A Psychodramatic Approach to Relational Situation Therapy with Children: Parents-Child Relationships and a Child Group Involving Very Young Children

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タイトル | 心理学的接近方法による親子関係の治療

出版物名 | 高試女子短期大学 homo経済学部紀要

巻 | 56

ページ | 75-91

時期 | 2010-01
A Psychodramatic Approach to Relational Situation Therapy with Children: Parents-Child Relationships and a Child Group Involving Very Young Children

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I. Purpose

Some children who have developmental difficulty in communicating with other people in nursery schools and kindergartens are neither noticed by their parents, nor receive appropriate therapy even though their parents sense something problematic. Those problems young children have in the process of development are hard to diagnose. The problems are generally called ‘difficulties in relationships’ (Sameroff & Emde, 1989) in recent studies of infant psychiatry and those who present them are called ‘children who need special care’ in the nursery schools and kindergartens. Based on previous studies of autism, Yabuki (2003) elucidated entangled interrelations of the self, the person and the object referring to a various aspects of development both of verbal and performance and argued the importance for the children to relate to other people in the early stages of development. In the study which examined how small infants perceived and developed relationships with people and objects until eleven weeks after birth, it was suggested that they were very sensitive to relationships with people. Such sensitivity caused anxiety towards changes and new things and led them to depend on the objects they were fond of for security. A sense of security and trust in people, which would dispel such anxiety, was nurtured through warm and joyful interactions with other people (Yabuki,

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Shibata, 2005). To understand the qualitative developmental changes from the neonatal imitation to the pretend play, to the symbolic play later on, and finally to the psychodrama-based play, the theoretical relations of these stages were examined by reviewing the literature. As a result of the research, ‘interpersonal sympathy’ came to the face as an important factor (Yabuki, 2005). Later studies and researches made it possible to understand more deeply the way in which those children, who have developmental difficulty in communicating with other people, behave uniquely (Yabuki & Shibata, 2008).

Moreno created psychodrama as group psychotherapy on the basis of his experiences of symbolic play in childhood (Moreno, 1946). Simultaneous research in and practice of psychodrama based on the theory of relationships started to be applied to the work with children around 1960. The activity has been developed widely and produced excellent studies ever since (Japan Association of the Science of Relationships, 1994, 1973–now).

Based on the experience of creating ‘The Assessment Method of Co-cross Being Relationship Development For Children In Early Years’ (Child clinical research institute, 1998), the authors and colleges of this paper have conducted practical researches on psychodrama-based play as part of consulting rounds to nursery schools and kindergartens, through which they could assess the development of children and also let them have ample opportunities to develop relationships with others and raise their self-esteem at the same time. The authors also have counseled and supported children and their parents through relational situation therapy with a psychodramatic approach in joint interviews with each young child and his/her parent(s), as well as in interviews with multiple pupils and their families during Developmental Counseling and at the Support Center at Kyoritsu Women’s University. That is to say, they have applied psychodrama not only to help the children develop but also to help establish stronger parents-child relationships.

As to empathy between adults and children, or simply, sympathy (intersubjectivity), Trevarthen (2001a, 2001b) suggested in his precise observational study it would be roused by ‘companionship’ between each other. Nakano et al. (2007a, 2007b) proposed in their experimental study ‘joyful playfulness’ evoked such empathy. As long as it is filled with ‘respect, equality, openness to the unknown, flexibility and delight’ (Hoey, 1997), psychodrama works as an ignition for interaction. Psychodrama with children is a treasure house full of relational experience. ‘The child strongly resists abdicating dominion over his/her private inner space. The therapist takes responsibility for making therapeutic interventions constantly attending to this need of the child.’ [sic] As the relationships between the child and the therapist see a ‘constantly shifting balance of power’ (Hoey, 1997), the authors’ clinical practice put emphasis on the interpersonal relationship following ‘the triadic interview method’ (Matsumura, 1964), ‘the theory of team’ (Matsumura, 1968, 1976) and ‘the theory of relationships’ (Matsumura, 1972).

Based on three studies to which the techniques of the psychodrama were applied, this paper analyses the interpersonal problems in the communication skills of these children,
and shows how much the psychodramatic approach is effective in the support of their growth.

