

A Psychiatric Interpretation of Children's Creative Dramatic Stories

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Two years ago the Cleft Palate Research Center of Pittsburgh sponsored a creative dramatics program for preschool children with cleft palate and cleft lip in order to determine the effects of such a language stimulation program on the children's verbal and social skills. Eleven children, three girls and eight boys, from 3½ to 6 years of age, were selected to participate in the eight month program. All of these children had below average scores on the Illinois Test of Psycholinguistic Abilities (ITPA), in spite of mid-average intelligence.

In thirty-two two-hour sessions, under the direction of a leader and in the presence of two observers with training in the field of speech pathology and creative dramatics, the group participated in a sequential program of dramatic play, puppet play, and dramatizations of fairy tales. Eventually the sessions became child-directed, as the group spontaneously improvised the action and verbalized and acted out their own roles.

Although the original purpose of the group was to learn more of the speech and language patterns of social interaction of the children, the resulting psychodynamic play afforded an unusual opportunity to learn about the concerns and fears of children born with oral-facial deformities. The material from these sessions, as recorded by two speech-oriented observers, revealed recurring themes which reflect the children's deep anxieties, and shed light on the nature of their preoccupations. From the rich and varied material, two themes were selected for study; this paper will discuss the significance of that material in terms of its psychological meaning to the children.

The children as a group showed a rather exclusive preoccupation with long, large, wide-mouthed, toothy type of animals. Their "favorite" was the alligator or crocodile, representing an attacking, tearing, biting, devouring type of animal. Others of this ilk, such as dinosaurs (representing apparently a "super-crocodile"), dragons, snakes, monsters, and occasionally gorillas, were used in similar roles and denoted the same feelings.

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It should be recognized that the use of crocodile-type animals is quite common in the fantasy play of preschool children. However, the reference is made here to the exclusive use of these wide-mouthed devouring monsters, while the "domestic" type of animals, like cats, dogs, and horses, were ignored or flatly rejected by the children in their play.

The first indication of what was to become the "crocodile-theme" appeared during the fourth session. The children had been suggesting ideas for dramatic play, and Keith, an aggressive, hyperactive five-and-a-half-year-old, suggested playing a story about fishing in a pond. The children agreed, but just as they began to cast the lines from their imaginary fishing poles into the water, Keith threw himself in the middle of the "pond", thrashed about and cried, "Help! I am drowning! The crocodiles are eating me up". The other children watched with surprise, debated about what to do, then responded by forming a chain to pull him out. Billy pretended to be a fireman and gave him oxygen, while Norman assumed the role of doctor and checked the "patient". Slowly the doctor shook his head and said, "He's not dead. He's just pretending".

In the sixth session Keith told the following story: "There was a huge dinosaur who lived in the sea, way down, by himself. And one day he came out and he stepped on all the houses, and all the churches, and all the buildings, and he picked up all the buildings and turned them over. And then he ate up all of the people. And then he went back to his cave in the sea. Way down. And a submarine comes toward him and he swallows it whole and he eats all the men inside—and that's the end".

Another example came from a four-year-old girl: "A little girl went for a walk and she crossed the bridge into the land of the crocodiles. And she knocked on all the doors, and all the crocodiles came out and they ate her all up". She requested that this story be played repeatedly and would not allow any changes, "You be the little girl", she said to the leader, "and I'll be you". Then she directed the others in the making of crocodile houses, insisted that the leader and another child cross the bridge to enter the crocodile land. With the knock on the door, the big-mouthed growling crocodiles came swarming out and pretended to eat the "little girl". The story was played for four weeks, without change. After that, the youngster said she was finished with "her crocodile story".

Dick handled the same theme as follows: "There was a big watch; bigger than anything in the world. And one day he came to life and he went over the whole world and ate up everything. [He showed how the watch came to life, how it walked, and how it stuffed itself.] He ate up all the houses and all the people and everything. And then he went back to sleep".

Brian's story was somewhat different. "A whole lot of alligators were asleep in their houses. And they heard a noise like this, s-s-s-s-i-s-h! And they woke up and they felt water all over. And they went up to the roof and they saw a monster on the roof. And they opened their mouth

and ate up the monster. [He made a slurping sound accompanied by pantomime.] And then they went downstairs and stuck their heads in the ground and all the water drained out. And then they went back to sleep".

A second major theme reflected in the dramatic play of these children was that of hurting and being hurt. At first, the children would simply comment about "getting sick and going to the hospital", or would pretend that the puppets were sick. In their play a doctor would frequently appear, examine the patient (or sick dinosaur, or drowned man, et cetera), and give the diagnosis, thus ending the story. After many months of play, however, a complete hospital sequence emerged spontaneously in an unusual fashion.

