WHAT DOES IT MEAN TO BE RESILIENT?

THE USE OF DRAMA AND CHILD-CENTERED PLAY THERAPY TO FOSTER RESILIENCE
IN CHILDREN

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ABSTRACT

WHAT DOES IT MEAN TO BE RESILIENT?

THE USE OF DRAMA AND CHILD-CENTERED PLAY THERAPY TO FOSTER

RESILIENCE IN CHILDREN

LAURA PEARSON

A pragmatic and systemic theoretical approach to qualitative research was used to examine the following the question: How can Drama Therapy and Child-Centered Play Therapy aid in building resilience in children? The research is pragmatic, because it explores tangible ways in which to build and strengthen resilience, and, systemic, in that it looks at the variables that influence a person's capacity for resilience. The research explores common themes pertaining to resilience, why resilience is important to develop, and how Drama Therapy and Child-Centered Play Therapy can be used as therapeutic approaches to shape a person's resilience. The findings of the research demonstrate the importance of considering and integrating the factors that shape and influence child development into therapeutic treatment.

ACKNOWLEDGMENTS

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How should a person be? - For years and years I asked it of everyone I met. I was always watching to see what they were going to do in any situation, so I could do it too. I was always listening to their answers, so if I liked them, I could make them my answers too. I noticed the way people dressed, the way they treated their lovers — in everyone, there was something to envy. You can admire anyone for being themselves. It's hard not to, when everyone's so good at it. But when you think of them all together like that, how can you choose? How can you say, *I'd rather be responsible like Misha than irresponsible like Margaux*. Responsibility looks so good on Misha, and irresponsibility looks so good on Margaux. How could I know which would look best on me?

-Sheila Heti, *How Should a Person Be?*

Introduction

As a second year Drama Therapy intern, I had the opportunity to work at a community mental health centre facilitating Drama Therapy groups with adults ages 25 and up. The experience led me to notice a pattern of unresolved stressors dating back to childhood in relation to clients' parents and the systems and communities of which they were a part. I grew increasingly aware that for true healing to occur, these unresolved issues of their past needed to be addressed. I felt as though many of the individuals that I worked with were holding on to their past and had difficulty living their present lives with hope, determination, and optimism. The dominant age group I worked with were forty and over, and there was a sense of deep dissatisfaction and regret with the way their lives unrolled because of family conflict, abuse, and neglect that were never properly addressed or acknowledged. I also noticed patterns of resilience; how some appeared to be more resilient and determined to succeed, despite the many adverse situations they encountered. I became drawn to this idea of resilience, a concept that was not talked about a lot in my two years as a student. While many other concepts such as self-care, trauma, boundaries, trigger words, diversity, adversity, systemic oppression etc. were talked about in depth, I wondered why resilience was not something that was brought up. My curiosity grew into this research paper.

Methodology

Research Question

A theoretical approach informed by pragmatic and systemic perspectives was used to examine the question: How can Drama Therapy and Child-Centered Play Therapy aid in building resilience in children? The research specifically looks at environmental and biological patterns of resilience in children. The research also includes describing and defining resiliency, adversity, trauma, and the systemic patterns that influence a child's capacity for resilience. This is an imperative part of the research because understanding the basic mental and emotional processes of a child's development is essential to making sense of resilience. Much of the literature views resilience through one of two perspectives - 1) an inherited or biological personality trait or characteristic, or 2) a characteristic that can be built (Brownlee et al., 2013). This paper examines and defines resilience in consideration of these two points of view.

Rationale

There is an overwhelming amount of literature on resilience, however there is very little linking the use of Drama Therapy and Child-Centered Play with resilience. With a rising interest in alternative modes of therapy such as Drama Therapy and Child-Centered Play Therapy, it is pertinent to fill in the gaps in the literature to include these approaches and interventions in the theoretical foundation. At this point in time, pursuing other research approaches would be precipitative without first investigating and building a theoretical foundation to support and advance future evidence-based resilience building interventions.

Procedure and Data Collection

The data collection proceeded in the following steps: (a) A variety of resources were collected including books, handbooks, text-books, academic published and peer reviewed research articles, and the DSM V; (b) literature pertaining to the topic and research question were reviewed; (c) overlapping themes in the literature were identified d) themes were organized and synthesised into themes relating to systematic and pragmatic approaches; (e) relevant aspects of Drama Therapy and Child-Centered Play Therapy interventions were found, with the emphasis on resilience building.

Online and offline texts were gathered through the University of Concordia's online library data base which included the following external databases: Psych INFO, Psych Articles, and JSTOR. Google Scholar and the Online DSM V were also used to gather resources. Key words used to conduct the research were; "child development" "resilience in children", "adversity" AND "resilience", "risk" AND "resilience" , "trauma" , "post traumatic stress disorder", "childhood trauma", "Drama Therapy" AND "resilience" , "Child-Centered Play Therapy" AND "resilience", "adversity" AND "impact", "risk" AND "protective factors", "Drama Therapy interventions" AND "resilience", "Child-Centered Play Therapy interventions" AND "resilience", "systemic approaches" AND "resilience" "alternative therapy approaches" "depression" AND "resilience", Anxiety" AND "Resilience" "parenting styles". Zotero software was used to file and organize the resources and references.

Ethical Consideration and Quality of Research

When conducting qualitative research, it is important to consider any biases and assumptions that may surface during the research process. My ethical goals as a researcher were two-fold; first, to produce sincere work that can be used as a reference point for understanding

resilience and second, pragmatic with the aim to provide useful therapeutic examples of resilience-building interventions in Child-Centered Play Therapy and Drama Therapy. Achieving this requires the following lenses to think critically about the texts that are being reviewed; pragmatism, systemic influencers, and inter-sectional theory (Crenshaw, 2017; Knowles & Cole, 2008). Through the use of crystallization, different perspectives enable the researcher to question their biases and look outside of what they already know and are comfortable with. "Crystallization is informed by postmodernism, meaning that it presupposes that no truth exists 'out there' to discover or get close to, but only multiple and partial truths that researchers (and others) co-construct" (Ellingson, 2009 p. 22). The research does not aim to have an absolute conclusion, but to provide further descriptions and understandings of resilience building.

Tracy's (2010) eight "big-tent" criteria for excellent qualitative review, guided my research process, especially her thoughts on sincerity.

