). The third cluster comprises negative alterations in cognitions or mood, beginning or worsening after the traumatic event. This includes: an inability to recall the key features of a traumatic event, persistent distorted negative beliefs and expectations about oneself or the world, persistent distorted blame of oneself or others for the traumatic events or the resulting consequences, persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt or shame), diminished interest in significant activities, feelings of alienation from others and/or constricted affect (inability to experience positive emotions) (APA, 2013). The fourth and final cluster incorporates trauma-related alterations in arousal and reactivity that began or worsened after

the traumatic event. This may include irritable or aggressive behaviour, self-destructive or reckless behaviour, hypervigilance, exaggerated startle response, problems in concentration and/or sleep disturbance (APA, 2013).

While PTSD is the most commonly researched response to trauma, many children, particularly in the South African context, will experience complex trauma rather than PTSD (Kaminer & Eagle, 2012). Complex trauma can be described as the result of ongoing interpersonal trauma from which one cannot escape. This can result in a number of challenges in development and the formation of attachments and relationships.

Kaminer and Eagle (2010) further report that children who have experienced trauma may also display a number of other signs of traumatic stress, which may vary according to their developmental stage. Children between the ages of 0-2 commonly display physical symptoms such as problems eating or sleeping. Children between the ages of 3-6 may experience the loss of recently acquired developmental skills such as being able to feed themselves. They may show signs of separation anxiety, which manifests in clingy behaviour, or worry that something will happen to their parents. They may also develop psychosomatic complaints such as stomach aches or headaches. Children of primary school age may experience somatic complaints as well as feelings of guilt and responsibility for the traumatic event. They may also manifest repetitive retelling of the traumatic event. Children of this age group are the most likely to display symptoms of hyper-activity, distractibility and increased impulsivity, which may be mistakenly attributed to ADHD. This can have a severe impact on the child's learning (Kaminer & Eagle, 2012). Children who have been exposed to trauma are at increased risk of dropping out and failing to complete secondary education. This can then increase their risk of becoming involved with gang or criminal activity. Childhood trauma may also result in violent or aggressive behaviour in adolescence (Kaminer & Eagle, 2012).

Childhood trauma can have a number of potential developmental effects. Exposure to trauma in early childhood may interfere with the normal development of skills such as reading, writing and communication. This impacts the child's learning as well as their ability to form social connections (Kaminer & Eagle, 2012). There is also growing evidence that trauma may have an impact on children's moral development. Chronic trauma in childhood may lead to a 'defeat reaction'(Kaminer & Eagle, 2012). This is a long-lasting form of dissociation characterised by lowered blood pressure and heart rate. Chronic trauma may also lead to a pattern of terminal thinking: they are unable to envision any long-term future and become resigned to the belief that a violent death is inevitable. These conditions may lead to a lack of empathy and concern for others. This can increase the risk of their becoming involved in illegal or violent behaviour. There is growing neurobiological evidence that exposure to prolonged trauma in infancy or early childhood can lead to a strengthening of the brain pathways that focus on survival or defence strategies, while the pathways that enable the development of secure attachments and the capacity for emotional regulation are compromised (Kaminer & Eagle, 2012).

David Read Johnson (1987) outlines three major consequences of trauma. These are: splitting, identification with the abuser or victimiser and, lastly, feeling that one's humanity has been compromised. Splitting involves dissociation from certain parts of oneself. People who have experienced trauma may dissociate from the parts of themselves which are related to the trauma. This can result in the exclusion of the traumatic event from consciousness. However, these events will intrude in the form of nightmares, flashbacks or unconscious re-enactment of the trauma (Johnson, 1987).

He further describes how identification with the abuser causes the victimised person to develop feelings of attachment to the abuser. This is often due to the loss of a secure attachment. It can lead to the victim reframing themselves as helpless and developing a dependent relationship on the abuser. Conversely, the victim may seek to transcend the

situation by identifying with the abuser. This can lead to their becoming abusers themselves in future relationships. The third major result of trauma that Johnson speaks of is the feeling that one's humanity has been compromised. This can result in the victim feeling that they are an outcast or that something is inherently wrong with them. They feel they have lost something and are no longer a member of the human race and therefore cannot be forgiven (Johnson, 1987).

Lately, neuroscience researchers have been investigating the impact that trauma has on the brain and the implications of this (Malchiodi, 2014). One aspect which has been investigated is the difficulty in recalling and verbalising traumatic events. Malchiodi (2014) speculates that this is due to the ways in which traumatic memories are stored. There are two types of memory, implicit and explicit. Explicit memory is conscious memory and consists of facts, concepts and ideas. One can access language to describe what one is thinking and feeling. Explicit memory allows for processing of information, reasoning and meaning. This can help people to define and make sense of their memories. Implicit memory, on the other hand, is sensory and emotional in nature and is related to the body's learned memories. There is no language involved in this type of memory (Malchiodi, 2014). It is currently being speculated that PTSD results when traumatic events are excluded from explicit memory, which means the person may not have access to the context of the emotions. In addition to this, it is theorised that trauma affects access to language (a function of explicit memory). In particular, the Brocca's area, which is a part of the brain that controls language, is affected by trauma. This makes it difficult to verbalise traumatic events and relate the trauma narrative (Malchiodi, 2014).

Neuroscientific evidence also suggests that trauma causes a disruption of the natural homeostasis of the brain (van der Kolk, 2006). During trauma, the parts of the brain responsible for executive functioning and verbalising feelings, such as the Brocca's area and the prefrontal

cortex, are de-activated. At the same time, the parts of the brain responsible for decoding danger and assuring survival is hyper-activated, causing the individual to behave in an irrational manner (van der Kolk, 2006). Furthermore, if trauma occurs at an early age, it disrupts the development of the pre-frontal cortex. Under normal circumstances the prefrontal cortex is able to regulate and modify automatic responses and behaviours. This allows for greater flexibility of responses and behaviours. The pre-frontal cortex allows for executive functions such as insight, understanding and self-reflexivity. This allows for the modification and regulation of behaviour based on this insight and understanding. This is important for creating and maintaining intimate relationships with others. When the prefrontal cortex is disrupted, as in the case of trauma, the person can become stuck in a pattern of automatic responses. This can lead to a number of problems in regulating behaviour and emotions. It can also lead to problems with concentration and focus which can create problems with school and learning for children (van der Kolk, 2006). As previously mentioned, the disruptive behaviour and problems in focus and concentration can lead to a misdiagnosis of ADHD.

Trauma may be exacerbated from the feeling of physical helplessness or a failure of the natural physiological activation and hormonal secretions to organise an effective response to threat (van der Kolk, 2006). In response to a threat, one might run away or fight, in order to protect oneself or overcome the threat. This is known as the fight or flight response. A third response, the freeze response, resulting in immobilisation as a response to trauma is now being examined (van der Kolk, 2006). The freeze response may exacerbate trauma as a result of the feelings of helplessness that this may evoke. The freeze response may also become a conditioned response to trauma or perceived trauma. The amygdala has been shown to be the critical anatomical structure in the formation of conditioned fear memories (van der Kolk, 2006). “The amygdala then communicates with the brainstem areas that control the response of the autonomic nervous system, while connections with the periaqueductal grey region control freezing or immobility, and connections with the paraventricular hypothalamus control endocrine responses of the hypothalamic-pituitary-adrenal axis” (van der Kolk, 2006: 7). This

may result in the freeze response being activated or the person becoming immobilised as a result of future threats or perceived threats (van der Kolk, 2006).

This leads to a number of problems throughout life. The person may continue to respond to situations of threat or abuse in ways which are passive or submissive. They may also become psychologically dysregulated and might often be in a state of hyper- or hypo- arousal. This is particularly true in the case of children who have been abused, due to the lack of agency they had in these situations (van der Kolk, 2006). For this reason, interventions that involve taking action have been shown to be effective. For example, it has been shown that self-defence classes are supportive in helping women who have experienced sexual assault to overcome their trauma. Significantly for my research, it has been shown that improvisation classes have been shown to be effective in trauma intervention (van der Kolk, 2006). This suggests that drama as a medium, and play and roleplay as action-oriented mediums, might be helpful in trauma interventions with children.

The neuroscience of arousal is further explored by Dr Stephen Porges (2017) through his polyvagal theory. Through this theory, Porges examines the role of the vagal system in regulation and response to stressful situations and threat. Porges believes the fight or flight response to be distinct from the freeze response or what Porges terms mobilisation and immobilisation, and that these are regulated by different vagal structures. This has a number of implications for trauma and treatment of trauma (Porges, 2017).

The freeze or immobilisation response is, according to Porges's (2017) theory, controlled by the dorsal vagal complex. This is an evolutionarily ancient and reptilian structure. This structure is found in most vertebrates. It is not myelinated, meaning responses are slow. Under normal circumstances it regulates primary autonomic functions such as digestion. The

immobilisation response is activated by severe threat or the perception of severe threat. It is often due to the perception of being unable to take action such as fighting or running away. In this immobilisation or freeze mode, the person may completely shut down and become immobilised. The autonomic nervous system will slow functions such as the metabolic system in order to conserve energy for. This is responsible for the fainting or playing dead response that is seen in many animals. Prolonged dis-inhibition of these structures can be deadly in some mammals as it may lead to problems such as apnoea and bradycardia (Porges, 2017).

The fight or flight response on the other hand is controlled by the ventral vagal complex. This is a myelinated structure found in mammals, responsible for the regulation of the fight or flight response and social behaviours, which may include calming or soothing. In response to the threat, this system will prepare the person to fight or run away, by increasing heart and breathing rates. Porges believes that if one is able to respond to threat in this manner and complete the action of fighting or running away this system will then be able to bring the person back to a state of regulation. His belief is that PTSD results from not being able to respond to threats in this manner and the immobilisation response being triggered (Porges, 2017).

According to Porges, these structures are responsible for controlling facial nerves which has a number of implications in social interaction and trauma. When triggered into an immobilisation response, a person will have limited facial expression and intonation. This makes it difficult to connect with others. In addition to this, we perceive threat levels from others through signals such as facial expressions and intonation. If we perceive another person as being safe, we will be in a state of regulation. If we perceive the other person to be a threat, we will be triggered into a state of either mobilisation or immobilisation. People who have not had safe relationships find it much more difficult to regulate off others and are much more likely to perceive even a neutral facial expression as threatening (Porges, 2017).

People who have conditions such as PTSD will become triggered by perceived threat much more easily. This explains why people with PTSD often appear shut down, with a flat affect, and why they experience difficulty in forming relationships with others. This is important for therapists in the treatment of trauma. The therapist needs to find ways to connect with the client who may be shut down or dysregulated and who may easily perceive the therapist as threatening. It also speaks to the importance of the therapist creating a safe and positive relationship in which the client is able to learn to regulate off others. This will also allow the client to identify when the trigger is starting, and to eventually find this sense of regulation within themselves. A state of regulation also allows for higher executive functioning, such as creativity and reasoning, to take place as this allows access to these areas to the brain which are shut down during stressful situations in order to focus on survival (Porges, 2017).

Childhood trauma in the South African context

Children in South Africa will often experience multiple traumatic or potentially traumatic events. They experience trauma within a number of contexts (Kaminer & Eagle, 2012). For example, they may experience violence and abuse both at home and at school. This can leave children with very few spaces in which they feel safe. This ongoing exposure to trauma in multiple settings can potentially lead to different psychological challenges than those created by a single trauma or by ongoing abuse in a single context (Kaminer & Eagle, 2012).

They are at risk from a number of potentially adverse conditions which can lead to symptoms of trauma and PTSD (Lockhat & Niekerk, 2000). There are also very few resources for psychosocial support of children in these conditions. Mental health care in South Africa is in crisis and many people are unable to access the psychosocial support and mental healthcare that they need (Lockhat & Niekerk, 2000). This is more of an issue in the case of children. There

are fewer resources for them, and they are left out of conversations around mental health (Lockhat & Niekerk, 2000).

Apartheid has left a legacy of trauma that is still impacting on children in post-apartheid society. Apartheid increased children's exposure to violence in their communities as well as to domestic violence. It was generated by such events as protests and by police violence, as well as the adverse conditions and poverty created by apartheid. Apartheid kept many families from providing secure and nurturing home lives for their children. Poverty and lack of access to education kept families from providing for their children. Migrant labour was common, meaning that many parents were away from their children for long periods of time. Children also experienced trauma relating to continuing racial oppression (Lockhat & Niekerk, 2000).

Many of these problems still persist since the end of apartheid. Children are still exposed to high levels of violent crime and domestic violence. This is often related to ongoing poverty as well as the impact that trauma had on the previous generation. South Africa has been shown to be one of the most violent societies in the world and it is speculated that this is in large part due to trauma experienced during apartheid (Lockhat & Niekerk, 2000). Many children will also experience some form of abuse either at home or in their community. A major wealth gap still exists in South Africa and there as still large numbers of children living in conditions of poverty, in part due to the cycle of poverty created by apartheid. Many children experience homelessness or abandonment. Since apartheid, the HIV crisis has caused many children to experience parental loss and take on responsibilities for younger siblings. Children may also experience parental loss through violence or being removed from their biological homes, among other reasons (Lockhat & Niekerk, 2000).

Growing up in such conditions has been shown to have a number of adverse effects on children and on society in general. In particular the high levels of violence have a major impact on children who are exposed to them. Children are at high risk for developing PTSD, anxiety and depressive disorders. Their functioning may be impaired in other ways or domains.

Externalising behaviour disorders, substance abuse, and behavioural, social and health problems as well as suicide attempts, may result from exposure to violence (Lockhat & Niekerk, 2000). Being exposed to violence at an early age increases the risk of personality and other psychological disorders later in life. Being exposed to violence also increases the risk of becoming a perpetrator of violence later in life.

In the most violent areas of the country, children show symptoms similar to those in areas of war. The adverse conditions of many children also lead to a number of mental health conditions which may persist into adulthood (Lockhart and Niekerk, 2000). As many as 40% of children who live in at-risk conditions, have one or more diagnosable psychiatric disorder. There are probably many more who have not been diagnosed. These conditions may also impact on cognitive development and lead to poor academic achievement (Lockhart and Niekerk, 2000).

Homelessness among children is still a large problem in South Africa. A census conducted in 2005 indicated that up to 3102 homeless children are living on the streets of Gauteng. Studies have indicated that boys are more likely than girls to become homeless. Some studies have indicated that this is because girls are perceived to be less troublesome and as being able to contribute to the household. They are thus more readily absorbed into the household. Girls may also avoid homelessness by becoming involved in prostitution which provides them with an income and accommodation (Ward & Seager, 2010). Interviews conducted with 98 homeless children (52 in shelters and 46 not in shelters) sought their reasons for leaving home. Fifty-four percent (54%) of them described situations of abuse or domestic violence. Girls indicated situations of sexual abuse, often by a stepfather or mother's boyfriend. Boys often described difficult and abusive relationships with step-parents. These situations were often fuelled by alcohol and substance abuse (Ward & Seager, 2010). Seventy-nine percent (79%) of children indicated the loss of a care-giver as their reason for leaving home. Some indicated having lost one care-giver and others indicated leaving to find their remaining care-giver. Estimates indicate that up to ten percent (10%) of children in South Africa

have lost one or both care-givers to HIV/Aids and migrant labour is still a common practice in low-income families.

Poverty exacerbates this problem as it may prevent extended family members from being able to care for orphaned children. It was also indicated that children left home after the loss of a care-giver since this left them vulnerable to abuse. A total of 12.2% of children cited poverty as the direct reason for leaving home, mentioning problems such as unemployment and not being able to pay rent. A further 2.4% of children indicated that they had left due to having committed a crime. Further questioning indicated that this was often due to a traumatic event such as the loss of a care-giver and mental health and substance abuse problems (Ward & Seager, 2010).

While there are services, such as those provided by NGOs, in place to assist children on the streets, children are often wary of adult intervention, especially if they have experienced abuse from adults. Many have indicated the desire for employment and housing so that they can support themselves. Shelters don't often offer facilities for children's psychiatric needs, and children from unstable and abusive backgrounds are more likely to be excluded from shelters as they are seen as being difficult to deal with (Ward & Seager, 2010).

Brandt, et al., (2005) have revealed how exposure to violence is also still a major problem for children in the South African context. Their work indicates there are a number of factors that impact on how the child responds to exposure to violence (Brandt et al., 2005). Exposure to community violence has been shown to be associated with a wide range of serious problems that influence almost every area of a child's life. These include internalising and externalising problems, substance abuse, disturbances of cognition, poor peer relationships, lowered educational outcomes, and higher rates of juvenile offences. Studies have indicated that children may have more negative outcomes if they are directly exposed to violence rather than indirectly, such as witnessing or hearing a violent incident. However, outcomes may also be more negative if they witness violence against someone close to them, such as a care-giver.

The child may also experience more negative outcomes if the perpetrator is known to them and is someone that they are close to. They may also be less likely to report violence if this is the case for fear of consequences to themselves or to the perpetrators. The frequency and duration of the violence can also impact on the outcome. Frequent exposure to violence has different outcomes to intermittent exposure to violence or to a single incidence of violence. Long-term exposure to violence has different outcomes from short-term exposure (Brandt et al., 2005).