Little Black Sambo was being dramatized, and Black Mumbo was buying clothes for her son. Suddenly, Black Sambo disappeared. Black Mumbo, genuinely bewildered, looked around for him and called, but could see him nowhere. Apparently no one else had seen him disappear either, for the watching children were also disturbed at this disruption in the story. Finally, Black Sambo answered in a soft, weak voice. "Here I am . . . under the bridge . . . I got bit by a snake". "The bridge" by this time was an established part of the scenery of almost every situation. It was a table which was lowered so that it was only twelve inches from the floor—just high enough for a small child to hide under. It was under this table that Black Sambo was hiding . . . hurt.

"Better call a doctor", one of the watching children interjected. As though that were a cue, everyone took a role, and engaged in a spontaneous dramatization without any help from the leader. Two boys jumped up and prepared four chairs for an ambulance. They half-dragged, half-carried Black Sambo to the ambulance, then to the hospital. Allan drove the ambulance, leaving Kevin to care for Black Sambo. In a few seconds, Allan turned around to see Sambo being given oxygen and said "Oh no, you don't! You're not going to do that to *him* like you did to *me*!" Quickly he jerked the "pretend" oxygen mask away. Then he turned back to driving. (After the dramatic play was over, he explained, "Well, that thing chokes you to death and I didn't want that to happen to him, like it did to me".) Waiting by a sofa (which represented the hospital) were the hospital personnel. As Sambo was brought in, they solemnly set to work. One child pretended to get some pills from pharmacy; another pretended to give shots, take his temperature, check his reflexes. Nurses fixed the bed, took his pulse, brought pills and water. But in spite of all this attention and care, Black Sambo would not open his eyes. The children gave him plenty of cues that the shots were supposed to "cure" him, but Sambo remained "unconscious". Finally, one of the children, Norman, announced, "I know. We have to call Dr. Reesemiller". Picking up an imaginary phone, he said, "Dr. Reesemiller? Can you come over right away? We need you". Then assuming the alternate role, the same child answered, "Okay. I'll be there", and he re-entered the scene as Dr. Reesemiller, apparently a famous surgeon.

Dr. Reesemiller looked at the patient, then announced his diagnosis. "We have to have an operation. He has poison in his head. We have to cut it out".

The watching children nodded in agreement and prepared to operate. Hovering about the bed, they helped with the operation, handling instruments, taking pulse, giving shots, patting the patient. As for Dr. Reesemiller, he pretended to cut quite carefully around the vicinity of the patient's face. Moving his fingers in a zig-zag fashion, like scissors, he meticulously pantomimed the cutting. That completed, he pretended to sew up the face again, using a needle and thread. Then he dusted his hands, and said, "There". That was the cue. Black Sambo opened his eyes and got out of bed. The ambulance drivers helped him back to the makeshift ambulance, sounded the siren, and headed for home. Once there, however, a girl who assumed the role of "mother" declared, "I don't want him. That's not the one I gave you. That's not him". The ambulance drivers stood there, confused and helpless, but "mother" was adamant. Finally, another girl said, "I'll take him. He can have my room". That was the end of the *Black Sambo* story. The theme of the rejection of the hurt child by the parent recurred many times in the spontaneous play of this group.

Discussion

The foregoing dramatic material demonstrates the nature of the children's fantasies, which are the expressions of the children's emotional conflicts. If one looks at the formal aspect of the spontaneous play, one observes that at first the children were generally inhibited, but became more and more verbally expressive as the sessions progressed. In addition, the adult observers were impressed by the marked motoric quality of the children's play.

The fantasies expressed by this group reached greater depth, as far as unconscious content was concerned, than is usually observed in similar group activities of preschool children. The depth and the intensity can be understood if we consider that this was "mutual play", enacted by children who shared some of the same life-experiences and emotional conflicts. Consequently, they stimulated and reinforced each other in their fantasy production (1). The children felt free to express their fantasies because of the reassuring presence of the adult leader, who lent them support, and who served as a safeguard in order that their aggression be kept in control.

We have presented samples from the kind of data pool which is often the result of clinical investigations. Blessed with the opportunity to garner such meaningful, multi-dimensional material, researchers may be hard pressed to deal with it in as orderly and scientific a manner as possible. In this study, we chose a variation of a methodology which has been most aptly described by Erik H. Erikson (2). Briefly, the rationale is as follows: The fantasy material in the protocols is so rich

that the significance of various sectors may be perceived in a very large number of ways. The data may be visualized as points on a scattergram. Order in the data may show up as a trend toward certain key areas of meaning. These may be visualized as groupings of points; Erikson has called them "clusters". Since such clustering is unlikely to occur by chance, it makes a suitable focus for the beginning study of the material.

Accordingly, the previous creative dramatics material was submitted to two groups of child experts. The sole instruction given the judges was that they note the items which they found to be most striking in the protocol. The first group was composed of seven medical child psychiatrists with psychoanalytic training. The second group was composed of eleven experienced pediatric nurses, all of whom had had courses in dynamically oriented child development. The psychiatrists were told that the material was collected from a group of preschool children involved in a program of creative dramatics; the nurses had the additional information that the children had cleft lip and/or cleft palate.