> Sincerity as an end goal can be achieved through self reflexivity, vulnerability, honesty, transparency, and data auditing. I use the word sincerity to relate to notions of authenticity and genuineness, but I do not mean to suggest a single (authentic, genuine) reality or truth. Sincerity means that the research is marked by honesty and transparency about the researcher's biases, goals, and foibles as well as about how these played a role in the methods, joys, and mistakes of the research. (Tracy, 2010, p. 841)

This point of view struck a chord in me considering the complexity of the modern world. We live in a time and place with so much information available that makes it challenging to sift through and make sense of it. My upbringing had an undeniably significant impact on how I make sense of the world, and this influences how I make sense of the research. I wish to be sincere in how I present myself, and how my personal experience colours my research goals. I identify as a straight

white cis female, raised middle class by caring financially sound parents who took care of my physical and emotional needs to the best of their ability. My upbringing was unique in that we moved continents every 4 years, which as an adult took an emotional toll on my identity and self-confidence. My reality, surroundings, community and stability changed every 4 years; These changes I did not have a choice in, and I often felt alone and uncomfortable. Having felt like an outsider, I quickly understood that others fear difference, and how one is alienated by simply being different. My parent's relationship and ability to communicate gradually fell apart, and my father's mental health destabilized our family structure. Despite this, my mother did her best to protect her children, and I have not met the adversity that many others face. I did not experience prejudice by way of my race or sexual preference. Because of this I cannot speak, for example, to how a person of colour or a transgender person might feel exploring their resilience. I take for granted that my identifiers do not have to be explained to be understood by others. I take for granted that I do not have to fight to be seen as person who has a right to exist in this world. Yes, I am a woman in a patriarchal and capitalist system, however I am a woman who grew up in a time and place that predominantly encouraged my growth. Despite my privileges, the research has made me consider that I was both coddled and neglected as a child and I have a lot of work to do as an adult and a therapist in training to build-up my own resiliency. I am a sensitive person and an empath, which I consider to be strengths as I continuously work to understand the motivations and actions of others. However, I often become overwhelmed by emotion and I am working on building up my resilience both in my personal life, and as a therapist. My interest in resiliency stems from this self-reflection.

Literature Review

Defining Resilience

There is an abundance of literature that speaks of resilience, and many ways to define it. Attachment theory, positive psychology, and concepts of self-regulation, self-efficacy, pleasure in mastery, and intrinsic motivation, all play into a person's capacity and drive to be resilient (Goldstein, Brooks, & SpringerLink, 2012; Masten, 2014). One definition found in the literature that reflects many, is the ability to and qualities involved in bouncing back, thriving, and moving forward from any adverse situation they may come across (Connor & Davidson, 2003). Resilience is the adaptability and ability to make change and be able to improvise in an unexpected and/or adverse event or circumstance. Resilience includes cognitive thinking patterns such as the confidence and optimism one has in their abilities to overcome adversity. There is both emotional resilience and physical resilience. Emotional resilience includes how one copes with regulating their emotions during adverse events, and how they express emotions. Physical resilience includes decisions and actions one takes during or after an adverse event (Green, 2017).

The American Psychological Association (2014) describes resilience as

> the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors…Resilience is not a trait that people either have or do not have. It involves behaviours, thoughts and actions that can be learned and developed in anyone. (para.4)

This is a positive and pragmatic approach to defining resilience and gives room for an individual to develop and continue to build resilience; rather than learning to live with and cope with

adversity, one can overcome and move forward. Determinants of resilience include a host of biological, psychological, social and cultural factors that interact with one another to determine how one responds to stressful experiences (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Research has shown that the interactions between biology (ex. temperament, predisposition to stress), psychological-self (ex. self-worth, thinking patterns, belief systems and view of competency), and environment (ex. home, school, community, and one's need for love, acceptance, protection, safety, shelter, stability, and food) to which an individual is exposed to influences their ability to cope in varied adverse situations over time (Haggerty, 1994). Brofenbrenner's ecological perspective (1979)

> provides a conceptual foundation for understanding the interface between multiple systems. The theory contends that child development is not only influenced by conditions and events existing in the child's immediate environment, but also by experience occurring in the larger political, social, economic and cultural contexts within which the family unit is embedded. (Sheridan, Eagle, & Dowd, 2005, p. 167)

The main idea behind this perspective is to view resilience not as a fixed set of traits or attributes that either exist or don't exist, but as an ongoing balancing act between *protective factors* and *risk factors* that impact the development of a child. Protective factors are a framework, system of structures, or variables that protect and or help an individual from engaging in problem or maladaptive behaviors. Protective factors alleviate dysfunction and disorder even when individuals experience stressors in their lives (Haggerty, 1994). Protective factors can be classified into two categories: *environmental resources* and *personal factors*. Environmental resources include additional support such as family income, community or extended family support (Haggerty, 1994). Personal factors include the biological strengths of a child such as

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physical health, emotional regulation, as well as the personal experiences contributing to a child's self-esteem, mastery beliefs, and locus of control. Children are developing a sense of how much control they may feel they have over the events in their life or "locus of control" (Rotter, 1966). If they have a strong internal locus of control, they believe strongly in their own abilities to achieve their goals. Whereas if they feel as though they have little power to control or change what happens, they feel as though external forces have a greater impact or influence on the outcomes. How an individual perceives what is in or out of their control impacts their sense of self and self-worth. However, the reality of the situation might not be what an individual perceives. Balance of one's locus of control is needed as a person may not fully have control of every event, problem, or situation they encounter, however it is not fully out of one's control either. The balance of how a situation is perceived is key to building resilience and overcoming adversity. The community a child grows up in shapes and balances their locus of control as well as their belief system and how they view themselves. The family, and community that a child is raised in, clearly has an impact on the child's development and coping mechanisms. Every individual has a framework or system of structures that protect and prevent them from engaging in problem or maladaptive behaviours.

Just as an individual is armed with protective factors, they are also susceptible to factors which account for increased adverse or maladaptive behaviours, or risk factors. These factors increase the likelihood that an individual will engage in negative behaviours such as substance abuse and illegal activities (Jenson, 2013). For example, if a parent is physically or verbally abusive a child might turn to substance abuse to cope. The parent's behaviour is the risk factor and the adverse effect is the child using drugs. A "risk" factor does not always imply with certainty that an individual will be experience an adverse effect, however it means that they are

more likely to be negatively affected (Folostina et al., 2015). It implies that not all children are on an even playing field to actualize their full potential. Risk factors can also include physical and mental disabilities, living in poverty or without a home, health problems, oppression or discrimination based on race, parental instability, and the community in which they live. Resiliency depends on the ever-changing balance of these protective and risk factors and their internal locus of control. Another thing to consider is that a risk factor does not always imply with certainty that an individual will be affected by the adverse event, however it means that they are more likely to be negatively affected (Folostina et al., 2015). It implies that not all children are on an even playing field to actualize their full potential.

The Importance of Resilience

Resilience is an important puzzle piece for the development of an individual. Without it, overcoming stressful, difficult, and adverse situations would not be possible. Resilience is helpful in maintaining adaptive and healthy coping mechanisms, and without it there is the risk to develop maladaptive or unhealthy coping mechanisms. Maladaptive coping mechanisms may appear to be helpful in the short run, but in the long run are likely to create deeper consequences, exacerbate an individual's mental and physical health, while creating unhealthy habits that become difficult to break. Furthermore, if parents never break out of the unhealthy coping mechanisms, their children are at risk for learning unhealthy coping strategies as well (Deater-Deckard, Panneton, & SpringerLink, 2017). Resilience consists of necessary and realistic optimism that enables a person to cope in adverse or stressful situations (Masten, 2014). It contributes to these five aspects of our development: Inner forces, coping, social, spiritual and/or belief system, and physiology (Harari, 2015). Inner forces include "a sense of commitment and control motivation, goal-orientation, self-efficacy, autonomy, flexible thought, self awareness,

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emotional awareness, emotional regulation and imagination" (Harari, 2015, p. 163). Coping skills include problem-solving, perception of stressful situations as challenges, flexible thought and adaptability to change. Social skills include the ability to empathize with others, a sense of belonging, the ability to express and share in social interactions. A healthy belief system is one that is optimistic, supportive, hopeful, and may include meaning-making, purpose, and motivation. The physiological development of a person's resilience includes the physical release of tension in one's body, including emotional and traumatic stress, through physical exercise and activities (Harari, 2015).