II. Structure of Developmental Clinical Therapy and Characteristics of the Psychodramatic Approach

The psychodramatic approach in nursery schools and the Developmental Counseling Support Center at the university is threefold:

1. Psychodrama-based Play and Play Therapy with a Psychodramatic Approach

The psychodrama with children shares common features with play therapy. Yet the two are quite different from each other. For instance, and most characteristically, in play therapy, the children (the self) easily generate new phases of play thanks to the object (e.g. toys); whereas in psychodrama, there are no real objects to inspire them. All objects they use are limited to the products of their own imagination. Participants should mainly use their imagination and share an imaginary situation during the psychodrama. Therefore, the children in the psychodrama-based play inevitably focus their attention on their interpersonal relations.

When psychodrama is applied to a group composed of children only, it can be considered as pretend play, also as group psychotherapy (fig.1). This is because they share an image among themselves, produce imaginary things and pretend to be somebody else (i.e. taking a role). In a psychodrama-based play with young children, there are usually 6-8 participants and two leaders (L1, L2) who all take various roles in imaginary scenes and weave in and out of reality and fantasy, which forms the stuff of the play. The two leaders act as director and auxiliary egos in turn, and activate children’s spontaneity and creativity in the play.

2. Psychodramatic Approach in Relational Situation Therapy for Parents-Child Relationships

When the child, his/her parents and therapists engage in a psychodrama-based play, it can be considered as a parents-child relational situation therapy (fig. 2). If the child and therapists play together using objects (e.g. toys), the session looks like a kind of play therapy. However, it is more appropriate to consider it as a relational situation therapy session in which the child (the self), the therapist (the person) and the toy (the object) take part (fig. 3) (Matsumura, 1977).
1977, Relational Situation Therapy Institute, Tsuchiya, 2000). It is crucial for the therapists to fully understand the characteristics of the objects and to limit the number of objects to a minimum especially when their aim is to let the children experience interactions with other people through psychodrama (Matsumura and Mikami, 1985, 1987). It is, firstly, to set the children free from being affected too much by the characteristics of each object, secondly, to keep a good balance between the object and the self; and thirdly, to prevent them from playing with the object only. For example, blocks that are used in the constructing play inspire their imagination and are likened to a variety of things; dolls are easily given various roles; and stuffed animals often invite the children to express their emotions by nestling their cheeks against the soft and fluffy surfaces. Although the children are sensitive and edgy towards other people, they can approach objects like a doll which a therapist holds, observe its performance, and try to reach it. In other words, the children understand the features and quality of the object and intend to communicate with others using the object as a medium. Finally, the therapists should also take the development of parents-child relationships into consideration.

3. Joint Relational Situation Therapy by Psychodramatic Approach for Multiple Families

This approach involves more than one parent-child and therapists who can take the role of the auxiliary ego of each child. This will help the children expand their human relations from the parents-child ties to those between peers. The therapists elaborately support the children to perceive how relationships of the self, the person and the object are intertwined in the process so that they can have rich experiences in human
relations. This approach is similar to the parents-child relational situation therapy explained above. The structure of the group situation and the play itself become more complicated. By putting the children in such a complex structure, the therapists aim to make them build new styles of relationship.

III. Reports from Three Studies

Study I
Psychodramatic Approach in Parents-Child Relational Situation Therapy

1. Method
In parents-child relational situation therapy, more than one therapist (Th1, Th2) make a team and function cooperatively. The therapy has mainly four steps: (i) the parents-child and the therapist team meet in the beginning; (ii) parents have an interview with Th1 while the first psychodrama-based play takes place with the child and Th2; (iii) the parents-child unit get together again in the second psychodrama-based play with the therapists team; (iv) after a brief talk within the therapists team, parents hold a consultation with Th1 for the next step in the near future. This study is based on previous one-hour sessions of psychodramatic approach with many children and young children aged from two to seven who have developmental difficulty in communication with other people.

2. Results and Discussion
1) Development of Interpersonal Relations Is Proceeded in the Psychodrama
The following stages are essential to develop interpersonal relations not only for children who have developmental difficulty in communicating with other people but also for all children.

