

# Participation of children with Asperger syndrome in group psychodrama therapy

**Tatjana Krstić**

Assistant Professor, Faculty of Medicine, Department of Psychology  
Novi Sad, Serbia, +381 64 1838830, tatjana.krstic@mf.uns.ac.rs

**Marina Obrenović**

Teaching Assistant, Faculty of Philosophy, Department of Psychology  
Novi Sad, Serbia, +381 64 1781524, marina.oros@ff.uns.ac.rs

**Maja Pisarić**

Clinical Psychologist, Institute for Child and Youth Health Care of Vojvodina  
Novi Sad, Serbia, +381 63 8936514, maja.pisaric@izzzdiovns.rs

**Tatjana Barišić**

Clinical Psychologist, Institute for Child and Youth Health Care of Vojvodina  
Novi Sad, Serbia, +381 63 8025250, tatjana.barisic@izzzdiovns.rs

**Summary**

Among developmental disorders there is hardly a more controversial diagnosis than Asperger syndrome (AS). It was first considered as a separate entity in the 1994 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), while the most recent edition of the Manual (DSM-5) from 2013 treats both autism and AS jointly under the title of Autistic Spectrum Disorder. Another standpoint views AS not as a disorder, but as a specific cognitive style. All controversy surrounding the diagnosis aside, along with the extremely prolonged time period needed for determining that a child's specific problems in functioning are AS related, the clinical practice points to a need for support to be provided to these children and their parents.

The difficulties of children with AS are most pronounced in the domain of social functioning. Children fail to establish a satisfactory interaction with their peers, although they are

*aware of other people and show interest in them. They often do not understand rules of socially acceptable behavior and lack empathy. Emotions are expressed in unusual ways, lacking subtlety and refinement.*

*Experience in conducting psychotherapy with children with AS in our region is still rather limited. Considering that children's psychodrama should support social development, as well as free expression of emotions by means of stage improvisation in contact with peers, we deemed it useful in supporting children whose primary difficulties lie in the domain of socio-emotional functioning.*

*Our aim is to demonstrate the possibilities and challenges of organizing psychodrama groups which would include children with AS, as well as the benefits of such therapeutic approach. We present the inclusion of two children with characteristics of AS. The key conflict area for both children was social functioning (peer rejection). The parents were highly motivated for their children's participation in psychodrama (children were previously involved in individual psychotherapy) and interviews were conducted with them before and after each group cycle. The girl, aged 10 years, participated in two psychodrama groups (each consisted of 10 sessions) and the boy, aged 11, took part in one psychodrama group, which included 10 sessions.*

*Even in a safe environment offered by the "as if" approach typical for a children's psychodrama group, specific challenges were observed in children with AS which pertained to their difficulties in different domains of functioning and behavior. Significant insights into everyday functioning of children with AS were made possible by their inclusion in psychodrama. This allowed the therapists to work with their parents on creating support for various activities of everyday life. Children's psychodrama groups can offer valuable support to children whose difficulties lie mainly in social and emotional domains.*

**Key words:** children's psychodrama, group therapy, Asperger syndrome

## Sažetak

*Kada su u pitanju razvojni poremećaji, retko koja dijagnoza budi više kontroverze od Aspergerovog sindroma (AS). U Dijagnostičkom i statističkom priručniku mentalnih poremećaja iz 1994. godine (DSM-IV) je prvi put izdvojen kao poseban dijagnostički entitet, a u najnovijem priručniku (DSM-5) iz 2013. godine su autizam i AS objedinjeni pod nazivom Poremećaji autističnog spektra. Postoji i stanovište da u pitanju nije poremećaj, već samo drugačiji kognitivni stil. Bez obzira na kontroverze oko samog dijagnostičkog određenja, kao i veoma produženog vremena prepoznavanja o kakvim specifičnim poteškoćama u detetovom funkcionisanju se radi, klinička praksa ukazuje na potrebu za podrškom ovoj deci i njihovim roditeljima.*

*Poteškoće kod dece sa AS su najizraženije u sferi socijalnog funkcionisanja. Deca ne uspevaju da ostvare zadovoljavajuću interakciju sa vršnjacima, ali su svesna drugih ljudi i pokazuju interesovanje za njih. Često ne razumeju pravila socijalno prihvatljivog ponašanja i*

*ispoljavaju nedostatak empatije. Izražavanje emocija može biti neobično ili im nedostaje suptilnosti i preciznosti u ispoljavanju emocija.*

*Psihoterapijska iskustva u radu sa decom sa AS su u našoj sredini još uvek prilično skromna. S obzirom da bi dečija psihodrama trebalo da podrži kako socijalni rast tako i slobodno izražavanje emocija putem scenske improvizacije u kontaktu sa više dece približnog uzrasta, smatrali smo da može biti značajan vid podrške deci koja pokazuju primarne teškoće u oblasti socio-emocionalnog funkcionisanja.*

