

THE POTENTIAL ROLE OF PSYCHODRAMA GROUP INTERVENTIONS FOR CHILD AND ADOLESCENTS OF RESIDENTIAL AND FOSTER CARE

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Dear editor,

The potential value of Psychodrama group interventions for child and adolescents in residential and foster care. A large proportion of children and adolescents in residential foster care have a history of affective deprivation, with insecure or disorganized attachment patterns and adverse early relational experiences resulting in damage to brain architecture that extends beyond early childhood (Sheridan & Nelson 2009). Increasing research has shown that children with disorganized attachment patterns are not only at increased risk of developing diverse psychopathology (as depressive disorders, suicides, risky behaviors, delinquency, or addictions), but are also more likely to have overall health and social failure (O'Connor & Parfitt 2009).

In the last century, mental health problems have emerged as a global public health concern because of the enormous burden of disability they carry. Prevention in childhood and adolescent mental health is a key avenue for improving mental and global public health, not only because about 50% of adult mental disorders begin during or before adolescence, but the gains from early intervention can have far-reaching and incalculable long-term outcomes. Despite growing recognition of the importance of these sciences, prevention care and early intervention remain woefully inadequate and consequently lack scientifically supported methods to enable replication (Rutter's et al. 2015).

We propose that psychotherapeutic interventions are fundamental, not only because they are the treatment of choice for most child and adolescent psychopathology, but also because of their potential impact on dysfunctional attachment models, with global compromise of future interpersonal relationships and personality. Psychodrama is an attachment therapy, conceived by psychiatrist Jacob Moreno, who considered that it was not possible to treat the individual without considering his relationships and the multitude of roles he plays in them. In general, this therapeutic method advocates, supported by several psychological theories and the development of Role Theory, Core of Self through advances in ethology and neuroscience over the years, that the adult caregiver(s) play a relational and asymmetric complementary role with the infant (in a complex affective relationship) that allows the child to structure himself/herself. When severe failures in this complementarity occur during the early years, the infant finds mechanisms to cope with the confusion and adapt to the environment. However, throughout development, the non-verbal brain may recognize forms and stimuli in other

subsequent relationships (by experiencing situations subjectively perceived as the adverse early relational experiences) that, in a non-conscious way, trigger these defense mechanisms (with consequent activation of the limbic system) in situations where they do not favor adaptation or problem solving (Rojas-Bermúdez 1997).

Psychodrama aims to provide a particular therapeutic space, called *status nascendi*, where the patient of any age may represent different roles that therapists then seek to complement (according to diagnostic hypotheses) in order to promote the experience of novelty that favors other cortico-limbic connections and associations for them (Rojas-Bermúdez 1997). Although from the neurobiological point of view there is no scientific support that one can restructure the limbic system (which seems an exclusive process from early childhood and its first affective relationships), the hypothesis of creating new cortical neuronal networks that allow the dissimulation of the function of the symptoms and the creation of other more adaptive ones is not only a possibility, but the objective of any psychotherapy (Stern 1934). In psychodrama with children and adolescents, theatrical therapeutic methods (such as the *Doble*, *Mirror* or *Role Change*) may be introduced in the therapeutic context through a playful aspect that favors a safe relationship, promoting the child's spontaneity and creativity (Aichinger & Holl 2017).

At the Child and Adolescent Psychiatry Clinic of the Dona Estefania Hospital in Portugal we took the first steps of this therapeutic method for institutionalized children, where we anticipate that, besides the economic gains and profitability of resources that come from group intervention, the relational gains observed in the therapeutic context may be transferred to social relational dynamics. We suggest that more training and research may arise in this area to seek replication and scientific support to this method.

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