Stage 1: Children encounter objects and are attracted by colors, numbers, signs and more visual factors. They start playing with them, arranging toys in rows, for example. The objects stimulate their imagination. The children come up with ideas freely and enjoy such a state. Such ideas and joyful feelings are expressed in their voices, speech and gestures, recognized by the therapists and adopted in scene-settings. The self-esteem of the children, thus, grows as they realize that what they feel and say is accepted and that their joy is shared by other people. Here, in a sympathetic relationship with others who imagine and understand their interests the children acquire the spontaneity to approach others and the capability to engage in social interaction.

Stage 2: The ‘teasing’ game is the start of social interactive play and challenges the bonds they have built up with other people. A child tries to approach the person to whom s/he is attached in order to make sure of the relationship with the person. (i) A child had a girl doll and set it on the edge of a veranda. S/he assumed it was about
to fall and shouted excitedly “Look out! Look out!” Unluckily, however, the girl doll did fall in the end. (ii) When a child saw a puppet of Baikinnman pretending to eat money, he said “Baikinnman has eaten money. Oh! But could he eat money?” (iii) A therapist held a grandma doll. It was waiting for the train a child had and controlled. The train passed by the grandma doll even though she was waiting for the train. When the doll began to walk on the rail track, the train followed the doll. A chasing game had begun. (iv) A therapist pretends to eat a puppet of Anpanman and hides it. The child said “Mrs. Shibata has eaten Anpanman. Anpanman is gone!” After the role reversal and it became his/her turn to take the role to use the puppet (the object), s/he imitated the therapist. In such cases above, children gradually learn how to use objects as aids of relationship building and take initiatives to play roles they like in “teasing” games.

Stage 3: The pretend play starts. A child can be an actor and spontaneously take a role and perform using gestures or physical action. For instance, a child stirred a frying pan pretending there was something in it. On another occasion, a child took a role on its own will and behaved as if it were bringing a cup of water answering such a call as “Water, please!” sensing interpersonal relations ‘here and now’. A child, in another case, took the role of a train door. Understanding the situation that the train had just arrived, s/he physically expressed the door opening for passengers. Those changes described above are more likely to occur when the attachment with people is based on playful interaction such as tickling and chasing.

Stage 4: Children get interested in the actions of other people. They start imitating what others do and pretending how others behave more frequently, which expands the range of their play. The objects become materials to realize the situations they imagine. ‘Here and now’, the doll the therapist held jumps over a hurdle and falls into the hands of the child who steps in the therapists’ shoes, and performs with the doll in imitation of the therapists. The child understands and takes a social role in accordance with the relational social context ‘here and now’. Some children meet their parents as an operator of a train; some transport them by train; some serve them lunch; and some cook meals even, responding to their parents’ calls.

Stage 5: Children come to interpret the intentions of others, to exchange ideas, to share imaginations and to engage in new plays one after another with other people. For example, they go through a tunnel of toy blocks and meet the partner coming from the other side. They mostly copy what the partner does when they engage in a new play for the first time. After a while they become able to respond by themselves to the approach of the partner. Consequently it becomes easier for the children to share and maintain the imagined world with other people.

As has been described above, following these steps, psychodrama is effective to induce the children to interpret the intentions of others, to share imaginations with others, to be capable of interacting with others, and finally to ease the tensions they
feel towards other people. Psychodrama naturally integrates the factors essential to the process by which the children develop relationships with others: namely, 'imitation, affect attunement, interactive play, imaginary play, pretend play and symbolic play (cooperative social pretend play)' (Yabuki, 2005). Imitation and affect attunement that are vital for the development of infants, are commonly being internalized through the techniques of mirroring, doubling and tripling. Interactive play generates pleasant and joyful relationships with the partner by introducing fresh changes in their sympathetic human relations in the 'here and now'. Such changes brought in the relations by each interaction are highly regarded in psychodrama. Imaginary play helps the children better develop their imagination in the 'here and now', as they play fully and satisfactorily with mental pictures they had in past object relations, but now in collaboration with other people. Imaginary play then advances to social pretend play when the children unite the two roles of the self and the person into their imaginary social roles. By the time they reach this stage, psychodrama is a part of their daily lives. In addition to social pretend play, they start to envision new scenes and situations one after another by exploiting the features of the objects even without physical representation in the immediate environment. New scenes and roles evolve as they interpret the intentions of the counterpart, and as they are prompted to produce new ideas by understanding the story accompanying them. Through the stages of the psychodrama, children become less uncomfortable with others since they can now forecast what may happen next being used to interpret what other people are thinking and how they might behave in the near future.