Trauma and Resilience

When we think of trauma, the most common association is to Post Traumatic Stress Disorder. Both Bessel Van der Kolk (2014) and Peter A. Levine (2010) have written extensively of their experiences working with trauma and the trials and errors that they have witnessed and contributed to in their efforts to study and treat patients with confusing, irrational, and conflicting behaviors. It wasn't until the 1980's when trauma started to be identified and named as Post Traumatic Stress Disorder (PTSD) (Van Der Kolk, 2014). "We have learned that trauma is not just an event that took place sometime in the past, it is also the imprint left by that experience on mind, brain, and body. Trauma results in a fundamental reorganization of the way the mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think" (Van Der Kolk, 2014, p. 21).

The Diagnostic and Statistical Manual of Mental Disorders (2013) defines Post Traumatic Stress Disorder (PTSD) as an anxiety disorder and identifies the trigger to PTSD as exposure to; actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:

- directly experiences the traumatic event;

- witnesses the traumatic event in person;

- learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental);

  or

- experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television, or movies unless work-related) (para.2).

The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. It is not the physiological result of another medical condition, medication, drug or alcohol (American Psychiatric Association, 2013).

Trauma comes in all shapes and forms on a spectrum of severity of what has been witnessed, experienced or enacted on an individual from less severe events such as divorce, or bullying to more severe such as physical and sexual abuse. Some symptoms appear to be less severe and often not detectable on the surface, but upon closer examination one might show signs of distress and an inability to function at full capacity. Trauma is not always a one-time event but may also be repetitive and ongoing. For example; a parent who lacks proper care for their child through neglect or verbal abuse over a long period of time, or even over a child's lifetime is ongoing trauma (Kuo, Khoury, Metcalfe, Fitzpatrick, & Goodwill, 2015; Schulz et al., 2014). Many studies suggest that trauma can also be passed down through generations (Lehrner & Yehuda, 2018). Post-World War II, clinicians and researchers sought out to study the offspring of the surviving parents who had lived through war. This led to further research

into the intergenerational transmission of trauma across many communities and populations that have experienced war, genocide, and trauma, such as First Nation/Native American communities, survivors of the Rwandan, Croatian, and Cambodian genocides, war refugees who have been tortured, and combat veterans. (Lehrner & Yehuda, 2018, p. 23)

Trauma cannot be discussed without resilience. Research on adversity and resilience indicates that adverse childhood experiences (ACE's) such as experiences of abuse, neglect, divorce, poverty, and household dysfunction etc. are all indicators for the possibility of adolescent and adult depression and anxiety (Ding et al., 2017; Dong et al., 2004; Dube, Felitti, Dong, Giles, & Anda, 2003; Haggerty, 1994; Poole, Dobson, & Pusch, 2017; Schulz et al., 2014; Sexton, Hamilton, McGinnis, Rosenblum, & Muzik, 2015). However, it is not a direct correlation that if a child grows up in adverse situations that they will develop symptoms of depression and/or anxiety. This is where the idea of resilience comes in. A child who has endured severe adversity such as sexual abuse throughout childhood might come out stronger and more resilient overall than a child who is considered to have lived through less severe adversity (ex. divorce). This leads to the question of why. What factors might lead a child to come out of adverse events stronger and more resilient?

Six Factors of Resilience

Six main factors showed up repeatedly in the literature that appear to be essential for a child's capacity to develop and foster resilience;

a) Sense of hope and an optimistic outlook.

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b) Community; immediate and extended family, and social, educational, creative and recreational access.

c) Sense of safety; the importance of support, structure and clear boundaries.

d) Authoritative parenting style; physical and emotional support.

e) Sense of belonging.

f) Ability for emotional development and expression.

a) **Sense of Hope and an Optimistic Outlook**

Optimism, hope, and a sense of empathy all contribute to a child's resilience. It allows a child to continue to look to forward to the future in spite of present adverse events (Joslyn, 2016). These personality traits include having an engaged approach toward problem-solving, the ability to receive positive attention from others, an optimistic view of their experiences, and the ability to maintain a positive vision of a meaningful and purpose filled life. It is the ability to stay curious to try new things, engage in new experiences, and to stay pro-active and autonomous (Rak & Patterson, 1996). Having hope or being hopeful allows an individual to set clear goals that are close to their values and gives them the drive to achieve them. If we think about hope as a cognitive process over an emotional process, a person becomes an active thinker and planner, with the belief and confidence in one's own ability to achieve their goal(s). Goal directed behaviours are guided by two types of thinking; *pathways thinking*, and *agency thinking* (Maholmes, 2014*)*. "*Pathways thinking* refers to a person's self-perceived capacity to develop cognitive routes to the desired goal" (Maholmes, 2014, p. 15). This means that if a person feels confident, capable and optimistic, they are able to develop multiple strategies to achieve their goals, and they will overcome obstacles that they may encounter along the way. *Agency thinking* is "the belief that goals are somehow attainable regardless of whether the person knows how to

achieve them" (Maholmes, 2014, p. 16). In other words, a person with *agency thinking* has a can-do attitude, and is willing, eager, and able to learn and gain the tools to achieve their goals. Children who are optimistic thinkers are less likely to feel overwhelmed when facing a problem (Rak & Patterson, 1996). This sense of optimism comes both from an innate personality trait of a child but can also be learned as a point of view through their community.

b) Community

The family and community that a child is raised in clearly has an impact on the child's development and coping mechanisms. As children grow up, they spend less time with the immediate family unit, and more time in other social spheres, and the community they live and participate in impacts their development. The community that a child grows up in can include a wide array of both risk and protective factors. Many studies show that communal cultures or families that have support, help, and leisure activities outside of the immediate family unit, have better chances of overcoming adversity than individualistic communities (Jenson, 2013; Masten, 2014; Rak & Patterson, 1996). The balance of protective and risk factors over time influence the adaptability of a family and the coping strategies that are built over time. Four categories of protective factors exist within a neighbourhood that extend to the protective factors of the family and child(ren). These four protective factors or neighbourhood *assets* as Theokas and Lerner (2006) call them, are;