Many children in South Africa experience violence across multiple domains or poly-victimisation. This has been shown to be a common experience amongst urban youth in high income countries, however, there is lack of research on this in middle to low income countries. A study by Kaminer, et al. (2013) investigated direct and indirect exposure to school, domestic, community and sexual violence among 617 adolescents (aged 12-15) living in Cape Town. Almost nighty nine percent (98.9%) of the participants reported witnessing community violence and 40.1% reported direct exposure to community violence, such as being threatened or assaulted. 76.9% of participants reported having witnessed domestic violence with 58.6% reporting direct victimisation in the home. Direct or indirect exposure to school violence was reported by 75.8% of the participants. Sexual abuse was reported by 8% of the participants. The study indicated a high prevalence of poly-victimisation with 93.1% of participants reporting having experienced more than one type of violence and over 50% reporting experiencing four or more types of violence. This indicates that many children and adolescents are left without places of safety and that exposure to violence across multiple domains is part of their daily lives. The authors stress the urgency of further study into the impact of poly-victimisations and the development of interventions that are appropriate for children and adolescents living in such conditions (Kaminer et al., 2013)

Other studies have found much higher instances of sexual abuse. The Optimus study found that 34.5% of adolescents reported having experienced some form of sexual abuse (Artz et al., 2018). This study recruited 9,717 adolescents (ages 15-17) from schools nationally. The definition of sexual abuse used in the studies was broad and inclusive, including both the range

of abuses defined in existing sexual offences laws and those children and adolescents have identified to be sexually intimidating, abusive or exploitative in previous studies, such as the forced viewing of pornography. The study did not find a significant difference between the risk levels of boys and girls. However, it found an important distinction between boys' and girls' experiences of sexual abuse. Girls were more likely to experience penetrative sexual abuse or other forms of contact sexual abuse (involving contact with the abuser) while boys were more likely to experience non-contact sexual abuse, such as forced exposure to sexual acts or materials. The study also found that sexual abuse is often not confined to a single incident. An abuser may abuse a child on numerous occasions over a period of time. A child may also experience multiple incidents of sexual abuse by different people in different contexts. Forty percent (40%) of the participants reported multiple instances of sexual violence. One in ten children who knew their abuser reported that it had happened four or more times. Risk factors may include living in a rural area, being disabled, parental substance misuse, having poor relationships with parents, and parents who do not monitor their children's activities sufficiently (Artz et al., 2018). The report showed that those adolescents who reported sexual abuse were four times more likely than those who did not to report substance misuse (very few reported being intoxicated at the time of abuse), four times more likely to report high-risk sexual behaviour, and two to three times more likely to report post-traumatic stress disorder, anxiety or depression. However, the causal relationships between these factors were uncertain and it is unclear whether these are symptoms of the abuse or risk factors for abuse. The study did indicate that sexual abuse is persistent over the course of the child's lifetime and has a large impact on their everyday lives as adolescents (Artz et al., 2018).

In spite of the obvious need for trauma intervention, there is still a severe lack of resources to help children in these conditions. There is a serious shortage of psychiatric, social welfare and special educational services for children who are at risk. The legacy of apartheid has left a marked inequality in access to health care, meaning that often the children who are most in need of these services are unable to receive them (Lockhat & Niekerk, 2000). There is a severe shortage of adequately trained health care and social workers to cater to the needs of

the thousands of children affected by trauma. This situation is aggravated by the fact that the services offered to child victims are frequently fragmented and agencies operate in isolation from each other. There is a great need for programmes that support the basic needs of children as well as programmes and resources to support the psychosocial needs of children exposed to adverse conditions such as violence. A greater number of health care workers and social workers as well as parents and community members need to be trained in order to be able to assist children in these ways (Lockhat & Niekerk, 2000).

Mental health care in South Africa is in crisis. There are 3,460 outpatient mental health facilities available in the country. Of these only 1.4% are for children and adolescents only. These facilities treat 1660 users per 100,000 general population annually. In addition to this there are 80-day treatment facilities in South Africa. None of these is for children or adolescents. These facilities treat 3.4 users per 100,000 general population (WHO, 2007).

According to the WHO study, there are 41 community-based psychiatric inpatient units. These facilities have a total of 2.8 beds per 100,000 population. Only 3.8% of these are reserved for adolescents and children. There are 63 community residential facilities in South Africa. These facilities provide a total of 3.6 beds per 100,000 population. It is unknown how many of these beds are reserved for adolescents and children. The number of users in community residential facilities is 2.34 per 100,000 population. There are 23 psychiatric hospitals in South Africa. They provide a total of 18 beds per 100, 000 population. Only 1% of these beds are reserved for adolescents and children (WHO, 2007).

In addition to this, there is a severe lack of personnel trained in mental health care to cater to the needs of the community. The 2007 WHO report indicates the number of people working in mental health facilities was 9.3 per 100, 000 population. The breakdown according to profession was as follows: 0.28 psychiatrists, 0.45 other medical doctors, 7.45 nurses, 0.32 psychologists, 0.4 social workers, 0.13 occupational therapists, 0.28 other health or mental health workers (WHO, 2007). This presents a major challenge in mental health care.

There are not enough mental health care professionals to meet the needs of the community. Lund et al. (2010) describe how the lack of psychiatrists and psychologists mean that many patients seeking mental health services do not receive services from psychiatrists or psychologists. This means that they may be prescribed psychotropic medication by people who are not specifically trained in psychiatry. They also might not receive psychotherapy. It also means that psychiatrists and psychologists in the public sector have to take on more patients than they are able to which means patients are not receiving the level of care they could be. This is true of all people in the mental health field within the public sector. They are generally overworked and unable to provide the standard of care they would otherwise be able to. In particular, nursing staff are overworked since they take on most of the work in mental health facilities due to the shortage of other staff. This leads to problems such as burnout among the staff which can result in inadequate patient care (Lund et al., 2010). These statistics serve to illustrate that, while there is mental health care available in South Africa, it is often not enough to meet the needs of the community. In particular there are not enough facilities that cater to children.

In addition to a lack of facilities, trauma intervention in children presents a number of challenges. Traditional methods of therapy, such as talk therapy, may be challenging when working with children who have experienced trauma. It may be difficult for children to verbalise traumatic events. There has been increasing neuroscientific evidence that language centres of the brain such as the Brocca's area and the prefrontal cortex, responsible for executive functioning, shut down. This makes the verbal processing of trauma difficult. In the case of children, these parts of the brain are not fully developed, making it even more difficult (van der Kolk, 2006).

Speaking directly about traumatic events in this way may result in severe anxiety and may even retraumatise the child. This has led to a movement towards creating alternative strategies for trauma intervention with children. Interventions that allow children to express

themselves through alternate means that do not rely purely on verbal processing and allow children to make use of symbolism and metaphor (Haen, 2005).

Treatment of trauma in children

Johnson (1987) describes the importance of arts therapies such as Drama Therapy in the diagnosis and treatment of trauma in his article, *The role of the creative arts therapies in the diagnosis and treatment of psychological trauma.* Johnson believes the treatment of trauma, particularly trauma in children, is difficult. This is due to the denial and dissociation that may result. Victims of trauma may not want to address the trauma due to the anxiety this might cause. He believes that arts therapies and Drama Therapy, in particular, might be valuable in the treatment of trauma, since these may allow the client to address memories they have repressed. The use of art therapies or Drama Therapy is also a means to address trauma in a way that is less likely to provoke distress and anxiety. This is due to the fact that the client is able to address feelings and events without having to confront them directly. The use of creative arts as a form of expression allows them some distance from these feelings and events (Johnson, 1987).

Common treatments for trauma include traditional forms of psychotherapy such as individual, family and group therapy (Lev-Wiesel, 2008). Trauma-focused cognitive behavioural therapy (TFCBT) has emerged as a highly effective treatment for trauma. However, it has been shown not to be optimal for children who might also have problems not related to trauma. This suggests the necessity of children participating in other evidence-based treatments as well (Lev-Wiesel, 2008).

The impact of trauma on executive functioning makes the treatment of trauma complicated. Traditional forms of therapy for trauma, such as cognitive behavioural therapy

(CBT) rely on things such as insight and understanding. While these forms of treatment have been shown to be effective in the treatment of trauma, the executive function disruption may make it difficult for clients to work in this way (van der Kolk, 2006). This may be particularly true in the case of children, in whom the prefrontal cortex has not yet developed fully. In addition to this, parts of the brain responsible for physical arousal are activated during traumatic experiences. For these reasons, Van der Kolk advocates forms of therapy that do not rely purely on verbal expression as well as those which activate the body. Drama Therapy may be useful in this regard (van der Kolk, 2006).

There is evidence that arts therapies are effective in treating trauma in children. Arts therapies take a holistic approach, focusing on social, physical and developmental growth as well as emotional and cognitive issues (Carolan, 200I; Snyder, 1997). Arts therapies have been shown to significantly reduce anxiety levels since they allow for an immediate release of tension. It is also speculated that the external expression of difficult experiences and emotions provides a way to work through these feelings and experiences and thus gain a greater understanding of them (Naitove, 1986). Children may struggle to integrate traumatic events and process them cognitively and emotionally due to their developmental immaturity (Ryan, 1996). Children may also struggle to verbalise traumatic events. They may feel overwhelmed and intimidated by verbal expression (Killian & Brakarsh, 2004). Thus, arts therapies are seen as a successful alternative to conventional psychotherapy (Bissonnet, 2001).

Arts therapies have been shown to be successful in the South African context as well. A study on the efficacy of group art therapy with girls who had experienced sexual abuse showed a significant reduction in trauma and abuse-related symptoms as compared to the control groups. The groups showed a significant reduction in depression, anxiety and low self-esteem symptoms as measured by human figure drawing (HFD). They also showed a significant decrease in depression, anxiety and sexual trauma symptoms as measured by the trauma symptom checklist (TSCC) (Pretorius & Pfeifer, 2010).

Craig Haen has also noted the efficacy of Drama Therapy, in particular, for the treatment of trauma in children. In line with the other theorists I have mentioned, he speaks of the difficulty children have in verbalising traumatic events due to their developmental immaturity as well as the anxiety and potential retraumatisation it may evoke. Haen notes that Drama Therapy makes use of alternate means of expression which may be easier for a child. He also notes that Drama Therapy makes use of indirect expression. The child is able to make use of symbolism and metaphor when expressing difficult or traumatic feelings and events which reduces the chance of retraumatisation. It also allows for difficult parts of themselves, such as rage and revenge fantasies, to be expressed in a safe environment, thus allowing the child to begin to integrate and resolve these parts of themselves and for the child to begin to reframe themselves in more positive ways (Haen, 2005). This will be discussed further in my chapters on play and role.

The research I have examined on the impact and treatment of trauma suggests that methods of treatment that do not rely purely on the verbal may be beneficial as the impact of trauma may make it difficult to verbalise traumatic experiences. Children have been shown to respond well to mediums such as art therapy that utilise a number of different expressive modes. The method of role play that I am proposing allows the client to use physical, emotional and verbal expression. The role of the hero specifically and the narrative of the hero's journey may also provide parallels to some of impacts and experiences of trauma which may allow children to process these experiences in a way that is separate enough from their own experiences that it has less chance of retraumatising them but close enough to be a useful emotional experience.

Play

"…the play represented their desire to connect to a time when they felt sheltered from the outside world and were less acutely aware of danger." (Haen, 2005: 402)

This quote speaks to the importance of creating a space in which children can feel safe. After experiencing trauma, their feelings of safety and security are often compromised. This can make it difficult for children to verbalise traumatic events, as the expression of these events can provoke anxiety. It may also be difficult for children to verbalise traumatic events since they have difficulty remembering them. Play provides children with an alternative means of expression. The indirect expression and the feeling of safety and containment that children can find through play allows them to examine difficult and painful feelings and memories (Jones, 1996). Children will naturally engage in play in order to make sense of their world, as well as difficult events or emotions. Play is also essential to children's learning and development (Cattanach, 1995). In this section, I will examine the importance of play in children's learning and development and how it may be used within the context of Drama Therapy. I will also examine the ways in which techniques of play may be useful in helping children to express and move through trauma. This will later be used to examine how Haen's specific techniques of play may be useful in helping children to express and move through trauma.

I believe play to be a useful way to work with children who have experienced trauma as it has been shown that children will naturally use play as a way to express and make sense of traumatic events. Haen (2005) describes how play gives them alternate ways of expressing the events when they are unable to do so verbally, either because they have difficulty recalling the events or because verbalising them might lead to severe anxiety. Using play as a vehicle for symbol and metaphor allows the client to express the trauma indirectly and non-confrontationally. This in turn can provide some relief from the symptoms of the trauma and lead to integration and transformation in the real world. Neuroscientific evidence has also

suggested that non-verbal means of working therapeutically may be beneficial in cases of childhood trauma. This is due to the impact that trauma may have on the brain (van der Kolk, 2006).

Play in childhood Development

The importance of play in children's learning and development has been well established in the field of psychology. I will begin an examination of some of the work in play studies with the work of Johan Huizinga. Huizinga notes that play has its own spatial and temporal boundaries (1938). Play is something that happens spontaneously and voluntarily and stands 'quite outside' of reality' (Huizinga, 1938: 10). In describing this, he uses the term 'magic circle' (Huizinga, 1938: 10). This is the space that one enters, outside of actual space and time, through the use of imagination in play. Huizinga also notes the importance of play in the formation of social groups. Play provides people a way in which to engage socially, which assists in the formation of social groups. Groups engaged in play will enter a space outside of reality. This space is unknown to anyone outside the group. This forms group solidarity since members share this 'secret playspace' (Huizinga, 1938).

Huizinga also describes how play can be used to examine and learn lessons about reality. This is particularly true of 'serious play' such as religious ritual. The lessons they learn in the play space will influence how people interact with the real world. This speaks to the educational and remedial potential of play (Huizinga, 1938).

Piaget also did a great deal of work in childhood development and the importance of play in this. He described four stages of development in childhood. These incorporate forms of play,

which are crucial in allowing the child to reach the next stage of development (Piaget, 2001). The stages of development he described are:

Sensorimotor

This stage of development normally takes place from ages 18 – 24 months (Piaget, 2001). At this stage the infant is not able to think symbolically and is only aware of what is immediately in front of them. Learning takes place through the senses and through the manipulation of objects. They may experiment with throwing objects and putting them in their mouths (Piaget, 2001). The main goal at this stage is establishing an understanding of object permanence i.e. knowing that an object still exists even if you can't see it or it has been hidden. Games such as peekaboo with a care-giver are helpful in establishing object permanence. The infant begins to realise through this type of play that their care-giver has not disappeared because they can no longer see them (Piaget, 2001).

Preoperational

This stage of development normally takes place from ages 2 – 7 (Piaget, 2001). Memory and imagination are developing at this stage. Children at this stage of development are egocentric, meaning they have difficulty conceptualising others as being separate from themselves and having different viewpoints from their own (Piaget, 2001). The main achievement of this stage is being able to attach meaning to objects with language (Piaget, 2001). This is developing symbolic thinking. Symbolic thought is a type of thinking in which a word or object is used to represent something other than itself. The establishment of symbolic thinking helps the child to begin to conceptualise themselves as being separate from others with separate views (Piaget, 2001). Play with objects such as toys is helpful in the development of symbolic thought (Piaget, 2001).

Concrete operational

This stage normally takes place from ages 7- 11. Children are much less egocentric at this stage. They begin to realise that not everyone shares their thoughts, feelings and beliefs. They are also developing more logical thinking and problem-solving abilities. They begin to develop the ability to problem solve mentally. This is called operational thought, and it allows children to solve problems without physically encountering things in the real world. They are still unable to think abstractly or hypothetically at this stage though. Puzzle and memory games are helpful at this stage as well as negotiating games with other children.

Formal operational

This stage normally takes place from age 11 to adolescence. At this stage children are beginning to develop abstract thought. They are able to logically use symbols related to abstract concepts, such as algebra and science. They are able to draw on past knowledge and experience and use this to formulate hypotheses and problem solve. They can contemplate abstract relationships and concepts such as Justice.

In his developmental stages, Piaget lays out the importance of play in each of these developmental stages and in helping the child to move from one stage to the next (Piaget, 2001). Through play the child will gain the physical, emotional and social skills that will help them to continue to the next stage of development (Piaget, 2001). Through Piaget's developmental stages, children move to more and more complex and abstract thinking, from only being able to conceive of what is directly in front of them to being able to conceive of highly abstract concepts such as Justice. The child will also learn to view themselves as separate to others and conceive of the separate realities and emotions of others In his developmental stages, Piaget lays out the importance of play in each of these developmental stages and in helping the child to move from one stage to the next (Piaget, 2001). Through play the child will gain the physical, emotional and social skills that will help them to continue to the next stage of development (Piaget, 2001). Play is important in the case of trauma has been shown to have a negative impact on development (Kaminer and Eagle, 2012). As play helps children in their

expected development it can also be helpful in overcoming the developmental impacts of trauma. The kind of role play that I am proposing involves varying levels of abstract thinking and taking on the realities of others and therefore may assist children in this kind of development.