2) Teamwork of Therapists

The concept of teamwork of therapists is based on the theory of 'triadic relationships' (Matsumura, 1960, 1964). According to this theory, the inter-relations that arise in triadic relationships, encourage relationships to grow. Let us first see a dyadic relationship of a child and a therapist. The child and the therapist inescapably meet face to face and confront each other. Some children find it rather daunting particularly when they feel vulnerable in their human relationships. It can also be a pressure for the therapist since it is not always easy to communicate with children. Too much time for dyadic relationships may cause stress and fatigue on both sides. On the other hand, in a triadic relationship of two therapists (Th1, Th2), and a child, the child does not have to confront the therapist (Th1) alone. There is always another person (Th2) by his/her side, which thus alleviates the tension felt by all three of them. At the beginning, the therapists find that the children, who have developmental difficulty in communicating with others, avoid approaches from other people as they can comprehend neither the feelings and nor the intentions of others. They are prone to give the impression that they live in their own self-centered world without communicating with others by ignoring, sometimes even by refusing any approach-
es. The therapists spend as much time with them as possible to create a world full of sympathy and affection. They sense the feelings and read the intentions of the children and attempt to inspire them to share as many such moments as they can. Using techniques from the theory of roles in psychodrama, the therapists strive for stronger relationships with them by acting as the children’s auxiliary egos. A child and such a therapist experience a new encounter together, thanks to another therapist acting as a third person. The child learns how to surmount such a new situation to meet somewhat completely different from him/her together with another person who is always there for her/him only. Hence the teamwork effectively fosters opportunities for the children to face unfamiliar situations with the assistance of someone who is internally connected to them.

For instance, if a child rushes to the object which caught his/her attention, a therapist can always improvise a scene by simply saying “There is a river! Come over the bridge!” and then “The bridge is rickety! Be careful when you cross.” Such scene-settings invite him/her to adjust his/her self in accordance to the situation going on around him/her. The two therapists switch roles between that of setting scenes and of being the character depending on the story and situation in the ‘here and now’. This teamwork guides the child to an experience of dynamic relationships more smoothly and pleasantly.

3) Development of parents-child Relationships

Parents make a wonderful discovery during the therapy: the delighted smiles of their child, which they have never seen before. The children express diverse emotions on their faces and with vivid gestures during relational situation therapy using psychodrama-based play. Being casually invited to the psychodrama by the therapists during the joint activity, parents realize the greatness and the potential change of their children while they play merrily with them like friends. The psychodramatic approach develops intersubjectivity in the parents-child relationships, as ‘companionship’ (Trevarthen, 2001) is aroused by ‘bubbly playful spirits’ (Nakano et al., 2007). Parents seem to learn practical ways how to deal with their concern during therapy sessions by observing the way therapists treat the children.

Study II

Psychodrama-based Joint Relational Situation Therapy for Multiple Families by Psychodramatic Approach

1. Method

A joint therapy hour using psychodrama-based play was held with two families whose boys (A, B, both in the first grade) have relational difficulties. A therapist (Th1) acts as the auxiliary ego of a child (A), and the other therapist (Th2) acts as that of the other child (B). The therapists work cooperatively as a team. Th1, the auxiliary ego of A, can
grasp the whole picture as A has been interested in friends; whereas Th2 has to concentrate upon B as he tends to be drawn to objects more than to people. Appreciating B’s attention to the objects, Th2 still keeps approaching him as the person offering social interactions. At first parents observed how the therapists interacted with the children. Later, they were casted in roles and invited to join in the play. In due course, they gradually became able to decide on their roles. After the joint activity, Th1 had a consultation with the mothers for about fifteen minutes. The consultation involved such topics as what they had noticed during the activity, what problems they had sensed, things on which they wanted to have opinions, and possible future treatment. The results of this practice will be analyzed in the following.