1) Human resources

2) Physical and institutional resources

3) Collective activity

4) Accessibility

1) "*Human resources* are the strengths, skills, talents, and abilities of the people in the neighbourhood. The strengths of a community may be the active contribution of community gardens, safe spaces for play and community events. The abilities of the residents include their educational background and their knowledge that they can share with the community. Residents that are optimistic and look out for each other, and contribute to creative, artistic, cultural or athletic events that share community values, togetherness and comradery are all human resources that strengthen a community. 2) "*Physical and institutional* resources in the neighbourhood range from the presence of health services to the availability of transportation; from parks and recreational opportunities to after-school programs and clubs" (Theokas & Lerner, 2006, p. 121). It is the ability to engage in educational, creative, and social public spaces such as; libraries, museums, aquariums, recreational centres etc., for children, youth and families that encourages structure, routine, and a sense of belonging within their neighbourhood. 3) "*Collective activity* involves the relationships and connections among institutions, youth and community members, through neighbourhood groups and youth coalitions" (Theokas & Lerner, 2006, p. 121). This includes community involvement to create spaces and events welcome to all community members. 4) *Accessibility* refers to how readily and easily accessible human and public resources are available within a community (Theokas & Lerner, 2006). Accessibility includes affordability and access to information on how to register or attend extra curricular activities and events within their community. It also includes physical ease of access such as wheelchair accessibility, spaces that queer and trans folk can feel safe in, and programs for neuro-atypical individuals. Accessibility includes social role models and activists to improve these resources and their accessibility. All together "these assets create opportunities for both social and cognitive enrichment of children and youth" (Theokas & Lerner, 2006, p.121). Communities shape how

we behave within it and towards other members of the community. It sets up a standard to what is acceptable and not acceptable within a community. "Children who's parents are the neighbourhood leaders and are involved in various or collective activities observe first hand in their parents the problem-solving strategies, positive social interacting, help- seeking behaviours, and advocacy skills that help promote collective efficacy within their communities" (Maholmes, 2014, p. 121). The family, and community that a child is raised in, clearly has an impact on the child's development and coping mechanisms. A community can become a vibrant place of growth for everyone, it helps people feel connected, welcome and supported.

c) **Sense of Safety; The Importance of Support, Structure, and Clear Boundaries**

Boundaries and structure are key concepts that contribute to a child's sense of safety. When a child feels safe, and has a structured routine to guide them, they have more physical and mental energy for academic, social and creative endeavors. If a child does not feel safe, and has no structure or routine to follow, they live in unpredictable chaos, and this is an additional stress factor for the child. Environmental systems outside the family, as discussed earlier, are very important for a child's sense of safety. However, a child is more likely to overcome adverse events if the family unit maintains support, safety, and structure. Support, safety and structure do not just exist within a family system, they are developed over time through open and honest communication, authoritative parenting styles and pro-active problem-solving skills. The cohesion and adaptability of a family are two important factors that help maintain supportive, safe, and structured family dynamics (Sheridan et al., 2005). *Family cohesion* can be defined as the level to which family members bond with each other, and how dependent or independent they are within the family system (Turnbull, 2011). "The degree of emotional connectedness varies significantly between and within families and is influenced by the culture, age, and stage

of life of the family members" (Sheridan et al., 2005, p. 167). Families exist on a spectrum of interaction and engagement; on one end of the spectrum, the family is *enmeshed*, in the middle, the family is *connected*. Further down the spectrum the family becomes *separated,* and on the opposite end, a family becomes completely *disengaged* from one another (Sheridan et al., 2005).

Over-identification with family members or an *enmeshed style* of interaction doesn't allow the child to develop autonomy and independence away from the immediate family. *Connected* families foster emotional closeness and loyalty while still developing and supporting friendships and activities independent of the family unit. *Separated* families spend less time together and value autonomy and independence. There is still some emotional closeness however few interests and activities are shared within the family unit. *Disengaged* families share almost no time together, have no shared interests or bonding events and activities, there is very little if any emotional connection within the family (Sheridan et al., 2005). A connected family allows a child to learn and develop from the family unit how to give and take emotional support, to foster outside interests and relationships, while maintaining ties to the immediate family. The family gives the child a sense of emotional and physical safety and security while able to support the child's interests and endeavors outside of the family. It allows the child to develop a balance between autonomy, and the ability to ask for help while pursuing individual goals and interests. Families that communicate well, are connected and have a balanced structure that offers security, autonomy, and are actively involved with each other, have a greater chance of surviving adverse situations and foster more resilient outcomes.

Family adaptability refers to their ability to modify rules, roles and leadership to restore balance. Parenting styles, ability to problem-solve, and belief system and values, are all components on how a family function. Healthy family systems are both adaptive and stable in

that they are able gage when changes need to be made for the well being of the family unit, as well as gage when stability and structure are needed. Adaptive families are proactive in making change, and are transparent decision makers that value communication, respect, and willingness to maintain a family unit (Olson, 2000). The safety, structure and limit-setting are greatly influenced by the parenting style. In general, parenting styles exist on a spectrum divided into four quadrants; permissive, authoritative, authoritarian, and uninvolved.

d) **Authoritative Parenting Style: Physical and Emotional Support**

Parents who lean towards an authoritative parenting style, provide proper physical and emotional support and structure for their children. They successfully gage and balance how much of their presence is needed towards their child as well as when to allow greater autonomy and responsibility to the child. They set clear and fair rules, expectations, and boundaries that children are able to understand and follow. It allows a child to have structure and understand the consequences and rewards of their actions (Matejevic, Todorovic, & Jovanovic, 2014). This style of parenting encourages building reciprocal communication, empathy, warmth, and understanding. Authoritative parents strive to attune to their child's needs. This style of parenting is deemed to be the most effective for positive and healthy psychological and social development. It allows children to become self-reliant and develop a positive self image and positive coping strategies (Sarwar, 2016). When a child develops the skills to be self-reliant, has a positive self image and has a stable sense of self, they have a greater capacity to be resilient. This style of parenting allows the child to develop a sense of autonomy while also knowing that they can ask for help when needed. This style of parenting also encourages a child to focus on processes of learning, sharing, and connecting which are all valuable skills that foster resilience.

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e) Sense of Belonging

An ever-growing foundation of research shows that culture and community are important factors in a child's identity that helps to shape how they understand, process, and navigate the world around them (Baumeister & Leary, 1995; Holmes, 2016; Nuttman-Shwartz, 2018). This idea of belonging or rootedness "provides individuals with a base from which to think and act: belonging helps individuals to thrive. Individuals may revise or ultimately reject understandings acquired within a particular culture or community, but all begin their journey girded with understandings imparted by the culture within which they have been grounded" (Hearst, 2012, p. 41). When a child feels stable and has a sense of belonging, they do not question their identity and are more secure in themselves. A more secure child that has an understanding and involvement in their community is more likely to be confident to tackle, adapt, and push through in difficult situations and/or events. Their capacity to be self-reliant and resilient is heightened when children have a sense of belonging.

f) Ability for Emotional Development and Expression

A child's ability and permission to express their emotions is highly important for their well-being as an adult. As a child develops, they learn to process and make sense of their surroundings, both rationally and emotionally. Just as a child learns to walk or speak, they also learn how to process and regulate their emotions. Emotions involve actions such as tears, tantrums, sweating, or the urge to hit, run away, or curl up in a tiny ball. Their physical appearance is changed as they express the emotion. This expression is both useful for the mind and body to process feelings, but it also allows others to witness how they are feeling. When a child is unable to, or not permitted to express how they are feeling, they have a more difficult time as an adult to process and regulate their emotions (Gaertner, Vetter, Schaeferling, Reuner, &