Erikson (1980) also laid out stages of development. He believed that there is a task or 'crisis' that one needs to overcome in each stage in order to move on to the next stage. If one fails to overcome this task of 'crisis' they may become stuck in this developmental stage. Unlike Piaget, Erikson believed that development takes place throughout the lifespan of the individual (Erikson, 1980).

Autonomy vs. Shame/Self Doubt (2–4 years)

This stage is linked to Freud's anal stage. The child is beginning to develop independence during this stage. The developmental task or 'crisis' at this stage is to develop a sense of autonomy (Erikson, 1980). At this stage the child is starting to gain more control over their motor functions and begins to explore their environment. The child is starting to display self-sufficient behaviour. They begin to feed themselves, wash themselves, dress themselves and use the toilet. They are also starting to develop their own interests. If this self-sufficient behaviour is encouraged by the care-givers, the child will develop a sense of autonomy. On the other hand, if too much is demanded of the child, or if they are ridiculed for their attempts at self-sufficiency, or they are not allowed to perform tasks they are capable of, they will develop a sense of shame and self-doubt. It is important for the care-giver to encourage self-sufficiency at this stage while at the same time keeping the child safe (Erikson, 1980).

Initiative vs. Guilt (4–5 years)

At this stage, the child is further developing their independence. They are gaining a greater mastery over their world and learning how to plan and carry out activities (Erikson, 1980). The child is also developing a sense of judgement and the ability to make choices over the activities they carry out. With this choice comes the conflict between initiative and guilt. The child may engage in risk-taking behaviours. They may also display negative behaviours such as hitting or yelling out of frustration at not being able to achieve their goals as planned. The child may not always have a sense of what they are able to achieve at this stage and take on tasks they are not able to complete. If care-givers encourage and support the child's efforts at independence, while at the same time helping them to make realistic and appropriate choices, the child will develop a sense of initiative. If care-givers discourage independent pursuits, the child will develop a sense of guilt about their needs and desires (Erikson, 1980).

Industry vs. Inferiority (5–12 years)

This stage is linked to Freud's latency stage. The developmental task or 'crisis' at this stage is to develop industry rather than a sense of inferiority. In this stage, the child is beginning to gain a greater sense of themselves as an individual. They are beginning to develop interests and gain an understanding of their talents (Erikson, 1980). The child is eager to learn more complex skills such as reading, writing and telling time. They are also starting to develop a sense of moral values. They can manage most of their personal needs and grooming with minimal assistance at this stage. The child may express their greater independence through being disobedient and rebellious. They are starting to develop a sense of productivity over pleasure and will now delay pleasure in order to complete productive tasks (Erikson, 1980). Erikson viewed this as a critical stage for the development of self-confidence. If children are praised for their productivity and allowed to pursue their interests, they will develop a sense of industry. If their efforts at productivity are dismissed, punished or ridiculed, they will develop a sense of inferiority and incompetence with regard to their capabilities (Erikson, 1980).

Identity vs. Role Confusion (13–19 years)

This is linked to Freud's genital stage. For adolescents, the challenge is one of identity formation. Erikson believed this to be a critical stage as he was very concerned with the formation of identity. The developmental task or 'crisis' at this stage is to develop a sense of identity and a sense of the roles one will play in the adult world rather than a sense of role confusion (Erikson, 1980). At this stage, the adolescent is concerned with how they appear to others. They are questioning how they will fit into society. They are starting to develop an occupational identity and are beginning to discover what their occupational role may be as they enter the adult world. Adolescents are also starting to develop a sense of sexual identity (Erikson, 1980). They may experience role confusion during this period and experiment with a number of behaviours and activities. They must achieve identity with regards to occupation, gender, religion, etc (Erikson, 1980).

Erikson coined the term 'identity crisis' to describe this phase (Erikson, 1980). Conflicts arise between the person the adolescent wants to be and biopsychosocial forces which may be determining a different identity. Adolescents also need to establish boundaries for themselves and may face hostility due to this. The previous stages were defined by identifying with others, primary care-givers in particular. This phase is defined by reconciling that identification with one's own identity. This is generally thought to resolve itself at around the age of 20. However, Erikson points out that this is in fact quite fluid since it might take some people a great deal longer than others to overcome their role confusion and 'identity crises' and develop a stable sense of identity. Erikson believed that people of high intelligence often take longer than average to resolve this stage. He also pointed out that identity formation takes longer in industrialised society as it takes longer to gain the skills needed for the adult world (Erikson, 1980).

Erikson also spoke of the importance of early childhood attachment and play in this relationship. Erikson believed the care-giver and the child's relationship with their care-giver is crucial in the early stages of development and that this relationship will impact later stages of development as well (Erikson, 1978). Attachment can be defined as the emotional bond that forms between the infant and the care-giver. During infancy, the care-giver must reliably respond to the basic needs of the infant. This will allow the infant to develop a sense of trust in the care-giver and a sense of trust in the world in general. Later the child will become more independent and begin to attend to their own needs more. They also begin to explore the world for themselves, start to make decisions about the activities they engage in and develop their own interests. This is important as it allows the child to form their own identity and become ready for the adult world later in life. However, this cannot happen if the initial trust between the infant and the care-giver is not established. It is important that the care-giver encourages the child's independence but at the same time guides the child to make responsible and safe choices. The care-giver must also respond to the emotional needs of the infants. They should show love and affection to the infant and comfort the infant when they are in distress. Spending time playing with the infant is important (Erikson, 1978).

As the child matures and gains more capability with regard to their body and to speech, more complex social interaction is possible between the child and the care-giver. The child learns social skills through these interactions with the care-giver. This will form the basis for their social skills later in life. This relationship is important if the child is to be capable of forming trusting, intimate relationships with others later in life. The relationship patterns developed in early childhood often play out in later relationships (Erikson, 1978). Play between the infant and care-giver is crucial in building this relationship. Playing with objects and with other children is also crucial in the child developing independence and relationships with others (Erikson, 1978).

Erikson continued to lay out stages of development throughout adulthood until death, however as my focus in this research is on children I do not feel as though these further stages are relevant. As with Piaget, play is crucial to Erikson in overcoming the developmental crises that he lays out (Erikson, 1978). Trauma may have a great impact on overcoming these developmental crises. A traumatic event may inhibit the child from being able to overcome the developmental crisis they are currently trying to overcome and to become stuck in that particular developmental stage (Erikson, 1978). I believe that taking on the role of the hero may be helpful in overcoming any of the particular developmental crises that Erikson lays out. From example it may help the child to gain a sense of autonomy. The hero must have or develop some sense of strength and autonomy in order to become the hero. By embodying this the child may find this sense of autonomy for themselves. It may also help them to take initiative. Initiative is also something that can be seen as characteristic of a hero. By taking initiative as the hero, the child may learn to take initiative in their real lives. The hero also may be seen as have a sense of purpose and a sense of industry. By exploring this idea in role play children might explore their own sense of purpose and industry. With regards to identity, this kind of intervention might be very important. Role method may be seen as a way of exploring one's identity through the different roles we might embody in our lives. Trauma may cause us to become fixed in one role and taking on different roles in therapy is seen to be helpful in exploring different kinds of roles. For example, the child may explore the role of the hero when they have stuck in the role of the victim. The narrative of the hero can also be seen as one that explores identity and finding identity.

Melanie Klein (2017) was the first psychoanalyst to suggest using psychoanalysis with children. She used play as a form of free association, since she realised that children were not able to do this verbally. She also believed that play provided a means for children to resolve internal conflicts. She believed that all future relationships were based on relationships formed in infancy, particularly the infant's relationship with their mother (Klein, 2017). The infant would develop hostility towards their mother as well as loving feelings. The infant was unable

to reconcile these feelings and therefore projected their negative feelings on to objects. By examining these feelings through play in therapy, the child was able to recognise and begin to reconcile these feelings (Donaldson, 1996).

This is known as object relations theory. This field of thought developed from Freud's psychodynamic theory. Object relations theories discuss the effect of internalised relationships with primary care-givers (objects) and their unconscious influence this has on future relationships (Hughes, 1990). The object is normally an internalised image of the mother or primary care-giver based on patterns in infancy. These images are internalised as objects in the unconscious and play out again in future relationships (Klein, 2017). The infant is unable to integrate positive and negative experiences with their primary care-giver. In order to feel secure with their care-giver, they separate these experiences and internalise them as a good and a bad object. Infants will initially view objects with regard to their function. This is known as 'part objects' (Klein, 2017: 66). For example, the function of a breast is to produce food. A breast that produces food is a 'good breast'. A breast that does not produce food is a 'bad breast.' This phenomenon is known as splitting. If the infant is cared for appropriately and is able to form an attachment with a primary care-giver, the part object will eventually transform into a whole object. This signifies an ability to tolerate ambiguity and to see the 'good breast' and the 'bad breast' as part of the same mother (Klein, 2017: 64). This is known as ambivalence (Klein, 2017).

Klein describes the paranoid-schizoid position and the depressive position in coming to be able to tolerate ambiguity. The paranoid-schizoid position refers to the early mental state in which the self and others appear fractured. This stage is normally associated with infancy. People are interpreted as objects rather than as whole at this stage. The infant engages in splitting at this point and sees everything as wholly good or wholly bad. They are unable to tolerate ambiguity at this stage. If the infant receives adequate care and is able to form a secure attachment to the care-giver, they will move past this stage and into the depressive stage (Hughes, 1990). If the infant does not receive adequate care, they may not be able to move into this stage. This can cause a number of problems in later life. The person stuck in this

position is unable to tolerate ambiguity in others. They will tend to idealise or vilify the people in their lives. They find it very difficult to maintain relationships as they will move quickly from idealising a person to vilifying them if the person does something that they view as wrong (Hughes, 1990).

The depressive position normally follows the paranoid-schizoid position. It is generally thought to begin in the second six months of life (Klein, 2017). The infant is starting to gain physical and emotional maturity. They begin to integrate the fractured picture they have of their care-giver. Their care-giver is no longer a good breast or bad breast but a whole being capable of good and bad. They are also gaining a more integrated sense of self (Klein, 2017). As the child gains maturity, they start to gain a sense of moral ambiguity and are more able to tolerate ambivalence in others. They realise that the person they loved and the person that they hated are the same. These conflicted feelings can lead to feelings of sadness, anguish or guilt. These feelings are why Klein termed this the depressive position (Klein, 2017).

This is important in the context of children who have experienced trauma. Childhood trauma can interrupt the formation of these relationships and attachment in early childhood. As mentioned, these early relationships and attachments are essential in resolving inner conflicts. Forming these secure attachments and relationships is also an important aspect of the child's moral development which can be impacted upon by trauma, particularly ongoing trauma (Kaminer & Eagle, 2012). The incorporation of play in the therapeutic process with children may help the child to form a secure attachment that they were unable to with a care-giver and thus internalise this as a positive model for future relationships (Hughes, 1990).

The process of moving beyond the paranoid-schizoid position is also important in the child being able to accept ambivalence in themselves and gain a more integrated sense of self (Hughes, 1990). Being able to accept ambivalence within themselves and form a more integrated sense of self is also important for children who have experienced trauma. As mentioned, after a traumatic event, children will often be left with a sense of themselves as

bad or wrong in some way. They may also split or dissociate from the darker aspects of themselves (Johnson, 1987).

Winnicott was a follower of Klein's theories and built on object relations theory. His theories address the importance of early attachment as well as the importance of play in the development of this attachment and the development of a sense of themselves and the world (Winnicott, 1990). Infants are completely helpless and therefore reliant on others to fulfil their daily needs. Having a primary care-giver respond to these needs in a timeous manner is important in development. Winnicott theorised that, if an infant is not fed in a timeous manner, this is perceived as an existential threat, due to their helplessness. This can induce a state of hyperarousal in an infant or small child since they perceive their lives as being threatened. In response, the child may react with anger or aggression (Winnicott, 1990). Winnicott believed the care-giver should respond in a calm and empathetic manner which assures the child of their safety. The care-giver should try as far as possible to set their own needs aside and try to understand these emotional reactions from the child's perspective. The care-giver should be able to tolerate the emotions of the child and respond to their emotional needs (Winnicott, 1990). Winnicott referred to the 'good enough' mother as a mother or primary care-giver responding to the needs of a child in a timeous and empathic manner (Winnicott, 1990: 56). This outlined his belief that a mother does not need to be perfect but rather 'good enough'. A 'good enough mother' facilitates a 'holding environment' in which development can take place (Winnicott, 1990: 56). A 'holding environment' refers to the care-giver creating a secure environment by responding to the child's needs (Winnicott, 1990: 56). This forms their impression of a mother and future relationships. It also allows them to have a sense of security in their own body. This facilitates development which is seen by Winnicott to be a gradual move from dependence to independence (Winnicott, 1990).

If this 'holding environment' is not created by the 'good enough' mother, a number of problems can develop later in life (Winnicott, 1990: 56). The child may develop difficulties in forming relationships in the future (Winnicott, 1990). The child's needs not being met in this

early relationship may lead them to believe their needs will not be met in all subsequent relationships. This can result in difficulty trusting people and thus difficulty in forming relationships. The child may also develop chronic hypervigilance, and a lack of coping strategies to deal with conflict. This may result in difficulty in emotional regulation as well as aggression (Winnicott, 1990). The child may also develop what Winnicott refers to as a 'false self'. This is a defence mechanism that a child develops in which they develop behaviours that comply with the expectations or desires of others. This often develops when the parent cannot cope with what they perceive to be difficult behaviours or emotions from the child. These children appear to be polite and well behaved. However, Winnicott believes they lack the ability to be spontaneous and truly themselves. Their development is impacted as it is difficult to develop into an independent adult while feeling the strong need to comply with the expectations or desires of a care-giver (Winnicott, 1990).

According to Winnicott, playing is essential for development and is the key to emotional and psychological well-being. Play at any age was seen by Winnicott to be crucial to the development of an authentic self-hood. He emphasised that adults can play through activities such as making art, sport, humour, meaningful conversations, etc. Play allows people to be spontaneous, creative and keenly interested in what they do. This allows for the development of the authentic self (Winnicott, 1990). Winnicott believed that play could give the therapist insight in the therapy space. However, he emphasised the importance of allowing for spontaneity and creativity from the client and creating the space for them to form their own interpretations. He believed that, if the client felt as though they had to conform to the rigid interpretations of the therapist, it might end up reinforcing their 'false self' (Winnicott, 1990: 75).

Play is also seen by Winnicott to be essential in forming relationships and development in general. Play between an infant and their care-giver is essential in forming a secure relationship. This early relationship creates a model for future relationships. Play can also facilitate the formation of relationships later in life by creating a safe interpersonal space as it

does in the infant's relationship with the primary care-giver. Play can also take place through what Winnicott terms the 'transitional object' (Winnicott, 1990: 94).

This is an object such as a teddy bear that exists between the real world and the child's imaginary world. This is particularly important in the first three years of development as the child increasingly gains a sense of themselves as separate to others. The transitional object can serve as an early bridge between the self and the other (Winnicott, 1990).

Within the therapy space, the secure environment is created by the 'good enough' therapist. This facilitates development and allows the child to work through these early attachment issues. Through this the children will be able to move from dependence to independence and to learn to take care of themselves (Winnicott, 1990).

This also relates to Bowlby's theories on Secure attachment (Holmes, 1993). John Bowlby developed the theory of evolutionary attachment. This is the theory that the infant is pre-programmed for attachment as this is a necessity for survival. The infant is unable to care for themselves in the first few years of life and their survival therefore depends on their ability to form an attachment with a care-giver (Holmes, 1993). Bowlby was influenced by ecological studies, in particular Lorenz's study of imprinting on ducklings. Lorenz showed that attachment was innate in young ducklings and therefore had survival value. He was also influenced by Harlow's experiments with infant monkeys. Bowlby believed that attachment behaviours are instinctual and will be activated by conditions that appear to threaten their proximity to a care-giver, such as separation, insecurity and fear. He also believed the fear of strangers has an evolutionary function and was necessary for survival. When babies are born they display certain innate behaviours such as crying, smiling, etc, which will secure the proximity of the care-giver (Holmes, 1993).

Bowlby believed the infant will initially secure one attachment. He did not rule out the possibility of other attachments but believed this one attachment to be of particular

importance to the infant's wellbeing and development (Bowlby, 1981). This attachment figure acts as a secure base from which the infant can explore the world and as a prototype for all future relationships. At the time he was writing, it was assumed this should be the mother. Today, the term primary caregiver to take into account the numerous family structures and constellations that exist. Failure to secure this attachment with the mother or primary care-giver can have serious consequences, according to Bowlby, and can even lead to psychopathy (Bowlby, 1981).

Bowlby (1981) believed there is a critical period for mothering. His view was that, if the child is deprived of effective mothering until 2.5 or three, the child will suffer from irreversible long-term consequences. This worsens after the age of five. Bowlby termed this the 'maternal deprivation hypothesis'. This hypothesis posits that long-term disruption of maternal attachment can result in cognitive, social and emotional difficulties for the infant. These difficulties can continue throughout the infant's life and might include delinquency, reduced intelligence, increased aggression, depression and affectionless psychopathy. Bowlby coined the term 'separation anxiety' to describe the behaviours displayed by infants when experiencing short-term separation from a care-giver (Bowlby, 1981).