2. Results and Discussion

1) Relationships with People through the Use of Objects

When meeting strangers for the first time, children tend to be nervous and try to avoid them. However, when therapists encourage them to use a doll (the object) as a medium, they are likely to break through the ice. In this case, A successfully approached B by rolling the doll and let it find B. B, in the meantime, held another doll and told his name.

2) Expectation of Companionship through Imitation

The interest in friends shows itself in various forms: A, in this case study, made the doll emulate how B moved. He put the doll on a ball imitating B who was playing on a balance ball, for example. He observed B very carefully and substituted toys to replicate the world of B.

3) Scene-Setting for Connecting the Activities of the Children – Drawing Awareness

The therapists who supported each child related one’s activity to the other and sought common ground. Eventually they managed to link the two children by treating them as architect. B had got interested in dollhouses and the arrangement of furniture inside. A was building a house with his father using toy blocks. Thus the therapists set up a scene saying “A and B, prominent architect working on the same building together!” Although B had been focused on the objects, a sense of collaboration grew in his mind, as well as in A’s mind, too. The house A was making near B played a key role to connect them. The assignment of a common role and the scene-setting were tactfully done and effective in this case. The children were inspired each other, simply by being together and by recognizing the common ground.

4) From Satisfaction in Relationships with Objects to Pretend Play

With the assistance of therapists as auxiliary ego, the children, who had been uneasy with relationships with people in general and had kept away from their peers, enjoyed playing visually by combining, arranging and stacking objects (i.e. toys). After they got satisfied with doing so, they began to respond to others approaching and showed acceptance of the pretend play in which they acted by
making good use of their past experiences. Furthermore, they added their own ideas to the settings and acted yet in new original ways. This means that they were inspired by the model of auxiliary ego humorously presented by the therapists and therefore could naturally enter the pretend play, and even could make their own versions. To cite concrete examples, when Th2 cried "Bring me some medicine please, somebody is hurt!", B first looked for the medicine in a cupboard and said "No! I can't see any in here!" He moved to the next one to find one and finally handed it to Th2. What he did here was to recall what Th2 had done before and followed suit. On another occasion, when Th2 had a grandpa doll saying "I'm tired, so tired. Pull me by the hand, little man." while walking up B's favorite long flights of stairs, B also held a boy doll and made it to pull the grandpa doll by the hand responding to the situation which suddenly offered itself to him. He could read the context and take the social role he was expected to take.

5) Scene-setting for Interaction and Integration by the Team of Therapists

Therapists set new scenes so that the children could interact socially using what they learned from activities mainly with objects for instance. A drew a pizza on a whiteboard. Th1 acted as if they were in a pizzeria and announced "One pizza!" Th2, in response to this, asked the pizza be delivered to B's house, thereby facilitating the interaction. In a different context, the children were encouraged to play catch. There was a slit like a window between constructed big blocks. They stood on each side and threw soft balls through the slit. They kept playing catch, picking up the balls that came through the slit and throwing them back to the other side over and over again. It became evident the children were playing the same game while taking different roles on either side of the wall. Their auxiliary ego helped them pass the balls in good timing so the children could throw them at the right time and the game could continue; or they would hint at where the balls were going so that the children could carry on the game easily. Such support by the therapists got the children going and made the game more fun.

