

Re: Report on recent work with Roma children, adolescents and families, Zarnesti Romania.

As an experienced clinician I was fortunate enough to be able to attend an International Summer School in Zarnesti Romania. As part of the training it involved a voluntary working placement within the Roma village. A total of eleven volunteers from UK, Ireland, USA, Malta, Romania, France., we were all from various therapeutic backgrounds and placed in different placement areas from orphanages, secure units, residential home for autistic children to the Roma village.

My intent was to offer therapeutic play interventions in order to explore and facilitate attachment and resilience building within this core group. My model of working was based upon an integration of 'Neuro Dramatic Play', and 'non-directive' play therapy techniques. Direction observation and integration with the group gave observational opportunities for assessing attachment styles and resiliency.

Zarnesti is part of the Brasov region and is approximately two and half hour's car drive from Bucharest airport. It sits south of the Carpathian Mountains Transylvania. The landscapes are spectacular as the area is mountainous and forested. The area is a national park and protects Wolves and The Bear.

Most of the Roma are reliant upon horse and cart for transport, although many of the younger established families are sharing cars. I was not able to establish the population of the Roma village, but worked with in excess of fifty children, adolescents and their families. The Roma's farm the land and maintain a livestock of sheep within the mountains.

It was evident that within the wider community prejudice and discrimination exist and serve to marginalise the families. This was more evident within the city of Brasov and Bucharest where women and children would be begging upon the streets. I had been told to expect a high proportion of substance abuse and alcohol abuse, during my brief interaction within this community I did not witness any first hand substance abuse. Approximately fifty percent of the Roma village children attend the local school, although many do not complete their education, and so are unable to obtain a school leavers certificate. They tend to leave school at age 16 years in order to marry.

Although it was clear that the patriarch held the power within the village and some of the women were clearly subjected to inter personal violence. The probable impact of this was seen within the peer group interaction of the young children and the adolescents. Every afternoon was spent with the groups of children, adolescents and families, working within a field close by to an evangelical church that was being erected within this community. The church brings economic benefit to families who attend, but also creates a rift between the orthodox Catholic community within the village.

Each session commenced with circle games, passing a ball around saying our names, extending this to sensory play with sound, song and music. Small groups emerged often splitting into gender and age, this was self-selecting and older adolescents were able to lend a hand to either translate for me or to assist in skill activities. All participants including parents enjoyed the making of plaster of paris fingers puppets, and were able to animate there puppets in a playful and communicative way.

From my limited observations I was able to observe that the children and adolescents were left to experience the bumps and grazes of life, to experience interpersonal conflict and resolve it themselves. Often a Darwinian approach of the strongest and fittest became the successor. Parental intervention was minimal, but always watchful, soothing commiserations were given out to the loser and what appeared to be advice upon how to win next time. Attachment styles varied but were generally strongly attached with the children and families that I was able to meet with. However it was also evident that a few of the children were in need of specialised referral for speech and language delays as a result of hearing loss, attention deficit behaviour was observed in several of the boys, and dissociative behaviour within two girls under the age of six years.

It was a potential frustrating situation to be in, in only having a limited time to offer skills but despite this I was able to offer Neuro dramatic play interventions which involved sensory play, and swaddling of children by their parents. Everyone appeared to engage within what was being offered and I have been given an open invitation to return to the village.

The individuals of the village were clearly proud of their cultural heritage and maintained their traditions through song and storytelling. The young adolescents were proud to introduce me to their families and shared their knowledge and skills generously despite the restricted living conditions the young children and adolescents seemed high in self-esteem, and were resilient. They also displayed a strong sense of kinship and attachment to each other.

I came away with the appreciation of from 'chaos order is created', as often a preconceived idea would emerge to plan a session, but would have to be discarded in order to find the rhythm and pace of working with this core group. An example of this would be seen when fathers loaded the hay into the carts the children would run to the cart to catch a bumpy ride over the field, and catching a positive contact with their fathers, often trying to assist them in the farming, and then running back to join the group. Horses would be moved and re tethered in the middle of activities as well as goats being milked. Structured group play was an event rather than a natural everyday occurrence. Solitary play was more evident. However to the end of the placement adults and the young were taking time to play together, and we shared a lot of laughter within our circles.

I was awarded a Diploma in Neuro Dramatic Play by the College of Psychology of Romania for completing the course requirements (attendance, placement and essay). I would recommend this type of experience to health professionals as an enrichment exercise, I am sure that I will continue to discover learning opportunities that this has given me and will be disseminating my findings with my colleagues.