The above-mentioned difficulties have also been found in children who have experienced trauma (Kaminer and Eagle, 2012). In addition to this, trauma has been shown to impact the child's ability to form a secure attachment (Kaminer and Eagle, 2012). Bowlby saw play as being crucial in establishing secure attachments, both in the primary relationship with the care-giver and in subsequent relationships (Bowlby, 1981). Thus, therapeutic interventions that incorporate play may be highly beneficial in helping to re-establish secure attachments and in elevating some of the difficulties that may arise when secure attachment is lacking.

Another psychologist to study the importance of play was Vygotsky (1967). Vygotsky looked at the importance of play, specifically in childhood development. He believed play to be a form of wish fulfilment. Through play, the child is able to explore and come to terms with

desires they are unable to satisfy or articulate. Play is also a necessary stepping stone in the development of a child from one stage to another. As a child grows and develops, his needs and desires change, as do the ways in which he plays. Vygotsky did not see play as a purely pleasurable activity and regards it, rather, as a means for development (Vygotsky, 1967).

Play, development and attachment are all crucially linked. The theorists that I have mentioned above all speak to play being essential in moving from one stage of development to another. Through play, the child is able to gain cognitive, physical, social and emotional skills. They learn about social relationships, first through play with objects and then through negotiating play with others. They are also able to examine their emotions through play by enacting them in games and projecting them onto objects or others. They also learn empathy by examining the emotions of others through play. As this development, particularly social and emotional development may be disrupted due to trauma, interventions that include play may be particularly useful in cases of trauma (Kaminer & Eagle, 2012). Attachment is also seen to be crucial in development. Early attachment is crucial in gaining social and emotional skills later in life. Play is seen by these theorists to be crucial in forming this early attachment. As this attachment may be disrupted by trauma, interventions including play may be useful in resolving this (Kaminer & Eagle, 2012.

The therapeutic potential of play

Play provides a space in which real world problems can be examined and worked through in a way that is indirect and non-confrontational, in addition to being free from real world consequences. This can lead to mental healing and transformation as well as increased awareness of self (Huizinga, 1938). Play is also something that is naturally used by children to work through traumatic events. As mentioned, the DSM V lists repetitive play as a possible symptom of PTSD in children. The repetitive playing out of traumatic events is also known as post-traumatic play. This phenomenon has often been witnessed in children following a traumatic event and can help them process it. Haen witnessed such play after the events of

9/11 (Haen, 2005). He described seeing toy planes crashing repeatedly, block towers falling and miniature people fleeing in terror. Members of an ongoing adolescent group symbolically blew up, tortured, and beat Osama bin Laden. This shows that play is an important part of how children process trauma and move past it (Haen, 2005).

This is also a phenomenon that has been noted by Cattanach (1995) in her research. She noted that children will express traumatic events they have experienced through mediums such as play. This is similar to what Slade (1954) says about play. He believed drama could be an important means of diagnosing psychological problems through observation of behaviour, and a method of providing relief from these problems. People are able to 'play out' emotions and difficulties and thus find a way to express and confess to these difficulties. This can give a sense of release and relief (Slade, 1954).

Erik Erikson described play as "the most natural self-healing measure that childhood affords" (Erikson, 1950 cited in Emunah, 1994). Children engage in play in order to make sense of their world and deal with difficult issues. They may also use play to symbolically express and resolve internal conflict, achieve a sense of mastery and control, release pent up emotions, learn to control potentially destructive impulses through fantasy, express unaccepted parts of themselves, explore problems and discover solutions, practice for real life events, experiment with new roles and situations and develop a sense of identity (Emunah, 1994).

Haen believes it is easier for children to express trauma through the use of metaphor and symbolism and that play provides a good vehicle for this. Play provides a way for children to express the trauma that they have experienced and thus move through the trauma (Haen, 2005). As I mentioned, expressing traumatic events verbally and directly may lead to a great deal of anxiety and may even retraumatise the child. Through play, the child is able to express traumatic or potentially traumatic events in a way that is safer and less directive for them. Within Drama Therapy, a directive approach refers to working with psychological material in

way that is literal and direct while a less directive approach refers to dealing with psychological material indirectly through the use of symbol or metaphor (Haen, 2005).

This links with what is referred to in Drama Therapy as distancing. Drama Therapeutic empathy and distancing is seen by Jones to be one of the core principals on which Drama Therapy is based. Empathy and distancing are often seen as oppositional forces, but Jones (1996) argues that they are effective within dramatherapy when seen as part of a spectrum. It is important to balance ideas of empathy and distancing within dramatherapy (1996). Distancing is important so that the client does not become overwhelmed by emotions and potentially become retraumatised. It also allows the client to take a step back from emotions and possibly see things from a different perspective. Empathy is important so that the client does not become completely detached from emotions and is still able to examine the emotions from their own and other's perspective. Distancing can at times help the client to gain empathy for others. Tools such as role reversal can help the client to see a problem from the perspective of someone else (Jones, 1996). It is also important for the client to feel empathy and be witnessed by the therapist. This is a crucial element to any kind of psychotherapy. This is seen by many to be one of the foundations upon which the therapeutic relationship is based. This relationship better allows for the client to address their feelings and work through problems (Jones, 1996).

Landy (2009) also speaks of distancing in terms of over distancing and under distancing. Under distancing, according to Landy, refers to material that is very literal and close to the reality of the client. This may cause distress and potential retraumatisation. Over distancing refers to having material that is too based in the abstract and metaphorical and therefore to far the client's emotional experience to be useful in processing difficult emotions or experiences. Ideally Landy's process will start with more distanced material and work towards less distanced material (Landy, 2009). Play may provide children with a way to deal with difficult or traumatic

material that is metaphorical and has less potential to retraumatise them but can remain in their emotional reality and thus is useful in processing difficult feelings and events.

Play also may provide a safe way for children to explore and play out darker aspects of themselves. Research suggests that children often have fantasies around traumatic events. These fantasies include intervention fantasies, in which the child fantasises about being able to prevent or change the event and revenge fantasies. Through play in Drama Therapy, children are able to explore and play out these fantasies (Haen, 2005).

Haen and Weber (2009) further explored the idea of these revenge fantasies in their article *Beyond retribution: Working through revenge fantasies with traumatized young people*. They theorised that these revenge fantasies are the result of anger and rage that develop out of the traumatic event. They believe that, if these feelings of rage are suppressed over time, they can lead to violence and revenge seeking. They evidence this by citing the fact that, in a study of thirty-seven 37 acts of targeted school violence involving lethal weapons, which occurred in American schools between 1974 and 2000, conducted by the American Secret Service and the Department of Education, 61% of the attackers cited revenge as a motive for violence. Most of the attackers perceived themselves to have experienced a severe loss prior to the attack and many had been victims of severe, long-standing bullying and harassment. They believed the lines between fantasy and reality are blurred and, thus, imagined violence can become real violence (Haen & Weber, 2009).

These ideas are backed up by Terr's belief that rage is one of the most common emotions for children to experience after having experienced a trauma and this rage can lead to children engaging in violence if these feelings are not worked through in a productive way. She did mention, however, that it is important to note that not all children who have unresolved

trauma will go on to engage in violence and not everyone who does engage in violence does so as the result of unresolved trauma (Terr, 1990).

This research is very important to the South African context as we have experienced a great deal of trauma as a nation. It is theorised that this has led to a cycle of violence (Lockhat & Niekerk, 2000). For this reason, it is important to find ways for children who have experienced trauma to work through these revenge fantasies and feelings of rage.

Play may be an effective way for children to work through these feelings, as it provides them with a way to play out their fantasies free of real-world consequences (Haen & Weber, 2009). This is similar to Huizinga's theory that play provides a space that is outside of the real world in which the client can work through their problems indirectly and non-confrontationally. This can lead to transformation in the real world. Children will practice skills in play that they will then apply in the real world. For example, a conflict that a child resolves in play may help the child to resolve such a conflict in the real world (Huizinga, 1955).

Play in Drama Therapy

Play is a central concept within Drama Therapy and is seen by many to be one of the foundations upon which Drama Therapy is based. Phil Jones (1996) sees play as one of what he terms the 'nine core processes'. The nine core processes are used to define how Drama Therapy is effective and how theatre forms and processes can be therapeutic. The nine core processes include: dramatic projection, therapeutic performance, dramatic empathy and distancing, personification and impersonation, interactive audience and witnessing, embodiment, play, life-drama connection and transformation. According to Jones, play

activities are used within Drama Therapy as part of the expressive language and therapeutic process. A session may contain play in the form of games in the early stages. This can help to establish a playful space. Play can also be incorporated throughout the session in many forms. It can involve objects such as toys, it can involve games and it can also involve activities such as role play (Jones, 1996).

David Read Johnson's (2009) method of developmental transformation (DvT) makes use exclusively of free improvisational play. He believes the therapy and transformation will take place through the play and be held and contained by the play space. The role of the therapist in this method is to keep the client in play through difficult moments or blocks. The goal is for the client to be able to play with the unplayable and thus process and transform difficulties in their lives. This transformation happens through increasing spontaneity and being able to sit in the impasses that occur as part of the DvT process until new impulses arise (Johnson, 2009).

When difficulties or blocks in the play arise, the therapist and the client work on repetition of this and on exploring the issue from different angles (Johnson, 2009). This way, the issue starts to lose its power and transform. Johnson believes play to be invaluable to the client's ability to develop self-understanding, flexibility and adaptive functioning. He believes it also to be helpful in interpersonal relations as it increases tolerance for interpersonal encounters and openness to others and lowers social anxiety (Johnson, 2009).

The importance of play in childhood development is also noted within Drama Therapy. According to Cattanach (1995), children's development through play consists of three stages: embodiment play, projective play and dramatic play. Embodiment play includes the pre-verbal explorations a young baby makes of the immediate sensory world. This may include touching,

sniffing, tasting, looking and hearing. The baby's immediate world enlarges as she or he begins to crawl and walk, and the baby has a larger sensory world to explore (Cattanach, 1995).

"These initial experiences of the sensory world lay the foundation of our sense of self and our pleasure in the physical world" (Cattanach, 1995: 225). Projective play involves children beginning to explore objects in their wider world. They start to identify objects as being separate from themselves. They explore toys and objects outside of themselves and begin playing out experiences through these objects. The third stage is dramatic play. Dramatic play involves role play and make-believe play. They start with activities in which the role taken is one of self-representation, but through play with other children, toys and objects, they learn to take on the role of someone else. This role-taking does not consist simply of imitation. The children identify with those whose roles they are taking. Play is the medium through which children first develop a sense of self and discover their relationship with the world (Cattanach, 1995).

Cattanach also believes that play has therapeutic value for children. Through play the child is able to create a symbolic or metaphoric world. In this world they are able to gain an understanding of events in their lives and at times re-interpret these events. It creates a space in which they can more safely express difficult feelings and events and gain a greater understanding of these. Play also provides children with a world in which they have agency and are free of the constraints of the real world. In the world they create for themselves, they are able to create an alternative reality in which events play out in the way the child imagines they will.

"There are no chance accidents or irrelevancies to obscure the logic of the illusional world, so the children can create new meanings uncluttered by the constraints of their real world." (Cattanach, 1995: 226). The child is no longer a victim of their circumstances but rather is able to transcend and transform their experiences.

The stages of developmental play that Cattanach describes are similar to those laid out by Peter Slade. Slade (1954) believed drama and play to be closely connected. Drama and play are seen by Slade to be a natural human activity that begins at birth. He saw the use of drama and play as essential to the development of the child. Babies begin to experiment with play and drama in the form of making sounds, banging on things, tearing things up, etc. As children grow older, their play and drama develop and becomes more complex. Slade speaks of two types of play: projective play and personal play (Slade, 1954).

Projective play involves play with objects such as toys. Personal play involves the use of the whole body. It is easy to see the link between personal play and drama as the "whole person or self is used" (Slade, 1954: 51). During projective play, the whole mind is engaged, but not the body. Slade argued, however, that projective play is still drama. What Slade termed 'treasures' are used during projective play and these can become characters or part of the place or stage. 'Treasures' refers to any object for which the child feels a great deal of love or affection for long periods of time. The child will sit, lie prone or squat during projective play (Slade, 1954). As the child develops and gains mastery over their body, the possibilities for play expand and the child slowly starts to move into personal play. Personal play refers to any form of play in which the whole body is engaged. Personal play is normally quite evident by the age of five. Slade believed these forms of play can help children develop social consciousness and social awareness and a sense of self (Slade, 1954).

The link between play and childhood development has been noted in Drama Therapy as well. Jennings has described a model of developmental play within Drama Therapy. Jennings (2010) explored the idea of developmental play through a model she termed Embodiment-Projection-Role (EPR). EPR charts the development of dramatic play from birth to the age of seven (Jennings, 2010). This dramatic development of the child is the basis for the child being able to enter into the world of imagination. EPR begins to develop through an infant's relationship with its care-givers. The attachment that occurs between the infant and their care-giver has a strong dramatic component through playfulness and 'role reversal' (Jennings, 2010).

Embodiment is the first stage. During this stage, the infant uses their body to express themselves and to make sense of the world. Projection is the next stage. During this stage, the child starts to respond to things outside of the body. The child starts to use objects to play out stories. They use this to make sense of their world and process emotions (Jennings, 2010). As they develop further, they start to take on the roles in the stories rather than using objects. This is known as the role stage (Jennings, 2010). The importance of roleplay and role-taking in children's developmental play establishes a link with the next section I will discuss, which is role. Role is an important aspect of my research as I am focusing on the ways in which taking on and embodying certain roles may be helpful in allowing children to work through trauma.

Role

The link between play and role suggest that the use of techniques of role and role play may have similar benefits to play in working with children who have experienced trauma. As with play, it provides a metaphor through which difficult feelings and events can be explored. Landy (2009) spoke of how role method may provide a less directive way of exploring difficult material. As I mentioned with play, this is less likely to cause severe anxiety to the client and potentially retraumatise them. Landy's eight step method moved from more metaphorical material towards more directive material. This allows the client to move into the more directive material slowly rather than being overwhelmed by dealing with difficult material directly from the beginning. Some clients may only examine such material through metaphor and may not be able to explore it directly. This still allows them to process these difficult feelings and events. (Landy, 2009). Landy's methods will be discussed in more detail later in the chapter.

Role and role play may also provide an alternate means of expression that does not rely purely on the verbal. Research has shown that children often have difficulty in expressing traumatic events verbally. This may be due to the anxiety that this causes (Johnson, 1987). Children may not yet be at a developmental stage that allows for complex verbal processing. As I mentioned, research has also shown that the lack of ability to express traumatic events verbally may be due to the ways in which trauma impacts on the brain (Malchiodi, 2014; van der Kolk, 2006). The impact that trauma has on the brain is leading many experts to believe that it makes sense to process these events in a way that makes use of the body as role and role play do (Landy, 2009, van der Kolk, 2006).

Role Theory

According to role theory, one's identity consists of the roles that one takes on in one's daily life. The earliest proponents of role theory were Georg Simmel, George Herbert Mead, Ralph Linton, and Jacob Moreno (Biddle, 1986). All of these theorists had a different perspective on role

theory but they all shared some basic concepts. Role theory began as a theatrical metaphor used to describe human behaviour. Role theory posits the idea that human beings behave in ways that are different and predictable depending on their respective social identities and the situation (Biddle, 1986). The theory likens this to the ways in which performances in the theatre are differentiated and predictable because actors are constrained by 'parts' and 'scripts'. We are metaphorically constrained by 'parts' and 'scripts' in our everyday lives and therefore behave in ways that are both differentiated and predictable. These 'scripts' and 'parts' are generated by social expectations and norms. Thus, social identities and behaviours are assumed (Biddle, 1986).

Moreno expanded on this sociological model of role theory. Having a background in psychiatry, he incorporated psychiatric/psychological theory into his psychodramatic role theory. This theory and the practice of psychodrama was seen by Moreno as a bridge between sociology and psychiatry (Moreno, 1946). Moreno agreed with a concept of self that is made up of multiple roles. As individuals, we have a certain range of roles that dominate our behaviour. Which roles are expressed and how these roles are expressed are determined by our cultural groups and society, by our interpersonal relationships and by our individual wants and needs. Each role is a fusion between the private and collective. These two sides interact and sometimes come into conflict. Moreno believed that role development starts at birth and continues throughout life (Moreno, 1946).

Therefore, he believed that role theory cannot be limited to social roles but must include three dimensions: social roles, psychosomatic roles and psychodramatic roles (Moreno, 1946). Social roles are an expression of the social components of self, psychosomatic roles are an expression of the physiological aspects of self, and psychodramatic roles are an expression of the psychological expressions of self (Moreno, 1946). According to Moreno, role functions to enter the unconscious from the social world and bring shape and order to it. Our cultural groups impose certain roles on individuals, and everyone is expected to live up to an official role in life. For example, a teacher is expected to act as a teacher, a mother is expected to act

as a mother, etc. However, as individuals we are made up of multiple roles and wish to express far more roles than society will allow us to. Even within the same role, there is more than one variant. The pressure of these multiple individual components of self, exert on the official role dictated by society is a great source of anxiety (Moreno, 1946).