6) Differences of Intentions Occurring Unexpectedly and the Therapists' Teamwork

Even though the children could develop each activity into social interactions or integration with the hearty supports of the therapists, they still got very confused when they unexpectedly faced different intentions becoming sensitive and vulnerable in their interpersonal relations. For instance, child B in the scene noted above got so absorbed in cutting a pizza that child A had drawn on a whiteboard that he did not realize he was actually erasing the picture with the toy knife he was holding. A, realizing his precious pizza was going to be erased by another person, suddenly started erasing it himself, competing with B. Considering they had avoided each other as well as others at first, the competition between the two is certainly an achievement. In another example, A again experienced a difference of intentions in the context of social integration. When the children were playing catch through the
tiny window, a ball hit the wall of blocks and a few fell off. Fascinated, A threw balls to move the blocks fall off little by little and enjoyed watching them tumbling down one after another. Suddenly B stepped in and pushed over the piled blocks in one stroke, all excited at knocking them down at once. At that moment, A saw the difference of intentions. B did not notice A’s intention. A walked away from B and from the play, too. About ten minutes later, he threw a toy block at B. It was all he could do at that time to express how he felt. He was frustrated with B and the relationships he could not always dominate. He, then, felt the conflict between such frustration and the necessity for self control. Throwing the toy block at B was the expression of this conflict. He threw it at B and cried a while later when everyone forgot what happened. It is tough for a child but the presence of a therapist as his auxiliary ego sustains him. As Th1 imagined A’s intention and feelings and said “That was annoying, you must feel awful!” A felt supported and became able to cope with such sudden and accidental incidents. Th2, on the other hand, had to lead B to become aware of A’s intention and feeling. Thus Th2 said “Your friend might have wanted to break the wall a little bit at a time” while saying “Wow, you knocked them all down, well done!” showing him sympathy. Whenever a difference of intentions occurs, it is essential that the two therapists (Th1, Th2) co-operate as a team to keep supporting each child as his/her auxiliary ego.

7) Development of Parents-Child Relationships

As in the relational situation therapy for individual parents-child, parents joyfully play with the children in a large group together with other families as if they were peer children. They realized changes in the children and were struck by their wonderful sides. Parents also realized the importance of playing merrily with their children and gradually learned how to do so smoothly. They became more supportive by imagining and understanding the intentions and feelings of their children. The whole activity got more joyful thanks to the great collaboration between parents, children and therapists. Furthermore, it is expected that parents-child relationships will improve through play as the parents learn how to deal with their children. Also, the mere fact of having fun together can relieve their concern. In multiple family activities, all parents seemed to learn mutually how to interact with children through acting the scenes of the psychodrama.

Study III

Mutual Effect through Change of Group and Individual in a Child Group by Psychodrama-based Play

1. Method

Psychodrama as group psychotherapy is also useful children groups in child-care centers. Let us see a class of thirty-one children aged four. All of them were assertive, aggressive and even offensive at some point in order to be individually recognized and
accepted. Teachers were concerned that the children repeatedly denied and blamed each other. Negative social interaction had been a problem, dealt with a carefully planned psychodrama. It was required that every child should be a protagonist, every adult should accept each child’s appeal, and most importantly, every child should feel satisfied. It was crucial for all of them to sympathize with each other and to feel sense of unity. The children were divided into four groups, each group consisting of seven to eight children and two leaders. A total of four sessions of psychodrama were held. Each session was proceeded by a team of triadic leaders based on the theory of relationships (Matsumura, 1976). One leader (L1) mainly took an orientating and relating function and L2 mostly carried completing and relating functions.

2. Results and Discussion

At first too many strong personalities had spoiled each group. Some children got tense and tried to exclude their partners when leaders approached and stood by. Some could not share in the images and tried to participate in the psychodrama by clinging and nagging around their partners. Some hardly listened to others and constantly appealed themselves. Facing these children, the leaders set scenes and created stories using ideas provided by the children themselves. Flying on a magical bag, diving into the sea and putting treasures into a bag, they sought a secret remedy for a child who had been changed into an alien. At the same time, the leaders kept a place for any child who distanced his/herself from the psychodrama by putting him/her in an ice castle. They set scenes for her/him accepting his/her imagination (speaking shark language, dancing a shark dance, catching a wild shark and so on). In the end, the children could somehow associate with the person and the group as well as enjoy a certain satisfied peace of mind regardless of however selfishly they had behaved. This is apparent in the phrase “It was a fun! I’m happy” the children said after the psychodrama.