Hertel, 2018). A positive self image or *ego-resilience*, a construct coined by Block and Block (2014), helps children regulate their emotions, and thus develop emotional intelligence and resilience. Children whose personalities show confidence, insight, perceptivity, and are able to connect honestly and openly with others, are considered to have a positive self image. Longitudinal studies of children who showed traits of a positive self image, proved to be adults who had positive coping skills, and high emotional intelligence and resilience (Alessandri, Vecchione, Caprara, & Letzring, 2011; Milioni et al., 2015). When a child's emotions are felt, seen, and acknowledged, instead of being brushed off, shut down, or ridiculed, they learn to accept their emotions. If a child is able to process, express and accept their own emotions, they are also learning to understand and accept themselves, which enables them to build a positive self image (Hinnant, Nelson, O'Brien, Keane, & Calkins, 2013). This process of emotional regulation is incredibly important for a child's ability to be resilient. Being able to regulate one's emotions gives greater mental capacity for thinking things through rationally, to approach a situation with a strategic plan, and to avoid panic, impulsive decisions and choices. It also allows for the ability to problem-solve and communicate more effectively with greater clarity and ease. The outcome of a situation is more likely to be successful when one is able to think outside of the initial emotional reaction. When a child achieves a successful outcome, it raises their self image, which attributes to building their resilience. Along with this, emotional regulation also allows the release of emotion during the appropriate times. If a child has never been able to express emotions when they were truly felt, they may not have the capacity to show emotion as adults which can also be confusing and frustrating when trying to connect with others(Lasa-Aristu, Delgado-Egido, Holgado-Tello, Amor, & Domínguez-Sánchez, 2019; Milioni et al., 2015). Troy and Mauss (2011) suggest that emotional regulation and the outcome of resilience

could be connected through the use of two strategies: the level of attention, focus, and control, and the cognitive functioning of a child. They suggest that the ability to regulate emotions acts as an internal moderator, and those with "high internal emotion ability are more likely to display resilience after adversity, compared with those with low emotion regulation ability. They argue that attentional control and cognitive reappraisal strategies should lead to adaptive (less negative) emotion responses and therefore contribute to resilience" (Kay, 2016, pp. 412-413). Healthy emotional regulation itself is a tool of resilience because it allows greater self-control, greater focus, and better communication to work with others, plan, implement and act on a decision.

Fostering Resilience in Children

Resilience is an important psychological strength that influences a child's identity, self concept and self worth. Resilience is made up of many different factors or variables that shape the way a child views the world and interacts with it. It is incredibly important to consider what variables or factors are needed to foster a child's resilience as they develop because it is

> directly involved in a child's capacity to cope with adverse situations. It is the quality that allows the individual to persist in the face of challenges, and to recover after difficult situations. It strengthens the child, allows them to try new experiences, to accept challenges, and to cope with situations of frustration and failure. Resilience supports the child in difficult situations and supports the achievement of dreams and personal aspirations. (Folostina et al., 2015, p. 2364)

Resilience is a form of adaptability, flexibility and persistence. "The capacity to bounce back requires the ability to see the difficulty as a problem that can be worked on, overcome, changed, endured, or resolved in some way" (Dugan & Coles, 1989, p. 4).

Being resilient includes having the skills, intuition and knowledge to make the best possible choice in a situation. Resilience is more than just being able to cope in adversity and move forward. It is a frame of mind, a positive outlook, attitude, and determination in times of change to be better equipped when solving problems.

Therapeutic Approaches to Resiliency

For the purpose of this research paper I will focus on two therapeutic approaches to building resiliency; Drama Therapy and Child-Centered Play Therapy. I will start by an overview of each therapeutic approach; Child-Centered Play Therapy and Drama Therapy. I will then reiterate the six factors of resilience found in the literature and review how Drama Therapy and Child-Centered Play Therapy relate these six factors.

Child-Centered Play Therapy

Play is a natural and instinctual way in which children implicitly explore, learn, express, and process the environment around them. It is part of a child's development that helps them orient themselves through symbols that they may otherwise be unable to express through language. "Play acts as a medium of expressing the child's inner worlds and needs...It is through play that the child learns various social and emotional expressions and skills that are needed for an adaptive functioning" (Ahuja & Saha, 2016, pp. 169-170). Play allows for representation and imitation of the social world. "In Play Therapy, the play becomes trans-formative in providing a new perspective on the self and/or the environment, which is at the heart of resilience as a therapeutic power of play" (Crenshaw, Brooks, & Goldstein, 2015, p. 35).

Landreth, a pioneer in Child-Centered Play Therapy viewed children as innately resilient. He stated that children have an inner strength and are able to bounce back. "Children possess tremendous capacity to overcome obstacles and circumstances in their lives" (Landreth, 2012, p.

50). According to Landreth (2012) some children are invulnerable to the adversity that they face because of these inner strengths. These children have high-self regard, self control, inner motivation, and a sense of personal identity. They feel capable of exerting control over their environment and are goal directed. However, some children have lost this innate strength, and the therapeutic approach is to guide the child to find this inner strength and build it up.

Virgina Axline introduced what she called Non-Directive Play Therapy, (Axline & Carmichael, 1947) which is based on humanistic and client-centered approaches to therapy (Davis & Pereira, 2014; Rogers, 1995). This approach is based on the principle that children are capable of leading the process of his/her treatment rather than the therapist imposing his/her ideas onto the child. This therapy gives credence to the child's ability to initiate and maintain the process of self healing given the right kind of support and therapeutic environment (Ahuja & Saha, 2016). Today, Child-Centered Play Therapy is the most common term that incorporates both Axlines (1947) non-directive approach and Rogers (1995) humanistic approach (Landreth, 2012).

In Child-Centered Play Therapy, the relationship of the therapist to the child is the most important therapeutic aspect, and the action that is played out, is secondary. In Child-Centered Play Therapy, the therapist focuses on:

- the person, rather than the problem that is to be fixed,

- what is happening in the here and now, rather than the past,

- feelings rather than the child's thoughts or actions,

- understanding rather than giving an explanation,

- accepting rather than correcting, shaming, or attempting to change the child,

- the child leading and directing the play rather than being instructed by the therapist, and

- trusting and believing in the child's ability, capacity, and wisdom, rather than the

  therapist's knowledge (Landreth, 2012).

This relationship between child and therapist allows the child to develop coping skills that will in

turn build and strengthen their resilience (Rogers, 1995).

Drama Therapy

The North American Drama Therapy Association (2019) defines Drama Therapy as the

"intentional use of Drama and/or theatre processes to achieve therapeutic goals" (para.1). Drama

processes or techniques might include but are not limited to the use of role-play, improvisation,

mask and puppet play, song, music, movement, poetry, storytelling, and the use of rituals and

theatre games (Langley, 2006). In Drama Therapy a clear therapeutic intention must be made by

the drama therapist.

> Drama Therapy is a deliberate application in order to alter attitudes, change behaviour
>
> and help with confronting and dealing with psychological disorders or emotional or
>
> behavioural enlightenment. (Langley, 2006 p. 3)

The therapeutic work primarily comes from the process of what is being created and not

the final product. Langley (2006) outlined these key elements of Drama Therapy: play,

movement, ritual, action, metaphor, distance, catharsis, group involvement, actor, audience, and

exploration:

- Play in drama therapy allows for being creative, spontaneous, and imaginative, while also

  encouraging; spatial, personal, and emotional self-awareness, and the ability to: process

  emotions, problem-solve and have empathy for others. Play also encourages focuses on

  the here and now even if past events are being explored (Langley, 2006).