Moreno (1946) also explained how roles can be developed in psychodrama, where role development takes place through a number of stages. The first stage is known as role perception. In this stage, a person sees someone playing a role and understands it as such (e.g. a teacher). The second stage is role expectation. This is where a person starts to imagine themselves in that role and how that role might be played out. The third stage is role taking. In this stage, the individual assumes an already established role with no improvisation. The next stage is role playing. This is where a person feels more confident in playing the role and is able to demonstrate variations on the role and start to incorporate improvisation. The final stage is role creating. In this stage, the person plays a role with a high degree of spontaneity and creativity. It is also the stage where a role becomes a personal expression (Moreno, 1946).

Role method in Drama Therapy

Role method can be seen as the practical application of role theory, which is the assumption that we are all made up of a number of roles, each of which we are able to draw on or suppress, depending on the situation (Landy, 2009). These roles can all be identified by certain universal, recognisable features. For example, the role of the mother has some aspects of nurturing. Others are able to identify these roles through these universal elements. Landy identified 84 different role archetypes in western dramatic literature (Landy, 2009). Jung defined archetypes as inherited images. That is a symbol, the meaning of which is passed down from generation to generation (Landy, 2009). Landy makes the assumption that everyone has the capacity to play out all of the roles that he has identified, as well as other unspecified roles. This refers to their ability to play out these roles both in a drama context and in their everyday lives. The roles that we have available to us at any one moment are contained within the role

system. The number of roles that we have available to us depends on a number of factors, such as biological disposition, role modelling, psychological motivation and moral judgement. Other roles may be dormant within us but may be activated by the correct social or environmental circumstances. The use of role in Drama Therapy can help the client to access roles they have suppressed and thus help them to see themselves in a different light or to gain a different perspective on a particular issue (Landy, 2009).

Landy (2009) works with role in a triadic system of protagonist (role), antagonist (counter role) and guide. Any role archetype can serve as any of these. The role is the protagonist in the client's drama. The counter role is the other side of the role or the antagonist. This is not necessarily a negative figure. It often refers to aspects of oneself that one does not wish to acknowledge. The guide represents a transitional figure and assists the role and counter role in finding a connection. The therapist may act as a guide but ultimately the client must learn to find the guide figure within themselves. Working with role in this way can help clients to come to terms with aspects of themselves they are struggling with, identify problematic roles within themselves and find ways in which to guide themselves (Landy, 2009). Landy believes that role can a be useful method for working with trauma as it can help clients to access roles that they repressed due to the trauma. The use of role also allows the client to explore traumatic events in a more distanced manner and to gain different perspectives by taking on different roles (Landy, 2009).

Landy specified role method as proceeding through eight steps: invoking the role, naming the role, playing out/ working through the role, exploring alternative qualities in sub-roles, reflecting on the role play, relating the fictional role to everyday life, integrating roles to create a functional role system, social modelling (Landy, 2009). The steps are designed to begin to help the client develop a more nuanced and view of the roles they might inhabit and thus of themselves and their identity. People may become stuck in a particular role and more than that may become stuck in a rigid view of that role. Landy believes that this flexibility and nuance is essential in social and psychological functioning and health. Thus, Landy's method moves from

exploring one role with the client strongly identifies to exploring the nuances and flexibility within this to role to exploring alternative roles. The method also moves from a more distanced and fictional approach to less distanced and more literal approach. This is in order for the client to relate what they are exploring into therapy and begin relating it to their real life. This is essential for therapeutic change and progress and to take place (Landy, 2009).

In cases of trauma, the client may become stuck in a particular role related to the traumatic event. This is also true in the case of children. Haen and Brannon (2002) have viewed how children might be drawn to roles such as the super hero the monster or the baby. The role of the monster allows for children to explore their impulses or feelings about who they are that may result from trauma and to find acceptance of these parts of themselves, first through being accepted by others and then being able to accept themselves. They are able to explore the nuances within this role and question their ideas around good and evil. The role of the baby is a way for children to explore feelings of vulnerability and helplessness and find acceptance in this (Haen and Brannon, 2002). As with the role of the monster, there are a number of nuances to be discovered in the role of the baby. Children might counterintuitively find that there is strength in this kind of vulnerability (Haen and Brannon, 2002). The role of the hero might be a way for children to reconnect with their sense of strength and autonomy they feel they have lost due to trauma or a way to explore that they feel as though they need to take on due to the trauma and find more flexibility within this (Haen and Brannon, 2002).

Landy has seen similar patterns in his work with children (Landy, 2010). While working with children who had witnessed the twin towers falling from their classroom window, he saw the children chose to work with the roles of the hero, the villain and the victim (Landy, 2010). They started playing these in these roles in very stereotypical and rigid ways and gradually moved to moved to much more nuanced portrayals of these roles in which all the roles encompassed aspects of the other roles. This allowed them to see that these roles are not

separate entities but parts of a whole that are contained within each of us and explore these aspects of themselves in a nuanced way (Landy, 2010). These roles and their implications will be discussed in more detail in the coming chapters.

The therapeutic potential of role

Moreno described the therapeutic potential of roleplay. He described this with regard to psychodrama, which is a more directive and literal form of roleplay than I am discussing. However, I still believe the therapeutic benefits of roleplay that he describes are relevant to my research. Social and individual aspects of our role expressions might come into conflict and cause problems, such as anxiety. This may be more prevalent in the case of trauma as trauma may lead to the expression of automated responses. In Moreno's terms this may be seen as expressing psychosomatic roles or psychodramatic roles rather than social roles (Moreno, 1946). Conversely children may become overly compliant and put their own needs aside. In Moreno's terms, this may be seen as expressing social roles. According to Moreno, role play helps to explore all of these aspects of self and find ways of expressing them appropriately and authentically (Moreno, 1946).

Role play can also be useful in social development and empathy building (Moreno, 1946). Techniques such as role reversal are useful in terms of helping one see things from another's perspective. This is useful with regard to the impact that trauma has on social and moral development. Moreno believed the kind of spontaneity created by roleplay and role development has therapeutic value. The individual is able to find authentic expressions of self which helps to relieve the anxiety of individual aspects of self, coming into conflict with societal aspects of self. It also allows the individual to develop and rehearse roles that might be appropriate in different aspects of their lives (Moreno, 1946).

Role playing in psychodrama is seen by Moreno (1946) as a way to explore the different aspects of oneself and find healthy expressions for these roles. The individual may also be able to develop roles they have not previously been able to develop. This may give them different roles to draw on in different situations. This exploration of roles contributes to the mental growth and health of the individual. Such role playing can also contribute to the health of groups such as family groups or even work groups. Techniques such as doubling, or role reversal might be used in psychodrama. Doubling refers to another group member or, in this case, taking on the role of some aspect of the client, such as part of their inner experience or an emotion. This is to help the client gain insight into this particular aspect of themselves (Moreno, 1946). Role reversal refers to the client taking on the role of someone else, particularly someone they might be having conflict with. This helps them gain a new perspective or insight as well as empathy for others. Role reversal may also expand one's sense of self by allowing one to take on different roles (Moreno, 1946).

Landy also spoke of the therapeutic potential of role. He mentioned the importance of increasing one's role repertoire. This means increasing the number of roles that one is able to draw on in any given situation (Landy, 2009). Landy saw this as an indication of psychological health. Traumatic events may result in one becoming stuck in a particular role. For example, one might become stuck in the role of the victim. Landy explored the nuances and different aspects of these roles as well as exploring alternate roles within the therapy process. This allows the client to draw on different and varying roles in their real lives as well. They may also recognise that there are multiple roles that make up the self, including new roles that may have developed as a result of post-traumatic growth (Landy, 2009).

An important aspect of exploring these various roles and nuances within roles is accepting and integrating all these various aspects of oneself. Landy believes that exploring, integrating and accepting ambivalence within a role is an essential part of psychological health. If this ambivalence is not integrated and accepted, it can lead to unconscious conflict, which may manifest itself in unhealthy ways (Landy, 2009). This is particularly important with regard

to trauma. As I mentioned, splitting is a common result of trauma. Children who have experienced trauma may dissociate from parts of themselves that are associated with the trauma, for example their feelings of helplessness and vulnerability or feelings of anger and rage. They may also develop a rigidity of thinking about roles and people and inability to accept ambiguity in others (Johnson, 1987). Accepting and integrating these parts of themselves as well as having a more flexible view of others is an important part of the process of working through trauma (Landy, 2009).

The role of the hero

The role of the hero has been shown to be useful for working with children who have experienced trauma. This the specific role that I am interested in investigating for my research. Landy believes the role of the hero to be one of particular significance in Drama Therapy. The hero is a role which can be found throughout dramatic literature from ancient times to present day (Landy, 2009). Landy described the archetypal qualities of a hero as a willingness to confront the unknown and to embark on a journey in order to search for meaning. He further described the role of the hero as someone who takes a 'risky psychological journey' (Landy, 2009).

Landy's ideas of the hero archetype were influenced by Campbell's hero's journey (Landy, 2009). The hero's journey is a pattern of narratives identified by Joseph Campbell which appears in drama, storytelling, myth, religious ritual, and psychological development. It described the typical adventure of the hero archetype (Campbell 1968). The hero's journey follows twelve distinct steps: Ordinary world, call to adventure, refusal of the call, meeting with the mentor, crossing the threshold, tests, allies and enemies, approach, the ordeal, the reward, the road back, the resurrection, return with the elixir. This is the psychological journey that Landy (2009) described his hero archetype embarking on. Thus, taking on the role of the hero may help the client with their 'hero's journey' of moving through their trauma. I believe the

hero's journey may also be similar to the process of undergoing therapy. The client may be reluctant to start therapy initially, but something prompts them to step out of their ordinary lives and into the therapy space. The therapist may act as the mentor who guides the client through the process. The client will undergo a number of tests and ordeals through the therapy process. They should ultimately gain something from the therapy and undergo some kind of therapeutic change. They will then incorporate the lessons they learned in the therapy space into their real lives (Landy, 2009).

Haen has done work using the role of the Superhero with children who have experienced trauma. He has observed that children who have experienced trauma are often drawn to the role of the superhero and that it may be therapeutically useful to them (Haen & Brannon, 2002). The classic superhero, such as Superman, represents qualities of unquestionable goodness and valour (Kostelnik, Whiren, & Stein, 1986). His abilities, such as flight and strength, represent abilities that children wish to have. These characters may encounter obstacles, but always win in the end and have a degree of control over their situation. These characters know right from wrong without question and do not experience moral doubts (Kostelnik, Whiren, & Stein, 1986). This holds appeal to children who have experienced trauma as it allows them to rediscover their sense of strength, autonomy and morality through these characters (Haen & Brannon, 2002)

Janoff-Bulman (1985) believes that trauma challenges three basic life assumptions: the belief in personal invulnerability, a perception of the world as meaningful and comprehensible, and a positive self-concept (Janoff-Bulman, 1985 cited in Haen & Brannon, 2002). Children who have experienced trauma often lose their sense of autonomy and see the world as an all-powerful force that can act on them (Terr, 1990). By identifying with the role of the superhero, children can regain a sense of power and autonomy as well as regain their sense of the world as meaningful and comprehensible (Haen & Brannon, 2002).

A common response to trauma is to experience feelings of guilt and helplessness. Children may have feelings of guilt and helplessness over not having done enough to have prevented the traumatic event from happening. Embodying the role of the hero can help them overcome these feelings by symbolically being able to take action (Haen & Brannon, 2002). Children may also experience guilt after a traumatic event due to feeling they in some way caused the event. This may lead to their feeling that they are inherently bad as a result. Embodying the hero may allow the child to regain a sense of themselves as good as the hero is a representation of goodness (Haen & Brannon, 2002).

Superhero play has been shown to be useful in the social and moral development of young children as well as preparing them for the future and building resiliency. Early childhood is crucial for moral and social development as well the building of resiliency (Harris, 2016). Taking on the role of the superhero allows children to take on leadership positions and develop their autonomy and self-confidence. In group settings, superhero play is helpful in social development as it allows children to help others in the context of this play and work together to overcome challenges. This is also helpful in developing empathy and positive social relationships in other areas of their lives (Harris, 2016). For young children, it has been shown to be a useful way to develop a sense of morality. Superheroes provide kind and moral role models on which children can model their own behaviour. Asking what a superhero might do in a situation is a useful way for children to explore issues of morality (Harris, 2016).

The cases of young children who have experienced trauma, superhero play has been shown to reduce symptoms of anxiety and allow them a way to express their feelings of anger and fear – and to become comfortable with these feelings. It also helps them to begin to transition their negative feelings into more positive feelings of hope. This is helpful in the building of resilience (Harris, 2016). The child is able to draw on the strength and resilience of superheroes in difficult situations. An important aspect of the superhero is that they do not give up in the face of obstacles and adversity. By taking on this quality in play, and finding ways to

overcome obstacles, the child is more likely to do this in other areas of their lives. This may help them in overcoming challenges they are experiencing in their lives, be more equipped for future challenges and even overcome developmental milestones they may be struggling with (Harris, 2016).

Haen also noted that, in the context of superhero roleplay in groups, some children will often take on the role of the monster. As mentioned, after a traumatic experience, children will often feel that they are monstrous or outside of humanity. Taking on this role within the context of this role play allows them to work through these feelings. Children will often switch between these roles, which allows them to explore this duality within themselves (Haen & Brannon, 2002).

Within a group setting, the role of the monster can also be valuable to other members of the group who may feel threatened by it. Fear is another common emotion experienced by children after a traumatic event (Haen & Brannon, 2002). By interacting with the monster within the group therapy setting, they can confront their fears in a controlled and safe environment. By confronting and defeating the monster, the child is able to confront and defeat their fears related to the traumatic event symbolically. The lasting fear after the event may be related to the feelings of helplessness and loss of control, and symbolically defeating the monster allows them to regain this sense of control and thus work through these fears. By taking on the role of the hero and playing in this fantasy world, they are able to reframe themselves from the helpless victim into the hero who is able to take action and defeat the monster. This is helpful in allowing the child being able to transcend and transform their experiences of trauma (Haen & Brannon, 2002).

Another interesting aspect of the superhero is the split nature of their character. Superman is the polar opposite of his alter ego Clark Kent. While Superman is almost

invulnerable and is the embodiment of goodness and truth, Clark Kent is weak, socially awkward and somewhat pathetic. Haen & Brannon (2002) noted how the role of Superman is attractive and is often played with by members of the groups they work with. They theorised that these group members relate to Clark Kent and are able to find their inner strength through Superman (Haen & Brannon, 2002).

Modern superheroes explore this duality even further. Gersie (1997) identified two kinds of heroes: seeker heroes and victim heroes. The former chooses to leave home to engage in an active quest or adventure, the latter are ripped from their birth homes by powers beyond their control. The victim hero becomes a hero due to some traumatic event or abandonment (Gersie, 1997). Landy (1993) concurred with the connection between the hero and the victim, stating that, "Tragic heroes go on a search because they have been victimized in some significant way" (Landy, 1993:194 cited in Haen & Brannon, 2002). For example, Spiderman decided to use his powers to fight crime after witnessing the murder of his uncle, who was a father figure to him. Batman also witnessed the murder of his parents as did his ward and side kick, Robin. The X-men experienced a great deal of discrimination and were outcasts due to their powers.

Haen (2002) described the resonance this has with many of the members of the groups that they work with. He noted that boys who have experienced trauma, and in particular, boys who have been removed from their biological homes, resonate with these roles. They identify with the trauma and feelings of victimisation that these characters have experienced. By internalising these roles, they are able to express and move through these feelings. By identifying with the way in which the superhero overcomes their trauma to become heroes, children can find this strength in themselves (Haen, 2002). It is important to note the idea of boys being drawn to the super hero roles more than girls or non-binary children is largely based in cultural bias and stereotypes. This will be discussed further later in the chapter.

This provides an alternative for children who have learned to identify with the role of the victim. Internalising the role of the superhero may also be helpful to children who feel they are inherently bad. They may find the good in themselves through the good within the role of the superhero. Haen and Brannon (2002) noted that internalising these roles in the therapy space often leads children to play out these roles outside the bounds of the therapy space and choose to carry out good or 'heroic' acts in their real lives (Haen & Brannon, 2002).

The superhero has been seen by some as standing in for the absent father. In fact, the character of Superman was created during WWII in part to be a comfort and a role model to children who had lost their fathers in the war (Johnson, 2012). The role of the hero can provide a positive role model for children who have experienced some form of parental loss to embody and internalise (Haen & Brannon, 2002). Parental loss is also a common theme in superhero mythology and in hero mythology in general. Their path to becoming a hero is often sparked by the loss of a parent. For example, Batman witnessing the murder of his parents or Superman's parents sending him away from his home planet just before it is destroyed. Children who have experienced some form of parental loss can identify with this and can express their feelings around it through the metaphor of the role they are taking on rather than expressing these difficult feelings directly (Haen & Brannon, 2002). They also find strength in this, just as these characters went on to be heroes as a result of these traumas (Haen & Brannon, 2002).