*Cilj našeg rada jeste da pokažemo mogućnosti, načine i izazove u radu dečije psihodramske grupe u koju se uključe deca sa AS, kao i benefite od tog psihoterapijskog pristupa. U radu će biti prikazano uključivanje dvoje dece sa pokazateljima AS. Ključna konfliktna područja kod oba deteta su se odnosila na poteškoće u socijalnom funkcionisanju (odbačenost od strane vršnjaka). Roditelji su ispoljili visoku motivaciju za učešće dece u psihodrami (deca prethodno bila uključena na individualnu psihoterapiju) i sa njima su obavljani individualni razgovori pre i nakon završetka psihodramskih susreta. Devojčica, stara 10 godina je učestvovala u dve psihodramske grupe (svaka sa po 10 susreta), a dečak uzrasta 11 godina je učestvovao u jednoj psihodramskoj grupi, odnosno 10 susreta.*

*Čak i u bezbednom okruženju koje nudi "kao da" pristup, primaran za dečju psihodramsku grupu, uočeni su određeni izazovi za decu sa AS, koji će biti diskutovani. Značajni uvidi u funkcionisanje dece dobijeni tokom učestvovanja u grupi omogućili su terapeutima da sa roditeljima kreiraju i podršku usmerenu na svakodnevne životne aktivnosti. Dečja psihodramska grupa može da ima blagotvoran potencijal za psihoterapijski rad i podršku deci sa poteškoćama u socijalizaciji, razumevanju i izražavanju emocija.*

**Ključne riječi:** *dječja psihodrama, grupna terapija, Aspergerov sindrom*

## Introduction

Asperger's syndrome (AS) has recently come into focus of thorough scientific research (Attwood, 2010). It was defined for the first time as a separate diagnostic category in 1994. in Diagnostic and statistical manual of mental disorders (DSM-IV) (American Psychiatric Association, 1994). In the most recent edition of the Manual (DSM-5) autism and AS were united under the wider diagnostic label of Autism spectrum disorder (American Psychiatric Association, 2013). There is no consensus regarding the cause of autism and similar traits, but there is evidence that emphasize the importance of genetic factors (Colvert et al., 2015). Another standpoint considers AS a specific cognitive style, rather than a separate disorder. The Central coherence theory states that individuals with AS have very low central coherency and are therefore extremely detail-focused and lack focus on the wider global picture or context (Shah & Frith, 2006). Some authors view AS as a part of a social-communication disability continuum, in-between autism and normalcy. Children with AS are described as lacking "cognitive empathy" or "theory of mind" – they have difficulties in imagining and understanding other people's thoughts and emotional states (Baron-Cohen, Wheelwright, Skinner, Martin, & Clubley, 2001; Rueda, Fernandez-Berrocal, Baron-Cohen, 2015). Difficulty with theory of mind leads to difficulties in the domain of social functioning. These problems usually become more visible when children start school and fail to establish successful interaction with peers. It is important to emphasize that these children are aware of their peers and show interest in interaction. They lack social skills and do not understand the rules of socially acceptable behavior, and hence may appear rude or bad-mannered. Their emotional expression may be unusual and lack subtlety and refinement (Attwood, 2010). Probably, the lack of deviations in intellectual development may be the most significant factor to the problem of identifying the children with AS. Although neuropsychological tests indicate that there might be a specific profile of intellectual functioning in children with AS, global intelligence in these children is usually average or above average (Noterdaeme, Wriedt, & Höhne, 2010). Regardless of dilemmas with the diagnostic category and delayed recognition of the specific difficulties in children's functioning, clinical practice highlights the need for providing support for these children and their parents.

## Children's psychodrama and children with AS

Children's psychodrama is a group psychotherapeutic method in which children guided by two therapists create stories that provide basis for free play. During the making of the story children become involved in the creative process. These stories are always acted out in the "as if" world, fantasy world. Children are provided with a safe setting suitable for experiences that may be inaccessible in everyday life. They are encouraged to express their inner psychological states and learn how to change their everyday behavior-

al patterns. The main goal in therapy is not to express or discuss problematic behaviors, but to promote spontaneity and activate free creativity (Krüger, 2002). Symbolic play is of central importance in children's psychodrama because it allows manifestations of specific characteristics of child's creativity (Aichinger & Holl, 2017).

In our country experiences with psychotherapeutic work with children with AS are still rather limited. Children's psychodrama aims to support social development and free emotional expression through role-play within small peer group. Therefore we consider this particular psychotherapeutic method a potentially significant form of support for children with difficulties in the domain of social-emotional functioning. Regardless of the predominant symptoms, group psychotherapy is in general method of choice for children for whom the group is a better environment for expression of oneself and of one's problem than the individual setting and one-on-one relationship with the therapist (Aichinger & Holl, 2017). Although our integrative approach to children's psychodrama differs from classical Moreno's psychodrama, some previous studies report beneficial outcomes using classical psychodrama with adolescents and young adults with AS (Munir, Scholwinski & Lasser, 2006; Takahara, 2002).