- Movement and/or dance allow for personal expression along with verbal expression. Drama therapy involves connecting mind and body, which provides a medium to release tension, to tell stories, and the ability to communicate non-verbally. This element of Drama Therapy allows it to be a medium that can be used among populations with limited verbal abilities (Langley, 2006).

- Ritual is an important element found in Drama Therapy. The standard five phase structure of Drama Therapy (Jones, 2007) allows for a ritualistic structure where there is a clear beginning, middle and end to each session. Part of the therapeutic process is the act of coming together as a group during a designated time and place where group bonding naturally occurs over time (Cassidy, Turnbull & Gumley, 2014). There are also elements of repetitive action, sound and movement which become ritualistic over time, much like praying or meditation.

- Action and metaphor; Drama Therapy involves doing, or enacting, playing out rather than just talking about it. It encourages the use of metaphorical representation by either playing out unfamiliar as well as familiar roles. By enacting an unfamiliar role, it is possible to experience a new way of being. "Exploring a familiar role facilitates the discovery of a new perspective on life" (Langley, 2006, p. 8).

- Distance refers to being able to remove yourself or give some space from the action or event. A popular distancing technique is *projection* (Powell, 2014), where one can consciously and/or unconsciously project desires or feelings (for example) onto *play objects* (Kernberg, 1976), as well as into role-play. Distance in therapeutic terms allows a person to detach the self from the character or play object as it may feel easier and safer to do so.

- Catharsis happens in the therapeutic process of Drama Therapy when there is a release of feelings through expression. Catharsis in the therapeutic process is often but not limited to a moment of revelation, self-awareness, clarity, or even a moment of vulnerability (Emunah, 1994).

- Group involvement in the dramatic play encourages collaboration because it facilitates a space to create something together, to make connections with others, to listen and be heard by sharing stories and experiences whether real or imagined (Emunah, 1994).

- Actor & audience: In Drama Therapy group members both act as audience members who also partake in the action. They are both storytellers and listeners. Everybody in the group has the opportunity to be both a witness of action and an actor of the action. The drama therapist in Drama Therapy may also play both a witness and an actor (Jones, 2007).

- Exploration: Drama Therapy values and encourages exploration of the self. The intent is for the client is to make their own personal inquiry and to come to their own conclusions. The therapist is a facilitator and guide but in no way should they project or influence their own belief system or desires onto their client(s) (Langley, 2006).

Drama and theatre play are used in many different settings with children and youth; from community centres, therapeutic after school programs, educational and correctional settings including alternative schools, and juvenile detention centres (Chan, 2012; Johnson & Sajnani, 2014; Smith, 2019). Drama Therapy allows an individual in a therapeutic setting to create an imaginative play-space or dramatic reality in which they can explore reality or fiction. "Theatre's uniqueness lies in its affordance of creating a dramatic reality which forms a therapeutic space that generates change and healing in a person's life" (Harari, 2015, p. 166). Drama Therapy is heavily influenced by humanistic psychology which puts emphasis on building a person's full

potential through empathy, positive regard, understanding and support. Drama Therapy sessions are typically structured in five sequential phases or stages to ensure a progression of small successes to build up confidence and trust with the therapist, others in the group, and within themselves (Emunah, 1994). The following five dramatic phases are; 1) dramatic play, 2) scene work, 3) role-play, 4) culminating enactment and 5) Dramatic ritual and conclusion. These phases will be discussed in greater detail following the section linking Drama Therapy methods to the aforementioned six factors of resilience; a) sense of hope and an optimistic outlook, b) community, c) sense of safety, d) physical and emotional support, e) a sense of belonging, and f) emotional development and expression.

Linking the Six Factors of Resilience to Drama Therapy and Child Centered Child-Centered Play Therapy

Child-Centered Play Therapy and Drama Therapy can be used to play out or express a problem and then explore varying ways or solutions to solve the problem. The therapeutic play space allows the drama to play out as if it were reality. This gives the freedom to explore, experiment and make mistakes without any consequences that could exist in the real world. Drama Therapy and Child-Centered Play Therapy both aid in exploring, reflecting and expressing opinions, feelings, emotions and awareness of a situation (Axline & Carmichael, 1947; Langley, 2006). Let's explore how the six factors of resilience found in the literature can be found in Drama Therapy and Child-Centered Play Therapy in order to build a child's inner strength.

Sense of Hope and an Optimistic Outlook

Optimism can be defined as "the global generalized tendency to expect good situations verses bad situations in life. Optimism generates positive feelings that can help overcome

depression and worries" (Pathak & Lata, 2018, p. 359). Working through and processing

emotions gives one the opportunity to reflect, come to terms with, and possibly have a clearer

more optimistic outlook on the experience. Drama Therapy often focuses on the strengths,

resources, possibilities and empowerment of an individual over the pathology (Feldman, 2008).

Theatre based social therapy "taps into the *being* and *becoming* characteristic of life, that is, the

human condition of being both who we are currently and who we are becoming" (Feldman,

2008, p. 86). Children are always in the process of being and becoming- the process of learning,

understanding and then taking that knowledge and using it and building from it. Maslow (1943)

described two internal forces that either motivate or deter us from growing and developing

positively; a) The fear of the unknown which leads to clinging to familiarity and an

unwillingness to take on new and unfamiliar things, accept change and have difficulty adapting

to new situations, and b) the desire to grow and change. Drama Therapy can help the child sort

through their emotions to feel less afraid of the unknown, and to explore unfamiliar or

uncomfortable things through the therapeutic process. This could lead to feel more positively

about themselves and what they are capable of (Emunah, 1994).

In phase three of Emunah`s five phase model, the main component of this phase is the

notion of drama as a "rehearsal for life" (Emunah, 1994, p. 39). The focus is moved away from

fictional characters and the "imaginary to the actual" (Emunah, 1994, p. 39). "Within the world

of make-believe, one can confront difficult situations, try out new options, prepare for real-life

events – all without consequences" (Emunah, 1994, p. 39). In this phase, individuals, along with

playing themselves, might also take on playing other people in their lives such as their employer,

parent, sibling, partner or friend. "Taking on the role of another person in ones' life relating to

oneself enables one to encompass and assimilate the multitude of roles and facets of self that are

manifested in relation to others" (Emunah, 1994, p. 40). Towards the end of this phase, feeling

hopeful and motivated to make changes for oneself is common. "The hope comes as a result of

experiencing (as opposed to only imagining) themselves responding to personal situations

differently from the nonconstructive patterns of response they fall prey to in actuality" (Emunah,

1994, p. 44). In other words, using role-play in the therapeutic space to express and explore new

ways of reacting and/or responding on a personal situation allows them to find more positive,

useful and constructive ways of approaching and tackling a situation that can then be used in real

life. It allows them to explore and rehearse in the therapeutic session positive ways to

communicate rather than maladaptive ways to communicate or respond in a real-life situation

(Emunah, 1994).