The importance of this for children who have experienced parental loss or abandonment has been noted within other studies as well. The narrative of the 'pre-cloak superhero' or the superhero who is still on their journey towards becoming a superhero very often includes parental loss or abandonment (Fradkin, et al., 2017). Prominent examples of this include, Spider Man, Super Man and Batman who all have parental loss as a prominent part of their narratives. This has been shown to have potential for empowerment and moral development for children who have had similar adverse experiences. Superhero play with children in facilities such as children's shelters or juvenile detention centres, many of whom

have experiences of parental loss or abandonment, has been shown to provide narratives and characters which can offer positive role models (Fradkin, et al., 2017).

These children are at higher risk for behavioural problems such as substance abuse, unprotected sex and conduct disorder, as well as psychiatric problems such as anxiety, depression, low self-esteem and suicide attempts. Superhero play has been shown to empower children in adverse circumstances and lower their risk of such problems developing (Fradkin, et al., 2017). Superhero roleplay has also been shown to assist with moral development by providing positive role models for children who lack them in their own lives. It has been shown that children in juvenile detention centres are able to relate to the experiences of characters such as Batman. They begin to realise that Batman grew up without his parents and was able to find empathy and direction through this by dedicating his life to helping others. They are thus able to realise that they too are able to find this same empathy and direction in life. This has been shown to give a sense of hope where this was previously absent and foster empathy and heroic actions' in these children (Fradkin, et al., 2017). Superhero play has also been shown to be helpful to children undergoing the process of adoption. It is believed the superhero's journey of overcoming loss and grief and searching for their identity are invaluable in helping the adopted child in their own journey of adoption to search for their identity and overcome their loss and grief (Fradkin, et al., 2017).

Much of the research I am citing was carried out in an American context and the classic superhero is an American invention. The classic superhero refers to characters such as Superman from comic books or strips endowed with superhuman powers which they use to fight evil or crime. It normally specifically refers to characters created during the golden age of comic books which took place between the 1930s and the 1960s (Johnson, 2012). However, I do believe this research could be relevant within a South African context as well. There has been increasing diversity within the superhero canon over the past few years. An obvious

example is Black Panther, which offers African children positive role models and a positive vision of afro-futurism (Alexander, 2018). Although this is also an American invention, I believe it is relatable within the South African context. It is set in the fictional country of Wakanda in Africa. For the purposes of the movie, the language chosen for people to speak in Wakanda is isiXhosa, which is one of our official languages. This provides it with a sense of familiarity in the South African context. The father of the protagonist is portrayed by John Kani, who is one of South Africa's most prominent actors.

A study conducted by Tucker (2006) on using hero stories within narrative therapy as a means of assisting in moral development, found that, when asked to identify the characteristics of a hero, South African children identify the same characteristics as American children do. The most common characteristics attributed to a hero were altruism and physical traits such as strength and beauty (Tucker, 2006). This is consistent with findings that children in the US will typically identify physical powers as essential components of a hero until the age of about six. Older children will typically define a hero as someone who helps others (Tucker, 2006). I believe that traits of a hero identified by the children such as altruism are valuable traits for children to explore and possibly take on. However, these traits may also be seen as representing a stereotypical idea of the hero or the good/evil dichotomy that can be challenged through experimenting with this role and developing a more nuanced understanding of it. Traits such as altruism for example, may need to be carefully examined and contextualised for children, as in cases of trauma or abuse the child may learn to put their own needs aside in favour of the needs of the perpetrator (Johnson, 1987).

Tucker (2006) also found that, when asked to create hero stories, the heroes in the children's stories seemed to follow the general outline of Joseph Campbell's hero archetype. She believes this adds support to the idea that there are universal themes in moral

development. However, she also acknowledged that this may be an artefact of colonial western influences in South Africa (Tucker, 2006).

Tucker also noted that the children were able to re-cast themselves as heroes in their real lives. At the end of the first session, the participants were all asked what realistic things they could do to be more like a hero. Some suggestions included helping their mother with chores or taking care of younger siblings. The next week all the participants reported having performed activities that they considered to be heroic (Tucker, 2006).

I would also argue that even though the classic superhero is an American invention, the hero archetype is one that is very much present in South African mythology and oral tradition. There are heroic characters within Southern African mythology, for example, the Basotho myth of Thákane. Thákane was the daughter of a chief. After the death of her parents she became responsible for her younger brothers. She went on a journey to slaughter a *nanabolele* (water dragon) to provide *nanabolele* skins for her brothers as her father would have done. She was reluctant to do this at first, but realised it was her duty. She was ultimately successful in her quest. The character of Thákane does seem to follow Landy's idea of the hero archetype in that she undertakes a difficult psychological journey (Landy, 2009). She also appears to fall into Campbell's archetype of the hero as her story follows the structure of: call to adventure, resistance, embarkation, struggle, and triumphant return (Campbell, 1968). She has also experienced parental loss, which is a common theme in hero mythology. It is also notable that Thákane is a female hero. In my exploration of South African mythology for this research essay, I found that female heroes appear to be fairly common in African mythologies. This suggests that the role of the hero might be relatable to girls as well as boys within the South African context.

Haen's work with the role of the superhero was largely conducted with boys and he found that girls were not drawn to the role in the same way as boys were. However, Haen did not entirely discount its use with female clients. In his experience, girls may also respond to the role of the superhero but are not drawn to it as often as boys. He believes there may be cultural reasons behind this as girls are often discouraged from identifying with superheroes (Haen, 2002). Cultural stereotypes encourage boys to display traits such as strength and bravery. Society encourages boys to take on roles that display these traits. They are often discouraged from taking on roles that are seen as "weak" or vulnerable (Robinson, 2004). Girls on the other hand are encouraged to take on caretaking roles which are more vulnerable. Thus, it should not be seen as inherent that boys will be more drawn to heroic characters than boys but rather a result of cultural bias and stereotypes (Robinson, 2004). It is also notable that comic books and superheroes largely display male characters and have historically been marketed towards boys. While this does not exclude girls, it may make it more difficult for them to them to relate to such characters (Robinson, 2004).

However, I do believe that we are starting to see a shift happening in this as there have recently been a number of high-profile female superheroes in movies and television. These include Captain Marvel, the recent Wonder Woman movie, the Supergirl series as well as the Netflix series *Jessica Jones.* The character of Jessica Jones suffers from PTSD as a result of multiple traumatic events. She gives up being a superhero due to this and has to process her trauma in order to take on this role again. While the series is not aimed at children, I believe her character may provide an interesting model for children who have experienced trauma, and that some of the feelings and experiences of the character may be relatable to them. The character of Buffy the Vampire slayer also interests me in this regard. The monsters and demons she fighst are largely a metaphor for the struggles she faces growing up. She is also portrayed as an ordinary teenage girl, who experiences the normal problems and emotions of a teenager. She is very much in touch with her femininity but happens to have obtained supernatural strength and power. She has often been seen as a powerful feminist character

who embraces both strength and vulnerability and in fact finds much of her strength through her vulnerability (Jowett, 2005).

For my research I am particularly interested in the more integrated hero archetype such as the X-men, Jessica Jones and Buffy the Vampire slayer. This is an archetype that has been gaining popularity recently. The almost omnipotent hero, split with the weak alter ego, such as Superman, seems not to hold the same appeal as it used to (Johnson, 2012). These kinds of characters might provide and opportunity to explore a more nuanced interpretation of the role of the hero. While the classic superhero represents a strong dichotomy between good and evil and strength and vulnerability. These kinds of characters might provide a good starting point for examining this role as Landy saw the children he worked with start with highly stereotyped versions of the roles they were exploring (Landy, 2010). These more nuanced characters are far more intergrated and hold aspects of hero, villain and victim similar to the more nuanced characters Landy saw the children he worked with start to develop (Landy, 2010).

For this more nuanced hero role to develop and for integration to take place it is important to also examine roles of vulnerability. Haen also spoke of the importance of exploring roles of vulnerability as well as roles of strength. He emphasised the fact that superheroes have weaknesses, such as kryptonite for Superman and blindness for Daredevil. He encouraged the children to think of weaknesses for the superheroes they created. This helped the children to express their perceived weaknesses and to find strength in these (Haen & Brannon, 2002).

He also mentioned that some of the children he worked with were drawn to the role of the baby (Haen & Brannon, 2002). This allowed them to express their feelings of vulnerability in a safe environment and to become more comfortable with this side of themselves. It also allows for attachment issues related to the trauma to be worked through. By taking on the role of the baby, the child is able to develop a safe and nurturing relationship with the therapist and with other group members that they may not have been able to with a primary care-giver. This

creates a greater feeling of security in the world and more positive intimate relationships later in life (Haen & Brannon, 2002). Developing a secure attachment with a primary care-giver is seen to be crucial in development and in being able to form positive intimate relations later in life (Winnicott, 1990) Taking on the role of the baby may be a way to work through issues related to not having developed a secure attachment with a care-giver and to establish a secure attachment (Haen & Brannon, 2002).

Haen mentioned that, within groups, some children would take on the role of the baby and enrol prominent members of the group as a parent. This kind of role play is helpful in the children learning frustration tolerance and well as in re-establishing secure attachment (Haen & Brannon, 2002). Children who have experienced abuse or neglect will often experience difficulty in emotional regulation and tolerating frustration. This frequently results in emotional outbursts and temper tantrums. If the child's needs are not met in the early relationship with a care-giver, they will be unable to establish a secure attachment. This leads to a number of potential problems that I have mentioned previously. (Winnicott, 1990). Roleplaying as the baby allows them to have their needs met in the context of the roleplay (Haen & Brannon, 2002).

Haen also speaks of the children in his group taking on other roles of vulnerability, such as a baby animal which has not fully developed yet, or a person with a disability (Haen & Brannon, 2002). As with the role of the baby, this is a way for the child to have their needs met by the group through the role play. The group will normally come together to help the members of the group who take on these kinds of roles of vulnerability. In addition to allowing them to have their needs met by the group and the therapist, this kind of role play also allows children to express their feelings of vulnerability and helplessness in a safe environment. It may also allow them to play out some of their issues related to not having their needs met as a young child, as they may play out scenarios of abandonment (Haen & Brannon, 2002). Haen notes that taking on such roles may, somewhat counter-intuitively, give the child a level of power and control in the group. By taking on a helpless, vulnerable role, they gain attention

from the group and the action becomes directed towards helping them. This gives them a level of control of the group even over dominant members. Thus, they can find strength and power through their vulnerabilities in a similar way to the way they might find strength through the superhero's weak and vulnerable alter ego (Haen & Brannon, 2002).

This is not only significant to children whose trauma is directly the result of attachment issues. Trauma has been shown to disrupt secure attachments with primary care-givers (Kaminer & Eagle, 2012). The parent's inability to prevent the events from happening to the child may be perceived as an abandonment or as the parent not being able to meet the needs of the child. As the child is dependent on the care-giver for survival, the care-giver should be able to protect their child from existential threats. If they are not able to do this, the perception of the care-giver as safe is disrupted and thus secure attachment is disrupted (Winnicott, 1990). The care-giver may also not be able to respond to the emotional needs of the child after a traumatic experience. This may result in the child not developing appropriate coping strategies for these emotions, resulting in aggressive outbursts. The child may also not express their feelings related to the trauma at all if they feel their care-giver cannot tolerate these emotions from them. This can result in a number of problems such as the development of a 'false self', which I have mentioned previously (Winnicott, 1990). Taking on these roles of vulnerability and having their needs met in this way re-establishes this sense of a secure attachment within the therapy space and in other relationships (Haen & Brannon, 2002).

Exploring the roles of strength and vulnerability is important in helping children to overcome trauma. The integration of these roles is also an important part of the therapeutic process. As mentioned, Landy believes the integration of our various roles to be crucial to psychological health and that splitting is a common result of trauma (Landy, 2009). While on the surface these roles appear to be opposite, they are actually two parts of a whole. This can be seen in the mythology of the hero who moves through their victimhood to become the hero, or the strength of the superhero contrasted with the weakness of their alter ego. By exploring

and embodying these roles, children may come to accept and integrate these dual aspects of themselves (Landy, 2010).

Landy described using these different roles with a group of nine-year-old children who had witnessed the twin towers falling from their classroom window on 9/11 (Landy, 2010). The children explored the roles of hero, victim and villain within this project. Landy described how, at first, these roles were explored as stereotypes and polarising forces. They played with heroes such as firefighters and police officers, villains such as Osama Bin Laden, and victims of the attacks. As they explored these roles further, they discovered more nuance and humanity within these roles. They reflected on how Osama Bin Laden may also have been a victim in his life. One girl reflected that he wasn't born bad and that maybe he had been dropped on his head as a child (Landy, 2010).

They also reflected on the hero/victim dichotomy and how victims can become heroes and heroes can become victims. These were no longer polarising roles but aspects that existed in all the characters. We are all these things at various times of our lives. By exploring these complexities, the children were able to process these events and gain a different understanding of them. They were also able to begin to accept the complexities within themselves (Landy, 2010). A more complex understanding of the villain role is important for children after an experience of children. As mentioned, splitting is common result of trauma and children may fall into a very rigid view of good and evil (Johnson, 1987). This is in relation to both themselves and others. They may feel themselves to bad or villainous or feel that they have to ascribe perfectly to their idea of good (Johnson, 1987). It may also make it difficult to form relationships with others as they have a very rigid view of people. It also has implications for working through trauma with regards to how the child views the person who harmed them. They may say purely as monster/villain making it difficult to work through their feelings. It may be particularly complex if the person who harmed the child is someone close to them. Seeing people as wholly good or wholly bad makes it very difficult for the child to examine and work through their complex feelings towards such a person (Johnson, 1987). Examining a complex

and nuanced villain role, and how hero and villain are not opposing forces but rather part of a more complex whole, may be useful in helping children examine and work through their complex feelings with regards to themselves and others (Landy, 2010).

Discussion

The hero's journey

My belief is that the hero's journey narrative as laid out by Campbell (1968) may provide a mirror for the journey of overcoming trauma. This is backed up by Landy, who likened the difficult psychological journey undertaken by the hero archetype with the difficult psychological journey a client takes in therapy (Landy, 2009). There are many elements in the hero's journey narrative which may be relatable to the child in their journey through their trauma.

The call to adventure, in which the hero is called to leave their safe and familiar world, can be likened to the event of trauma – an event which forces the child to leave their safe and familiar world (Campbell 1968). In many hero mythologies, it may in fact be a traumatic event which leads the hero to begin their adventure (Landy, 1993). This may be relatable to the child and a way for them to express and play out such events through symbolism and metaphor. It may also be symbolic of the beginning of the journey that the client starts in therapy (Landy, 2009).

The hero's journey also speaks of obstacles and challenges that the hero has to overcome (Campbell 1968). This may be symbolic of obstacles and challenges that the child faces in their lives. Many children will not face a single traumatic event but rather a number of traumatic or potential traumatic events (Kaminer & Eagle, 2012). This may be symbolically similar to the obstacles the hero faces on their journey. By overcoming challenges in role play, the child may gain some skills or resiliencies to better cope with the challenges in their lives. As I mentioned, the child may symbolically defeat their monsters (Haen & Brannon, 2002). This may also be seen as obstacles and challenges that may be faced in the therapy process. Therapy is not always an easy or enjoyable process. It can at times be very challenging and can require that we confront very difficult parts of ourselves or our lives (Landy, 2009).

The return with the elixir is also significant. The elixir refers to something that the hero gains on their that they bring back with them to the beginning point of their journey which equips them to face future obstacles and challenges as they embark on their next journey. It is symbolic of the change they have undergone through their journey (Campbell, 1968). The hero returns to their home or place of safety but is somehow changed by their experiences. They have gained skills and strength through their journey which they may be able to offer to others in their community (Campbell, 1968). This is symbolic of the ways in which trauma and the process of overcoming trauma can change a person. They may return back to a place of safety, but their experiences continue to impact on their lives. They may have lasting negative impacts from trauma. However, overcoming trauma may lead to the gaining of skills and resiliency that may be useful in coping with future difficult situations. It may also be seen as symbolic of the skills and coping strategies a client may gain in therapy. Ideally, therapy should equip a client with skills and resiliency that they are able to draw on in the future, outside of the therapy space (Landy, 2009).

The hero's journey also involves the meeting of a mentor. This is someone who initially guides the hero on their journey and helps them to develop the skills they need (Campbell 1968). The mentor archetype in the hero's journey may be representative of people in the life of the child who offer support and guidance. This may be someone such as a parental figure or a teacher. It may also be representative of a part of themselves that the child is able to draw on for guidance. Landy refers to the mentor figure as the guide in his role method. According to Landy, the guide is initially symbolic of the therapist. The therapist will offer support and guidance to the client through their journey of therapy. Ultimately however, the goal is for the client to find the guide archetype within themselves, so they are able to develop their own coping strategies and not become dependent on the therapist (Landy, 2009). The hero's journey will also often involve the death of the mentor. This is symbolic of the hero gaining independence and discovering their own inner strength (Campbell 1968). This can also be seen as the client gaining independence and discovering their inner strength in therapy. Landy's

triadic system of role was partly influenced by the hero's journey model and he speaks of using the hero's journey narrative as a model for the therapeutic process (Landy, 2009).