The children seemed to most enjoy it and feel satisfaction when they felt accepted by the whole group even though they had loudly tried to be the center of attention to their heart full. They were surprisingly radiant with bright smiles after the psychodrama. It was in striking contrast with their attitudes before the drama when they had spoken and acted very offensively and easily blamed others for trifles. After the sessions, they were much calmer and their aggressive language and behavior much less and, almost disappeared in the end. For the children who had been sensitive and vulnerable to human relationships, this gentle and friendly atmosphere of the class was more than welcome. They could presently feel secured and expand their selves to express their true feelings. Some children were so relaxed that they suddenly started talking breathlessly about what they had to endure at home.

To sum up, psychodrama encourages children to change. As seen above, those who avoided people when they played with objects, those who left the group or were merely there physically, and those prone to just observe the activity without taking part in it,
substantially changed. Psychodrama, which accepts any behavior of children and let them feel responsible in development of relationships 'here and now', gives them the energy to develop, improve and change by boosting self-esteem. It also helps children's well-being of mind as they are respected individually and allowed to do something they feel fun. They can thoroughly exercise their capability in the psychodrama. Each action a child takes represents that child's developmental characteristics and suggests possible ways of support. The activity generates dramatic changes not only in individual children but also in the group itself assuming each member is properly respected in it.

IV. Inclusive Discussion

1. Difficulties in the Development of Relationships

When adults are not able to imagine the feelings and intentions of the child who has developmental difficulty in communication, here is what they think: the child talks self-centeredly about things which are not related to the situation and context they are in; the child talks with wild leaps in stories; the child moves restlessly, is randomly attracted to objects, is fixated to particular objects. As a result, the unsocial sides of their personalities are often highlighted as they can not communicate and interact with other people successfully. The children are actually simply vulnerable to human relations. They tend to be cautious, even anxious about making contacts with people and keep their distance from people. When they sense a new relationship is about to emerge, they quickly back off. They are also unstable: they are apt to avoid people if they find someone is around even when they are in a relaxing environment being quite free from anxiety. Therefore, they try to reach stability by engaging in visual sensorimotor play focusing on relationships with objects they established in the past rather than creating new plays in the 'here and now'. People who understand their interests and concerns can give them pleasure by giving meanings to what they do and by using those meanings in scene-setting when developing the drama. Sharing this pleasure with others, the children acquire self-confidence and let go off tension, and spontaneously come to face people. Their tension towards people means they are anxious regarding unexpected incidents and uncertain consequences. Children with such tension and anxiety need a stable world where the self is enveloped in security and their interpersonal relationships with the outer world are sympathetic.

Children who fear new things and changes are caught in a whirl of anticipation and trepidation wondering what will happen next even when they are in a stable and joyful environment. It is greatly important to shift their anxiety towards something new and unpredictable, to a sense of reassurance by giving them the happy experience of producing stories together with other people. Adults should encourage their self-motivation to approach others and should also support them so the children can enhance the power of building up emotional relationships with others.
Children with interpersonal difficulties in communication show strong anxiety for changes and prefer settling in fixed relationships with objects, repeating actions they have been comfortable with for a long time rather than responding to new dynamic relationships in the here and now. Human relationships seem to be the most difficult for these children to engage in because they constantly change moment by moment. Even if the children seem to stay calm and stable within their own closed world where their only good relations are with objects to which they became attached in the past, they are actually insecure due to a lack of interpersonal sympathy. To perceive the change in the human relations 'here and now' as the essence of relationship in a flow of warm emotion is what will enable them to accept the changes, to enjoy interaction with other people, and to make a fresh departure from the past. (Yabuki & Shibata, 2008)

2. The Effect of Psychodrama

It has been shown that psychodrama naturally includes essential factors necessary to the developmental process of relationships with people, namely 'imitation, affect attunement, interactive play, imaginary play, pretend play and symbolic play (co-operative social pretend play)'. Therefore, it helps the children improve the process they use in the development of interpersonal relations. Imitation and affect attunement correspond to the psychodrama techniques of doubling and tripling. The technique of role reversal is deeply connected to the matter of initiative in relationships arising in social interactive plays, which implies the 'balance of power change constantly' [sic] (Hoey, 1997). This is the key for establishing relationships between adults and children. For example, if the children fall over, the adults around them follow suit. Therapists who are sensitive and insightful can become their companions, together creating exciting stories and enjoying games that are delightful and free: that is what we call psychodrama. The pretend play leads them to be actor and allows them to compare objects to something completely different in scene-settings. Symbolic play has considerable similarity to psychodrama, with roles (actor, auxiliary ego, director, audience) and a stage. It is also vital to have such a relationship as to surprise the partner by purposefully misunderstanding his/her intention and introduce laughter in the atmosphere, as seen in teasing games. Psychodrama should also be tolerant enough to allow the children to do something naughty and an inhibited under the name of fantasy and imagination.