The examination of the replies justified the assumption that the more important a clinical phenomenon may be, the more an experienced clinician will recognize it as significant or striking. There was remarkable agreement among the psychiatrists concerning their inferences. All suspected that these children had had different life-experiences from those of the average child, and they wondered about the occurrences of significant traumatic events in the children's past which resulted in their obvious preoccupation with medical procedures. Four of the seven child psychiatrists suggested that by its unusual depth and aggressive quality, this dramatic fantasy was different from the usual room-play of preschool children.

All the psychiatrists agreed that the children expressed an unusual amount of oral aggression. They commented on the theme of being devoured and engulfed by powerful monsters, and pointed out the relationship of the oral incorporation fantasy to the preoccupations with pregnancy and with death. Five psychiatrists mentioned the children's castration anxiety, expressed sometimes in phallic and other times in regressive oral terms, and four clinicians emphasized the children's separation anxiety, pointing out that they seemed to perceive themselves as "bad" and damaged, and therefore nonacceptable. Three psychiatrists elaborated further on the theme of rejection and drew the inference that the children felt initially unacceptable; then, as an attempted solution, they underwent surgery, only to find out that mothers reject the castrated boy. Two psychiatrists mentioned the children's Oedipal problems; two referred to the meaning of the bridge symbolism; and one recognized the not-so-obvious anal material, and commented on the striking "motoric" quality of the children.

As seen from the foregoing, the psychiatrists drew their inferences in the form of psychodynamic formulations. The nurses, because of the

character of their training and experience, gave their responses in a phenomenological fashion.

Ten of the eleven nurses pointed out the presence of oral aggression in the material, and eight commented on the children's preoccupation with pregnancy and death. Nine emphasized the presence of Oedipal conflict and castration anxiety, and seven responded to the children's fear of parental rejection. Several nurses referred to the symbolic meaning of water and bridge. They also suggested that the children, concerned about body integrity, seemed to be afraid of losing control over their feelings, and strived toward the mastery of these internal threats. Knowing of the children's congenital damage, six nurses emphasized that operations were perceived by the children as castrating and mutilating experiences.

In summary, in their creative dramatics play, this group of children expressed fantasies of unusual depth and emotional intensity. These fantasies revealed the children's predominant conflicts and the defenses used in the handling of these conflicts. Characteristic of these fantasies was the marked preoccupation with oral aggression, tearing and biting, and oral incorporation, that is, with the fantasies of devouring and being devoured. The dynamic interpretation of these fantasies led to the inferences that these children, like other five- and six-year olds, were interested in the problems of pregnancy and death and the reversibility of these processes. Only the intensity of the children's preoccupation with these problems needs special emphasis. The children felt unacceptable, and one of their predominant fears was the fear of rejection by mother. Their stories indicated that they realized that even the submission to operations did not guarantee acceptance.

In the average child's life, the perception of overwhelming aggression from the outside is usually the projection of the child's aggression, directed toward the parent's demands for cleanliness, conformity, and sharing. However, these children with congenital damage not only perceived the parent's understandable ambivalence, but they had many objective experiences which upset their well-being, and threatened their bodily integrity. In their few short years, they had undergone a series of operations; they suffered from earaches; they were overwhelmed by powerful giants (parents, doctors, and nurses); and they were the passive victims of countless medical-dental procedures. Due to the child's limited understanding of reality, such painful events are perceived as attacks and punishment for "badness" for aggressive thoughts, as well as for aggressive deeds. Consequently the children seemed to be caught in a conflict between their active-aggressive and passive wishes. They struggled with their "dangerous" aggressive impulses and with their equally dangerous and conflicting desire to be engulfed and to become united again with the powerful mother. There was a repeated expression of the longing to return to a peaceful and passive state—to sleep at the bottom of the ocean in a well protected cave!

The older children in the group expressed preoccupation with the family triangle but the anxiety over hurt and mutilation was a more marked concern. While there was some evidence of the fear of losing control, there was more evidence of the children's striving for mastery. Their dramatic play is a good example of "regression in the service of the ego" (3). The children played out their most painful conflicts, but when the play was "finished", they crossed the bridge back to reality and went about the business of life as usual. This ability to return to reality was a tribute to their ego-strength.

Summary

The University of Pittsburgh Cleft Palate Research Center sponsored a creative dramatics program for preschool children with cleft palate and/or cleft lip in order to determine the effect of such a program on the children's verbal and social skills. Examined from a dynamic psychiatric point of view, the children's spontaneous dramatic play represented valuable fantasy material, potentially helpful in the understanding of the emotional conflicts of these handicapped children. The depths of the unconscious material suggested that the mutual stimulation of the members of the group, combined with the adult leaders' ego support, permitted the children to relax their repressions. It was felt that the program was helpful to the children as an auxiliary growth experience. They were given the opportunity to step out of their relative isolation, and to meet and communicate with children with similar problems and fears. The dramatic play technique offered them an effective means of expressing their conflicts and of working toward mastery. Attention is focussed on the research technique used for dealing with the unstructured clinical material.

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