In addition to this, many hero narratives are narratives of overcoming traumatic events and were developed in part to assist people in coping with traumatic events. Comic book superhero stories were largely developed during WWII in part to give people narratives of strength to draw on in order to cope with the trauma of war (Johnson, 2012). Tolkien's stories of adventures in Middle Earth were in fact allegories for his experiences of war as a soldier in WWI. They outline the lasting impact of war and conflict on both communities and individuals. Bilbo and Frodo both return to their homes in the Shire at the end of their respective hero's journeys but are both forever changed by their experiences, for better and for worse (Enos, 2012). Many traditional myths of heroes also involve the overcoming of a traumatic event. The Myth of Thakane that I mentioned also involves overcoming trauma. She experiences parental death and has to defeat the *nanabolele*. In the end she returns the *nanabolele* skins, which is her version of returning with the elixir.

Morality

My assumption based, on my personal experience and observations, is that embodying the role of the hero is a useful way to explore complex ideas of morality and encourage moral development. This has been backed up by the reading I have done around this subject. As I mentioned, trauma may challenge the child's perceptions of the world or of themselves as good. Classic heroes may be seen as a representation of unquestioning morality and goodness (Haen & Brannon, 2002). This allows children to embody this goodness and morality and regain a sense of goodness in the world and in themselves. It also allows them a safe frame in which to explore their feelings of being bad and monstrous as well as the darker aspects of themselves (Haen & Brannon, 2002).

In superhero roleplay, children might explore both the role of the monster/villain and of the superhero at different times. This allows for them to express and explore both of these sides of themselves. By taking on the monster/villain role, children are able to express their violent or angry impulses free of real-world consequences. After experiences of trauma, children may have violent impulses or revenge fantasies. This is a way for them to try to regain a sense of control or autonomy. If healthy ways of exploring or expressing these impulses are not found, this may lead to real world violence (Haen & Brannon, 2002; Terr, 1990). Taking on these different roles also allows them to explore feelings of themselves as being bad or monstrous after a traumatic event. Children may feel as though the traumatic events were somehow due to there being something wrong or monstrous about them, or that the event has taken away their humanity (Haen & Brannon, 2002; Johnson, 1987). By finding acceptance in the role of the monster/ villain, children may feel as though they are still acceptable. By taking on the role of the hero who is fighting the monster, children are able to play out their impulses to fight or to take revenge on those who hurt them. Children may experience feelings of guilt and a distress as a result of these feelings (Haen & Brannon, 2002). By exploring and beginning to integrate these aspects of themselves, children may be able to work through these feelings of guilt and learn to see themselves as fully human and acceptable (Haen & Brannon, 2002; Johnson, 1987). Examining this role is also important in helping the child to embrace and accept role instability and ambivalence (Landy, 2010). As I mentioned, finding nuance and complexity in roles in essential to psychosocial functioning and health (Landy, 2009). Examining the monster/villain role may be useful in collapsing the hero/villain dichotomy and therefore help the child to find a more integrated view of themselves and others (Landy, 2010).

There is also a trend now towards the more morally ambiguous heroes. The anti-hero has become an increasingly popular archetype. . An anti-hero may be defined as a protagonist of a story who lacks traditionally heroic characteristics and may even poses traditionally villainous characteristics. Recently even heroic and morally upright characters are shown to question the morality of their power and actions and grapple with moral ambiguity. This can be seen in recent Marvel movies such as *Civil War* and *Black Panther.* In my experience, children in

the South African context are often drawn to these kinds of characters, such as Iron Man and Ghost Rider, citing their moral ambiguity as one of the reasons they were drawn to them. I believe these characters may offer children a way to explore issues of morality and begin to develop a more integrated view of themselves and the world.

Landy believes it is important to explore and accept all aspects of ourselves and integrate the various roles that we play. It is important to find healthy means of expressing all these various aspects of self rather than trying to ignore or bury darker or uncomfortable aspects of self which may then manifest in unhealthy ways (Landy, 2009). Landy also mentioned that, exploring the role of the villain and gaining more empathy and understanding around this role, may be helpful in children regaining a sense of understanding about the world in which people commit horrific acts against one another (Landy, 2010). Landy described how exploring the role of the villain allowed children first to play out their rage against the villain and then to explore the complexity of the role. By exploring the complexity of the roles and finding sub roles within this role, the children could begin to realise the nuance that exists in all of us and thus the nuance that exists in the world. This was helpful in allowing children to start moving away from feelings of anger and rage. It was also helpful in allowing them to move away from the view of people or the world as being purely good or purely bad and thus begin to process traumatic events (Landy, 2010). An understanding of this complexity may make it easier for children to begin to process complex feelings that they might have about themselves or other people in their lives, particularly those who may have harmed them in some way (Haen & Brannon,2002; Landy, 2010). While negative feelings towards someone who has harmed them is natural and possibly even healthy, it is important to process these feelings and reconcile them with other feelings that they have towards the person who harmed them (Johnson, 1987).

This relates to what Klein refers to as the depressive position, which is the ability to tolerate ambivalence in those close to them rather than seeing them as purely good or purely bad. Klein saw this as being essential to development and the formation of healthy

relationships in the future. I believe the development of a more morally complex hero archetype may also provide opportunities to explore these issues (Hughes, 1990). If the child is hard is harmed by someone, they care about it may be very difficult to reconcile their conflicting feelings towards this person due to the splitting that takes place. It becomes very difficult for the child to integrate the idea of the person who cares for them with the idea of the person who cares for them and to recognise them as one being (Johnson, 1987). It is also difficult for the child to reconcile feelings of love of care they may have for a person with feelings of anger and rage. This can make it very difficult to process feelings related to trauma (Johnson, 1987). Thus, examining the complexities in the hero role and monster/villain role and how these roles intersect may be useful in being able to process complex emotions related to trauma (Haen & Brannon,2002; Landy, 2010).

The role of the hero appears to be useful with regard to moral development. In my personal experience and observations, I have seen that embodying the role of the hero is helpful in children developing a sense of empathy and morality. The hero may provide children with a positive role model to draw on when exploring issues of morality. They explore these issues in the role of the hero and embody the hero's sense of morality and goodness. Through role play the child will be able to explore their own ideas around morality and what this means to them. Exploring the complexities and nuances within the hero role will allow for the child to develop their own complex sense of morality and move away from potential stereotypical and culturally prescribed ideas around morality. This exploration of morality extends to their lives outside of the therapy space. As I mentioned, I developed a strong sense of morality and empathy, in part, from embodying heroic characters as a young child. I have also observed young children discussing what they could do to be good or 'heroic' like the characters they admired. This has been backed up by the literature that I have engaged with. Haen has noted that children who embody the role of the superhero may go on to engage in good or heroic acts in their everyday lives. The heroic acts are defined by the child themselves. (Haen & Brannon, 2002). This has also been found with children in juvenile detention facilities. Engaging in superhero play was shown to result in increased empathy and engaging in "heroic acts". They

are able to draw on the narrative of the superhero overcoming their adversity to dedicate their lives to others, in order to do this themselves (Fradkin, et al., 2017). Tucker's research in the South African context had similar findings (Tucker, 2006) Carrying out acts the child sees as good or heroic may begin to challenge their view of themselves of bad or monstrous. Alternatively, it is important for children who feel that have be whole "good" and meet the needs of the perpetrator above their own needs, it is important to examine and redefine morality (Haen & Brannon, 2002).

Absent parents

My assumption that the role of the hero may provide a way to examine the theme of absent parents also appears to be backed up by the literature. This is a very common theme in hero mythology and is often one of the factors that leads to the hero becoming a hero in the first place. Superheroes such as Superman were developed during WWII in part to help children to cope with parental loss and to provide them with positive role models (Johnson, 2012). Haen noted that this kind of role was particularly attractive to children who were removed from their biological homes and helped them to process the absence of their parents (Haen, 2002). They were able to relate the experience of parental loss in many of the characters they were embodying and express and process their feelings around this loss. Heroic characters can also, in a sense, become stand-in parents and role models (Haen, 2002). This has also been found when using superhero play with children in facilities such as shelters, and juvenile detention centres. They are able to relate the character's journey of loss and adversity and find ways to find the positive in their own journey's as the characters do. For children in the process of being adopted it has been to shown to be helpful in them processing their grief as well as in embarking on their new journey (Fradkin, et al., 2017). This may be of particular importance in the South African context where many children have experienced some form of parental loss or are homeless (Lockhat & Niekerk, 2000).

I believe this theme is important in processing childhood trauma as it is a common experience to many children in adverse conditions. Children may have experienced parental death. Others may have been removed from their biological homes for various reasons. In some cases, parents could be present physically, but may be absent in the sense of being neglectful of their children's physical or emotional needs (Winnicott, 1990). Children might also feel a sense of parental absence or abandonment after a traumatic event. While the parents may have been present prior to this event, they may not have a sense of how to adequately support their children or may struggle with their own feelings around traumatic events. Children may perceive this as abandonment in these moments when they most need support (Winnicott, 1990). As in my case, children are able to express and process their feelings around this abandonment or perceived abandonment by playing them out through another character with similar experiences.

Strength, Resilience and weakness

My assumption around the role of the hero allowing the child to access inner strength and reframe their narratives of themselves as helpless and the victim, appears to be backed up by the literature. Both Haen and Landy have found this when using the role of the hero with children who have experienced trauma. Through embodying the strength of the hero, the child is able to rediscover their sense of strength and autonomy that they may have lost due to the trauma (Haen & Brannon, 2002; Landy, 2010).

Feelings of helplessness are a common response to childhood trauma. Many children are left to feel this way after a traumatic event that completely stripped them of their autonomy. This can lead to a number of problems for them later in their lives, such as becoming dependent on others and not being able to take agency in their lives. This may lead to further situations of abuse (Terr, 1990). For these reasons, it is important for children to find ways to reframe this sense of themselves as weak and helpless and to regain their inner strength and autonomy. My personal observation and experience as well as the literature I have engaged

with on the subject, suggests that embodying the role of the hero may be useful in this regard. I was able to find strength and autonomy through embodying strong characters and thus find my own strength through theirs. Children have also reflected to me that they are drawn to heroic characters by their strength and that they want to play at being strong like these characters. Haen also notes that children are drawn to superheroes because of their strength (Haen & Brannon, 2002). He mentions that this is attractive to children who have learned to identify with the role of the victim. Exploring and embodying the role of the hero allows an opportunity to reframe this narrative of themselves and to be able to express strong and heroic roles in their lives (Haen & Brannon, 2002).

Feelings of guilt are also common after a traumatic or potentially traumatic event. This is often related to not having able to do something to prevent the event from occurring and protect themselves and others (Terr, 1990). This is particularly true if the event also involved people close to the child, such as in cases of domestic violence (Terr, 1990). Haen has noted that children may fantasies about being able to prevent traumatic events from taking place. Taking on the superhero role was helpful in allowing children to symbolically play out these fantasies in a safe environment and begin to work to work through these feelings of guilt (Haen & Brannon, 2002).

It has been shown that superhero play is helpful in building resiliency in young children. Resilience can be defined as a kind of flexibility in thinking and behaviour that allows one to cope with or recover from difficult events. Children are able to draw on the strength and determination of the superhero in order to overcome obstacles they might be facing. This has also been shown to be helpful to young children who are struggling to overcome developmental milestones (Harris, 2016). This is significant as children in South Africa will often experience multiple adverse conditions throughout their lives. It is thus crucial for an intervention to transform their perception of themselves into one that is strong and capable, in order to give them the strength and determination to deal with current and future adversity. It

is also important as children will often lose or struggle with developmental milestones due to trauma (Kaminer & Eagle, 2012).

In order to really explore strength, one has to explore weakness as well. Haen mentioned the split nature of the classic superhero and the importance of this. Children might identify with the weak alter ego of the superhero and thus begin to identify with the strength of the superhero (Haen & Brannon, 2002). It is very common for heroes to have some kind of weakness. Haen mentioned that he emphasised the idea of superheroes having a weakness when working with children and discussed what weaknesses they would give their superheroes when they were creating their own. This was a way for the children to begin to find acceptance of their own feelings of weakness and vulnerability as they see them and start to see it as something, they can in fact find strength through (Haen & Brannon, 2002).

In my experience and observations this is not always an easy thing to engage with. For children who have been made to feel completely helpless, exploring ideas of weakness and vulnerability might feel threatening. They often learn to dissociate from these parts of themselves (Johnson, 1987). Children may also feel that they should not express these parts of themselves as it results in anger or distress from others, particularly those caring for them. I did not really explore the vulnerabilities in the characters that I would embody in my expression of these roles even though I could relate to these aspects of these characters and liked the fact that characters with vulnerabilities could be strong and heroic. My reluctance to explore these aspects of these characters further came in part from my mother's reaction to any expression of vulnerability from me and in part from my own dislike of these parts of myself. I have observed that children may be reluctant to explore the weak or vulnerable aspects of heroic characters and preferred to focus on embodying their strength and heroism. While exploring these aspects of weakness and vulnerability may be difficult and uncomfortable, I believe it is a crucial part of the therapeutic process and that the therapist should find ways to help the child begin to engage with this as part of creating a more integrated and flexible self. Children may dissociate the parts of themselves that they perceive as being weak vulnerable and

reintegrating these aspects of themselves is crucial to social and psychological health (Landy, 2009).

There is a trend now towards a more integrated hero archetype. The X-Men may represent more integrated heroes as they have access to the full spectrum of emotions and do not split into separate identities as other superheroes do (Haen & Brannon, 2002). I did not have access to this kind of character as a very young child. I was only introduced to the X-Men in my adolescence. The trend then was for characters, especially in entertainment for children, with clearly defined lines between strength and vulnerability, good and evil. Now there is a trend towards more complex heroes emerging: morally ambiguous heroes and heroes who have weaknesses and vulnerabilities which are not split from their heroic sides. Buffy the Vampire Slayer struggles to balance the responsibilities that come with her powers with the normal struggles of growing up. She also struggles with feelings of depression and loss. Her struggles and her powers are part of a whole rather than hero and alter-ego. Jessica Jones has super powers but also has PTSD. Again, she is not portrayed as superhero and alter-ego but as part of a whole. *Game of Thrones* contains heroic characters with disabilities, such as Bran Stark and Tyrion Lannister. Their disabilities are portrayed as part of their strength and heroism rather than as separate parts of them.

While none of the aforementioned television series and books is aimed at young children, this has made me wonder about the impact more integrated heroic characters would have had on my identity, as well as their potential in Drama Therapy with young children. As mentioned previously, I believe that these kinds of characters may represent a more complex and integrated role that can be examined. While the split and stereotypical hero role may be a good starting point these more complex hero types may allow for working towards greater integration and acceptance of ambiguity. Seeing characters that embrace both a sense of strength and vulnerability in a complex way and as part of a whole rather than as a dichotomy may provide them with a model for the kind of integration that the Drama Therapist is working towards.

I believe this trend towards more integrated heroes represents a shift in society. Superheroes and the hero archetype can be seen as a reflection of society and how society views itself and others. Superman was developed in a time when the US needed to believe in the uncompromising goodness and invincible strength that Superman represented as a reflection of their own morality and strength (Johnson, 2012). Spiderman emerged during the time of the Vietnam War. His questioning of the responsibilities and morality around his powers represented the way American society was questioning the responsibility and morality around the power they had as a country (Johnson, 2012). I believe the emergence of the more integrated and vulnerable hero represents society, and its members, becoming more comfortable with their own vulnerabilities and thus with the vulnerabilities of others.

This suggests to me that difficulty with expressing vulnerability in part emerges from its not being accepted by society. While it is slowly becoming more acceptable, it is still something South African society is struggling with. A study showed that depression is seen by many people in South Africa to be a character weakness (Hugo *et al.*, 2003). We are a country in which traumatic experiences are often dismissed as not being traumatic enough and people are expected to move easily past traumatic experiences (Kaminer & Eagle, 2012). Therefore, exploring these vulnerabilities might prove to be important on a societal level as well as on an individual level. Exploring characters with vulnerabilities and becoming more accepting of these might prove to be a small step towards a society which is more accepting of expressions of vulnerabilities and thus better able to process difficult feelings and events.

Exploring the more integrated hero archetypes has also been shown to be important in the literature as a way of children expressing their feelings of vulnerability and accepting and reintegrating these parts of themselves. Landy mentioned that this is of particular importance for psychological health (Landy, 2009). He described exploring the role of the victim as well as the role of the hero with children who experienced trauma and how exploring these different aspects of themselves and of the world was essential in overcoming these events (Landy, 2010).