The symbolic play of children with difficulties in communicating tend to be a self-centered imaginary play, a visual imaging play, or a self-centered ordering play (asking the partner to do something or to take a role he chooses). Moreover, the children are apt to keep repeating what they have done in the past. Therefore, in the psychodramatic approach, the adults ought to become major allies and support them to take the initiative in the relationships so they can experience self-esteem with little restriction from real objects and prevent them from withdrawing in their own world. It has proved possible to promote the 'development of relationships' from 'affirmation of presence' by this
A Psychodramatic Approach to Relational Situation Therapy with Children: Parents-Child Relationships and a Child Group Involving Very Young Children

approach. Furthermore, in this way, any imaginary situation can be improvised to allow them to try different approaches to other scenes according to their own interests. It is also possible to prompt the children who often engage in agent play or manipulative play and end up watching others playing, to take acting roles or even to engage in interpersonal symbolic play.

3. Relational Situation Group Therapy with Children using Psychodramatic Approach

Willy-nilly, plural human relations bring unexpected happenings and surprises to the children involved. They try to approach people spontaneously even though they once avoided them, and may again decide to avoid later. By repeating this process, they experience such mental conflicts as bitter frustration for failing to have mutual understanding, great irritation at not being able to materialize their wish, and strong anger at being interrupted and disturbed. The very reason they can experience all those emotional conflicts is that they are in a group of peer children.

Plural children’s play can be well structured. Some find it fun to mimic partners by observing what they are doing very carefully. Some introduce and expand plays one after another. Invitations of encounter are prepared based on their sense of friendship. Developing scenes from those of interchanging to integrating, therapists aim to grasp the meaning of each of the children’s actions and use it to create effective scenes. The self, the person and the object intertwine with each other dynamically here.

V. Conclusion-For People Who Interact with Children Who Have Developmental Difficulty in Relationships

Even if the children who are sensitive to interpersonal relations and stick only to the objects they have affection for seem to stay calm and stable within their own closed inner spaces, they are actually insecure due to lack of interpersonal sympathy. If they can pleasantly feel close sympathetic relationships in the ‘here and now’, their world will be enveloped and secured. The children will act spontaneously and approach others of their own accord, which will give them such new experiences as taking initiatives to create whatever full lives they like, ‘here, now and newly’. Self-esteem and self-confidence will thereby develop. It is essential that those places where the children spend their daily lives (home, nursery schools) make them feel accepted. The psychodramatic approach, which offers the children experiences of warm and emotional human relations, can ultimately foster the ability not only of the children but also of the whole family or any group to create better relations with others.

The children present many problems to the therapists who approach, through the psychodramatic approach and the group approach. How to grasp the characteristics of each child when multiple relationships are being built, how to interpret the meaning of each child’s actions or the feelings s/he derives from actions, how to produce the next scene in correspondence to the situation at that point, and how to take part in and support fos-
tering the parents-child relationship are but prominent examples. The psychodramatic approach and the group approach offer places where the children, the parents and therapists can grow together.

Acknowledgements
The earlier draft of this paper was presented in the poster workshop session of Autism Spectrum Disorders at the 11th World Congress of World Association for Infant Mental Health. The authors are obliged to, and acknowledge the support and encouragement of the children and their families who participated in the clinical practices and the psychodrama-based play.

The Psychodrama and relational situation therapy applied in this paper are both based on the theory of relationships and techniques which are essential for the creation of human relations 'here, now and newly'. The founder of the theory is Prof. Kohei Matsumura, by whom the authors were trained at the Japanese Psychodrama Association.

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