Child-Centered Play Therapy helps the child to develop a greater sense of self through a

positive self concept. It allows them to assume a greater sense of responsibility, become more

self-directing, and self accepting. A child learns to be self-reliant and is more confident in

decision making, self control, self- evaluates instead of looking for peer or parental validation

and has an overall trust in self (Landreth, 2012). In Child-Centered Play Therapy the therapist

focuses on the effort and attention during the process of what the child is doing and not

necessarily on the end result. In doing so, the child begins to feel more confident and successful

in their actions of process to feel successful, and not as concerned with the final product. The

process itself helps the child feel more optimistic and motivated to continue to move forward.

Similarly, in Drama Therapy the focus is on the process and not on the end result, encouraging

the same feelings of confidence, success, and optimism (Emunah, 1994).

Community

In phase one of Emunahs' (1994) therapeutic stages, the therapist works to foster a sense of community, cohesion, and closeness within the group. The nature of the group meeting at a designated place and time allows for a sense of community to come together and support each other. Trust, acceptance, and spontaneity are very important aspects that are built during this phase through playful, interactive, theatrical, and improvisational games and exercises. "Acceptance of self and others, a growing connected-ness between group members, and group cohesion are central features of a successful group process" (Emunah, 1994, p. 35). This phase is predominantly about finding and resurfacing creativity through open and honest collaboration to build a sense of community.

Child-Centered Play Therapy is also formatted in such a way that a designated place and time is agreed upon for the therapy sessions to occur. As discussed earlier, the relationship between the child and therapist is a key attribute to the success of the therapy. Just as this relationship between the child and therapist is important, it is also important for the parents to be involved in the therapeutic process (Deater-Deckard, Panneton, & SpringerLink , 2017). As the relationship of the therapist and child develops along with the cooperation of parents and/or primary caregivers, a sense of community is achieved through the development of trust, communication and understanding. The idea is that when the therapy sessions end, the parents can continue to show positive regard and unconditional love towards their child. Parents also learn to better manage their emotions, cope during stressful events, and learn new communication skills to better listen to and understand what their child is going through, how they are processing it, and what they can do to further their child's positive development (Nieter, Thornberry, & Brestan-Knight, 2013).

Sense of Safety

The overall structure of Emunah's (1994) five phases aims to create an environment of support and safety;

> In my sessions, I first create this safe place, which many of my clients have
> unfortunately never experienced. The work is very gradual and paced, so that the
> fear is lessened and the desire for growth is heightened. Each step paves the way
> for the next step, affording clients a feeling of anticipation combined with
> readiness. (Emunah, 1994, p. 28)

Emunah argues that "the desire for growth emerges out of the sense of safety" (Emunah, 1994, p. 28). In short, children need a secure base, and if that base has not been given, their desire to grow and explore is obstructed. The therapeutic space in Drama Therapy helps to provide a sense of safety by setting clear and set boundaries that are conducive to a child's development and success. For example, the build up of simple structured improv games that move towards more complex and less structured improvisational sketches. The therapist acts to create safety, structure, boundaries, and support. This allows the child to build upon simpler tasks as a process to work towards the success of a more challenging task (Cassidy, Turnbull, & Gumley, 2014).

When a child has not had sufficient care from their primary care-giver, they may have difficulties to trust or be cared for; and they may never have experienced a positive, safe, or nurturing relationship with other care-givers in their life, for example, teachers or grandparents. With time, Child-Centered Play Therapy can help the child feel safe enough and cared for enough to develop a trusting relationship with the therapist, with the goal of eventually being able to feel secure enough to develop positive relationships outside of the therapeutic setting.(Green & Myrick, 2015) "Limit setting conveys to children that they have the ability and

potential to make positive behavioral choices and exercise self-control, as well as take responsibility for their choices. Limits help to model boundaries within a genuine and caring relationship in a healthy manner" (Hall, 2019, p. 103). Play and drama because of the balance between structure and non-consequential actions, they have the capacity to strengthen and build resilience for children who show difficulty focusing, aggressive behaviours, and low academic performance. One study (Folostina et al., 2015) showed positive results through play and drama sessions built on the basic structure: the of warm-up, main event and closure revealed a positive outcome. They found an increase in self-confidence and a reduction in disruptive and aggressive behaviours (Folostina et al., 2015).

Physical and Emotional Support

In the research presented by Folostina et al (2015), an important strategy was to also involve the parents and educators to improve the conditions of children at risk through the use of creative and innovative activities meant to increase resilience and social skills. It allowed these authority figures new ways to approach difficult behaviours through expressing availability, positive attachment, and understanding as opposed to authoritarian instruction and imposing strict rules (Folostina et al., 2015). The researchers observed an increase in concentration, group cohesion, harmonization and cooperation. The children also showed an increase in taking creative risks and appeared to be more confident in their creative decision making and play. Play enhances nurturing and caring relationships, as well as communication outside of the therapeutic space while developing a sense of purpose and creating meaningful experiences (Crenshaw et al., 2015; Rutter, 1999; Seymour & Erdman, 1996). Child-Centered Play Therapy requires the therapist to hold an unconditional positive regard, to truly see, listen, and hear what the child is seeing, saying and doing and to accept the actions and decisions the child makes in the play. The

therapist sees and accepts the child's offering. This shows the child trust, empathy, and understanding, and in-turn the child over time learns to build confidence in their decisions and self awareness (Ahuja & Saha, 2016). This positive regard is the therapist showing emotional support to the child.

In phase two of Emunahs' (1994) therapeutic stages, scene work becomes more structured, continuous, and based on more concrete themes. Scene-work allows an individual to act out diverse scenes and characters, it allows them to explore feelings, emotions, and actions that they would not normally act out in real life. They can "exhibit new sides of themselves....The stepping outside of oneself and into a role is freeing, it provides relief and release from the constraints, both internally and externally induced, that are experienced in everyday life. . .This allows for greater role distance and less immediate self- disclosure (Emunah, 1994, p. 37). The goal is to promote self-expression and role-expansion through supportive and empathetic guidance by the therapist (Emunah, 1994). Discussion and self-awareness of the scenes is also a key component to the therapeutic work in phase two. For example, an individual might have a revelation about their projected anger and might come to find the source of why they are angry, or find patterns of actions or behaviours that come out in the scene work that they realize is something that they also do in real life. On the other hand, the scene work might allow them to feel and express things they never allowed themselves to feel or express in day to day life. This phase is the starting point where individuals feel more comfortable expressing vulnerability and personal material. An important aspect towards the end of this stage, is the verbal processing of the dramatic work. This which allows for the scene work to reflect the direct issues that are being faced by those in the therapy session (Emunah, 1994).