The challenge of children's psychodrama with children with AS lies in the fact that they do not play projectively. Even when the play appears to be projective, these children do not project themselves nor their experiences. Their behavior may be misleading, but their explanation of the pretend play is based on rational facts and does not include true immersion in the projective play. However, these children may enjoy and benefit from group work, if they like the activities and if they are not expected to act more socially competent than they actually are (Jacobsen, 2003).

In the following, we will present case presentations of two children of similar age who both manifest some traits of AS. Both of these children were in individual psychotherapy previous to inclusion in children's psychodrama groups. Parents of both children showed high levels of motivation for child's participation in group therapy. We conducted interviews and consultation sessions with parents before the beginning and after the ending of group cycles. The boy (child A), aged 11, participated in one group that included 10 sessions. The girl (child B), aged 10, participated in two different groups, successively, each including 10 sessions. She participated in the first group along with the boy A. The main conflict domain in both children were difficulties in social functioning. They both failed to get involved in topics shared by their peers and experienced frequent peer rejection. They were both highly involved in their own interests (computer games and drawing). Their parents stated that in social situations their child tends to "say something inappropriate to the situation". Both children reacted impulsively when facing even the mild frustration in home environment. The boy A complained and reported deep dissatisfaction regarding peer rejection, usually through depressive elaborations. The girl B, however, did not manifest suffering because of peer rejection, even though parents described several situations that could be considered bullying, in which B did not react or did not know how to cope.

## First children's psychodrama group

This group included two girls and three boys. During the first session all children seemed mildly inhibited, except for B, who initiated conversation with every group member and acted exaggeratedly theatrical. In the beginning it seemed that this kind of behavior was perceived as interesting and spontaneous by other children. However, shortly it began to bother other children, especially when she did not respect other's psychological space and touched or hugged them (for example, she touched some interesting elements of their clothes). She repeatedly chose the same role in each session. She also manifested difficulties in getting out of the role. She frequently spoke out of line, but when her turn to speak she would "block" or say something inappropriate or unusual, provoking laughter in other children. As the group dynamic progressed, other children started excluding her from play. She also started to isolate herself, creating her own play through improvisation and it seemed she enjoyed these activities.

From the beginning, the boy A manifested strong desire to fit in and to participate in group activities. He engaged in all activities, from warm-up to enacting. He contributed with topics of school, grades, achievement. Other boys liked that he showed great knowledge of particular areas of his interests (for example, about space). He was very pleased when others accepted his suggestions and proposals. Regardless of the notion of his acceptance by the other members of the group, he mostly avoided eye contact with other children and both therapists. He put great effort to rationally play the role, but failed to relax and be spontaneous. As the group progressed, he began talking about his emotional states, laughed more and acted more spontaneous, but still very inhibited. He frequently stated that he enjoys coming to our sessions. His parents confirmed and noted that psychodrama group is the only activity he likes to attend.

## Second children's psychodrama group

This group, apart from B, included two more girls and three boys. Similarly to the first group, B was very open in the beginning, introduced herself and posed various questions initiating interaction with others. She did not seem bothered that this group included different children than the previous. She did not mention the previous group. She repeatedly chose the same role and imposed topics within her area of interest – drawing animals. She frequently isolated herself and it did not seem as she enjoyed the activities with other children. Sometimes she acted eccentrically and laughed loudly, which was met with disapproval by other children. Albeit she was not openly rejected by others, children did not show interest in interaction with her and did not chose to engage in play with her. It seemed she was not aware of this and she did not put effort in joining in play. At the end of each session she told us she enjoyed herself and "could hardly wait for the next one", but it seemed this was just the repetition of other children's words.

## Conclusion

Recognition of the difficulties in children with AS is often challenging and untimely, mostly because of the wrong interpretation of child's behavior, by both parents and professionals. For this reason, opportunities for appropriate and prompt support for these children are often missed (Krstić, Slavković, Knežević, & Milankov, 2016).

Inclusion of children with AS traits in our children's psychodrama groups showed they may benefit from this kind of therapy, mostly through social participation with peers, but also through feelings of satisfaction and security provided by therapeutic setting. We were able to notice differences between children, confirming their uniqueness and different challenges and capacities in everyday functioning. Experience of other therapists point out the tendency of these children to isolate themselves and spend time apart from others (Jacobsen, 2003). The girl from our groups did not refuse cooperation with other group members, but this interaction was scarce. Parents of both children provided feedback that their child showed interest and enjoyed coming to our sessions. Children's expression of their satisfaction is considered improvement. The greatest progress in their functioning is the fact that they engaged in interaction with their peers. For both parents of children with AS and professionals who work with them, it is important to understand and accept that these children have different needs and different interests, but need a supportive environment just like every other child.

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