Exploring roles of vulnerability has also been shown to be important with regard to trauma intervention. Haen and Landy have both written about using these kinds of roles with children who have experienced trauma and how they can be helpful to them (Haen & Brannon, 2002; Landy, 2009). Exploring these kinds of roles is helpful in allowing children to express their feelings of being helpless and vulnerable through the role they are portraying. It is also important in that it helps the children to accept and integrate these aspects of themselves and in seeing strength and vulnerability as parts of a whole rather than as diametrically opposed. This allows them to find healthy expressions for their vulnerability in their everyday lives, which is helpful in emotional regulation, developing coping skills and relationship building. It may also provide a way for children to have their needs met and to re-establish a sense of secure attachment (Haen & Brannon, 2002; Landy, 2009). When secure attachment is disrupted, it can result in a number of problems, such as difficulty in trusting people, chronic hypervigilance, and a lack of coping strategies to deal with conflict (Winnicott, 1990). Johnson also noted that disruption of secure attachment due to trauma may lead to identification with the abuser. This may lead to their developing a dependent relationship on their abuser or getting into relationships with similar patterns of abuse later in life. Conversely it might lead to their becoming abusers themselves later in life (Johnson, 1987). These kinds of roles, and having one's needs met in these ways, seems to be important in establishing a safe relationship, which Porges sees as essential in accurately perceiving the threat level of others and being able to regulate from others (Porges, 2017). In my experience and observations, it may be difficult for children to take on these kinds of roles, but I believe it is important for therapists to help children explore these aspects of themselves.

Embodied play

It has been shown that it is often difficult for children to express traumatic events verbally. They may become overwhelmed or anxious by expressing these events verbally and may become retraumatised by the attempt (Haen, 2005; Johnson, 1987). Verbalising traumatic events may

also be difficult for children as they lack the developmental capacity to do so (Lev-Wiesel, 2008). While models such as TFCBT have shown a great deal of effectiveness in working with childhood trauma, research suggests that other models that make use of alternate means of expression are also needed (Lev-Wiesel, 2008). For this reason, arts therapies have been shown to be highly effective in working with childhood trauma (Lev-Wiesel, 2008).

It is currently being speculated that purely verbal means of expression may not be the most effective method of trauma intervention, particularly in the case of children (Malchiodi, 2014). This is due to the impact that trauma has on the brain, particularly the parts responsible for language and executive functioning. In addition to this, trauma may lead to hyper-arousal and difficulty in focus, making activities that require stillness or intense focus very difficult and anxiety provoking. Thus, it is helpful to find trauma interventions that include the body (van der Kolk, 2006).

Superhero role play can often be very physical as embodying the hero will often involve a great deal of running around, fighting monsters etc. This allows children to express many of their feelings and experiences in ways that are physical as well as symbolic and are therefore less likely to result in anxiety. They are able to complete the fight or flight response symbolically by fighting and defeating monsters in roleplay. This may lead to some alleviation of symptoms associated with trauma as psychological trauma may be further aggravated as a result of the trauma response of freezing (van der Kolk, 2006; Porges, 2017).

It may also be valuable in helping children self-regulate. This kind of play may activate parts of the brain associated with arousal such as the hypothalamus. However, as this is done in a safe environment and within a fictional context, it becomes easier for children to down-regulate when they are aroused in this manner. This may make it easier for children to down-regulate when they are aroused in other areas of their lives (van der Kolk, 2006). Porges (2017) believes that the ventral vagal complex, which is responsible for the fight or flight response is also responsible for regulation. This suggested that if the fight or flight response is activated in

this kind of safe and playful environment and the child is easily able to regulate afterwards, it may make it easier for the child to regulate when triggered in other areas of their lives (Porges, 2017). This kind of play also provides children who are struggling with focus and hyperarousal, a frame in which they are able to express themselves physically in the ways in which they want to (van der Kolk, 2006).

In my experience, this kind of roleplay is helpful in allowing children to express themselves physically in a safe and contained manner and for the person working with the children to find an activity that is enjoyable and makes use of their impulses in a positive manner, rather than its being seen as bad behaviour, as it often is. For children who experience hypo-arousal or are very shut down, it might also be helpful as they become engaged by this kind of play and start becoming more active (Van der Kolk, 2006). This is important in the case of severe trauma or PTSD. Porges (2017) believes that the response to severe threat or perceived threat is immobilisation, which is controlled by the more primitive dorsal vagal complex. Becoming active may help the child come out of this mode and enter modes controlled by the ventral vagal complex, which is essential for regulation, social connection and regulating through others (Porges, 2017). I have observed children who were initially very shut down become interested and engaged when this kind of play was introduced and slowly start to become more active in sessions.

South African context

There has been very little research done in South Africa on childhood trauma and effective interventions for this within the Drama Therapy field. Therefore, much of the literature I have used has been from an American context. It is clear that we urgently need interventions for childhood trauma. Many children will experience some form of trauma and many of these children will experience this in multiple contexts. This makes the impact and the intervention for trauma more complex and has a number of implications for the child themselves and for larger society as these children have been shown to be at greater risk for not completing their

education and for becoming involved in criminal activity later in life (Kaminer & Eagle, 2012). This leads to societal problems such unemployment, homelessness and higher crime rates (Kaminer & Eagle, 2012).

My observations and the literature that I have engaged with suggest that, in the South African context, play is also something that is used by children as a means of expressing and processing difficult feelings. The phenomenon of post-traumatic play has been observed in South Africa as well (Lewis, 1999). For example, Sipho was involved in a car accident in which his brother's arm was severed and landed beside him (Lewis, 1999). In therapy sessions, he would crash two toy cars together repeatedly. He would also pull the arms off dolls with removeable limbs and throw them across the room (Lewis, 1999).

Creative arts therapies have also been shown to be an effective form of trauma intervention for children in the South African context. Sipho responded well to the use of play therapy and expressing his traumatic event through projective play (Lewis, 1999). As I mentioned in my section on trauma, a study by Pretorius and Pfeifer (2010)conducted with young girls who had experienced sexual abuse, showed that sessions of art therapy significantly reduced symptoms related to the abuse (Pretorius & Pfeifer, 2010). This suggests that there is potential for children to respond well to arts therapies in the South African context.

Based on the literature I have engaged with, I believe the role of the hero to be relatable in the South African context. With the increasing diversity of the superhero cannon and the globalisation of media consumption, more children will be able to relate to superheroes. I have observed children from South Africa and from vastly different cultural and socio-economic backgrounds within South Africa, relate to and become very engaged by superhero roleplay. This was very helpful to them in a number of ways that I have outlined in previous sections. I would also argue that the role of the hero does not have to refer to the comic book superhero.

The hero archetype is one that can be found in mythologies throughout the world, including South Africa. The myth of Thakane that I mentioned earlier is one example of this. This story and others seem to follow the structure of the hero's journey as laid out by Campbell. Campbell identified the hero archetype in myths and narratives throughout the world and believes the hero's journey to be a universal 'monomyth'. This suggests that this model is not limited to one context and may be useful in the South African context as well. Tucker's research also found hero stories to be relatable and therapeutically useful to South African children, particularly with regards to moral development (Tucker, 2006). Children might not identify with the classic superhero, but they might still identify with the hero archetype in the form of a sports star, a fireman, an important community member, a spiritual leader, a character from a traditional story they grew up with, etc. All of these narratives can elicit similar themes, such as overcoming obstacles and difficult events, strength and morality, which are relevant to children who have experienced trauma. The use of the hero role is not limited to one kind of hero or hero mythology but rather allows for children to find heroic figures they identify with and are helpful to them.

I would also argue that the themes I have mentioned, which have emerged through the literature I have engaged with, are very relevant in the South African context. The theme of morality can be seen to be very significant. The research suggests that moral development is impacted by trauma. This has a number of far-reaching consequences. For example, it has been suggested that this impact on moral development increases the chances of the child becoming involved in violent crime later in life (Terr, 1990; Haen and Brannon, 2002). South Africa has one of the highest rates of violent crime in the world, in part due to levels of childhood trauma experienced. This creates a cyclical problem, since the high rates of violent crime then lead to further childhood trauma (Lockhat & Niekerk, 2000). Children may also become involved in criminal activity due to the disruption of secure attachment. A possible consequence of this is a lack of empathy as well as identification with the abuser (Johnson, 1987). In addition to this, the child may be left with the feeling that they are monstrous or unlovable as a result of trauma and becoming involved in criminal activity may be an expression of this (Johnson, 1987). My

belief is that role exploring the hero and villain/monster role and collapsing this dichotomy might be helpful in addressing this to some extent. It will help children to integrate these parts of themselves. Children are able to address their feelings of being monstrous or villainous and find acceptance for these aspects of themselves. For children who have become stuck in the monster/villain role this allows them to find alternative ways of being (Haen & Brannon, 2002; Landy, 2010).

The theme of absent parents is also very important in South Africa, as I mentioned. Many children will experience parental death through things such as HIV/aids or violence. Many children may also be removed from or leave their biological homes due to problems such as severe neglect, abuse, domestic violence or substance abuse. It is also common for parents to be absent for economic reasons, such as migrant labour (Ward & Seager, 2010). Parental loss and absence is a prominent theme in superhero stories and is often a big part of their journey towards becoming the hero. Thus, taking on this role may help children express and process their complex feelings around their own experiences of parental loss or absence (Fradkin, et al., 2017).

Themes of strength and weakness are also very relevant in South Africa. Embodying strength may be particularly important in a context where children often experience ongoing adversity in multiple areas of their lives. This may leave them feeling particularly weak and helpless as they have very few spaces where they feel safe and are able to find their voice and their strength. This may make them more vulnerable to further abuse in the future (Kaminer & Eagle, 2012). My belief is that embodying these roles will help children to explore strength in the therapy space and thus begin to find their strength in other areas of their lives. I believe this may be helpful in allowing them to overcome past trauma and build resilience to cope with current and future adversity.

Children seem to be more drawn to exploring roles of strength and struggle with roles of vulnerability. This is important in children being able to integrate these seemingly oppositional

parts of themselves and find acceptance for all parts of themselves as part of a complex whole. As mentioned, children may dissociate from parts of themselves, such as their vulnerability, and become stuck in a particular role, such as the role of the hero and have a very rigid view of this role (Haen & Brannon, 2002; Landy, 2010). An exploration of alternative roles and complexities within these roles is essential in the client working towards a more flexible and integrated self which Landy considers to be essential to social and psychological functioning and health (Landy, 2009). My belief is that the more integrated hero type that I mentioned earlier may represent a model of this kind of integration that the therapist would be working towards with the client.

Taking on roles of vulnerability, such as the baby, has also been shown to be helpful in working through attachment issues. Attachment issues are common in South Africa (Lewis, 1999). Many children will experience some kind of parental loss, abandonment or perceive abandonment. In cases where the trauma is not related to attachment, the traumatic event can disrupt secure attachment (Winnicott, 1990). This may be particularly problematic in South Africa where so many care-givers are dealing with their own trauma. This is aggravated by the fact that many people are unable to access the mental health care they need and there is still a great deal of stigma around mental health conditions (Hugo et al., 2003). Haen found by taking the role of the baby in the therapy session the child was able to get their needs met by the group or by the therapist. This allowed them to work through issues with regards to secure attachment (Haen & Brannon, 2002). They are able to form secure attachments in the therapy space and thus work towards forming secure attachments in their real lives (Haen & Brannon, 2002).

Gaps in research

One area I could see for further study is more study on childhood trauma in the South African context within Drama Therapy. As I mentioned, there is not a great deal of literature around childhood trauma and possible interventions within the field of Drama Therapy. There is a general lack of literature on Drama Therapy generally in South Africa. Therefore, there is a great deal of scope for further research in this area.

Another gap I have identified is how this kind of model might be useful to the therapists themselves. There are high rates of burn-out in mental health professions, particularly in South Africa. This is in part due to hearing and holding difficult stories. This may result in what is known as vicarious trauma or secondary PTSD. My feeling is that, as much as it can be a pleasurable experience for the child to play and express themselves, it may also be pleasurable for the therapist to interact with a child in this way. While difficult material will still be elicited and burn-out may still happen, the safeguards this method may offer to the child, such as working indirectly through symbolism and metaphor and in a medium that is at least somewhat pleasurable, might offer a measure of protection to the therapist as well. As yet, I have not been able to find any literature around this potential impact on the therapist.

I also believe that a longitudinal study could be extremely useful in examining this model and its potential, not only in helping children overcoming past trauma, but for building resilience in order to better cope with current and future trauma and potential trauma. Many children in South Africa grow up in very adverse conditions and experience ongoing adversity in a number of areas in their lives. Many of them are also not able to have ongoing mental health care due to a lack of resources. For this reason, I believe that it is important, not only to help children to process and overcome past adverse or traumatic experiences, but also to find ways to help them build the resilience to cope with current and future adversity. My assumption is that this model could be helpful in building long-term resilience. I believe the positive effects

these roles could provide, such as finding strength and morality, could productively be drawn on in future situations, as well as in examining past experiences. However, to the present date, I have not been able to find literature on this.

Limitations

The first limitation of my study comes from my methodology. I have chosen to do a scoping literature review as my research methodology. As such, this study does not make use of any primary data. This means my conclusions are based purely on my interpretations of studies conducted by other people in the field. The literature I have used as my data is not speaking to the exact model I am proposing and, therefore, my argument for the potential efficacy of this model is based on theoretical data gathered from similar models or relevant psychological and Drama Therapeutic theory. Much of the data in the form of literature that I have gathered was also conducted in a different context. As I mentioned, there has not been much of this kind of research done in a South African context. This means there is not a great deal of data around the efficacy of this kind of work in the South African context and further primary study would be required to really gauge the efficacy of my proposed model.

Conclusion

Based on the literature that I have examined, I believe that there is a great need for this kind of intervention in South Africa. As I have discussed, childhood trauma is extremely prevalent in South Africa. Many children experience highly adverse conditions and will experience traumatic or potentially traumatic events, such as parental loss or abandonment, violence and sexual abuse. This is further complicated by the fact that many children will experience ongoing adversity in multiple contexts. This has serious, lifelong consequences for the child and can impact on society for generations.

In addition, there is a severe lack of access to mental health resources in South Africa, especially for children. The mental health system is overburdened, and many mental health professionals are burned out. This leaves many children without the help and support that they desperately need.

The literature I have examined seems to back up my assumptions on the potential usefulness of role-play using the role of the hero as a trauma intervention for children. The developmental and therapeutic importance of play has been well established in the literature. Play provides an alternate means of expression, which is important since verbally expressing trauma may be difficult due to the distress this may cause as well as the impact that trauma has on the brain. Role-play may also be useful in exploring and integrating different aspects of oneself that may have become split or disassociated due to trauma and finding roles which will allow one to better cope in different situations as well to explore and process the many complex emotions related to trauma.

The role of the hero, specifically, seems to be useful for trauma intervention in children. The narrative of the hero's journey, as laid out by Campbell (1968), appears to provide a useful structure for moving through trauma. Many of the themes in the hero's journey are relatable to the process of overcoming trauma and to the therapy process itself. My assumption that it is

useful in building strength and resilience appears to be backed up by the literature that I have examined. Both Haen and Brannon (2002) and Landy (2010) have described how embodying a heroic role can be helpful in allowing children to rediscover a sense of strength and autonomy that they may have lost due to trauma. They also described the importance of exploring roles of vulnerability while exploring roles of strength. I believe the more integrated and vulnerable hero archetype which has been developing, over the almost invincible hero, is a useful way to examine and integrate one's strength and vulnerability. It does appear to be helpful in building resilience as well, although I believe there needs to be more study into long term resilience building and how this might help children to cope with future adversity.

My assumption that the role of the hero is useful in moral development as well as exploring complex moral issues, also appears to be backed up by the literature. Haen described how children who embody heroic characters will often go on to carry out "heroic acts" in their real lives. Tucker also found this in her research in the South African context. Haen and Brannon (2002) and Landy (2010) also described how exploring the role of villain/monster as well as the role of the hero, is important in exploring the complexity of morality. This is important in the child coming to accept all parts of themselves, particularly if they have been left feeling bad or monstrous, or if they have disassociated from the darker aspects of themselves and become overly compliant.

Exploring complex morality is also important in being able to accept ambivalence and complexity in others as well as in themselves. This is essential in the development and building of relationships. Many children will, in addition, need to come to terms with a world in which people might do terrible things but still be people they care about. They will need to re-establish a sense of relative safety and understanding in the world. The literature also seems to suggest that the role of the hero is a good way to explore the theme of absent parents, which is a common experience among children who have had traumatic or adverse experiences. This is particularly true in South Africa. Based on the literature I have examined I believe role play using the role of the hero to be relatable and useful in the South African context. However, I

believe there is need for more research into this as there is, of yet, not a great deal of literature on Drama Therapy in South Africa, particularly with children.

My suggestion is for role-play using the role of the hero to be implemented as a model of trauma intervention with children. I believe it may be useful in multiple contexts such as schools, children's shelters, psychiatric facilities, etc. I believe it should be kept quite open as to the narratives and characters the children engage with, so as to allow them a sense of agency and to find narratives and characters whom they feel best speak to them and their journey. The hero's journey may provide an effective structure and container for these interventions. I would like to take this research further in the future developing and piloting a model of trauma intervention in South Africa using role play with the role of the hero.

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