Belonging

The process of working, sharing, communicating, and creating together gives a sense of belonging where each participant has the opportunity to be seen and heard as we listen to the stories of others and share our own (Baumeister & Leary, 1995). Drama Therapy allows for the time and space to express all kinds of emotions that might not be welcome or appropriate in other settings. In Phase four of Emunah's five phases (Emunah, 1994) the group discusses the concrete issues of the roles that were explored in phase three through verbal processing and group discussion. In this phase introspection, vulnerability, acceptance, and self awareness are key elements that surface. Individuals may relive events of the past that allow for processing old feelings, memories, dreams, and events into the present. Letting go and allowing others to witness this and to come to terms with their pain, guilt or shame, and to realize that these are valid emotions that everybody feels at one point or another. The individual builds empathy for others and the self, as internal conflict is shared and heard by members in the group. "In this process of sharing and showing one's internal world, a burden is lifted, and inner weight removed" (Emunah, 1994, p. 43). This openness of relating and sharing stories allows group members to feel heard and validated for however they may feel. "Acceptance of self and others, a growing connectedness between group members, and group cohesion are central features of a successful group process" (Johnson & Emunah, 2009, p. 40). Drama Therapy is a collaborative effort that is able to accelerate and strengthen the groups process of trust and connection (Johnson & Emunah, 2009). The community of the Drama Therapy group "serve as a complex transference object for the performer- a microcosm of society in which a corrective experience of validation and support may occur" (Johnson & Sajnani, 2014, p. 104).

Child-Centered Play Therapy gives the child an opportunity to lead and make autonomous decisions. This is important because they may not have had any, or very few opportunities to make their own decisions in their life outside of the therapy session. Giving the child an opportunity to make decisions is important for them to feel as though they have some control over their actions and are able to take ownership of their actions. Ownership of action often turns into a sense of belonging by having a sense of agency (Green & Drewes, 2014; Perryman, Moss, & Cochran, 2015). Another important aspect of establishing a child's sense of self worth and belonging, is the therapists continuous positive regard towards the child, which allows them to feel truly seen and heard (Rogers, 1995).

Emotional Development and Expression

The therapeutic process of Child-Centered Play Therapy allows for self expression no matter what the emotion or sentiment. There are no right or wrong ways to feel. This allows the child to perhaps express things they were not allowed to outside of the therapy session, and/or come to realize and project how they truly feel. *Reflecting* and *tracking* the behaviours and feelings of a child are used in Child-Centered Play Therapy to support and acknowledge what the child is feeling in the present moment by addressing that the child is being seen, heard and accepted *(*Davis & Pereira, 2014).

> Feelings are the pathway for understanding and acceptance. Children learn to handle their emotions through the simple acknowledgement of the existence of their feelings. Play Therapists use reflections of feeling to facilitate an understanding with children that their feelings are suitable. The act of rescuing children from their feelings or ignoring the feelings deprives them of the opportunity to learn how to handle them and can have

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consequences later in life, as they develop complex defenses to hide and contend with

them. (Muro et al., 2017, p. 17)

In Drama Therapy, the act of performance gives a person autonomy and often a sense of emotional release and relief. The playing, planning, directing and performing allows an individual to learn skills and have control over their actions and feelings. It helps develop self-confidence, self awareness, communication skills and re-organize their inner emotional life (McFarlane, 2005).

In phase two of Emunahs' five phases, she uses more structured and sustained dramatic scene-work. Scene-work allows an individual to act out diverse scenes and characters, it allows them to explore feelings, emotions, and actions that they would not normally act out in real life. They can "exhibit new sides of themselves....The stepping outside of oneself and into a role is freeing, it provides relief and release from the constraints, both internally and externally induced, that are experienced in everyday life…This allows for greater role distance and less immediate self- disclosure" (Emunah, 1994, p. 37). The goal is to promote self-expression and role-expansion through supportive and empathetic guidance by the therapist (Emunah, 1994). Discussion and self-awareness of the scenes is also a key component to the therapeutic work in phase two. For example, an individual might have a revelation about their projected anger and might come to find the source of why they are angry, or find patterns of actions or behaviours that come out in the scene work that they realize is something that they also do in real life. On the other hand, the scene work might allow them to feel and express things they never allowed themselves to feel or express in day to day life (Emunah, 1994).

Discussion and Personal Reflection

Child-Centered Play Therapy and Drama Therapy are both humanistic and client centered therapeutic approaches. Based on their structure, methods, and relationship to the therapist they show promise in developing the skills for children to become more resilient based of the six factors of resilience; a) sense of hope and an optimistic outlook, b) community, c) sense of safety, d) physical and emotional support, e) a sense of belonging, and f) emotional development and expression. Both therapeutic approaches work on developing better communicating, sharing, witnessing, creating, and emotional processing and coping skills to aid in building and strengthening empathy. When you can be empathetic for yourself and for others, you can also build resilience. In both Drama Therapy and Child-Centered Play Therapy the relationship between client and therapist creates a sense of trust, safety, belonging, hope, community and openness, that perhaps a person may have never experienced with their caregivers or in their community.

The research reveals that we are not that complicated in what we crave, need, and want from the world we live in. We need support and love, primarily from our family, but also from the environment and network of people we surround ourselves with. Drama Therapy and Child-Centered Play Therapy place emphasis on empathy, understanding, and real action towards others by being open and caring towards each other

Implications

The research informs how important resilience is for our development and that it *is* something that *can* be developed as it contributes to so many positive attributes to one's character. The research demonstrates how important it is that practitioners consider where their clients are in terms of resilience, which is especially important while working with children

because they are still developing their coping skills, self worth, and identity. An important aspect of the client-therapist relationship is to consider the level of resilience a person shows, and how that impacts the approach taken in session. Drama Therapy, improvisation, dramatic play and Child-Centered Play Therapy are all tools through which resilience can be developed and strengthened. Future clinical work and research needs to be done to further understand the connections and efficacy to substantiate how these modes of therapy can be used in practice to strengthen a child's resilience.

Limitations

There are many limitations to consider. Since this research is theoretical it is impossible to fully encompass the factors that make up resilience, and what that means in terms of the development of a child. I have only touched upon the complexities of human behaviour as I have highlighted common threads found within the body of literature that I have accessed. For example, the growing field of neuroscience looks at the wiring of our brains to further understand our psychological behaviour. It would be very interesting to, for example, assess resilience by observing the mechanisms of the brain. Complementary research could include the creation and implementation of specific intervention strategies, using Drama Therapy and Child-Centered Play Therapy with the specific intent to build resilience through pilot project studies. Further research could also explore the idea of inter-generational trauma, that is, the trauma that is passed down through our elders and patterns of resilience within groups of people who have suffered great trauma, and what that means for their children.

<div align="center">

Conclusion

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This paper discussed how theoretical approaches of Drama Therapy and Child-Centered Play Therapy could be useful in developing resilience in children by connecting six key factors

of resilience. The research asked: How can Drama Therapy and Child-Centered Play Therapy aid in building resilience in children? It gave light to how important the concept of resilience is; not only in overcoming adverse situations, but as a major character trait that helps a person self actualize into someone who is secure in themselves, values themselves, and is able to manage their emotions, and feel as though they are capable of making change and solving problems. Dramatic play, Drama Therapy, and Child-Centered Play Therapy are useful methods to approach resilience building. They allow a time and space for creativity, shared experiences, communication, emotional regulation, expression, play, freedom, and disconnectedness. Drama and play allow a person to be seen and heard, empowering them to feel positive and confident. It is important to consider the use of resilience building in therapy not only at a treatment approach, once a problem is detected, but also as a preventative measure. This research may be a useful resource for mental health specialists, as well as educators, caretakers, parents, and social workers when considering resilience building tools when working with children.

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